**

**Submission to the Department of Social Services on Delivering an Integrated Carer Support Service**

Overall, the Integrated Carer Support Service model - with its strong focus on information provision, peer and counselling support and respite - provides a solid framework. If adequately funded and well implemented it will support carers in the important work they do. Unfortunately information about funding is not provided and nor is information about the ongoing availability of carer services which sit outside this model.

NDS’s comments are made with a view to strengthening the model and highlighting uncertainties or gaps that may emerge.

**Objectives**

The consultation paper lists the following objectives for an integrated carer support service model:

* 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
* support carers to participate in everyday activities such as education and the workforce

These objectives should be amended to acknowledge that carers may seek outcomes in their own right beyond education or working, such as wellness. In some cases a carer may be considering making a substantial change to a care relationship (even ceasing it) and need assistance to do that.

**National Services**

The establishment of some national services for carers—such as information and advice; peer support; and education and training—should provide easily accessible services for many carers. There are carers, however, who do not use digital services, so assistance via the telephone must also be available.

Similarly, over-reliance on requiring carers to complete app-based or online self-assessment of their needs (particularly when experiencing a crisis) would deny some carers the assistance they need. While there is scope for modernizing carer support services, the new model should not require too high a level of digital access, knowledge and usage.

Some carers support people who receive assistance from more than one service system (such as the National Disability Insurance Scheme, aged care and mental health). Thought must be given to minimizing the barriers these carers often face when seeking assistance.

**Regional Hubs**

NDS supports the concept of regional hubs and the range of activities and services designated to them. However, further information is required about the location of the hubs (and how many there will be) and the resources they will have to support carers in their region (which will need to relate to the size of the region, the diversity of carers and their varied caring circumstances).

Consideration should be given to how regional hubs align with disability and aged care regions. Where possible, the regions and the available services should be logical for carers and the boundaries should not be rigid.

**Local Services**

The availability of services at the local level is of concern, not least because a number of them are not funded under the Integrated Carer Support Service delivery plan. These include:

* information and advice (to be provided by unspecified “existing services”)
* some counselling services
* face-to-face education and training
* respite that is expected to be provided through aged care and the NDIS

NDS is not confident that all of these services are equitably funded by other government programs or that they are available in all regional and remote areas of Australia. Some carers need face-to-face services, so relying on other service systems to be available could be problematic.

Under the Integrated Carer Support Service model we assume that Commonwealth Respite Carelink Centres (CRCCs) will cease to operate. The source of future funding for some of the services they currently provide—such as information and advice, peer support, education and training, and referral to counselling—is unclear.

The adequacy of provision for respite within the NDIS is debatable. NDIS guidelines generally restrict the availability of facility-based respite to 28 days a year. This is inadequate for some families – and less than some people receive currently in state-funded disability systems. Increased flexibility in the allocation of facility-based respite would help sustain the caring capacity of these families. Clearer information on emergency respite is also needed.

**National Representative Body**

NDS urges government to provide adequate funding for Carers Australia to undertake the work required to establish and maintain contact with the newly-established regional hubs. It is important that a national body continues to have responsibility for representing the diversity of Australians who provide unpaid care and support to family members and friends.

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**National Disability Services** is the peak industry body for non-government disability services. Its purpose is to promote and advance services for people with disability. Its Australia-wide membership includes 1100 non-government organisations, which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.