

**Delivering an Integrated Carer Support Service  
Response to the Draft Service Delivery Model  
From  
Advance Diversity Services**



## **Introduction**

Advance Diversity Services (ADS) welcomes opportunity to respond to Draft Service Model on Delivering an Integrated Care Support Service. ADS is a non-profit community organisation which has been providing support services to the Culturally and Linguistically Diverse (CALD) communities since 1981. In particular focus on recent arrivals, families, older people, women, youth, people with disabilities and their carers living in the Hurstville, Kogarah, Rockdale and Sutherland Shire Local Government Areas. Specifically, ADS provides a range of services to carers of older people through its Commonwealth Home Support (CHSP) program and Home Care Packages programs and supports to carers of people with disability from under NSW Community Care Support Program. We provide our feedback to this draft model by using experience of working with these carers and reviewing research on carers from CALD background (this term will refer as CALD carers in the rest of document).

We support broad principles and objectives behind this draft service delivery model for the Integrated Carer Support. However, we recognise significant access and equity issues which can be emerged with the implementation of propose model, particularly in response to needs of carers from Culturally and Linguistically Diverse (CALD) background. We also concerns about the model's overall emphasis on service delivery mechanism which can undermine community based model currently support carers. This submission responds on these issues and suggest how this strategies to be integrated in this model to provide effective support to CALD carers and achieve outcome explained in the paper.

## **Needs of CALD carers and overall design of the model**

In general, older people from CALD backgrounds have lower rates of use of carers support services compared to older Anglo-Australians (FECCA, 2015). They face additional barriers to other carers to access services. These barriers include language and communication difficulties, lack of understanding of support systems in Australia, cultural incompetence of those systems in responding to carers from CALD background, and lack of trust and confidence in government systems (NSW Health, 2009). It is found that community based supports provided by multicultural services are effective way to assist carers from CALD background by addressing these barriers (NSW Health, 2009 and FECCA, 2015).

However, this draft model does not reflect lesson learned from these community based approaches which can deliver effective outcomes for diverse communities. Instead, it focuses on a centralised system which is mainly consisted with services provisions through online platforms and telephone services. Although the model explain direct service provisions via regional hubs and local services, the model will be coordinated through these digital platforms and telephone services. Recent experience of using My Aged Care (MAC) by carers of older people from CALD background shows

that telephone based service navigation system has increased their existing service barriers. Communication barriers, issues around trust and confidentiality, confusion over navigation process, and delaying of getting support are common issues experienced by CALD carers when they navigated services via MAC (PICAC My Aged Care Accessibility research, 2016).

Based on this experience, we assume this model will not be effective in increasing access of CALD carers to carers support services. We believe it can create complex navigation process which can discourage CALD carers to access the services. Generally, older carers from CALD background and carers from refugee background prefer to access supports through local services and bilingual workers who they trust and address their language and cultural needs. Therefore, this model should focus on strategies those can strengthen these local channels to be first entry point for these carers to access supports available to them at all three stages (local, regional and national). In addition, they can also play role of building capacity of carers to access online and telephone services when they require supports other than locally available. Because some CALD carers have fear of using government services due to negative experience in their countries, bilingual workers and local services can play significant role in building trust, confidence and capacity to use these services available at regional and national level.

### **Regional hubs and potential access issues for CALD carers**

Recent experience of establishing separate assessment services for aged care services on regional basis explains issues with regional basis service model. CALD consumers and organisations works with them believe that introduction of the Regional Assessment Services has created distance between consumers and local services. In addition, some regions in NSW cover wide geographical area. If regional hubs is created in these regions, carers will find it difficult to access these services. A research from Carers NSW (2014) found that more than one in four of CALD carers were caring for more than one person. In addition, absence of affordable transport options to access wide range of services is a significant issue for some of these carers. These issues indicates that local services available close to them can better address needs of these carers than services centred in region. Therefore, roles of local services and regional hubs should be clearly defined in response to needs of these carers.

Recent changes in primary health care system and aged care program (e.g. RAS services) shows that mainstream service providers were generally successful in getting newly created regional based services. In competitive grant tendering environments, medium to small local service providers were not much successful in their effort to get these regional roles. Therefore, this indicates that these local services can be challenged in this new model and this can effect on CALD communities they support. Thus, there should be strategies to support these local services to be part under these regional hubs and continue their support through government funding.

### **The model assumption of continuation of local carer support services**

The model assume local carer support services will be remained unchanged in future. However, this assumption has not accounted undergoing reforms in both aged care and disability. Following recent changes in aged care programs, local services are not funded to continue their social support groups that promote social participation and service access of CALD carers. In addition, the respite is not a service type under NDIS, because individual package is for the people with disability and not for their carers. Some of carers of people with disability fear that they will lose respite service after their

family member started use NDIS package. Therefore, the model should be designed with an assessments of current changes to local carer support services and strategies to address any gaps can be caused by funding cuts to some carer services (e.g. respite in disability services).

### **Financial supports**

In FECCA research (2005), CALD carers are identified as a group at risk of isolation and poor health due to the strain of their care responsibilities and underuse of support services. In financial support and doctor visits at home need for these carers were also identified. Therefore, these carers need a c support through comprehensive financial assistance and employment programs those can enhance their financial wellbeing. These programs are crucial reduce risks for isolation and poor health. We welcome this model identified the need for financial support. However, it should explain what types of support will provide and how will provide.

### **Culturally Diverse Workforce for National and Regional Programs**

Regional hubs and national programs under this program will provide counselling and range of skills development programs to carers. Because 20% of carers in NSW are represent from CALD backgrounds, it is important that recruitment for these services reflect this cultural diversity of carers. Recent experience of communicating with MAC by CALD consumers shows that lack of cross cultural communication skills in national contact centre and how this issues has negatively affected these consumers' trust and confidence in contacting these centres. Thus, creating culturally diverse and competent workforce within national programs and regional hubs is crucial for achieving better outcomes under these programs for CALD carers.

### **References**

1. Carers NSW (2014) *Carers Survey: Fact Sheet 5*
2. Federation of Ethnic Communities' Council of Australia (2015) *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds*, FECCA National Office
3. NSW Health (2009) *Culturally & Linguistically Diverse (CALD) Carer Framework: Strategies to Meet the Needs of Carers*

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