



## ***Response to *Delivering an integrated carer support service: A draft model for the delivery of carer support services.****

Merri Health welcomes the opportunity to provide feedback on the draft model for the delivery of carer support services prepared by the Department of Social Services.

Merri Health is an independent, not for profit health service providing a wide range of services across the Northern Metropolitan region of Melbourne. We have eleven sites from which we deliver services, in addition to having various outplacement locations where Merri Health staff locate with other agencies to deliver services.

Merri Health creates healthy, connected communities through local health services for people at every age and stage of life.

We understand that at different times health needs change. That's why we support people throughout life, with a range of wraparound and integrated services available all through the one local network.

Our approach addresses the medical, social, environmental and economic aspects that affect health, with services spanning across:

- Children and young people
- Carer support
- Chronic disease management
- Mental health
- Disability support
- Population health
- Aged care.

We've been the trusted health service of local communities for over 40 years.

As a not-for-profit organisation, our focus is on partnering with people, responding to local needs, and strengthening the health of entire communities.

Merri Health is a provider of dedicated carer support services through the Commonwealth Respite and Carelink Centre (CRCC) in the Northern Metropolitan Region (NMR) of Melbourne. We receive federal and state funding to deliver an integrated suite of carer support and respite services to over 3,000 carers per annum. Also additional carers and family members are supported by other Merri Health services all through our one local network.

Merri Health acknowledges the contribution carers make in the community and is proud to support carers across every age and stage of life.

## Response to discussion questions

**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?**

In principle, Merri Health supports the draft model for the delivery of carer support services outlined, and agrees that they will contribute towards improving carer outcomes. The proposed objectives, outcomes and delivery principles listed in the draft service delivery model provide a good summary of what would be required in an integrated carer support service.

Merri Health would like to reaffirm the need to ensure that carers can easily access supports and services without having to *repeat their story*. Whilst Merri Health acknowledges measures have been proposed which support a *no wrong door* approach to service delivery, Merri Health does hold concerns about how the balance between client privacy and information sharing will be managed across national, regional and local providers.

Merri Health supports interventions at multiple points during the caregiving journey. Additionally, the proposed multicomponent interventions of financial support, carer mentoring and respite support are consistent with interventions currently provided through Merri Health's carer support services. Merri Health delivers Consumer Directed Respite Care packages, provides coaching, mentoring, counselling, peer support, education and training to carers, and access to respite services.

However, these interventions are based on a thorough and holistic needs identification and assessment process, undertaken in partnership with the carer. Some of the criteria we use to determine the need for a multi-component intervention include consideration of:

- Complexity and/or severity of the health and wellbeing of the carer i.e. health/safety of the carer is at risk.
- Ability of the carer to maintain their caring role e.g. caring relationship is at risk.
- Need for support coordination for access to or receipt of other support services.
- Level of health and financial literacy of carer.

Merri Health suggests that at the regional level there needs to be a recognition and access to appropriate assessment services for carers. Under the proposed model, it is unclear at what stage this would be undertaken. Also, if this is to be done at the regional level then there would need to be an appropriate credentialing of staff to ensure capability to undertake holistic assessment (similar to those done by Regional Assessment Services in the Commonwealth Home Support Program).

In addition, the suggestion that the regional hub staff will hold basic qualifications (e.g. Certificate III in Disability, Community Care, etc.) is of concern. Certificate III qualification provides the necessary skill and competency to provide hands on assistance with personal care and hygiene needs. It does not however equip a staff member with the necessary skills and expertise to identify and assess carer and families' needs, plan and co-ordinate required services, nor undertake administrative tasks in support of carers. Merri Health therefore strongly recommends regional hub staff have a *minimum* qualification requirement of a Certificate IV in Disability, Aged Care, etc.

Merri Health agrees the proposed service supports need to be available at a national and local level. Merri Health also recognizes certain support services should be more readily available at a local/regional level (such as access to multi-component support, peer support, counselling), whilst other supports could be delivered at a national level (such as financial support and supports provided via the Carer Gateway).

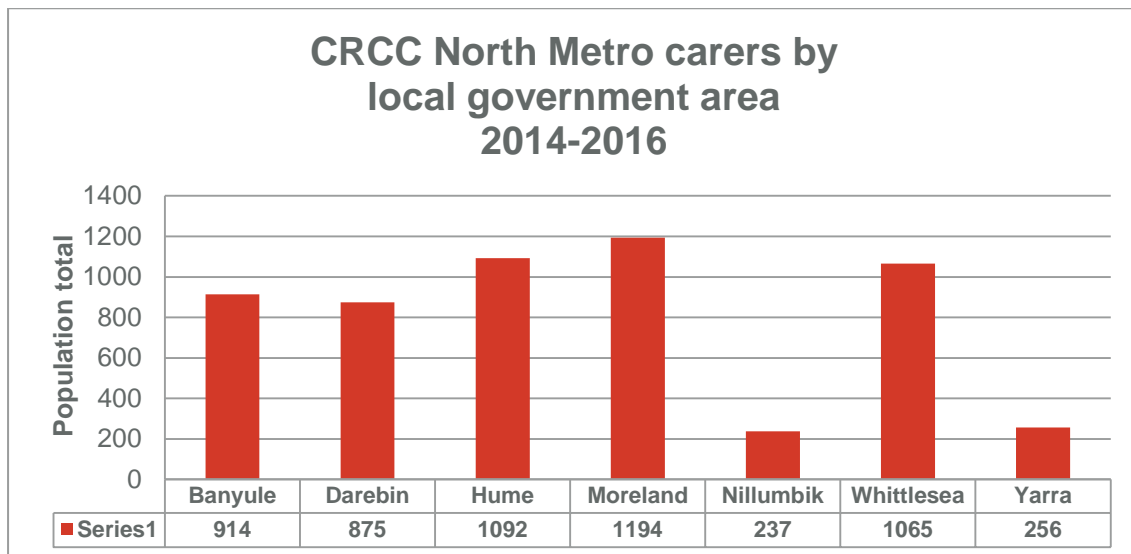
Whilst the multi-component supports provide opportunities for carers to access services face to face, by phone and online, the Merri Health experience has proven that convenient geographic access is critical to ensure equitable access by all carers, but even more so for difficult to reach and special needs groups.

Whilst Merri Health supports the establishment of a regional/local network of integrated carer support services that are nationally consistent, Merri Health would like to seek clarification regarding the definition, scope and catchment of *regional* and *local* hubs. Merri Health would also like to seek clarification regarding the number of *regional hubs* proposed to deliver these services nationwide.

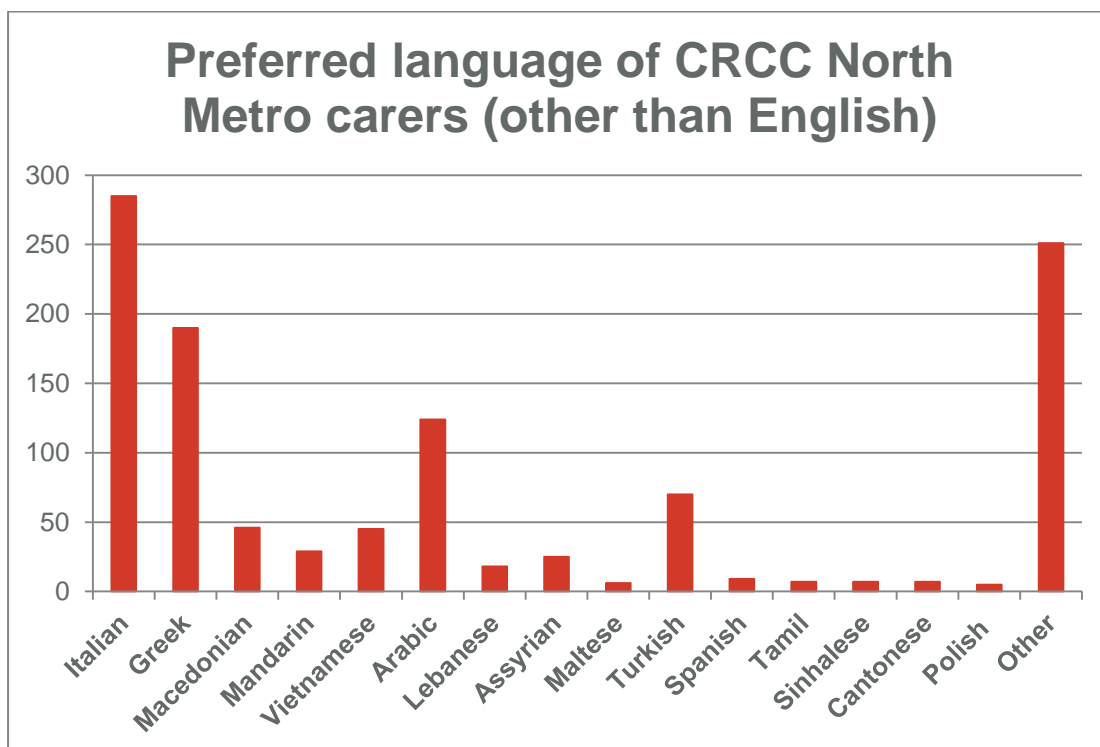
Merri Health suggests the catchment areas for regional hubs should be aligned with catchments used for aged care and disability service systems. This would encourage greater synergies across the care continuum and the ability to leverage community infrastructure at the regional level (i.e. sharing of locations, sharing support services etc.). In Victoria, the recent aged care reforms have been effectively rolled out by the Commonwealth Government based on existing Commonwealth Aged Care Planning Regions. This has recognized current strengths in the service system which has well established communities of interest and community infrastructure to support regional approaches. Similarly, the roll out of NDIS in Victoria complements such a regional approach. Additionally, the catchments of existing Commonwealth Respite and Carelink Centres (CRCCs) are based on the same regional catchments.

CRCCs have a track record in the delivery of respite and support services to carers and have established strong local partnerships, solid staff expertise which provides an ideal platform to further build upon. Those CRCCs who are under performing by not meeting compliance requirements and program objectives, or whose organisations do not show interest in progressing can be collapsed in with the closest geographical CRCC to ensure continuity of service.

The following provides a snapshot of CRCC North Metro client data that has been included below to provide insight into the existing volume of carers supported.



Merri Health delivers carer services across the seven northern metropolitan local government areas in Victoria. In addition to the high volume of people impacted by this reform, when defining the regions and local services, variation and diversity in population demographics (e.g. age, culture and ethnicity) this must also be taken into account. For example, the following bar chart provides an example of the breadth of language diversity that exists across carers accessing our CRCC services.



**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 mapping for your region? How would you ensure that you had captured a complete view of the available supports for carers in your region?**

In order to achieve success and effectively map the local service landscape, a combined approach will be required whereby providers feed information in, and the *'information managers'* seek information out. This is required because there are many services, public and private across even smaller local areas. Accurate service mapping will involve desktop research, working with all levels of government, My Aged Care and the National Disability Insurance Agency to share information gathered, building and facilitating networks and learning information through outreach.

Whilst government websites usually provide information regarding funded services, information regarding the services that are provided by the private sector will also be required to be gathered. This accumulated data will need to be entered into a centralized database to be shared across regions. This will facilitate ease of carers and families moving between regions, and build the agency and capacity of carers to have flexibility and confidence they can access services in a location convenient to them.

Whichever method is adopted for the service mapping, it will be important that the information is accurate and updated so that it is and remains current. It should also be accessible so carers can connect with local services they need. Anecdotally, we often hear from carers that the service system is big, confusing and overwhelming and that Merri Health has been able to help provide support to navigate the system which is invaluable. CRCC North Metro has supported carers living in the north for 20 years and so we are well connected with services available to people living locally.

**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 of 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?**

Whilst supporting the development and establishment of an effective and efficient outcome measurement and quality framework for the model from the outset, Merri Health acknowledges that a range of work has already been completed in this field, within many existing quality frameworks and tools that can likely be adapted. For example, the research and development of guidelines and tools undertaken by HDG for the Department of Health and Human Services is recommended for use in the Support for Carers program.

In terms of carer outcomes, this process can be built into the needs identification, assessment and planning process, rather than adding additional carer requirements. If carers are accessing more than one service, a coordinated plan, and therefore coordinated approach to outcome measurement can occur, or at least good communication would be encouraged between providers. A coordinated integrated approach to all engagement,

review and exit surveys should be considered, rather than random, non-centralized approaches, in order to reduce 'survey overload'.

Merri Health also suggests that it is good practice for some outcome measurement tools to be electronically stored and tracked on a platform that is external to any one organization, or even more so, directly to an organization's client file. In addition this may assist in sharing and collaborating in regards to a carer's outcome measure changes.

Merri Health suggests any work in this area should be undertaken in partnership with carers, and the National Health Care Quality Authority.

**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?**

As per above, it is important to acknowledge the several existing health services quality frameworks and standards that are already in place for delivery of services such as the:

- QIC Health and Community Services Standards
- National Safety and Quality Health Service Standards
- Common Care Standards
- Department of Human Services Standards

It is suggested that existing quality frameworks could be adapted and amended to incorporate the integrated carer support services.

## **Further Considerations**

### **Needs of specific communities**

The following provides some additional information and key considerations in relation to Merri Health's experiences in delivering carer support services to key target groups.

- **Aboriginal and/or Torres Strait Islander Families**

Merri Health has increasingly focused on building our capacity to engage with and increase delivery of services to the local Aboriginal and Torres Strait Islander community.

Merri Health launched our Reconciliation Action Plan in May 2015. This was developed in consultation with local community members and outlines our vision for Reconciliation through acknowledgement, organizational change, staff development, community consultation and service delivery.

At the service delivery level, Merri Health has been building our capacity to work more effectively with Aboriginal and/or Torres Strait Islander families. We have implemented a service delivery protocol which outlines details and principles for staff to follow when working specifically with Aboriginal and /or Torres Strait Islander people. The aim of the approach is to ensure streamlined, quick access to our services and to ensure continuity of care is received by the family.

Merri Health has found this continuity of care to be a critical factor in building rapport and trust with the family and community, and holds concerns that under the proposed delivery model, there is a risk that:

- I. Opportunities for one to one continuity of care for Aboriginal and/or Torres Strait Islander families could be lost; and
  - II. Access by Aboriginal and/or Torres Strait Islander families and the community could further decrease as a result of the access pathways being less culturally safe and inclusive than they are currently.
- Young Carers

Merri Health supports the concept that young people with caring responsibilities are a very unique group who require a targeted approach to service delivery. This was evidenced through consultations we held throughout 2016.

At these consultations, young carers expressed the importance of engaging with other young carers in their age group and in similar situations. They strongly value the peer support model that provides opportunities to talk about their shared experiences and participate in activities that assist with building confidence and skills relating to their caring responsibilities. Merri Health is using the evidence gathered at the consultation to undertake a program refresh to take account of the expressed needs of the young carers.

Whilst it has been acknowledged that a unique approach will be adopted for younger people with caring responsibilities, Merri Health urges DSS to consider the following in further development of the integrated carer support services.

- Will there be personnel dedicated to working with younger carers? This will be critical to build trust, rapport and stability of services, thus encouraging an increase in engagement with services and education.
- How will current contracts, extended to 2018 be operationalized alongside the integrated carer support services? Is the young carer program proposed to be managed by the regional hub, local service or alongside the integrated carer service?

To ensure continuity of care and smooth delivery of services, Merri Health recommends that the young carer programs remain with existing service providers, until the integrated carer services model is launched, operational and tested. It is critical to continue to engage young people in a service they are confident and comfortable with through a significant time of change. This approach will also support the implementation of the DSS *Try, Test, Learn* fund, which aims to reduce the welfare dependency of young people (including carers).

- LGBTIQA Community

It is vital to take into account people who identify as LGBTIQA, same sex attracted or gender diverse when designing and delivering services in the community. It must also be taken into account that while many carers do not themselves identify as being part of this community,

they may have caring responsibilities for someone who does. Specific issues related to LGBTIQA carers can include:

- Increased social isolation as a result of fear of discrimination.
- Potential lack of other supports for care and respite.
- Lack of support to carer to debrief and talk about issues and challenges of caring.

Merri Health is one of only eight organisations across Australia that is Rainbow Tick Accredited. This means that our services meet particular standards as summarized below.

- The organization embeds LGBTIQA-inclusive practice across all organizational systems and continuously seeks opportunities for improvement.
- Services and programs identify, assess and manage risks to ensure the cultural safety of LGBTIQA consumers.
- Professional development is provided to ensure all staff in the service are confident about LGBTIQA -inclusive practice and understand their responsibilities in relation to service delivery to LGBTI consumers.
- LGBTIQA consumers are consulted about, and participate in, the planning, development and review of the service.
- LGBTIQA consumers feel safe to provide personal information, including disclosure of sexual orientation or gender identity because they know systems are in place to ensure their privacy.
- Access and intake processes send a message of welcome to LGBTIQA consumers.

### **Support when caring changes or ends**

Merri Health recognizes that changes to the care relationship, such as death or permanent placement may have a significant impact on the carer's sense of identity. Therefore, Merri Health supports a transition period for carers to ensure they are supported through this adjustment period.

Whilst not all carers will wish to access this support, it may assist others to adjust to their changed circumstances without the Care Recipient. Services may include counselling, and assistance to re-engage with employment/education and recreational activities.



## Conclusion

Merri Health appreciates the opportunity to comment on the draft service delivery model of carer support services and is committed to improving outcomes for carers in our community.

## Points of clarification

1. Regional and Local Hubs
  - a. Merri Health would like to seek clarification regarding the definition, scope and catchment of regional and local hubs.
  - b. Merri Health would like to seek clarification regarding the number of regional hubs proposed to deliver these services nationwide.
2. Aboriginal and/or Torres Strait Islander families
  - a. Will there be opportunities for one to one continuity of care for Aboriginal and/or Torres Strait Islander families?
3. Young Carers
  - a. Will there be personnel dedicated to working with younger carers? This will be critical to build trust, rapport and stability of services, thus encouraging an increase in engagement with services and education.
  - b. How will current contracts, extended to 2018 be operationalized alongside the integrated carer support services?
  - c. Is the young carer program proposed to be managed by the regional hub, local service or alongside the integrated carer service?

## Recommendations

1. Merri Health recommends regional hub staff have a *minimum* qualification requirement of a Certificate IV in Disability, Aged Care, etc.
2. Merri Health recommends the catchment for regional hubs should be based on the Commonwealth Aged Care Planning Regions.
3. To ensure continuity of care and smooth delivery of services, Merri Health recommends that the young carer programs remain with existing service providers, until the integrated carer services model is launched, operational and tested.

Merri Health would be pleased to share our experience and examples of recent innovations that are relevant to the concepts articulated. We would also welcome the opportunity to pilot areas of the proposed integrated carer support service as part of the implementation phase.

For further information please contact  
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