**Delivering integrated carer support services**



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A draft model for the delivery of carer support services

Discussion Questions

1. **In relation to the program overview, do you believe that the objectives, outcomes and delivery principles are appropriate for the services required to be delivered under each program? Do you believe that the services proposed to be delivered at the national, regional and local level are targeted appropriately?**

Yes we believe the programs are targeted appropriately although have some concern around the capacity to provide all models Australia wide, to all peoples including CALD and Aboriginal and Torres Strait Islander. Resourcing will need to focus on varying methods of delivery for the programs including online and face to face.

1. **A key factor in the effectiveness of regional hubs will rely upon their ability to understand the local service landscape and identify service gaps. If you were operating a regional hub, how would you undertake service mapping2 for your region? How would you ensure that you had captured a complete view of the available supports for carers in your region?**

To enable comprehensive mapping of services we would initially utilise existing resources such as My Aged Care, NDIS, Carer Respite Centres and Carers Australia. The development of relationships with key personnel such as the ACAT, RAS, Alzheimer’s Australia, Local Area Coordinators and NDIS registered providers would be essential to understanding what is available and how to promote services. All service providers in the regional area would be contacted and requested to complete an online data survey. We also see the importance of creating linkages with CALD and ATSI associations where they may be able to offer informal and formal supports to the CALD carer.

The Primary Health Network, Local GP’s and practice nurses would also be important sources of information regarding service availability within regions.

It would be necessary to create an awareness of the regional centre with all providers to ensure the information held is current, and to create an active partnerships approach.

1. **It has been identified that outcomes measurement will be essential for a future model. Outcomes measurement involves identifying how effective services are in achieving a particular objective. This commonly takes the form of a questionnaire which helps to assess aspects the carer’s role. However, there will be a careful balance in measuring outcomes, whilst not placing undue burden on a carer to answer multiple questionnaires, particularly where they may be accessing more than one service. What are some ways that outcomes could be measured and these issues addressed?**

The outcome measures described below have been identified as a means to measure how effectively the objectives described on pg. 7 of the draft service delivery model are being achieved. A range of strategies to collect these outcome measures have been recommended, with attempts made to minimise the burden on carers to provide this information

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| Objective |  |
| 1. Encourage and normalise earlier uptake of services proven to help carers, in their journey | * Community awareness of the supports available through the proposed model, after model is implemented/promotion has occurred- on-line survey of relevant organisations/networks, including those listed in question 2 * Assess how soon into the carer journey that carers access services/supports- asked by carer support service at initial service contact * Volume of in-bound referrals- data collection/analysis conducted at national level by service centre * Volume of outbound referrals- data collection/analysis conducted at national level by service centre |
| 2. Help more carers | * Proportion of funds spent on direct service delivery vs administrative support - data collection/analysis conducted at national level by service centre |
| 3. Deliver a service carers will value | * Carer survey regarding perceived benefit of using the information and support service – phone survey using targeted questions at completion of initial contact with carer service * Proportion of staff who are/have been carers- staff survey |
| 4. Provide a service carers find easy to access and use | * Carer survey regarding ease of use/ accessibility of service - phone survey using targeted questions at completion of initial contact with carer service |

1. **While this model will seek to help more carers, it will be important to ensure that quality services are being delivered. What would you view as the essential components of a future quality framework?**

Quality parameters

1. Call response times
2. Integrity of needs assessment undertaken by carer support service staff
3. Comprehensiveness of staff knowledge about regional/local service availability
4. Availability of carer’s services/wait times for local service
5. Ease of referral to service from carers and from other referral sources
6. Effective feedback and complaint management processes
7. Robust IT systems to minimise need for multiple screening/assessments
8. **Miscellaneous Feedback**

Residential respite

Access to residential respite has become increasingly restricted, and it can be very difficult to find a vacancy, especially at short notice. This reduced availability needs to be addressed by government to ensure that the proposed carer service is able to provide workable solutions to carers when they have the need to access this type of support

Information relevance

Depending on the type and level of disability of the care recipient, different types of information will be required to support the carer. It is important that this differentiation be maintained to ensure that the appropriate information is provided and is specific to the needs of the carer and care recipient