



Submission on draft Service Delivery
Model for a future carer support
service system

UnitingCare Australia

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UnitingCare Australia is the national body for social services in the Uniting Church in Australia, supporting service delivery and advocacy for children, young people, families, people with disabilities, and older people

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UnitingCare Australia

UnitingCare Australia is the national body for the UnitingCare Network, one of the largest providers of community services in Australia. With over 1,600 sites, the network employs 40,000 staff and is supported by the work of more than 30,000 volunteers. We provide services to children, young people and families, Indigenous Australians, people with disabilities, the poor and disadvantaged, people from culturally diverse backgrounds and older Australians in urban, rural and remote communities.

UnitingCare Australia works with and on behalf of the UnitingCare Network to advocate for policies and programs that will improve people's quality of life.

UnitingCare agencies that deliver disability services include:

- Prahran Mission
- Somerville Community Services
- The Ella Centre,
- Uniting NSW/ACT
- Uniting Communities
- UnitingCare Harrison
- UnitingCare Queensland
- UnitingCare Wesley Country
- UnitingCare Wesley Port Adelaide
- UnitingCare West, Wesley Mission
- Wesley Mission Brisbane
- Wimmera UnitingCare

1. Introduction

The National Disability Insurance Scheme (NDIS) aims to provide people with disabilities access to funding for disability services and supports, redirecting government funding away from the traditionally block-funded service providers. The redirection of funding directly impacts the provision of carer services.

UnitingCare Australia acknowledges the Australian Government's recognition of the need to support and sustain the work of carers through the Integrated Plan for Carer Support Services. We note that the draft Service Delivery Model outlines the way support is proposed to be delivered to carers in the future.

UnitingCare Australia in general supports the draft Service Delivery Model with the following recommendations that will ensure the Model provides the best support for all. Further detail in relation to these recommendations is provided in this submission.

Key recommendations

- *The Model includes direct reference to carers' physical, mental and emotional wellbeing*
- *Social and financial stability of carers is measured and recognised as an outcome of the Model*
- *Consider using the introduction of the Model as an opportunity to further the objectives of the NDIS and consumer directed care to deliver outcomes for individuals and carers*
- *A shared carer record is introduced to reduce carer stress and facilitate efficiencies*
- *Definitions of 'carer' and specific services provided are included in the Model*
- *Services are accessible for all including Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.*
- *A pilot program is undertaken to determine the effectiveness of online forums for carers, including those from all cohorts*
- *Local skills and expertise currently sitting with CRCCs is not lost in the transition to the new delivery model.*
- *Carers are involved in the development of the evaluation framework.*

2. Objectives, outcomes and delivery principles

The objectives of the draft Service Delivery Model refer to providing support to “improve social and financial outcomes”. UnitingCare Australia believes that direct reference to carers’ physical, mental and emotional wellbeing is necessary to reflect the objectives of the National Counselling Program. The pressures placed on carers, for example parents of children with disabilities, must be an identified focus of support services to ensure support and respite for families.

UnitingCare Australia agrees there is a need to recognise the importance of supporting carers to remain in their caring role. Maintaining the social and financial stability of carers must be measured and recognised as an outcome.

It is unclear from the Model what level of services carers are able to access. This could be remedied by providing a definition of a carer. Clearer definitions of services, such as coaching and mentoring, would also be helpful to providers.

UnitingCare Australia notes that the Model needs to be communicated to all carers including those currently not within the system and particularly those in the community that do not access services due to a “wrong door” approach.

The objectives tend to support the traditional approaches to carer support services. This may instead be an opportunity to further the objectives of the NDIS and consumer directed care and deliver outcomes for the individuals being supported, as well as for the individuals and families providing care. For example, families can be engaged in the development of goals that include pathways for carers.

Ongoing financial commitment is required to implement the infrastructure necessary to reduce multiple assessments and carers’ frustration of re-telling their circumstance. A shared carer record will reduce carer stress, human resources and the time required to conduct assessments. The benefit of having online assessments, a mobile website or an app is reduced isolation for carers who live in remote or rural demographic regions where support groups or carer activities may not be available.

The proposed Model aims to reach out to carers at the beginning of their caring journey, reducing significant carer stress. However, as stated in the proposal, carers are reluctant to access services and identify themselves as a carer. The benefit of the proposed Model is the introduction of online services at a regional level. While statistics show that people access online tools and resources to navigate different systems, this could also present a challenge for people without online access due to financial hardship or low levels of computer literacy. Online options may also be problematic for older carers and carers in rural or remote locations.

3. Aboriginal and Torres Strait Islander and CALD carers

We welcome the Regional Hub Program delivery principle addressing the needs of cohorts including Aboriginal and Torres Strait Islander carers and carers from culturally and linguistically diverse (CALD) backgrounds. Experience teaches us that these cohorts may have a different concept of being a carer and they may be reluctant to access services or to identify themselves as a carer. Services must be tailored to ensure accessibility at every point within the Model.

Carer support services provided at the national and regional level delivered via online and phone channels, are less effective in meeting the cultural and language needs of Aboriginal and Torres Strait Islander and CALD carers. Possessing lower levels of literacy can make it difficult for people to utilise carer support services via online channels.

A pilot program must determine the effectiveness of online forums by measuring the number of carers who access online support and what representation are CALD. It is vital that all material available online is translated and that bilingual telephone support staff and counsellors are available to meet the needs of CALD communities.

To reduce carer stress in minority communities it is imperative to consider cultural norms and engage local representatives to provide a holistic and person centred approach. Once the rapport is established and the need for advocacy and referrals is identified, the local representative can prompt the carer to seek further assistance, whether online or by telephone, whichever is most appropriate.

4. Issues of the proposed service delivery levels

A positive outcome of the proposed Service Delivery Model is that the range of options would be attractive to people coming into the system by providing them with choices.

However, UnitingCare Australia believes that it is essential that the skill, expertise, and local knowledge currently sitting with Commonwealth Respite and Carelink Centres (CRCCs) is not lost in the transition to a new model of delivery.

The Model appears to reverse some elements of the current system with online and telephone support being offered and funded by the respective departments of health on a regional basis. Short term and emergency support is currently available at a local level from CRCCs which are funded until June 2017.

The National Service Infrastructure Program will impact the CRCC program significantly. CRCC's are available nationally and currently funded by the Department of Social Services (DSS) to provide unpaid carers with short term and

emergency respite from the caring role. Coordinators currently receive respite referrals which are assessed using a holistic approach to determine eligibility. The information gathered at the point of assessment includes a minimal dataset of demographic information and a carer's need for ongoing support and other services.

Under the proposal, these activities currently conducted by CRCCs will be provided by Regional Hub groups. CRCCs have in-depth local knowledge of the needs of the community and services available which enables the Centres to promote, market, provide information and conduct community engagement activities. This will present a challenge to Regional Hubs who will require time and resources to build this local knowledge.

CRCCs not only have the ability to provide support to carers from minority groups such as Aboriginal and Torres Strait Islander, CALD, young carers, and Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities, they also have the infrastructure and staff expertise required by the Regional Hub Initiative.

5. Evaluation and quality assurance

UnitingCare Australia would like to stress the importance of involving carers in the development of the evaluation framework, including both outcomes measurement and quality review of the services they receive. This will ensure that the voice of those using the services informs the design and development of the Model.

Wesley Mission's CRCC program engages in quality assurance practices to meet the current contractual commitment with DSS. Internal and external audits are conducted to determine if the centre's key performance indicators are achieved. The current CRCC program is measured by the number of carers – new and existing; access carer support, the number of carers from CALD and ATSI communities access carer support, the number of compliments/complaints received, staff retention rates, staff satisfactory rate, as well as engaging carers in monthly telephone surveys and completing evaluations post events/workshops.

UnitingCare Queensland measures the impact on the people it supports through the 'Personal Outcome Measures', it is not specific for a 'carer support' program.

6. Conclusion

UnitingCare Australia welcomes the principles underpinning the need for an Integrated Plan for Carer Support Services. It appears, however, that the draft Model relies on current infrastructure and carer support services. With the transition to the NDIS, and the redirection of funding, some existing carer support programs may be unsustainable in the future.

It will be important to the success of the Model that services such as respite, counselling, coaching and mentoring continue to receive the necessary funding to support the work of carers. Carers should also be well informed of any termination or changes to their access to services.

In addition, it is essential that accessibility to services be flexible and cater to all cohorts of carers. Services also need to recognise and support the important role that carers undertake. UnitingCare Australia asks the Government to consider the key recommendations provided in this submission.

