tandem representing Victorian mental health carers

Department of Social Services delivering an integrated carer support service: A draft model for the delivery of carer support services

Submission from Tandem,
Victorian Peak Body for Mental Health Carers

December 2016

About Tandem

Tandem is the Victorian peak body representing families and carers of people living with mental health challenges. We advocate for carer involvement in planning and care, participation in system change, and support for families and carers.

Our mission is to ensure that the importance of the contribution, expertise, experiences and the needs of families and other carers is recognised and that these needs are addressed.

Tandem welcomes the opportunity to provide feedback on the Department of Social Services consultation regarding the **Delivering an integrated carer support service: A draft model for the delivery of carer support services** (the Service Delivery Model).

General Response

There is no doubt that the current service model leans towards the provision of reactive service responses and,that current programs are not reaching and supporting many carers who may require support, with many carers only presenting and seeking support at times of immediate heightened need. It is very welcome, then, to see that the new Service Delivery Model that has come from extensive consultation and planning has resulted in a Service with an ambition seeking to reach carers earlier in their caring journey and deliver supports which have been shown to be effective in achieving longer term outcomes. The extensive consultation is evident in this new strategy, and the Department is to be congratulated both on the process and the resulting draft Model.

However, because the Model is not detailed about the specifics of the implementation, or the level of resourcing, it still appears that the specific situation of *carers of people with mental illness* has not been understood and that the Service Delivery model is not addressing the needs of mental health carers. Further research and planning development of the model is necessary if the regional and national services proposed are able to provide assistance to this particularly vulnerable and very complex cohort. Marginalised and disadvantaged groups are overrepresented as mental health carers, and it is important that there be detailed consideration in each element of the integrated support service to ensure that the needs of young mental health carers, those from ethnically diverse backgrounds, LGBTI communities, remote and rural communities and Aboriginal and Torres Strait Islander backgrounds be attended to. Without more detail of the programs, and their resourcing, it is hard to see if this will happen.

There is also a need for much more detailed work to be done for the Service Delivery Model to integrate well with the state government mental health services. The intention to seek integration is stated in the Model document, but there is no specific mechanisms mentioned.

Responses to the discussion questions – Program Overview

In relation to the program overview, do you believe that the objectives, outcomes and delivery principles are appropriate for future 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?

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?

There is a concerning lack of detail about all four of the Program pillars of the new model, which makes it difficult to provide targeted responses. Although there are laudable objectives and principles, and each Program may well be of great value, the extent to which they will be able to achieve the necessary social support for Australia's mental health carers cannot be ascertained from this document. Our comments on the four programmes individually are as follows:

1. The continuation and extension of a **National Counselling Program** directly funded by the DSS is an important component of the Model.

2. Tandem membership, comprised of mental health carers and service delivery organisations that provide carer support, question the central place given to the **National Education and Training Program,** to be offered on a fee for service basis. The assumption that qualifications in caring is a priority service gap, or a high priority for most mental health carers, is certainly at odds with known facts about mental health carers. The caring role in which people find themselves is usually family related, and the vocational preferences of mental health carers, should they be in a position to work, should more properly be seen as wide, varied and ambitious as the rest of the community. Submissions to DSS in the current round of consultation have raised this issue as it relates to carers generally. This pillar of the program is likely to be particularly tangential and unhelpful in providing support for mental health carers.

3. The **National Infrastructure Program.** Feedback to Tandem from membership included concern with the self-assessment and carer coaching components of this program, which would certainly need to be linked to a well-resourced support service at regional and local level.

4. The **Regional Hub Program** is again an area on which it is hard to comment without knowing more details. Should the Hubs be sufficiently well resourced, and with good connections to other services, there is potential for this model to assist rural and remote populations. These populations of mental health carers are currently acutely disadvantaged by the cost of accessing treatments, services and supports, and the online and digital options can only go a short way towards redressing this disadvantage. It is difficult to propose an appropriate methodology for service mapping without a clearer understanding of the scope and number of the regional hubs. We believe that the impact and success of Regional Hubs will be dependent on the staffing model that is put in place.

The lack of specific provision for carers in the NDIS as a whole will have particular impact on mental health carers. **Tandem therefore believes that DSS consideration to placing Regional Hubs with LAC (Local Area Co-ordinators) of the NDIS is an idea that may prove to have great merit**, providing an opportunity for carer support needs, which cannot be met by the NDIS ILC initiatives, to be addressed for the cohort of mental health carers linked to participants in receipt of an NDIS plan as well as to the wider mental health carer population.

Tandem would like to express concern that the future of Respite services, an essential component of current service provision, is not entirely clear. The Service Delivery Model states that the ICSS would link carers *to* but *not directly fund* planned respite. This will apparently be viable because 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. We understand, however, that existing respite services are in the process of transition to the NDIS and My Aged Carer. Respite for carers is not a service type under NDIS and it cannot support carers with respite to attend to their own health needs, nor their general health and well-being

Responses to the discussion questions – Outcomes measurement and quality

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?

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?

Outcome measurement will be crucial to ensuring that quality services are being delivered while also supporting *more* carers. Specific outcomes measures will be required for mental illness situations.

It will be important to set a quality framework that is able to articulate and measure current status and best practice and determine targets which reflect the desire for DSS to provide a quality carer support service.