

# SENIORS COLLABORATIVE ACTION PROJECT (SCAP) SUBMISSION

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

The Seniors Collaborative Action Project (SCAP) operates in the SA region covered by Barossa, Gawler, Light and Adelaide Plains Council areas and provides sector support and development for the Aged Care and Carer Support sector. SCAP welcomes the opportunity to submit this paper to the Department of Social Services in relation to the recently released consultation paper *“Delivering an integrated carer support service – a draft model for the delivery of carer support services”*.

### **Features, Objectives and Principles**

We strongly support the core features of the model:

- Carer Choice
- No Wrong door
- Strong links with other Government services
- Outcome driven support
- Support through the entire caring journey

We also strongly support the principle that almost all service types will be available to all carers with no restrictions or requirements. Eligibility assessment and intake processes are the biggest barriers to accessing services. Carers know best what their needs are and they want to be able to ask for and receive those services and supports without having to jump through hoops at intake.

We agree with the principle of providing opportunities to include carers and those with a lived experience in the delivery as this ensures that the support provided is relevant. Carers are more responsive to learning and receiving advice, information and support from someone who has ‘walked in their shoes’

SCAP agrees with the objectives of the model and the mechanisms through which they will be delivered. However we are concerned that the mechanism *“Maximise the amount of funding which goes towards services for carers by ensuring efficiency in operational and administrative costs”* will not be achievable as Regional Hubs will be required to sub-contract services to local service providers and this ‘double handling’ will increase the costs associated with administration of the funding.

As stated in our submission on *Response to Designing the New Integrated Carer Support Service* in June this year, service providers in the SCAP region believe that the community development model of service delivery utilised in South Australia has made it easier for carers to access the support they need, compared with other states. This model supports over 20,000 carers and is sustainable and viable as it attracts a lot of community support through fund raising and from volunteers. Therefore we proposed that the new integrated service should utilise the benefits afforded by the SA model as it has ably demonstrated that it has a preventative focus and assists carers to sustain their caring role and increase their well-being.

It is with some disappointment that we observe, as evidenced by the defined service types, that the proposed integrated carer support model is very much a service delivery model rather than a community development model. If SA cannot retain its carer support model, SA carers need a guarantee that they won’t be worse off under the proposed model.

### **Local Service Delivery**

We support the proposal that a number of service types are to be delivered at the local level namely:

- Peer Support
- Counselling
- Needs Assessment and Planning
- Coaching and Mentoring

However we question the need for these also to be provided at a regional hub level unless there are no local service providers, which is likely to be the case in remote and some rural areas. The provision of similar service types at different levels of the system is likely to be confusing for consumers and may dilute the resources available for effective delivery due to the additional administration costs that would be required to provide services at more than one level.

We are concerned with the proposal that *“Access to support in carers’ local area will be facilitated through the regional hubs”*, and especially concerned that local service funding appears to be totally lacking, and that the number of and geographic location of regional hubs have not yet been identified as they are still under consideration by DSS.

With the exception of some types of education and training, emergency respite and targeted financial support, most carers would expect that once engaged with a local service provider they would receive all other service types as and when they need them, and by the same local service provider, however the requirement of services to be sub-contracted by the regional hub to local service providers restricts the ability of local service provider to be responsive to the needs of carers.

### **Regional Hubs**

SCAP supports the concept that the role of the Regional Hub should be:

- Service mapping
- Forecast demand
- Service gap analysis
- Identifying and targeting high risk cohorts

However to ensure efficiency in operational and administrative costs, and reduce duplication of service delivery as proposed in the model, we suggest that Regional Hubs should have a much broader scope. They would require a detailed understanding of the service landscape across a broad range of social services sectors. The above role could be applied to:

- Carer Support
- Respite
- Disability NDIA and Local Area Coordination (LAC)
- Mental Health
- Aged Care

We propose that the Regional Hub would also be a conduit of information for services providers from all sectors and play an important role in raising awareness and building partnerships across a region.

The Regional Hub would also deliver some targeted education programs for consumers, plus training and development for the workforce of all sectors. With the rise in use of Independent Contractors for the delivery of NDIS and Aged Care services (especially in regional areas), the regional hubs would also have a role in supporting contractors through providing information about market needs, business development opportunities and delivering T&D.

Whilst the Regional Hub could be an initial point of contact for a consumer, prompt referral to a relevant local service provider is integral to them engaging with the services and support that will impact positively on their quality of life. This is especially important for carers.

### **National Services**

We support the proposed services to be delivered at the National Level. In particular we support the proposal for a national campaign to raise awareness. This was lacking with the introduction of My Aged Care resulting in consumer confusion and lack of awareness by consumers about the aged care system.

The channels through which this is delivered need to be diverse and available at all three levels of the system.

Older people still rely heavily on TV advertising and on hard copy printed material such as newspapers, newsletters, flyers and posters to obtain information. Younger cohorts prefer social media and websites.

### **Outcomes measurement**

Outcomes measurement using a qualitative approach such as group discussions or one-one one conversations is a much friendlier method of gauging service effectiveness, and yields much more valuable information than a quantitative method such as questionnaire. Successful completion of a questionnaire is dependent on a number of factors including respondent's understanding of the questions and their level of literacy. A conversation or discussion in a familiar environment allows for in-depth exploration of the topic at hand.

### **Conclusion**

The draft model for the delivery of carer support services has many positive features in particular the objectives and principles that:

- proactively support carers earlier, and build their capacity to sustain their caring role;
- provide support where carers are in, or at risk of a crisis, which might adversely affect their caring role;
- provide support for carers to improve their long term social and financial outcomes; and
- support carers to participate in everyday activities such as education and the workforce.

However SCAP has concerns that the quality and effectiveness of local service delivery will be compromised, and carers confused if the proposed regional hubs offer duplicate services.

We propose that Regional Hubs focus on a role that provides:

- Service mapping
- Forecast demand
- Service gap analysis
- Identifying and targeting high risk cohorts

We also propose that they have a much broader scope that covers a range of social service sectors.

This will provide clear segregation of service delivery responsibilities, reduce confusion for consumers, support regional service providers across many sectors, and ensure effective use of government resources. It will also position carer support where it is best supported by communities and most easily accessed by carers - at the local level. This is evidenced by the community development model of service delivery currently operating effectively and sustainably in South Australia which supports over 20,000 carers with significant local support through fundraising and from volunteers.