**Response Document to Delivering an Integrated Carer Support Service**

**Response by Uniting Care Wesley Bowden - South Australia**

1. **Overview of Model:**

a) The proposed 3-tiered draft Model requires further detail in relation to the method and / or options that Hubs should or will, communicate directly with the Service Provider level (and vice versa). In addition to this, further detail is required to outline the governance loop between the tiers to ensure smooth and consistent service provision from top to bottom.

b) In regards to the number of Hubs and their geographical location - crucial to the draft Model is to nominate an adequate number of Hubs per state and territory to ensure carers are assisted as efficiently as possible with access and choice to services. As such, the following information is crucial:

* The determination of criteria for the geographical placement and access to Hubs, and the formula for determining per capita services and ratio of Service Providers to Hubs must be fairly and equitably allocated to allow for metropolitan, regional and remote carers. This information was unclear in the document
* The determination of the number of carers and services / Providers per Hub should be based on current service use (at least in the interim) rather than an assumed reduced need predicated by the commencement of other services and funding (e.g. NDIS/Aged Care Services)
* A determination of the nature and scope of the relationship that might exist between Hubs and other government departments, the expectation of interaction within the draft Model between government agencies, and how they are intended to interact through National, Hub and provider level.

c) Consideration should be given to providing further information that outlines the expected referral pathway into the draft Model at each level, how carers will physically access Hubs and therefore local Service Providers. Consideration and further information in the draft Model regarding access should be provided in order to inform:

* Eligibility of the carer to access some or all of the new services and any required transition away from previously accessed services
* Communication strategies and responsibilities with regards to changes to eligibility and types of service offerings
* The Hubs responsibility (as a preference to Service Providers) in explaining eligibility in order to safeguard Service Providers
* Exchange of information services and the provision that might exist for this function between the draft Model and Providers during transition and referral into a the approved Model

**2. Peer Work (PW) and Lived Experience Worker/workforce (LEW):**

a) The inclusion of PW and LEW in the draft Model is acknowledged as an innovative inclusion. The definition, scope of use, and extent of *peer support activities* and *lived experience* is important to consider in the context of the draft Model’s tolerance to and inclusion of PW and LEW contribution as volunteer or paid worker. This inclusion and its parameters have not been explained in any detail in the draft Model. While the merits of LEW as PW’s are well researched, this cohort of worker is utilised to varying degrees nationally within a variety of models. In considering the use of LEW and PW in *peer support activities* careful consideration should be maintained so that:

* Options and choice for types of support continue to exist for carers to select services and activities that assist and enhance their experience as an individual. The continuation of choice should assist to determine and enhance other objectives in the draft Model such as tailoring to support education and employment *(see point b. below regarding Training)*
* A new Model should embed a range of flexible service delivery and business model options for Service Providers to operate within. A final Model should avoid creating a competitive environment where LEW or PW is a preferred requirement of service provision by Providers.
* Hubs understand that referral into services should be on offer broadly and should not over emphasise LEW as PW as a service option preferentially over those services that do not provide a component of LEW.

b) With respect to quality of service offerings utilising PW and LEW, an increase and promotion of subsidised Registered Training Organisation (RTO) training spaces should be considered in order to promote and sustain a new Model to its full potential to ensure quality.

Consideration should be given to:

* An increase in (*fully funded*) places in nationally accredited training courses such as *Cert IV Mental Health Peer Work* (incorporating recognition of prior learning) that *support carers to participate in everyday activities such as education and the workforce*
* Including PW and PEW as a lens over each Objective that can then be supported by an increase in trained workforce

**3. Providing Support for Carers to improve their long term social and financial outcomes and support carers to participate in everyday activities such as education and workforce:**

a) The emphasis on education, training and mentoring threaded throughout the draft Model is a responsible measure that will enhance the lives of carers. There are further considerations not mentioned that require specific outline with an emphasis and acknowledgement to different carer cohorts. Funding streams for the differing needs is important to distinguish to Hubs so as to appropriately refer to Providers, and should be nominated in the Model as such so that they are clearly identified through tender or other processes and so that solutions are tailored appropriately.

Complimentary strategies should enhance this Objective such as:

* Currently funded, and newly created Financial Counselling, Financial Literacy Services and similar programs should build quotas of places nationally to assist carers in this capacity and should be retained as part of ongoing funded activities with Service Providers who are best placed to provide this training
* Younger carers (primary and secondary school aged) who are disadvantaged and disengaged from school and work should be supported to continue and retain their attendance at school. Targeted carer funding streams administered by local Service Providers who are specialised in child and/or youth services should be funded to navigate the specific Children’s Services and Departments in state and territories to collaborate and develop local strategies
* (Older) younger carers who are past the age of compulsion, but willing to seek work should be supported via a dedicated stream of specifically tailored employment capacity building programs that assist to navigate employment, traineeship and foundation skills opportunities that support transition into employment pathways
* Longer term unemployed people who have lost the ability for skills in maintaining employment, re-entering the workforce after a period of absence, or are looking to change vocations or upgrade educational qualifications should be supported through initiatives that support their choices

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