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Department of Social Services
Tuggeranong,
Canberra ACT

Submitted via DSS engage

Delivering an Integrated Carer Support Service

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australia's culturally and linguistically diverse (CALD) communities and their organisations. FECCA provides advocacy, develops policy and promotes issues on behalf of its constituency to Government and the broader community. FECCA supports multiculturalism, community harmony, social justice and the rejection of all forms of discrimination and racism so as to build a productive and culturally rich Australian society. FECCA's policies are developed around the concepts of empowerment and inclusion and are formulated with the common good of all Australians in mind.

FECCA welcomes the opportunity to provide input into the draft model for the delivery of carer support services and thanks the Department of Social Services for consulting stakeholders to ensure that carer support services are responsive to the needs of diverse service recipients.

FECCA is pleased to see that consideration has been given to the diverse needs of priority groups in the draft model, including people from a CALD background, and we would encourage a continued emphasis on these groups at national, regional and local levels.

Service Design and Delivery

Currently a number of parallel developments are underway that directly or indirectly affect both paid and unpaid carers across Australia. There is an important role for carers to play in the decision making and service coordination of care recipients. Therefore, the integrated carer support services must work in collaboration with other sector developments to ensure

that there are no gaps in the service delivery or duplication of the work that is being done in the intersecting areas. Under the Integrated Carer Support Services program services will be delivered, in part, through awareness and community linkages, information and advice, and education and training, etc. (Page 15). This is similar to efforts around awareness and community linkages, information and advice, and community capacity building in the Information, Linkages and Capacity Building Framework (ILC Framework) under the National Disability Insurance Scheme (NDIS). There is a considerable overlap of services and support mechanisms between ILC services and Integrated Carer Support services. FECCA recommends adding the ILC Framework to the list of regional level engagements mechanism set out under the Awareness and Community Linkages section in the draft model to avoid this duplication.

Self-identification as a carer is an issue in CALD communities due to cultural expectations in relation to caring for older relatives or neighbours, people with disability and the like.¹ Thus, we would like to see further emphasis on awareness raising through trusted networks of carers such as community members, diagnostics groups and other non-conventional information distribution opportunities such as reaching carers through prayer groups and cultural events.

One major component of service delivery in the Integrated Care Support Services program is through online and other digital platforms. FECCA's *Digital Access and Equity for Multicultural Communities* report notes that the move to digital service delivery requires adequate consideration of, and tailored responses to, accessibility issues regarding the online information provision and service delivery, with a view to overcoming barriers to access and achieving equity of outcomes for CALD communities.² These barriers include lack of or limited competency in using computers, security concerns when providing personal information on various online platforms, language barriers and access to computers and/or internet.

Peer support has been identified as one of the most effective forms of support for carers.³ One suggestion under peer support is to develop an online discussion forum with a mechanism to monitor and moderate content. The individuals moderating the online portal and other peer group facilitators must have an understanding of cultural sensitivities in caring for other people and ensure that carers from CALD backgrounds are supported to discuss their issues in confidence with people from similar cultural backgrounds.

Counselling is not a common practice in many cultures and is in some cultures viewed as a sign of weakness.⁴ Carers from CALD backgrounds will need additional supports to understand the importance or usefulness of counselling before receiving these services. Additional support could be in the form of listening to the people from similar cultural background who have had positive experiences of counselling; receiving information about

¹ Sally Savage and Nicole Carvill, 'The Relationship Between Undertaking an Informal Caring Role and social Exclusion', *Theorising Social Exclusion*, Ed: Ann Taket, et al. (2009), pp 87 -94.

² See further, FECCA, *Digital Access and Equity for Multicultural Communities*, (July 2016), 2, accessible at <http://fecca.org.au/wp-content/uploads/2016/08/feccadigitalconsultationreport.pdf>

³ See further: Ronald W. Toseland, David Haigler and Deborah Monahan, *Education and Support Programs for Caregivers*, (2011), pp 74 – 85.

⁴ See further: Colin Lago, *Race, Culture and Counselling: the ongoing challenge*, (2006).

counselling from a GP or trusted medical professional; or receiving information from a community or religious leader.

Although the draft model aims to address the needs of carers from CALD backgrounds, it is silent on use of language services. Translation and Interpreter Service (TIS National) must be available for those who are eligible to receive supports under Integrated Carer Support Services. The model also needs to clarify the eligibility criteria. FECCA believes that eligibility should solely depend on the unpaid caring responsibility of individuals *irrespective of their visa status*.

Outcomes Measurement and Quality Assurance

Obtaining feedback from carers is important to identify the gaps in service delivery and make necessary improvements to enhance the quality of the services delivered to carers. The outcomes measurement may take the form of a questionnaire which helps to assess aspects of the carers role.⁵ The draft model intends to strike 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.⁶ It is also important to ensure that this process does not impose additional burdens on the carers who are already managing a number of responsibilities in addition to their carer role. Thus, the outcomes measuring process should be simple and accessible in other languages either in the form of translated materials or by having access to onsite and offsite interpreters.

There are number of quality assurance mechanisms that are being developed in the social services arena including the Department of Social Services' Disability Quality and Safeguarding Framework. Although the main focus of the framework is on people with disability, a similar model which focuses on the human rights of the service recipient should be developed in relation to Integrated Carer Services.

Data collection is an important measure to understand service usage and the effectiveness of services. The current data collection mechanisms are not adequately equipped to capture data on people from CALD backgrounds. Current data collection processes focus on a person's place of birth or language spoken at home to identify whether they come from a CALD background. This excludes ancestry of people and those who self-identify as coming from a CALD background. Thus, FECCA recommends adopting a broader definition which captures ancestry and self-identification in data collection processes.

Regional Hub Model

FECCA believes that the service delivery model, especially the workforce in the regional hubs should aim to be reflective of the diversity of that particular locality as far as possible. This will ensure that the services are responsive to the needs of the community.

⁵ DSS, Delivering an Integrated Carer Support Service: A draft model for the delivery of carer support services, (November 2016), p. 28.

⁶ Ibid.

The draft model also discusses the importance of receiving support from an organisation familiar with the geographical area, and who could build relationships with other organisations and communities including CALD communities.⁷ FECCA supports all measures adopted to build on the existing relationships in the community in assisting carers. However, some of the small community organisations do not have the capacity or the resources to deliver services. These organisations provide vital assistance to carers from CALD backgrounds that meet their language requirements and provide culturally sensitive and appropriate services and with proper resourcing and support could help deliver aspects of the Integrated Carer Support Services program. All these factors must be considered when allocating resources to regional hubs to deliver services to carers from CALD backgrounds.

There are community organisations that deliver effective services to carers in general but are not sufficiently equipped to work with carers from CALD backgrounds. These organisations will need additional supports including cultural competency training for staff and education about different language needs and access to TIS.

The draft model also suggests consolidation or integration of services such as counselling but also identify that carers may view having to speak to a centralised contact centre as a barrier.⁸ Only a small number of organisations have the capacity to deliver services tailored for people from CALD backgrounds. Therefore, FECCA appreciates the efforts to design a service system which emphasises on the importance of directly connecting with local supports whilst minimising the need to repeat their story.

Role of the Carer Gateway

FECCA believes that a ‘no wrong door’ approach should be adopted in delivering services to carers which enables the carers to access services at a time convenient for them irrespective of whether they approach the Integrated Carer Services at the national, regional or local level. Maintaining and expanding the Carer Gateway will provide carers more avenues to connect with the services. The recently released Anglicare report ‘Carers – Doing it Tough and Doing it well’ recommended appointing an Independent Care Support Coordinator and highlighted the importance of the Carer Gateway to provide information about obtaining services of an Independent Care Support Coordinator at the very outset.⁹ FECCA supports all recommendations including the appointment of an Independent Care Support Coordinator particularly for carers from CALD backgrounds who are not familiar with Australian support mechanisms and services.

Considering some of the similarities in My Aged Care and Carer Gateway and the fact that My Aged Care has been in operation for a longer period compared to the Carer Gateway, the gaps and barriers identified in My Aged Care portal must be used as learning experiences for Carer Gateway. Carer Gateway, consisting of the national website and telephone line must also provide clear and simple information on availability of services through face to face interactions.

⁷ Ibid p. 30.

⁸ Ibid.

⁹ Anglicare, *Carers – Doing it Tough and Doing it Well*, (December 2016), p. 46.