

In this submission, the following abbreviations are applicable:

Abbreviation	Description
CNCS	Country North Community Services Incorporated
SACC	SA Country Carers
CFG	SA Country Carers Carer Feedback Group
CSNSA	Carer Support Network SA
DSS	Department of Social Services
NDIS	National Disability Scheme
MAC	My Aged Care
SA	South Australia

Country North Community Services Incorporated, trading as SA Country Carers, operates in the Mid-North region of South Australia, covering the local council areas of Clare and Gilbert Valleys, Wakefield, Goyder, Mallala, including Two Wells and some parts of Northern Areas.

This paper is in response to the feedback requested by the Department of Social Services to “*Delivering an integrated Carer support service – a draft model for the delivery of Carer Support services.*” This paper is developed with the Executive of CNCS / operations and the utilising information from the CNCS Carer Feedback Group.

SACC is not in opposition to the proposal. That being said, there are several concerns which must be emphasised, to ensure success of the model and to safeguard the perpetuation of quality support services in South Australia and safeguard good Carer advocacy. SA excels in delivering Carer Support and does so with fiscal efficiency, whilst maintaining a service Carers want and value. SACC will continue to endorse this state’s model as one that could and should be applied throughout Australia. A full remodel is not required for this state.

SACC is an active participant of the CSNSA, which has recognises and supports the following:

The Carer Support Model:

The Carer Support model is based on the recognition of the value of caring and the need for Carers to maintain a balanced quality of life. It recognises that Carers are unique individuals capable of shaping their own destinies, and seeks to provide support by walking alongside Carers to help them find the strength and information they need to maintain their caring roles and lifestyles.

The key characteristics of the model are:

- *It is aligned with social justice principles, Carer’s legislation and the State Strategic Plan;*
- *Carer Support organisations are locally-based, community-owned and managed, and directed by Carers, with Carers forming a majority of Board members;*
- *The focus is firmly on the Carer and their health and well-being. Support provided is Carer-driven and aims at assisting the Carer to develop resilience;*
- *Support is designed to help overcome Carers’ isolation and disconnectedness, and to give Carers opportunities to link with other Carers;*
- *Information is provided that is relevant to the caring role and which will help Carers access the support, services, information and/or skills and training they need;*
- *Supports provided by member organisations are positive and encouraging, and designed to assist the Carer to express their personal interests outside of their role as a Carer;*
- *Carer Support organisations form strong partnerships with other service providers and community organisations for the benefit of Carers.*

SA Country Carers Carer Feedback Group insight

Country North Community Services Incorporated Submission:

Delivering an Integrated Carer Support Service

The CFG consists of Carers registered with the organisation, actively utilising the organisation's services as they feel they require it. The group meets quarterly or more often should further input be required from the group. Their feedback in regards to the Integrated Carer Support Services model follows:

- The CFG is concerned this model will expose regional (country) communities, to inequity of service due to accessibility - relating specifically to required technology, distance and transport;
- The model places a high level of responsibility for success on mobile technology and/or accessing information via the internet. Many Carers in regional areas either have very limited access to internet/telephone services - towns, as close as an hour to Adelaide, have no reliable internet, mobile or telephone access at all. We are aware that the National Broadband Network (NBN) is currently being built however, many areas listed as having access, actually have no access or the cost is prohibitive, thus resulting in many Carers not having it. NBN is thus far, not a success;
- Some Carers, particularly those in higher age brackets, do not possess the technology with to access information or services, neither do they wish to be in possession of said technology - either due to initial expense, ongoing expense and lack of IT literacy;
- Many Carers rely on organisations, such as SACC, performing welfare checks or taking them to events/gathering/support groups they would ordinarily miss, as a form of respite or peer support. The block funding received by SACC allows experienced staff to implement a process of welfare-check and provision of means for participation, which the CFG or SACC cannot see would be possible under the proposed model;
- The CFG is concerned that if the process of registration is difficult in its initial stages and individuals are unsuccessful or give up, access to services will be non-existent to that individual. Carers are not sick and tend to see themselves and their own wellbeing as a last priority. If the process of accessing support is made too difficult, many will decide it is easier to be unsupported. This inevitably leads to more cases of acute care and/or abandonment of care recipients in to local health services;
- The CFG is concerned that organisations, such as SACC, which were specifically designed to look after Carers holistically, will be hobbled by the model rendered unable to provide a system of care to those Carers who, by their nature of seeking support, move in and out of the system as they need it, based on their capacity at any given time;
- The CFG is puzzled at the suggestion of education for Carers, citing that education on how to be a Carer is not necessary and neither would Carers have the time to attend courses to learn that which they already. The group suggests this is a poorly thought-out course of action;
- The group is greatly concerned that local knowledge and local awareness cannot be replaced a "National" or "Regional" process of registration. SACC has earned a reputation as an organisation that performs Carer Support well. The CFG is concerned this service of care and concern will disappear, with the introduction of a sanitised, three level model; managed outside of their community.

SA Country Carers overall considerations and concerns

For the welfare of all Australian Carers and in the spirit of consistency, SACC acknowledges that a national change is probably necessary however, South Australia's model of care is remarkable; particularly in what it achieves for the dollar and Carer. The model which has been in operation in SA for nearly 30 years, is applicable nationally and should be investigated by DSS.

Some services provided by SACC are very difficult to quantify in contact hours. These hours add to the holistic support value for the client overall. Carers will access our offices in passing (intentionally or unintentionally); this contact can be enough to make a Carer feel supported and not in isolation. SACC's presence and availability is a most basic comfort to Carers. This system of 'drop-in' requires funding for infrastructure, which is not referred to in the discussion paper, its omission indicates it will not exist.

Access of support to Carers is of paramount concern. The health and welfare of the Carer directly affects how the care recipient may also be coping. Often, the Carer is the centre of the home and performs their

Country North Community Services Incorporated Submission:

Delivering an Integrated Carer Support Service

caring role 24 hours a day, 7 days a week, with very little or no respite that is unless it is provided to them in an easy-access fashion – such as Carer retreats, support groups, transport and provision of respite.

SACC has the following specific concerns in regards to the Integrated Carer Support Services model, not only for Carers but also in consideration of regional locations and some of the specialties locality brings:

- What experience will intake staff have in regards to the needs of Carers, confidently and correctly outlining what is available to them locally? Geography does not necessarily translate to a service being accessible to a Carer. Those communicating with Carers will need to have an understanding of the intricacies of an individual's needs and a great deal of local knowledge, which would be difficult to achieve without actually being in the regions. The possibility of error and discouragement is high;
- Levels of trust Carers have gained with local providers will be difficult to replicate through a three tiered method of service delivery, particularly in the “National” and “Regional” proposals of this discussion paper. How does the department see itself replicating the local relationships and reputation many providers have developed with their expanding client-bases?
- Carers historically prefer speaking to a person however, do not appreciate having to explain their story more than one time. What guarantees can DSS make to Carers that they will only have to give their story one time, thus limiting anxiety through the registration process? If there is no guarantee that this can occur, the model requires further thorough review and should not be implemented until this basic guarantee can be made;
- Many Carers are registered with organisations, such as SA Country Carers, despite the care recipient. A percentage may not let their care recipient know that they are accessing services for themselves, which requires a very high level of confidentiality and specific knowledge around these types of clients. Many care recipients do not see themselves as having a Carer and therefore may not acknowledge them through other paths of service access or funding (such as the NDIS or MAC). This requires that the Carer will covertly seek their own support mechanisms, through organisations like SA Country Carers. Having infrastructure lends itself to Carers being able to access our services without the care recipient knowing. How will the department ensure this particular group of client, a delicate balancing act, is catered for and their confidentiality coveted through specialised methods of communication?
- What role will the South Australian state government play in this model of care? Will all state funding of Carer Support be surrendered to the Federal model? Considering the exceptional model in place in South Australia, SA Country Carers would like to see more advocacy for a job done well in this state than is currently occurring.

The proposed model is focused on service delivery and appears to devote little to community development. Is there funding for infrastructure? Our offices have proved to be vital to Carers in accessing services. As a local service provider, our Carer Support centres in Clare and Balaklava are frequented by Carers daily and have proved to be a vital and proactive link to the community, adding to the health of the regional communities they service. SACC does not see how it could continue to fund these types of infrastructure in the new model, potentially leading a scale-down of that infrastructure. This will significantly decrease access to a major method of client contact.

The model described in the discussion paper is clinical in its approach to community and capacity building. A clinical approach will discourage many Carers from accessing a Carer Support services. SACC has utilised all of its funding frugally and has provided an exceptionally high quality service for what is ultimately a cheap model, when consideration is given to the fact that Carer Support in South Australia is “proactive” and rarely “reactive”.

There is very little description of local area funding, recognising that a great deal of work over very many years has been put in to developing trusting relationships with clients, building a reputation for quality service and the value of local knowledge.

Country North Community Services Incorporated Submission:

Delivering an Integrated Carer Support Service

SACC suggests that if DSS continues with the proposed model, the following will not be able to occur at a “Regional” level. These alterations must continue to be block funded and measured at a local level, with those organisations who have historically done so and proved they do it well, like SACC and members of the CSNSA:

- Peer Support;
- Counselling;
- Needs assessment and planning;
- Coaching and mentoring;

SACC supports all recommendations made in the submission made by the CSNSA on this subject. SACC is completely regionally focused and has performed the role of Carer Support admirably for 20 years. The organisation has the support of its Carers and would not like to see any Carer left to languish in isolation.

In conclusion, the Carer Support services currently provided at a local level are a vital link to Carers in our communities to each other and many services / events that may not be obvious to them. SACC staff assist Carers in filling out paperwork and guiding them through the many paths available to them, such as NDIS and MAC. SACC’s client base is so valuable to the organisation but paired with the support the community itself provides SACC, through volunteering, badge days, raffles, fundraising events and endorsement, far outweighs anything SACC could provide to this community. SACC is a part of the eco-system of the Mid-North Community and hopes that DSS is understanding of the fact that the services we provide are a vital link. SACC provide the bones – the enablement, if you will - to successful, healthy and functional rural and regional communities.

SACC’s expanse of region equates to two people per square kilometre. It is important for DSS to understand the distances; SACC’s objective is to ensure our communities do not feel as big as they are. We assist in building a community that operates as one, towards a goal of support and empathy, no matter the physical distance. An educated SACC staff member, armed with outstanding local knowledge, will always be there for the region’s Carers, should they require it. If SACC were not required, it would have folded many years ago but the viability of the organisation and the need is demonstrated by the Carers themselves. Our value is evidenced by our 20 years of successful operation.

Your consideration of this paper and the points made therein is appreciated.

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