



Carer Support Network SA

LEADERS IN CARER SUPPORT

CARER SUPPORT NETWORK S.A.

Response to 'Draft' Productivity Commission Report:

Caring for Older Australians.

February 2011

Carer Support Network S.A.

Response to Draft Productivity Commission report,

Caring for Older Australians:

Introduction:

It is our understanding that the primary focus of the report is on 'reforming' the current Aged Care Sector to provide a more streamlined, flexible, responsive and affordable Aged Care system.

This encompasses both Residential and Community aged care services.

The responses below address the probable impact of the reform on unpaid 'informal' Carers and the currently funded specialist services for these Carers. Further, it raises points of consideration when developing the final extent of recommendations for the final report in respect to these key stakeholders.

Background:

The Carer Support Network in South Australia comprises some 7 agencies all of whom are Non-Government, Not-for-Profits, and whose agreed and common approach to supporting Carers is based upon a Model of support which ensures that Carers are in actual decision making roles within the organisation and in which the specific needs of the Carers are both recognised and respected. Members are based in both the rural and metropolitan regions of South Australia.

The Carer Support model was first introduced in South Australia some 20 years ago and is underpinned by several key principles and characteristics including;

1. The focus is firmly on the Carer and their health and wellbeing.
2. Support is designed to help overcome the isolation and disconnectedness that Carers may feel within their role, and to ensure that Carers are given the opportunity to link with other Carers.
3. Support provided is always Carer-driven: we listen to Carers and we understand that our role is to facilitate meeting their needs.
4. The Carer is supported to develop resilience in their caring role.
5. Information is provided that is relevant to their caring role and which will help them to access the support, services, specific information, and/or skills training they need.
6. A range of Carer-driven support activities which are positive and encouraging, and designed to assist the Carer to express their own personal interests, separate to their role as a Carer.
7. Carers form a majority of members on the Board of Directors, Management and/or steering group, including executive positions (I.e. Chairperson/Vice Chairperson) within this structure.

8. Carers are partners in service provision –they are not referred to as clients, customers or any other titles that infer a dependence or subservience in their relationship with us.

The Network facilitates quality Carer support across South Australia through collaboration by all members of the network which employ and are committed to the 'Carer Support Model' and/or have Carers as a targeted group within the programs operated by those members.

Each Network member, as the agency or identified program in receipt of funding from either the Australian Government or the South Australian Government is the recognised legal entity and obligated to fulfil all contractual and legal responsibilities for their particular organisation.

However, Network members are committed to working collaboratively with one another to achieve a state wide focus of Carers, and to raise the profile of the Carer Support Model.

Given this understanding, each member is committed to the ongoing development and promotion of Carers and the Network.

Key areas of consideration:

1. **Carer Support services inclusive of respite:**

Carers' lives and the needs of the person they care for do not only revolve around the Monday to Friday 9am to 5pm time periods. Therefore the support they require and their ability to access meaningful support must be available at the times when they are needed. This is inclusive of Information, targeted Carer support activities, counselling if required, planned and emergency Respite and opportunities just to talk with people who will listen to them and over time, build a relationship with them. Trust is fundamental to Carers as they allow 'strangers' into their lives. This broader issue of how and when Carers will access support, based around trust and honesty, must not be underestimated for its importance. It takes times to develop this. It cannot be accomplished at the time an initial screening assessment has been completed.

Therefore, specialist locally based Carer Support organisations must be maintained and resourced to ensure Carers and the person they care for can access a range of meaningful and effective services as required by them. The Carer Support model employed by all Network members is the foundation for delivering quality support to Carers of all ages and cultural backgrounds.

The role of Carer Support organisations apart from individual Carer Support is to raise the community awareness of Carers. Provide information/education sessions for Carers on a range of health and well being topics and link Carers with other Carers. This must be provided at a local level and the current Network members have

provided this range of services and undertaken this community development role over many years. The importance of these broad but specialist Carer services are outlined in chapter 11 of the draft report and totally support the ongoing role and functions of existing Carer Support organisations and more broadly, the Carer Support Network.

Key operational aspects of existing Carer Support organisations;

- a. Are locally based.
- b. Are committed to the Carer Support model as the foundation for providing quality Carer Support services.
- c. Have a range of targeted but flexible Carer focussed services, respite and general Carers activities.
- d. Carers from a myriad of cultural backgrounds currently access information, respite and support through the various programs funded to Network members. The ability of CALD and Aboriginal Carers to access support in culturally appropriate ways is essential and fundamental to the role we undertake. The established and trusted relationship these communities and individuals have with Carer Support services must be maintained.
- e. It must be noted and accepted that being assessed for eligibility for a service is only one aspect of people accessing appropriate support which meets their needs. To be assessed and deemed eligible for services and then subsequently be placed on a waiting list for those services is often a worst case scenario for many Carers and the person they care for. Current Carer services in South Australia (as outlined above) do provide choice for people. They are cost efficient and effective and do respond on an individual basis. These services can also be provided on an interim basis while people 'wait' for more routine and packaged care. In any system supporting people, these fundamental elements of being able to access services when they are needed is essential and therefore must be available at that point in time.

RECOMMENDATIONS (FOR CONSIDERATION):

- *The primary role and functions of existing specialist Carer Support organisations be maintained and resourced to enhanced levels to ensure quality Carer services can be provided into the future.*
- *In addition to the above role, existing Carer Support organisations become an locally based 'entry point' for Carers and the person they care for into the aged care sector.*
- *The Carer Support model is adopted as the foundation for the development of Carer Specialist Services into the future.*

- *Carer Support organisations are resourced appropriately to undertake the community development and educational role in raising the awareness and promotion of Carers and Carer Services at a local level.*

2. Information:

- a. Currently the provision of information can come from a range of sources. Including; Local Councils, Commonwealth Respite and Carelink Centres, Seniors Information Service, Local Community Centres and a range of locally based providers to name but a few. Additionally, many older people 'look' to their G.P. or local council or a locally based Organisation such as a Carer Support service to provide them with **initial** information about where to go to find out not only what services they can access, but how to access them, how much will it cost and how soon can I get them? From our experience gathered over the 20 years of operating, it is highly doubtful that this 'process' or link or expectation will alter significantly into the future. For many people entering the 'system' for the first time they have already had some level of assessment and contact with their G.P. before they are even aware of their needs into the future. For many Carers they don't even recognise themselves formally as being a 'Carer' so they are highly unlikely to seek information about Carer Support Services when first entering the system. Further, at this point, these family members are more likely to be focussed on the 'care' needs of the person they are caring for above anything else. This traditionally has been the approach most families and specifically Carers undertake. 'Their' support needs are often not even considered or when they are it will be at some considerable time 'down the track'. These broader and less tangible aspects around information provision must be tackled first. Sustained G.P. education on the recognition of Carers is a must which will subsequently strengthen the links with and referral to local Carer Support Services at this 'entry' point.
- b. Carer Support Network members have been operating a one-stop-shop identical to the concept outlined in Chapter 8 of the draft Commission Report, for Carers, the person they care for and their families for many years. Organisations such as these should be strengthened and their resources enhanced to enable them to increase the scope and depth of what can be provided.

RECOMMENDATIONS (FOR CONSIDERATION):

- *Existing Information services should be resourced to greater levels to enable these services to update the available data more regularly. Enhancing current on-line technology to improve and streamline the updating of data to existing databases should be explored as a cost effective way to increase the availability of real time comprehensive information.*

- ***Build on the Network of existing Carer Support services to increase the range of options for people to access targeted information and broader support services.***
- ***Undertake a significant and sustained education program for G.P.'s to streamline how their clients can be linked into appropriate information and specialist Carer services. Existing Carer Support organisations be resourced to undertake this formal educational and community development role.***

3. Assessments:

- a. The directions outlined in the report are supported by the Network. The who does what of assessment processes can be systematically streamlined and made more efficient and effective. This is particularly appropriate for the more complex and specialised assessments. The broad and shallow (screening) assessments can also be streamlined to some degree however it must be accepted that the 'no wrong door' approach must be maintained. People will go to known providers, or their G.P. or their local council etc and therefore the 'system' must be able to support these people regardless of their entry point, without adding to their frustrations or time wasted with further referral processes. The report is unclear as to the outcome/process for the Carer or the care recipient should they enter the system through another regional agency other than the gateway agency. This needs to be clarified.
- b. The comprehensive and specialist assessments will continue to be done by the appropriate agency/individual. Guided referral processes will ensure this occurs in the most effective manner possible. Electronic client records will aid this process.
- c. It has been stated that the base assessment process is to include a asset test to determine the ability of the Carer/care recipient/family to contribute to the costs of their services. This will have significant impact upon a large proportion of families in accessing support. This impact may be in several ways.
 1. Families may not access services simply because they cannot afford to pay and therefore won't even look for support.
 2. Families may be reluctant to undergo such a test as they consider their entitlement to service is already there.
 3. It may create increased levels of guilt and conflict due to the extent of 'care' the Carer and/or the family provide or is provided based around how much can be afforded or they are willing to pay. This will have a negative impact and may lead to serious issues of conflict between family members and the person in need of care.
 4. Many Community based services in the past have not been subject to a formal fees structure. This would have to change under the reform directions. Fees for HACC services will have to be determined alongside of all other funded Respite, information and general support services. In the 'Who Cares Report'

the financial burden of caring was clearly identified and recognised for Carers. This direction of a fee for all services would clearly add extra financial pressures on Carers and their families. This must be explored further before any final decisions are reached or recommendations made.

RECOMMENDATIONS (FOR CONSIDERATION):

- *The streamlining of shallow and broad assessment processes is further refined to fully encompass the 'no wrong door' outcome.*
- *Existing Carer Support organisations undertake the role of a locally based 'entry point' for people entering the aged care sector for the first time.*
- *The concept of an asset test to determine the ability of families to pay for services needs significant more work to explore the 'real' impact on people's willingness and ability to pay for these services. Alleviating, not increasing the financial burden on Carers and their families to care must be a fundamental direction and outcome of the reform.*

4. Care Coordination:

- a. Several of the directions outlined in the report are supported by the Network. It is clear that the coordination process must be provided at a number of points within a region. Once again the 'no wrong door' approach must be recognised and accepted. Therefore the outcome of this is that more than one agency will have to have the primary coordination and referral role.
- b. Entry points for the system can be many and effective if they are linked via technology. Have access to electronic client records, can transfer calls across agencies and then have the available resources to meet the demands on a daily basis. These entry points must also have the ability to respond outside of the normal office hours. As mentioned previously in this paper, people's lives do not start or stop Monday Friday 9.00am to 5.00pm. Therefore access to services outside of these hours is essential.

RECOMMENDATIONS (FOR CONSIDERATION):

- *Entry points into the system be more than one but are linked via a range of technologies to streamline their abilities to improve and enhance access options for people needing information and support.*
- *Emergency support options for people outside of the normal office hour's timeframe are more comprehensively addressed.*

5. Consumer Directed Care:

- a. The Carer Support Network totally supports the directions for this approach to funding services. There are many issues to be worked through as outlined in the draft report but as a concept this approach is excellent and the opportunities for families to access the 'packages' should be increased.

RECOMMENDATIONS (FOR CONSIDERATION):

- *Increase the number of CDC Packages available.*
- *Increase the extent of flexibility that Carers and the care recipient have in determining how the allocated funds can be expended.*

SUMMARY:

The Carer Support Network recognises and endorses the broad directions contained within the draft report. It is clear however, that many of the recommendations relative to Carers and the nature of their caring role, as well as the agencies currently funded to support these Carers and the care recipient, do not address the full impact that the reform would have on these key stakeholders. Asset testing and fee for services is but one very obvious example outlined in the draft report. It is our understanding that several of these recommendations for Carers would be at odds with the key issues and findings identified in the Parliamentary Enquiry into Better Support for Carers, 'The Who Cares Report.' around improved financial support for Carers recognising the burden already being suffered by Carers associated directly with their caring role.

The National Carers Strategy directions must also be considered in regard to the recommendations contained within the Final Report. Further, while streamlining of many services must occur, the existing Carer targeted services have been effective over the past decade or more and with additional resources will continue to lead the way in ensuring Carers and their families can access the supports needed in a flexible, timely and meaningful way in to the future. Many of the functions of Carer Support organisations have been proven to be effective and acknowledged as being essential to be maintained. Therefore these functions and this proven history must not be overlooked but considered fundamental components in the design of any new aged care system.

The Carer Support Network is about Carers and the person being cared for. Our experience has shown us the ways in which Carers can and should be supported. The Carer Support model is accepted as being the foundation for providing quality support to Carers and the person they care for.

There is no one right approach or method or strategy. What works for one won't work for another. Therefore any system must have genuine in built flexibility to respond on a case by case basis regardless of where people enter the system. The reform of the aged care sector must be outcome focussed for the Carer and the care recipient;

Signed:

Peter Sparrow

(On behalf of Carer Support Network S.A. Members)

Carer Support – South and East Adelaide Metro

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