## Delivering the integrated carer support service

# Response to the draft model for the delivery of carer support services

## Victorian Carer Services Network

## December, 2016

The Victorian Carer Services Network (VCSN) consists of representatives from Carer Respite and Carelink Centres (CRCCs) across the State, FamilyCare and Carers Victoria. The VCSN members work collaboratively to build accessible, responsive and integrated supports for carers.

The VCSN endorses the position of the CRCC National Working Party and submits the following additional feedback from a Victorian perspective for consideration in the further design and delivery of the Integrated Carer Support Service.

## Primary Objectives of the Model:

The VCSN supports the intention of government to increase awareness and capacity to support more carers. The VCSN also welcomes the focus of the draft service delivery model on proactive and preventative support and early intervention.

However, the VCSN notes the following reservations:

1. ***Lack of detail regarding operational context of the model***

There is a notable absence of detail regarding the nature and extent of services to be delivered via ***regional hubs and local services***. Furthermore, there is contradictory information regarding the mode of delivery for many service types, eg, between “An overview of how carers would experience the service” (p.27) compared to “Service delivery model overview” (p.11.).

The effectiveness of regional hubs is to an extent dependent on the ability to link carers to unspecified ‘other funded’ local services. This element requires clarification particularly in the current climate of transition from carer services to care recipient-focused systems such as NDIS and CHSP, and concurrent uncertainty regarding the future of some state-funded services (such as the Victorian Support for Carers Program).

A key objective of the model is to provide support to more carers, through promotion and outreach activities. The VCSN seeks further information on how ***priority of access*** to the various service types will be determined, and what ***demand management strategies*** may be implemented to assist the provision of timely, responsive and equitable service access and support.

The VCSN seeks clarification on ***eligibility*** for the various services; whether there will be limits on the amount and type of service accessed; and whether this will vary depending on whether the carer or care recipient is receiving other services (including care package or ongoing respite services), or according to number of people being cared for, or on carer need alone.

The VCSN seeks clarification on ***whether carers will be charged fees*** for any of the service types, and if so, whether there will be a national fees policy, and how fees would relate to Targeted Financial Support. The VCSN recommends low or no fee contribution, to reduce potential barriers to access.

Lack of information on the above important components of the model creates a level of uncertainty; detailed information on the operational context and the size, resourcing and operation of regional hubs and local services would facilitate more specific and constructive contribution to the model’s development.

1. ***Reliance on online and web-based services; and self-initiated and self-directed access and support***

The VCSN endorses the further development of online and web-based services as a logical investment in the future. However, the VCSN cautions against the adoption of this mechanism at the expense of existing options for face to face support. The VCSN advocates for a staged approach and gradual transition to enable carers to build confidence and familiarity, particularly for those carers for whom this poses a barrier to access.

The VCSN is concerned at proposed limiting of face to face support to “carers who may need assistance to communicate or where there is a sensitivity e.g. young carer or carer from a Culturally and Linguistically Diverse background.” We believe there is a real risk of disenfranchising significant numbers of carer cohorts in addition to CALD and A&TSI communities, including older people, those who lack familiarity and confidence with online platforms, and carers whose access to technology is limited through financial disadvantage or unreliable internet coverage (rural/remote).

The model’s promotion of carer-initiated and self-directed access and support (e.g. through online platforms, digital carer account, self-assessment and planning tools) assumes carers are able to self-identify and motivated to navigate an unfamiliar system. This is unlikely particularly for those cohorts listed above. Online, self-directed mechanisms may have limited success in achieving a key object of the model in engaging “hidden”, non-identifying or reluctant to engage carers, earlier in their caring journey. More direct engagement strategies and strong relationships with key health and community services are proven effective in identifying carers and linking into carer supports. Establishing referral pathways with primary health and diagnostic services can also be effective in connecting with carers at the beginning of the caring journey.

The capacity for self-assessment and planning via the digital carer account is supported as a means of increasing carers’ agency and choice and control over their own support needs. This information would form a useful basis for discussion with regional hubs. Further consideration needs to be given to how assessment and emergency care planning information in the digital account will be updated, verified and perhaps complemented by other sources.

1. ***Role of coordination***

Carers accessing multiple service types might benefit from overall coordination to avoid duplication and potential over or under servicing. There are limitations to a ‘self-service’ model which may risk contributing to further fragmenting rather than integrating supports. Carers themselves consistently testify to the value of having a key contact person to provide overall guidance and support.

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

**National Education and Training Initiative**

Further detail is required regarding the nature of the national program, including how content will be determined and gaps identified; whether there will be a single national offering and whether programs responsive to local need may developed and by whom (nation, regional or local services). Within the current system, the CRCCs are well placed to identify themes and emerging trends that can be addressed through the development of new education and training programs, usually in collaboration with the local health and community service system. The proposed regional hubs would be well-positioned to continue this role.

Further detail is needed regarding the extent to which locally provided, face to face education will be available, and if or how fees may be charged to carers. The VCSN recommends low or no fee contribution, to reduce potential barriers to access.

The VCSN is concerned at the lack of definition of “high risk carer cohorts” or detail about how “high risk” carers will be identified. More detail is required regarding how priority of access will be managed and how high demand by ‘at risk’ carers will be managed if there are insufficient services available.

Additional consideration should be given to engagement with younger carers. VCSN promotes the value of a family approach that takes into consideration the needs of children, siblings, young carers and other family members involved in care and support, and provides timely and appropriate early intervention to inform and equip families to achieve better outcomes and sustainable relationships.

**National Counselling Program**

It is unclear what counselling may be available locally and face to face, whether this will be based on carer preference and what priority of access system may be applied. There is no detail regarding if or how fees may be charged to carers. The VCSN recommends low or no fee contribution, to reduce potential barriers to access. Holistic assessment should identify all those who can benefit from the counselling program, including children, siblings and extended family members. Ideally these needs would be identified at the various service points throughout the model.

**Regional Hub Program**

The VCSN strongly endorses the importance of regional hubs having a ‘deep understanding of the services available for carers in their area of responsibility’ and ‘gaps in services’ and the emphasis placed on ***building relationships*** with a range of services and community groups in order to raise awareness, identify carers and facilitate access to respite and other supports. This has been an integral component of VCSN services since 1998. In the experience of VCSN, deep knowledge, understanding and relationships are built on shared practice and collaboration in meeting the needs of mutual clients. It is the active involvement in supporting individual carers - field practice - that establishes credibility and trust with providers. Services and community groups will be motivated to invest in relationships with regional hubs to the extent that it delivers a benefit to their client group. Similarly, carers are more confident to act on referrals when they are provided by a person who is well-informed about service options, has direct knowledge of the services being referred to, and can explain their benefits and relevance to the individual.

The VCSN notes that maintaining effective relationships across a broad sector with numerous stakeholders will require a significant resource commitment.

It is unclear what is intended by ***service mapping*** in relation to regional hubs. Presumably this type of service information is held on a national level by the Carer Gateway, My Aged Care and NDIA. It is also understood that the department receives data on the extent to which these services are taken up; and has plans to capture outcome data on the benefits of services to consumers. Further detail is required to elaborate on responsibility for ‘service mapping’ at the regional level, particularly how this role would build on, rather than duplicate, national level information. It may be that this function is better coordinated at the national level, with input from regional hubs and local services.

The VCSN is concerned by the lack of detail regarding the nature of ***targeted financial support***. Specifically, information regarding eligibility and how this would be assessed, what it can be used to purchase, and limitations.

Regional hubs are a critical element of the model and central to its success, yet there is scant detail provided on their size, scope and operation.

The ***number, location and catchment size*** *of regional hubs will directly influence their ability to achieve the model’s objectives* particularly in relation to developing deep knowledge and strong relationships with local services and identifying gaps; provision of outreach activities; coordinating short-term and emergency respite; and effectively linking carers to local services. These activities will be more efficiently and effectively carried out by a workforce with strong local knowledge.

The ***level of staff resourcing*** *will determine the number of carers who can be supported* as well as the extent to which other activities can be undertaken, including management of sub-contracted services. Reduction of staffing from current levels within CRCCs can reasonably be expected to curtail existing service activity levels and the number of carers currently being supported.

The ***level of staff qualifications and skills*** *will directly affect the quality of services* provided to carers. Promoting early intervention, assessing carers needs, assisting them to plan their supports and linking carers to services requires a thorough understanding of carer issues, knowledge of care recipient health conditions and care and support approaches, the professional skills to identify and respond to carer wellbeing and assess the care recipient’s care needs including safety and risk issues to support the provision of short term and emergency respite, knowledge and practice experience within the relevant service sector (aged, dementia, palliative care, disability, mental health), excellent communication skills and the ability to work collaboratively with a wide range of health and community service professionals.

The VCSN considers that a base level of Certificate 3 is entirely inadequate for the task of providing effective, safe and appropriate support to people whose needs and situations are typically complex. The VCSN strongly advocates for an appropriate level of tertiary qualified professionals to support the work and fulfil the responsibilities proposed within the regional hubs.

As identified above, *it is unclear what is the expected* ***level and nature of hubs’ involvement in the 9 service types***. Detail is requested regarding the relationship between regional hubs and local services; and what direct or coordinating role is being proposed for regional hubs, particularly in relation to Coaching and Mentoring, Targeted Financial Support, Peer Support and Education.

In relation to ***Peer Support***, the VCSN would support a framework of national standards or common characteristics and expectations of this service type; clarification of the role of professional and/or peer facilitators, required facilitator training/qualifications and the type of support and supervision provided; and how demand and priority of access will be managed.

The VCSN supports the concept of ***‘peer mentors’*** but has concerns about the term ***‘coaching’*** which suggests that carers are not performing at an optimal level, need to try harder, and implies greater expertise on the part of the (potentially peer) coach. Further detail would be welcomed on the nature of ‘goal oriented support program’, who will devise goals, and how they may relate to the needs assessment and planning process. The nature and type of resources, supervision and support of a volunteer workforce needs to be elaborated.

Victorian carers have voiced broad concerns about the number and location of regional hubs and the importance of a ***physically accessible, face to face service with a local presence***. Clarification is sought regarding how carers’ preference for face to face access and support will be managed. Clarification is also sought regarding how emergency respite will be accessed ***after hours***.

As noted above, the regional hubs form an integral component of the proposed model. The VCSN supports its overall intent and objectives and strongly urges appropriate resourcing, both in quantity and quality, to ensure these hubs are ‘fit for purpose’. The VCSN is concerned that insufficient resourcing will fail to deliver meaningful support and risk disenfranchising those carers it seeks to engage.

**National Infrastructure Program**

The VCSN encourages the development of simple format written material, using plain English that is more easily and readily understood and translated, to increase usability by all carers. This would also apply to online tools such as the carer online account, self-assessment, emergency care plan and other templates.

***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 carers 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?***

The extent to which objectives are met for individual carers would ideally be linked to the needs assessment and planning framework, the coaching and mentoring program, and the specific goals of education and counselling services.

The model would benefit from articulating the intended difference the model seeks to make in the lives of carers. This would assist the development of key outcomes against which to measure the effectiveness of the model and the service types within it. Success of the model in helping more carers earlier in their caring journey could also be measured in terms of the proportion of Australia’s carer population that engages with it.