

Mr Finn Pratt
Secretary
Department of Social Services
Tuggeranong Office Park
Soward Way (cnr Athllon Drive)
CANBERRA ACT 2601

Dear Mr Pratt,

Please find attached a copy of a submission on the draft Integrated Carer Support Service concept on behalf of the members of the NSW Carers Advisory Council. Please note this is being provided as a draft submission, pending final approval.

The Carers Advisory Council welcomes the release of the draft service concept for the Integrated Carer Support Service. The Council considers the development and implementation of the ICSS to be of great importance, particularly in the context of the multiple reform agendas impacting on carers and the people they support.

Yours sincerely

Anne Marie Dwyer (on behalf of the Council secretariat)
Director, Carers, Ageing and Disability Council
Participation and Inclusion, Program and Service Design

NSW Carers Advisory Council submission on the draft Integrated Carer Support Service concept

About the NSW Carers Advisory Council

The Carers Advisory Council is established under the NSW *Carers (Recognition) Act* 2010 to advance the interests of carers. It provides advice to the NSW Minister for Disability Services on legislation, policy and other matters relating to carers. The majority of Council members are carers. More information is available online at:

www.facs.nsw.gov.au/reforms/carers/nsw_carers_advisory_council

1. General comments on the Integrated Carer Support Service (ICSS)

Integration of the ICSS with other systems and sectors

The Council believes that the effectiveness of the ICSS will depend on the degree to which it is integrated with the sectors and systems accessed by carers, particularly those supporting the person they care for. Council highlights the importance of not treating carers and those they care for as unrelated, as this has implications for:

- **Intake.** Integrated intake systems between agencies should be implemented to ensure that carers don't have to repeat their story to the ICSS, if, for example, they are already in contact with the National Disability Insurance Scheme (NDIS) or My Aged Care.
- **Assessments.** The assessment of the carer and the person they support should occur in conjunction where this is the choice of the carer and the person they support.
- **Service delivery.** Integrated service coordination and delivery should be an option for carers to minimise the number of providers and agencies they interact with.
- **Information.** The Council hopes that the ICSS will be able to design systems to facilitate appropriate information sharing between the ICSS and other key agencies, in accordance with appropriate regulation.

The future of existing carer services and service providers

In addition to the Commonwealth funded programs listed in the paper, there are some state and territory funded carer services focusing on carers that may not be provided (or provided in their current form) under the NDIS.

The Council encourages DSS to work with state and territory governments to map *all* carer services currently available (not just those that are currently Commonwealth funded). This will assist DSS to avoid duplication, and to monitor and meet any gaps that may emerge for carers in the transition to the NDIS.

The Council notes that there a large number of existing carer services in each state and territory, including the Carers Associations. DSS should work with these services to ensure that the ICSS builds on existing knowledge, expertise, resources and program and service infrastructure. The ICSS should be designed to take advantage of local organisations' networks and capacity. Despite having relatively small scale operations, small, local providers often have extensive histories and connections with local carers.

The need for greater certainty in the transition to the ICSS

The Council strongly recommends that DSS focus on reducing the uncertainty currently experienced by organisations providing carer services. The uncertainty caused by short-term funding extensions, and the limited detail available on upcoming reforms, can seriously impact on local networks, knowledge, skills and capacity. In the absence of more information

and more certainty, providers will struggle to retain staff and to remain viable. This will be to the detriment of the carers they support, and to the ICSS itself when it is launched.

Applying learnings from My Aged Care and the NDIS

The Council hopes that the development of the ICSS will be informed by learnings from the introduction of My Aged Care and the NDIS. Council members have heard mixed reports from carers about My Aged Care, and are acutely aware of the high degree of anxiety and confusion that some carers are experiencing in the lead up to the NDIS.

Given the timing and relevance of these reforms, there should be learnings that can be applied to support a smoother transition to the ICSS.

2. General comments on the draft service concept

Capacity of the ICSS or other systems to respond to carers in crisis

The Council would like to highlight the importance of the ICSS being able to respond to carers in crisis, particularly in relation to emergency respite, and in cases where the carer cannot continue in their caring role. The interface between ICSS and relevant sectors and agencies (e.g. the NDIA) will be important in this regard.

Emergency responses by the ICSS must be complemented by sustained interventions that resolve the underlying causes of the crisis.

Choice for carers, and the importance of face-to-face support

The Council believes that carers should have choice in the type of support they access, how it is delivered, and who provides it. In particular, the Council would like to highlight the importance of face-to-face support and the local delivery of services. Although the Council recognises that online and telephone interventions can be appropriate, effective, accessible and efficient, Council strongly recommends that carers have options to access face-to-face support across the range of service types.

The Council knows that for some carers, and in some communities, face-to-face connections are important, as is the opportunity to leave the house, and to build social connections at a local level. One of the Council members received this comment from a carer in her area:

“1800 numbers, or Carer Gateway Websites, can't find me friends. I need to meet people, people like me, to create those networks.”

3. Comments on specific service types

The Council supports the range of service types outlined in the service concept, and especially endorses the inclusion of respite, education, specialist carer counselling, and comprehensive needs planning and assessment. The Council has specific comments to make on the following service types.

Awareness

The Council strongly supports the inclusion of targeted awareness raising to identify hidden carers, and agrees with the need to engage in local communities to reach hidden carers, particularly those in Aboriginal and culturally and linguistically diverse communities.

Council agrees that awareness raising targeted at the health care setting is a priority. Identifying and supporting carers in the health care setting is important, particularly at the onset of their caring role.

The Council supports some investment in general community awareness-raising to improve carer awareness and recognition in the general community, and to promote awareness of the Carer Gateway and the ICSS.

Information

The Council would like to reinforce the importance of information for carers, and is pleased that the draft service concept acknowledges the current difficulties carers have in accessing information. Although the Council recognises the value of information provided through the Carer Gateway website, service directory and phone line, some carers will need individualised information recommendations, provided in person as well as by telephone.

Intake

The Council recognises the tension between capitalising on the benefits of intake, and ensuring that intake processes do not deter or prevent carers from accessing support. Council proposes that intake should not be mandatory for accessing information, but should be encouraged and delivered in a way that is beneficial to the carer for this and other service types, for example, by proactively providing relevant information and resources.

Education

The Council is pleased that carer education is in the service concept, and recommends that education that specifically addresses carer wellbeing be available. Education should be built into carer support plans.

Council recommends that education be delivered face-to-face as well as online. Online education is not appropriate for all carers, and does not provide all of the benefits offered by face-to-face education, such as the opportunity to leave the house and to build local connections and networks.

The Council suggests that DSS consider coaching style interventions to support the ongoing engagement of carers undertaking online education. There are health coaching services that could provide a model. In this context, coaching could be limited to a periodic phone call to check in with the carer's progress and provide encouragement and strategies to complete the education and apply the learnings.

The Council also suggests that the ICSS support access to relevant education provided independently of the ICSS by giving providers the opportunity to register their training on the Carer Gateway, and to provide online access to their online training courses and content.

Needs planning and assessment

The Council strongly supports the inclusion of needs planning and assessment. Carers need a planned approach to support, not piece-meal interventions. Carers should have access to individualised, comprehensive needs planning that address funded services and other aspects of their life to ensure that the support provided is effective and achieves long-term sustainable outcomes.

Individualised planning and assessment will be critical to ensuring that carers receive appropriate information, referrals and support. For example, an ageing parent carer in their seventies may need social support or assistance with estate planning, rather than the employment skills or support that might be appropriate to other carers.

Counselling

The Council strongly supports the provision of specialist carer counselling under the ICSS, and recommends that carers have the option of accessing counselling online, by telephone or in person. The Council is aware that the Carers Associations currently provide the National Carer Counselling Program, and recommends that the ICSS retain and build upon the expertise, skills and program infrastructure that already exist in this program.

Respite

The Council strongly supports the inclusion of respite in the service concept, and supports choice for carers in its delivery, recognising that only some carers will be willing and able to manage funding packages or direct cash payments.

Respite needs to be accessible, flexible and individualised, so that it is meaningful, effective and appropriate to the needs and circumstances of the carer. Both planned and emergency respite need to be available. Clear pathways to the latter will be particularly important.

DSS should give careful consideration to the payment of family members and friends to provide respite or other practical assistance. Paying family member and friends should be an option in some circumstances, supported by effective safeguards. The Council recommends that the ICSS could adopt the approach taken by the NDIS to this issue.

The Council will be interested in further detail about the amount of respite that will be available, and the interface between respite accessed through the ICSS and respite provided through an NDIS package.

4. Future involvement of the Carers Advisory Council

The Council invites the Department of Social Services to contact them through Council secretariat, if any clarification is required on this submission, or if there are future opportunities for the Council to inform the development and delivery of the ICSS. The Council consider the ICSS to be a priority, and would welcome further consultation with DSS at a future meeting or via teleconference.

To discuss this further, please contact Anne Marie Dwyer, Director – Ageing, Carers and the Disability Council in FACS on 9716 3413 or email the Council at NSWCarersAdvisoryCouncil@facs.nsw.gov.au .