



Commonwealth Home Support Programme Consultation

Carers Victoria

Submission 15 April 2015

About Carers Victoria

Carers Victoria is the state-wide peak organisation representing people who provide unpaid care. We represent more than 700,000 family carers across Victoria including people caring for ageing parents, children with disabilities, and partners with chronic or mental illness.

Carers Victoria is a member of the National Network of Carers Associations, and the Victorian Carer Services Network. Carers Victoria is a non-profit association which relies on public and private sector support to fulfil its mission with and on behalf of carers.

Carers Victoria is a membership based organisation. Our members are primarily family carers, who play an important role in informing our work, contributing to advocacy and strategic aims, and distributing information more widely to other carers.

This submission was prepared by Carers Victoria's Policy Team.

© Carers Association Victoria 2015

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, all other rights are reserved.

Requests and inquiries concerning reproduction and rights should be addressed to the Copyright Officer, Carers Victoria, PO Box 2204, Footscray, Victoria, 3011.

Background

Carers Victoria provides this brief submission in response to the consultation on the Commonwealth Home Support Programme (CHSP)'s three documents:

- CHSP Draft Programme Manual
- CHSP National Fee Policy Consultation Paper
- Good Practice Guide for Restorative Care Approaches

This response builds on Carers Australia's June 2014 response to the 'Key Directions for the CHSP Discussion Paper' to which we were key contributors. In Victoria the Home and Community Care (HACC) program transition plan is underpinned by a bilateral commitment to retain the benefits of the Victorian system. As well as benefiting the person receiving HACC services, there are significant benefits of the Victorian system for carers of older people due to historical service delivery arrangements under both state and federal funding for comprehensive carer support services. Carers Victoria is concerned that the benefits of the Victorian system for carers may be lost as a result of the transition to CHSP in Victoria.

Improving the recognition of carers in CHSP

Carers Victoria believes that carers who are involved in providing care and support for an older person should be involved in decision making about the range of CHSP services the older person receives, not only in decision making about respite care. Without the care and support of family and friends, it would not be viable for many older people to stay at home with the amount of formal support available through CHSP or other government subsidised services. In order to avoid any negative impact on a carer's role and responsibilities, CHSP services must be planned and delivered taking into account their invaluable contribution.

In accordance with the Carers Recognition Act (2010) (the Act) providers of CHSP services should reflect the principles of the Statement for Australia's Carers in developing, implementing, providing or evaluating care supports. To that end we recommend that the reference to the Act in the draft Manual is expanded to include some of these key service delivery principles such as:

- Carers should be supported to enjoy optimum health and social wellbeing and to participate in family, social and community life.
- Carers should be acknowledged as individuals with their own needs within and beyond the caring role.
- The relationship between carers and the persons for whom they care should be recognised and respected.
- Carers should be considered as partners with other care providers in the provision of care, acknowledging the unique knowledge and experience of carers.
- Carers should be treated with dignity and respect.

The Good Practice Guide should then contain practical guidance on implementing these principles when providing CHSP services.

Carers Victoria commends the Department on the recognition contained in the draft Manual that respite care is not only a service for the carer, but a service that supports the continuation of the care relationship. The dual focus of provision of services for the client that also provides a break from the caring role is welcome, but needs to be

strengthened to encompass other benefits to the carer beyond 'a break' from their caring role. These benefits include support to participate in education, employment, family, social and community life, and to promote the health and wellbeing of carers, consistent with the Act and the Statement for Australia's Carers. It is important that the focus on respite care as an enabler of these supports for carers as currently contained in the National Respite for Carers Programme (NRCP) guidelines is not lost in the transition into CHSP.

Transition to CHSP

Carers Victoria supports the National Aged Care Alliance's (NACA's) call for a dedicated, publicly available transition plan that addresses a number of areas not sufficiently covered in the three documents. In particular the draft Manual does not provide sufficient information about carer support programs that may no longer form part of CHSP but are currently being delivered within HACC and NRCP. For example the NRCP currently targets respite care funding to specific populations including carers of people with dementia and carers of people with palliative care needs. The reference to palliative care services as out-of-scope for CHSP could be interpreted as meaning that a person receiving state or territory funded palliative care services is not eligible for CHSP respite care. There is also some NRCP funding targeted towards carers who are currently employed or seeking to re-enter the workforce whilst caring for an older person. The draft Manual does not indicate that any NRCP targeted funding will continue under CHSP. The Australian government's Intergenerational Report states there is a need to increase workforce participation by women. As the majority of primary carers of workforce age are women, it is vital to consider how services for older people can also enable workforce participation by their carers.

In the transition to CHSP, existing clients and carers receiving HACC and NRCP services will continue to receive these services (grandfathering), though the time period for grandfathering has not been made clear. Carers Victoria agrees with NACA that there is a need to provide additional information on arrangements for grandfathered clients especially:

- clients and their carers currently receiving a higher level of support through HACC and NRCP than is intended under CHSP
- people accessing current HACC and NRCP services at a level equivalent to a Home Care Package (HCP) because there is no appropriate level of package currently available
- those on a lower level HCP who also receive services from HACC and NRCP because a package at their assessed level of need is not currently available
- clients and carers currently receiving care coordination under HACC service group 2 or through NRCP carer support services
- guidance on the period of time the grandfathering arrangements will be available for existing clients and carers.

In addition to respite care, a range of carer support services are currently funded through HACC and NRCP. It is unclear whether these activities are being considered for future funding under the Department's proposed 'integrated carer support services' (that have yet to be developed); future funding under CHSP 'sector support and development'; or will no longer be funded at all. An indication of intent to transition funding of these carer support services would assist with service planning.

Interface with services for people with care needs aged less than 65 years

Carers Victoria is concerned that where the fundamental criteria for eligibility is that of the age of the person being cared for, there is an increased risk of people 'falling through the gaps' of service systems and that the responsibility for their ongoing support will fall to carers who provide informal care and support. The respective targeting of the National Disability Insurance Scheme (NDIS) and of the CHSP means that there is a group of people who currently receive HACC and NRCP funded services who may not be eligible for services funded by either NDIS or CHSP in the future.

Of particular concern are the needs of carers of people who acquire a disability over the age of 65 and of carers of people with a disability, chronic illness, or palliative care need under the age of 65 who will not be eligible for an individual support package funded under the NDIS. We support NACA's call for a clear transition plan and the need for a commitment at all levels of government to continue to provide support for people with care needs and their carers regardless of age.

Interface with other aged care programs

There will be a need to review the three documents upon the completion of the Department's 'integrated carer support services' project as there may be unintended consequences resulting from the development of a new aged care system without a key component - carer support, in place. Carers Victoria supports the need for greater horizontal integration across the range of carer services such as Commonwealth Respite and Care Link Centres (CRCCs), Carer Information and Support Services (CISS) and National Carer Counselling Program (NCCP). In Victoria this integration needs to take account of the state government funded Support for Carers Program which bridges HACC and NRCP funded services. In addition, given the incorporation of the NRCP into CHSP, there is a pressing need for carer support services to be integrated not just with the CHSP, but with My Aged Care and the other funded components of an end-to-end aged care system.

Comprehensive assessment of carer needs within carer support services will require an effective interface so that carers of clients receiving support through CHSP need not tell their story over again, but can build on carer needs identification previously undertaken. In addition, carers of people assessed as eligible for CHSP but who have declined formal services or who are waiting for services to become available need to be able to access carer support services independently of the person they care for. Eligibility for carer supports must be independent of whether the client receives CHSP, but where CHSP services are involved, carer support services need to be able to work together with CHSP services, reducing duplication of effort for service providers and service users.

Carers Victoria reiterates the call for carers of people receiving Home Care Packages (HCP) that are fully expended on meeting that individual's needs to be eligible to access CHSP funded respite care. Currently clients and carers may access government subsidised residential respite care for up to 28 days whilst also receiving the full rate of HCP subsidy. It is inequitable that people receiving HCP and their carers may only receive subsidised residential respite care, and must pay the full cost of respite services which may better meet their needs (from the package if funds are available). Many people in care relationships prefer community overnight (cottage) respite, day centres and other more flexible respite options to the inflexibility of a two week minimum booking in a residential aged care facility, but their

capacity to exercise this choice is constrained by cost. The provision as stated in the draft manual for access to CHSP respite only in an emergency situation such as when the carer is unable to provide care is inadequate. It fails to recognise the preventative role of planned respite care in reducing the risk of an emergency situation occurring and is at odds with a wellness and reablement approach to the needs of carers.

Good Practice Guide for Restorative Care Approaches

Carers Victoria supports the NACA position on the need for comprehensive provider training and education in wellness and reablement, noting this should be inclusive of the need to effectively engage carers in the approach. In addition, the principles must also be applied to promote the health and wellbeing of people undertaking the caring role. Thus a wellness approach that involves assessment, planning and delivery of supports should aim to build on the strengths, capacity and goals of carers as a key supports to the client and enable carers to exercise choice in the extent to which they participate in reablement activities. To that end, the Good Practice Guide needs to contain guidance for providers on how to engage with clients and their carers as partners in wellness and reablement. The Guide should also include case examples of applying the approach to the health and wellbeing of carers. Once again this would be consistent with the Act and Statement for Australia's Carers.

CHSP Fees Policy

Carers Victoria commends the Department's position on means testing of CHSP services against the income of the person receiving care rather than that of the carer. For many care relationships such as those involving couples with pooled incomes this should not be a noticeable change. For care relationships involving adult offspring caring for parents, this will remove an additional cost burden for those carers whose incomes may be higher if they are combining employment with their caring role.

Carers Victoria supports NACA's call for monitoring the impact of increases in fees on clients and carers specifically:

- numbers of people who cancel or decline services because of the new fees policy
- the impact of fee increases on uptake of different service types
- numbers of people who subsequently rely on informal support from carers rather than formal services
- number of requests for emergency respite
- fees actually charged by providers compared to the fee schedule
- number of hardship applications
- outcomes of hardship applications

Carers Victoria also supports NACA's call for improved guidance on fees hardship to facilitate more consistent assessment by providers and the need for factsheets and FAQ's for consumers.