

Submission to Department of Social
Services draft Service Delivery Model for
a proposed new carer support service
system

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CPSA is a non-profit, non-party-political membership association founded in 1931 which serves pensioners of all ages, superannuants and low-income retirees. CPSA has 108 branches and affiliated organisations with a combined membership of over 20,000 people living throughout NSW. CPSA's aim is to improve the standard of living and well-being of its members and constituents.

CPSA welcomes the opportunity to comment on the draft model for the delivery of carer support services. CPSA represents pensioners of all ages, superannuants and low-income retirees, of whom a significant proportion either rely on the support of an informal carer or provide informal care for a relative or friend. As such, CPSA has a keen interest in the design and delivery of services intended to improve outcomes for carers.

Objectives of the Integrative Carer Support Service

- *to encourage and normalise uptake of services proven to help carers, earlier in their caring journey;*
- *to help and support more carers, than under current arrangements;*
- *to deliver a service carers will value; and*
- *to provide a service carers find easy to access and use*

CPSA notes that the initial discussion paper outlining the draft service concept described the dual objectives of the new service as increasing the wellbeing of carers and reducing the risk of the care role ending. It is critical that the wellbeing of carers remains a standalone objective of the service and so it is disappointing that this has dropped off. Informal carers provide essential care and support to the millions of Australians experiencing illness and/or disability at any given time. The provision of this unpaid care is a critical foundation on which Australia's economic prosperity and growth relies. Deloitte Access Economics estimated that informal carers provide at least 1.9 billion hours of care annually, with a total replacement cost of over \$60 billion each year. Yet informal carers have the lowest collective wellbeing of any group in society, experience higher rates of mental and physical illness¹ and are more likely to live in households with lower than average incomes². Further, an estimated 23% of primary carers report a decrease in their income as a result of their caring role and 30% report that their caring responsibilities incur additional expenses³. Given the magnitude of their contribution, it is critical that any carer support services centre on the wellbeing of carers in their own right and not simply as a means of ensuring carers continue to provide unpaid work. This is a critical step in recognising and valuing the role of carers.

¹ Cummins, R. Hughes, J. Tomy, A. Gibson, A. Woerner, J. Lai, L. (2007) 'The Wellbeing of Australians – Carer Health and Wellbeing' Australian Unity Wellbeing Index, Survey 17.1. Available: <http://www.carersaustralia.com.au/storage/Wellbeing-Index-Special-Report-October-2007.pdf> pp.VI [accessed 5 December 2016]

² Deloitte Access Economics (2015) 'The Economic Value of Informal Care in Australia in 2015' Research report commissioned by Carers Australia. Available: <http://www.carersaustralia.com.au/storage/Access%20Economics%20Report.pdf> pp.8 [accessed 5 December 2016]

³ Deloitte Access Economics (2015) 'The Economic Value of Informal Care in Australia in 2015' Research report commissioned by Carers Australia. Available: <http://www.carersaustralia.com.au/storage/Access%20Economics%20Report.pdf> pp.10 [accessed 5 December 2016]

Structure of the service

The draft service delivery model articulates three levels for implementation: national, regional and local. At the national level, a website and phone line has been established as a gateway for preliminary information. CPSA is concerned that the main entry point is through the carer gateway website. Predominantly online access can act as a barrier to people who are not online accessing services. This is a particular issue for older carers, given that only around 46% of people over the age of 65 report being internet users⁴. Accordingly, CPSA welcomes the provision of a national carer gateway phone line. However it is critical that the operators taking these calls are able to provide support and assistance without the caller needing to go online. Therefore paper-based resources must be developed alongside online resources. Further, it is important that the national carer gateway phone line is featured prominently in any campaigns intended to raise awareness of services among carers. CPSA notes that waiting times for Government phone lines have been an issue of growing concern, with the most commonly cited example being Centrelink. It is important that the carer gateway call centre is staffed with a sufficient number of staff, trained to provide assistance.

At the regional level, the model proposes the creation of a series of hubs which will provide a point of face-to-face contact for carers. The regional hubs will act as service coordinators, linking carers with local service providers for peer support, education and training, respite, coaching and mentoring. The draft service model proposes that regional hubs will undertake individual needs assessments and facilitate access to financial support. Given that a shift towards individual needs assessments and corresponding financial support constitutes a significant policy shift in the way carers are supported, it is concerning that more detail has not been provided. Specifically, what sort of financial support is being considered; how eligibility will be determined; and where exactly the funding will sit (i.e. with the carer, with the organisation providing the support, or with the Australian Government).

CPSA is concerned that it is not clear whether there will be an overall increase in the support services available to carers as the draft service model does not specify links to existing services. Carers Australia and its state based organisations deliver a wide range of support to carers and it is not clear how these existing services will fit into the model. Further, there is no discussion around the targeting of specialised support to carers with particular needs. For example, there is no mention of any extra support to be available to people in rural or remote areas in order to help them access support services. It is critical that the Department of Social Services provides more detail and engages in further consultation around the proposed individual needs assessments and financial support flagged in the draft service deliver model. Further detail around the sorts of services available at a regional hub level and local level are also required.

⁴ABS (2014), 'Household Use of Information Technology, Australia, 2012-13', catalogue number 8146.0, available at: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/8146.0Chapter32012-13>

Regional Hubs

Under the proposed model the regional hubs will serve as the primary point for undertaking needs and eligibility assessments in order to coordinate support services for carers. Given that carers are often time poor, a needs assessment should not place any onerous expectations or obligations on carers to undertake training, peer support or mentoring. However, it is difficult to provide any further feedback given more detail is required regarding the needs assessment and its link to any financial support.

Further clarification is also required regarding the link between the regional hubs and the sectors which carers regularly deal with such as the National Disability Insurance Scheme (NDIS) and aged care sector. The regional hubs will function as the main contact for information and as the coordinator of support services for carers. Yet without details of the number of regional hubs, where they will be located, the staffing levels and funding allocation it is impossible to provide further feedback. Given that there is significant change occurring across the aged and disability care sectors, it is critical that the Department of Social Services considers the carer supports available through these sectors and whether they will still be available following the reforms. Without mapping these services, it is likely that some of the supports currently benefiting carers will no longer be available as it is unclear how they will be funded.

It also remains unclear how these regional hubs will tap into existing and well established networks that already provide services and support to carers and have been doing so successfully for many years. Carers Australia and its auspices in each state have extensive experience and networks that must be built upon in the proposed integrated carer support framework.

Respite

The draft service delivery model assumes that funding arrangements for planned respite will remain unchanged in the future. However, this does not recognise that there are currently significant changes to respite underway as a result of aged care sector reforms and the rollout of the NDIS. The focus of respite care under these changes is shifting away from carers and on to the individualised budgets of care recipients. Discussions around whether respite should be paid for out of individual budgets are ongoing, particularly given that respite is of direct benefit to the carer as opposed to the care recipient in many circumstances. However, it is clear from a recent survey conducted by Carers NSW that respite is a desperately needed service for carers⁵.

The survey highlighted that carers identified respite as a service aimed at giving them a break from their caring responsibilities and provide them with an opportunity to look after their own well-being. The survey found the most common reason for not using respite services was either that carers didn't know how or where to access them, couldn't find a respite provider that suited their care recipient's needs, or couldn't afford the cost of respite⁶. This suggests that there is an undersupply of respite and that the respite needs of carers are not being met. Respite provides carers with a break from their caring responsibilities, which in turn gives them an opportunity to look after their own health and wellbeing. Respite services must be available to all carers who need it. Although the model proposes that the regional hubs will link carers with emergency, short-term and planned respite, without a guarantee of funding for respite, many carers will not be to access these services.

⁵ Carers NSW (2016) 'National Survey of Carers' Respite Needs'
available:<https://www.carersnsw.org.au/Assets/Files/Respite%20Survey%20Report.pdf>

⁶ Carers NSW (2016) 'National Survey of Carers' Respite Needs'
available:<https://www.carersnsw.org.au/Assets/Files/Respite%20Survey%20Report.pdf>