Australian Government
Department of Health and Ageing

Submission No. 1109.1
(Better support for carers)
AOC · 4/2/09

Minute

ATTACHMENT A

RESPONSES TO QUESTIONS/ADDITIONAL INFORMATION ON NOTICE

SUPPLY AND DEMAND

1. QUESTION - Can you advise us what data is used to understand where there are shortages in the availability of respite services and where capacity needs to be increased?

> **Transcript reference (p.21)**
> **Ms CAMPBELL** – a number of respite programs – for example, the NRCP and the Mental Health Respite Program – provide brokerage funding to Commonwealth Respite and Carelink Centres as well as direct funding to respite service providers, with the aim of building capacity of the respite services.

RESPONSE
Note: The scope of this response is limited to programs funded by the Department of Health and Ageing. The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) will provide information regarding the Mental Health Respite Program.

Overview
This response includes information relating to the planning and allocation of respite services for the following programs funded by the Department of Health and Ageing:

- Community-based respite services funded under the National Respite for Carers Program;
- Respite services funded under the *Aged Care Act 1997*, such as residential respite delivered in aged care homes or respite services provided as part of a Community Aged Care Package (CACP);and
- Respite services delivered under the Home and Community Care Program, which is jointly funded by the Australian Government and state and territory governments.

National Respite for Carers Program (NRCP)
The NRCP funds 54 Commonwealth Respite and Carelink Centres (Centres) nationally to deliver information and support services as well as manage brokerage funding for emergency and short term respite services. The NRCP also funds over 600 community based respite services which deliver respite care in a wide variety of settings including in home, day centres and overnight cottages.

NRCP funding for respite services has historically been apportioned across states and territories to align with the distribution of primary carers, as indicated by ABS figures

In 2007, the Department adopted a new methodology to target additional NRCP funding made available under the *Additional support for community based respite* measure to regions of need. In order to identify the regions most in need of the additional funding, the Department conducted an analysis of the distribution of NRCP funding in comparison to the distribution of CACPs across each Home and Community Care (HACC) region. This process identified a number of HACC regions where the proportion of total NRCP funding

allocated to the region was relatively lower than the proportion of total CACPs, in comparison to other HACC regions. Additional funding was then allocated to these regions as a matter of priority. For information relating to CACP planning and allocation see National Allocation of Australian Government Packages section below.

Within a particular region, when new NRCP funds become available for respite services they are generally advertised widely and then allocated through an open and competitive grant allocation process, which takes into account equity in distribution of services and the capacity of providers to deliver quality services.

Commonwealth Respite and Carelink Centres (Centres)

The Centres have a critical role in managing a pool of brokerage funds (from NRCP funding) to be used to purchase respite care, and to develop emergency and short-term respite services as needed. These funds are allocated according to the HACC target population of an area (LGA or SLA)[1], with consideration given to the geographical location, i.e. whether the area is metropolitan, rural or remote.

As a component of managing brokerage funds, Centres are required to report annually on their measures to develop effective respite services in their region. Centres also report their local knowledge regarding service gaps to the department bi-annually, which shape program funding allocation decisions and are particularly useful in determining remote and regional service needs.

Centres must accommodate a number of special needs groups within these carer types, who may have particular difficulties in accessing services such as:

- Carers for and people from culturally and linguistically diverse backgrounds
- Aboriginal and Torres Strait Islander people and their carers
- Carers for and people from rural and remote locations
- People who are financially disadvantaged

In their Annual Business Plans, Centres document their strategies to service the special needs groups in their region.

National allocation of Australian Government Packages

Within Community Aged Care Packages (CACPs), *temporary respite care in the home* is an allowable service type under the program (Aged Care Principles Section 12.5). Whilst respite care is not included as a specific service available under an Extended Aged Care at

[1] LOCAL GOVERNMENT AREA (LGA)
The Local Government Area (LGA) is a geographical area under the responsibility of an incorporated local government council, or an incorporated Indigenous government council. The LGA's in Australia collectively cover only a part of Australia. Their creation and delimitation is the responsibility of the respective state/territory governments, and are governed by the provisions of state/territory local government acts.

STATISTICAL LOCAL AREA (SLA)
The Statistical Local Area (SLA) is defined as an area which consists of one or more collection districts. In most cases, SLAs are formed from a collection of Local Government Areas (LGA) which consist of Cities, District Councils, Community Government Councils, Municipalities, Shires, Rural Cities, Towns, Areas and Boroughs. Where there is no incorporated body or local government, SLAs are defined to cover the unincorporated areas. SLAs cover, in aggregate, the whole of Australia without gaps or overlaps, but in reality there are several overlaps.

Home (EACH) or EACH-Dementia package, the level of support that these packages provide may reduce carer burden.

The process for planning the annual allocation and distribution of new residential, community and flexible aged care places is set out in the *Aged Care Act 1997*. The distribution of the places seeks to achieve an equitable balance in the provision of services between metropolitan, regional, rural and remote areas, as well as between people needing differing levels of care.

Each year, new aged care places are made available for allocation in each state and territory, having regard to:

- population projections provided by the ABS;
- the current level of service provision; and
- the national planning benchmark currently set at **113** operational aged care places for every 1,000 persons of the population aged 70 years and over, to be achieved by June 2011. **25** of the **113** places are community care places allocated to packages.

Residential respite

Residential respite provides short term care in aged care homes to people who have been assessed and approved by an Aged Care Assessment Team to receive residential respite care. Residential respite places can be both high or low care and are allocated as part of the same of the above planning and allocation processes described above under the Aged Care Act 1997.

Home and Community Care (HACC)

As the HACC Program is a joint undertaking, planning involves both the Australian Government and the state and territory governments. State and territory triennial plans specify program priorities, funding and service outputs at a regional level and are approved jointly by the relevant state or territory minister and the Australian Government Minister.

It is the responsibility of the service provider to allocate resources in a way that provides the most benefit to the greatest number of people. Factors that a HACC service provider should consider include:

- the level of service to be provided given that HACC funds the provision of basic
- maintenance and support;
- the vulnerability of the individual to further deterioration;
- the effect of service delivery on the carer;
- the likely effect of the service provided in assisting individuals to attain their goals, for example, reduced risk of admission to residential care or maintaining quality of life in the community;
- the effect on other existing and prospective consumers of providing services for this individual; and
- safety for consumers and staff.

CASE MANAGEMENT AND ACCESS POINTS

2a QUESTION - Many carers express that they need a professional person such as a case manager/coordinator to guide them through the information and service maze which face them as carers. What are the current options available to carers who want this type of assistance?

2b. INFORMATION - Would (DoHA) be able to provide us with information on those (Access Point) trial sites?

(DoHA offered to provide additional information on case management and access points for services)

Transcript reference (p.26)

> **Ms CAMPBELL**—That will probably lead me to the next question. We have heard many times about case management and coordination for carers. We have heard that there is a real need for many carers to have, I guess, a professional person, such as a case manager or a coordinator, to guide them through the service maze, which is out there that they face. Just hearing what you have said then, I guess there are several departments——this, that and the other—that they can call. Is there any current option where a facility is set up like that like a one-stop-shop?
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> **Mr Tracey-Patte**—Since 2006 both the Australian government and the state and territory governments have been working on what we are calling access points, which are exactly that: a trial of one-stop-shops to enable carers to access information and have required assessments of need for appropriate referral to service and in some cases appropriate referral to comprehensive assessment. There are currently nine, from memory—but when I go back to the office they will tell me how wrong I got that—in six states trialling that particular model. At the moment we have those trial sites. We also have the Carelink Centres themselves, which were initially established for exactly that purpose: to provide single point—
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> **Ms CAMBELL**—Would you be able to provide us with information on those trial sites?

RESPONSE

2a CASE MANAGEMENT

Case management and/or coordination services are recognised service types under the National Respite for Carers Program, Australian Government Packages and Home and Community Care.

National Respite for Carers Program

Carers Australia subcontracts out to the Network of Carer Associations in each state and territory Australian Government funding to deliver carer information and support services. This includes specialised advice, emotional support and referrals, including guided referrals. Guided referrals occur when staff judge that the enquirer lacks the skills, time and capacity to take steps to access services and that these services are urgently required e.g. urgent

counselling. Guided referrals are usually a one-off process.

Carer associations also refer people to Commonwealth Respite and Carelink Centres. These Centres also provide an access point for carers, a single point of contact for carer related information, support and advice, carer support planning, brokerage funds, emergency assistance, volunteer support where appropriate and networking with a range of organisations including respite services.

While the Centres' primary role is the provision of information, service co-ordination and referral, there is a clear distinction between 'coordination' and 'case management'. For the Centres to become involved in 'case management' would require substantial additional funding as it is a resource intensive activity.

Case management in Australian Government packages

The term case management for the purposes of Australian Government subsidised packages of care refers to a range of supports often called case coordination or care planning. Case Management has yet to be defined as it exists within care packages and the intensity and level of this type of support will vary between care recipients and providers dependant upon assessed care need.

As CACP, EACH and EACHD services are for older, frail people with complex care needs, approved providers often apply a case management approach to the delivery of an appropriate range of services. As a significant number of care recipients receiving Australian Government Packages (eg CACPs, EACH or EACH-D) are supported by carers, these carers may participate in the case management offered through the package.

In administering the package (and at the care recipient's request), the approved provider is required to recognise the role of the carer and reflect the importance of both clients and carers in the planning, provision, and review of the package of service.

Case management for the purposes of packaged care may include:

- the management of assistance provided directly by the approved provider or service outlet; and
- the negotiation of assistance provided by external agencies - whether or not that assistance is funded by the Community Care or Flexible Care Subsidy.

Home and Community Care

Case management is available through the Home and Community Care (HACC) Program. This service comprises active assistance received by a HACC client from a formally identified agency worker who coordinates the planning and delivery of a suite of HACC services to the individual client.

In 2007-08, some 7 percent, or around 58,000, of HACC clients received case management services through the Program.

2b. ACCESS POINTS

During 2008, up to 13 Access Point Demonstration Projects will commence to make access to community care services easier for clients and their carers. There will be at least one Demonstration Project in each State and Territory.

The Demonstration Projects will benefit clients and carers by:

- providing information about community care services
- providing advice on eligibility for services
- conducting a broad assessment of a person's needs (including the carer) and
- facilitating referrals to community care service providers or to other specialist or comprehensive assessors as appropriate.

All Demonstration Projects will work towards consistent assessment and will follow common principles regarding functions and data collection.

Access Point Demonstration Projects will operate for about 12 months and be evaluated at three levels: project, jurisdictional and national. The evaluations will inform decisions about potential broader rollout of Access Points.

Current Status
Below is a status update on each jurisdiction and its project/s:

State	No. of sites	Demonstration Project Status
ACT	1	Undertaking an open tender process; Tender evaluations underway
NSW	1	Hunter Region commenced 3 March 2008
NT	1	Five Aged and Disability Teams commenced servicing remote areas on 4 August 2008
QLD	2	Rockhampton commenced 6 May 2008 Second site identification underway
SA	2	West Metro and North West Country Regions commenced 5 May 2008
TAS	1	Successful tenderer announced; To commence by end of 2008
VIC	2	East Metro commenced 2 April 2008 Grampians commenced 24 November 2008
WA	3	Esperance commenced 3 December 2007 Derby commenced 3 June 2008 East Metro (Swan) commenced 1 July 2008

3. EMPLOYED CARERS

Transcript reference (p.21)

CHAIR—The committee has also heard from carers who have left their employment because they have not been able to get an adequate level of respite services to enable them to continue in the workforce. What respite services currently exist for employed carers? Is there any such thing? What is known about the level of unmet demand for respite services for employed carers who want to enter the workforce? This is obviously a specifically directed question, given the enormous level of comment we get about this subject.

Ms Emerson—That is an area that the Department of Health and Ageing has taken a particular lead in.

Mr Tracey-Patte—We currently have a range of innovative pilots underway for employed carers. There are currently 76 of those nationally. Those particular pilots are due to end on 30 June 2009. We are currently in the process of evaluating that program. It would be fair to say that some models have worked better than others, and there have been particular issues in some services attracting carers who might be able to provide the particular innovative models of care. More will come out once we have finalised the evaluation. Certainly the employed carer innovative pilots were a particular program to target that particular need.

FURTHER RESPONSE

Under the National Respite for Carers Program (NRCP) the 2005-06 *Employed Carers Respite* initiative provided $95.5 million over four years to increase the number of respite services available for carers of frail older Australians in paid employment and carers re-entering the workforce, with the aim of providing working carers with more opportunities and flexibility to combine caring with work, training or study.

This measure has been implemented in two parts. The first is to improve the availability of respite for employed carers through expanding community respite services for extended hours of operation for employed carers. There are 96 Employed Carers (Extended) respite projects. The second is through the implementation of 17 Employed Carers Innovative Pilots to examine some more innovative models of support such as brokerage and case management, working with employers, centre based day care, pre-employment and training, home host and cottage based respite.

The Department has commissioned Urbis to conduct the full evaluation of the Employed Carers Respite initiative, which will finish on 30 June 2009.