



# **Delivering an integrated carer support service**-A draft model for the delivery of carer support services

A Submission by Bendigo Community Health Services

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Bendigo Community Health Services (BCHS) welcomes the opportunity to submit this paper to the Department of Social Services in relation to the consultation document, *Delivering an integrated carer support services: A draft model for the delivery of carer support services*.

## **Organisational overview**

BCHS have over forty years of local health experience, understanding local health issues, and responding to community needs through a range of programs, services and partnerships. The BCHS vision is *better health and wellbeing across generations by working hand in hand with our community to achieve healthier lives*. BCHS Carer Wellbeing Program assists mental health carers manage their health and wellbeing needs; carers have the opportunity to access health promoting services and programs that better enable the carer to manage their caring role alongside their own health needs. BCHS is committed to creating a self-sustaining structure to reduce isolation and provide opportunities for mental health carers to access resources that would enhance their and their families' mental health and wellbeing. The Carer Wellbeing Program is committed to building sustainable systems to promote optimal physical and mental health. The program aims to improve the health and wellbeing of carers, resource and empower carers and their families to have better quality lives, and assist carers to continue as resilient and healthy care-givers. The attached *Mental Health Carers Program Report* highlights the poor health profile of carers and the positive impacts on the health improvements for carers.

## **General comments**

BCHS has reviewed the draft service concept paper, *Delivering an integrated carer support service- A draft model for the delivery of carer support services*, and would like to make the following general comments:

- The emphasis on earlier carer identification is positive and a critical precursor to earlier proactive carer support via a no-wrong-door approach; however, technical mechanisms for earlier identification need to be more clearly articulated.
- The recognition of the need to maximise funding for carer services (p.7) provides an opportunity to review and adapt available, but unused, funding

streams to provide carer health and wellbeing programs early into the caring journey given the known poor health profile of carers.

- Funding for localised carer services providing local responses via community service support coordination teams would enhance integrated and coordinated approaches that enable carers to build their capacity, manage their health needs and maintain their caring roles. A localized approach can also bring economies of scale.
- We support the statement, “many carers do not identify themselves as carers...” (p.8) or attach shame and embarrassment to being labeled a carer.
- The earlier identification of carers from Aboriginal and Torres Strait Islander communities and diverse cultural communities warrants further attention. Although alluded to as a component of a regional hub approach to localised service delivery (p.8), partnerships, collaborations and service agreements in place between local organisations and their communities are well placed to hear the carer voice and respond to carer needs at local level, in itself a key enabling factor.

### **Service Delivery (Sections 2 and 4)**

BCHS is supportive of the core features as outlined in the Service Delivery Model Overview (p.11) and strongly advocate that carers know what they need and how they wish to receive their services; building carer capacity to enable informed choice via a no wrong door approach is pivotal to improved health and wellbeing outcomes for carers, physically and mentally. Reliance on telephone, texting, messaging, personal computer and on-line technologies become barriers to service delivery for older carers, for young carers without phone credit, and for those who do not use these modes of communication. Storytelling, storyboards, artwork, sharing journeys, connecting to country and other traditional and cultural engagement and communication strategies are not specifically mentioned in the Model; can we assume the no wrong door approach would address these issues for all carers at each level of the Framework even though not specifically addressed? Respite is addressed in all three levels of the Model which is a constructive element in program design.

### **Program Overview (Section 3)**

Carers experience better outcomes when early identification responses avoid crisis driven reactions. Outcomes are positive when a supported approach is offered through the caring journey, which often is a lifelong journey; however, mechanisms to specifically address poorer physical and mental health outcomes experienced by carers are not addressed. Furthermore, the opportunity to embed a Service Delivery Level and Channel that meet the specific health care needs of carers is overlooked. BCHS recognises that carers do best in a supported environment, with face to face support at home or in their local area where interventions occur with genuine support from within their local communities.

Addressing the health and wellbeing infrastructure costs for carers early in their caring journey via Medicare or the MBS is worthy of consideration, especially when a carer's capacity is strengthened in the presence of optimal physical and mental health. However, the Carer Wellbeing Program Model Bendigo Community Health Services has implemented and reported on with 75 clients identified longer consultation time, along with follow up health coaching, provides optimal opportunities for the identification of holistic health issues and strategies to support healthy behavior change. Embracing the opportunity to embed at service delivery level a carer wellbeing model, underpinned by long consultation and health coaching, would strengthen the model of carer support services and improve health outcomes for carers. BCHS acknowledges that to appropriately identify and respond to service and program delivery gaps, focusing on disadvantage and vulnerability in our community is essential. BCHS has well established regional relationships and strategic partnerships and participates in specific carer networks. To ensure a complete view of the available supports for carers in our community BCHS would undertake service mapping and gap identification with community members including young carers, culturally diverse groups, Aboriginal and Torres Strait Islander communities and users of settlement services.

## **Carer Supports and Services (Section 5)**

The Model relies heavily on carer self-identification, thereby failing to recognise:

- 1) the many carers that do not identify
- 2) the many carers that prefer personal, face-to-face contact when telling their story
- 3) the carers who do not like being labelled, and refrain from engaging in carer support for reasons including shame, embarrassment, culture and fear.

To prioritise assessed areas of most critical need in the carer role is vital to ensure relevant responses meet need; the design of interactions with carers to ascertain what would work best and be most effective.

## **Model Implementation (Section 6)**

A full transition to effective implementation of the model requires more than simply integrating existing programs to a new carer support service. Carers want an easy, stress-free, accessible local step-up system that will: 1) acknowledge the carer journey and unique culture, 2) provide direct local service delivery in a timely manner, 3) connect carers to community through culturally appropriate strategies and 4) enable carers to connect to levels of care that provide ongoing quality support systems and capacity building mechanisms. Addressing these issues in the final iteration of the Framework would ensure a responsive, cost-efficient model that addresses the concerns of individual carers and their families and enhances health and wellbeing. The quality, safety and consumer experience is integral to the implementation of the Model.