**RDP Consultation Paper Response**

**Commonwealth Carer Respite & Carelink BARWON SOUTH WEST**

* Key issues with the approach to structuring the service areas.

The proposed model highlights a number of potentially significant issues.

One of the core priorities of the Subject Matter Expert group when consulting with DSS to design this model was to ensure that nothing of value to carers will be lost in the new model; that the overarching value of supporting carers in their journey is maintained and strengthened through this more consistent national approach. It is interesting then, based on the recommendations of the SME working grp, that Option B is being considered.

Bigger is not necessarily better, and the geographical size of these proposed service areas is vast. This greatly increases the complexities of ensuring that carers are appropriately supported at a regional and local level, and may affect how well the RDPs maintain good governance. The larger area a service endeavours to cover the more difficult it will be for RDPs to: maintain a consistent approach to support across the entire region, ensure a strong and cohesive team, and ensure safety and accountability for staff across a significant delivery area.

Option B will not necessarily result in greater funding allocation for direct service provision to carers because the logistical cost implications of providing adequate local access to face to face supports (necessary to ensure equitable access for all carers to the range of services being promoted) is likely to be considerable for an RDP. The core value of this model has to be about providing adequate support to carers, helping them to maintain and improve their own wellbeing so that they can continue to maintain their caring roles. The national level online resources that are mentioned in the draft must not overshadow the importance and necessity of face to face carer services when so many of this cohort lack the capacity or time to engage in online activities. Frequently carers are just too overwhelmed by their role to spend their precious downtime trawling through online information.

A local presence is imperative to provide carers with a service that they can easily identify, that is a part of the local community. Not only can the national online platform be promoted, but the Commonwealth needs to ensure that the regional and local aspects of the model are appropriately promoted and marketed also.

* Capacity and capability of organisations to establish and manage a regional presence throughout a large service area, including the ability lead a consortia-based model, and undertake service area planning.

Formed in 1998, Barwon Health is one of Victoria’s largest health services, providing care to more than 500,000 people in the Barwon South West region across 21 sites. The organisation also auspices one of the national Commonwealth Carer Respite & Carelink centres – Barwon South West. As such it has existing infrastructure in place to support access to services for carers within that part of the region and has already demonstrated its ability to establish and manage a regional presence over a large geographical area. A highly skilled workforce with local knowledge of services throughout the region, with experience in the changing carer sector, and with significant education and experience to support carers is already in place.

The organisation also partners with a wide range of other agencies to ensure excellent outcomes for clients across the acute and community setting, and so is well placed to lead a consortia and establish a high quality RDP for one of the Victorian regions. Barwon Health has for many years maintained a close working relationship with the other Victorian CCRC’s and carer service providers, contributing to monthly meetings of the Victorian Carer Services Network. With the wealth of knowledge and expertise of these organisations already in place it would make sense for a consortium arrangement to be made between a number of the services represented at the Network.

* How to ensure the breadth and reach of services provided under the proposed service area models, including the incorporation of local service providers.

With the knowledge and experience gained from establishing and maintaining a CCRC for 20 years Barwon Health currently has a central hub in place for enquiries, carer directed care coordination and emergency respite. The organisation has contracts and partnerships in place with local service providers across the Barwon South West, so developing relationships with local providers within a larger geographical region would not be problematic.

With a consortium approach, and based on appropriate service area planning, local outlets for the RDP would likely occur in locations similar to the current CRCCs. This would give the RDP the advantage of existing relationships with local service providers, which could be built on and strengthened further to meet the needs of carers efficiently. It is likely that emergency respite would be outsourced from the central hub, but counselling and peer support groups would occur in local outlets so that more carers are able to access them. Coaching would be offered via the phone from the central hub, and also face to face from the local outlets.

* Are there any alternate RDP service area models that you think the Department should consider? If so, on what basis? Your statistical analysis and / or evidence base should be provided to support this.
* Other discussion points

There is no mention made within the draft about carers who are caring for someone currently linked to recipient based services such as NDIA supports or Home care packages and CHSP services. Will services within this model be available carers who are caring for someone accessing recipient services? Although these services may be available and accessed by recipients many carers still suffer significant carer strain and should have access to supports in their own right as carers.

Will CHSP ‘care relationship’ services still be provided after the roll out of this model?

Is ‘coaching’ a word that really reflects the carer experience? And will carers actually relate to this term?

It is imperative that the model ensures robust and meaningful data reporting to ensure that Government bodies have a comprehensive picture of the caring population and their needs. The change of reporting requirements for carer services in 2015 to Data Exchange has resulted in only the most basic information about carers being transmitted to DSS. Currently Centres can no longer report valuable information such as how many recipients a person is caring for, their degree of carer stress, the disability / diagnosis of the person cared for, the number of hours of respite, the type of respite provided and emergency after hours support.