**DELIVERING AN INTEGRATED CARER SUPPORT SERVICE**

**RESPONSE TO THE DRAFT SERVICE DELIVERY MODEL**

**FROM**

**NSW Commonwealth Respite and Carelink Centre State Managers Network**

**5th December 2016**

***Program Overview***

*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?*

Our answers are outlined per categories of the services proposed

1. Awareness and Community Linkage

Need to know the following:

* How many regional hubs and geographic spread

Comment: From the overview of the service model it seems that each regional hub will have a massive role in Awareness and Community Linkage. To fulfil this role effectively will depend on the number of Hubs and their regional coverage.

* Need for a nationally consistent marketing campaign that will reach all carers, regardless of their age, culture ,disability, literacy skills or information technology competence.
1. Information and Advice

Comments:

* + Strongly support the Access to phone based information and advice and 2.2 (b) Service Co-ordination Support. Providing care co-ordination/case management is a valued role the CRCC’s provide to carers and a great bonus to the role of the Regional Hub.
	+ **The key is to have skilled staff providing the information, being able to carry out an effective assessment of carer need and coordination of appropriate supports**
1. Peer Support
* No comment
1. Education and Training

Comments:

* There is no reference in the service delivery principles about the needs of particular cohorts of carers such as rural/ remote, CALD, and Indigenous.
* Does the carer’s needs identification and needs assessment determine what education and training carer can be involved in?
1. Counselling
2. Needs assessment and planning
3. Carer coaching and mentoring

Comments:

* The 3 categories above require SKILLED STAFF with relevant experience
* At the local level will it require clinically trained staff or access to the same?
1. Respite
* 8.2b Emergency Respite- Is this service available to carers via a 24 hour response?
* What constitutes an emergency? - What is the definition?
* Access to Planned Respite- **8.2 c and 8.3c Access to Planned Respite**

Comments:

The Integrated Carer Support Model states that Planned Respite care services that the integrated carer support service would link to but not fund planned respite directly.

The document (on page 15) states that planned respite is currently funded through programs outside the carer programs delivered by DSS. The model ASSUMES these funding arrangements would remain unchanged in the future.

The Model cannot rely on assumptions- the assumptions made about primary service system is simply incorrect.

There are glaring absence of funded planned respite particularly given; the changes to CHSP and current funded submissions; the fact respite is not a service type under NDIS (as the packages is about the recipient not the carer) and access to respite through MAC/Home Care Packages is virtually impossible. This also does not support carers with respite to attend to their own health needs, nor their general health and well-being

1. Targeted financial support
* There is not enough information in the document about what this support would provide, to whom, how much. More detailed information is required to enable the consultation to fully understand what this service will provide to carers.

We have one concern, regarding the relationships between National, Regional and Local level- How will they work, how will it ensure streamlined access for Carers? Additionally, Concerns regarding particular cohorts- Indigenous and CALD Carers. This Model doesn’t fit well with Indigenous communities.

**Key is to have skilled staff to facilitate the services proposed under the Model**

***Regional Hubs***

*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?*

* We feel this is something that would be in a competitive tender document.
* There is a need to disclose how many regional hubs and the geographical spread of the Hubs would be established to facilitate the massive role of the Hubs, particularly in terms of local awareness raising activities

***OUTCOMES MEASUREMENT***

*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?*

* We totally agree but feel this should be set up and built at a National Level, however outcomes per region/location should be weighted.

**QUALITY FRAMEWORK**

*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?*

* Again we agree but feel this is something that should be developed by Government. The framework should be part of the co-design process. This is also something that would be covered in a tender document.

**Additional Things to be considered that are Crucial to its success**

* **The Number of regional Hubs, staffing Numbers and Skill level of the staffing is crucial to the effectiveness of this model**
* **Direct telephone Transfer Ability to MAC and NDIS is crucial.**
* **Implementation Date- Ensuring a Sustainable and viable sector**

Transition arrangements and commencement dates. It is Crucial that all existing programs in scope under this Integrated Carer Support Service be provided with TIMELY information about their future and transition arrangements.

The document states that the implementation would commence from 1st July 2018

More information is required regarding the transition. Services need to be provided certainty regarding funding decisions.

* **Open Information Session/Information Roadshow is required to manage the sector**