

Integrated Carer Support Service

Webinar 1: Questions & Answers

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1 Grant funding

1.1 Is there a specified administration component of the grant funding?

The Grant Opportunity Guidelines will specify both administrative and service costs across each year, for each service area. The administration component will represent the maximum amount the Department is looking to pay for administration costs.

1.2 What kinds of cost line items fall into administration versus direct service delivery (from the Department's perspective)?

Items that fall under administration costs include expenses that contribute to the operation of the organisation (directly related to the delivery of services). Examples include:

- Staffing costs related to staff supporting the carer-facing staff and ongoing operations.
- Costs associated with ongoing operations, including: HR, finance, facilities, corporate costs and governance.
- Domestic travel costs for staff directly relating to the delivery of services.
- Computer/IT/website/software.
- Rent and utilities.

The Grant Opportunity Guidelines will provide further details on what items the grant funds can be used for.

1.3 Is the lead organisation of a consortium able to claim the extra administration cost for directing the overall service?

It will be the responsibility of the organisations participating in the consortia to determine how administration funds are allocated.

1.4 How will appropriate funding amounts for each RDP be determined?

Funding for each service area has been calculated on estimates of the number of carers in the region (based on the ABS 2015 Survey of Disability, Ageing and Carers) and weighting for delivery of services in remote areas (using Accessibility/Remoteness Index of Australia scale used by the Australian Bureau of Statistics).

1.5 What is the expected total funding amount for all RDP's over the 5-year funding period?

The Grant Opportunity Guidelines will provide details on the exact funding amount for RDPs over the period of the Grant.

1.6 Will the grant funding include an allocation for establishment costs including technological infrastructure?

Establishment costs for the RDPs have been included in the first year of funding and will cover those activities required for an organisation to reach a state of operational readiness (i.e. set-up technological infrastructure).

1.7 How does the funding model account for the ancillary activities, given that these are not direct service delivery and will require a workforce with different skill sets than that of direct service delivery?

The funding will be split into administration and service delivery costs. Ancillary activities will be accounted for under the administration costs associated with the grant.

1.8 Will the Department include loadings for regional service areas to compensate for the impact of distance and dispersed small population centres? E.g. travel costs for consortium partner meetings, training etc. Fuel, vehicle and maintenance costs as well as staff hours spent travelling between communities.

Yes. In determining funding for individual regions, different weightings will apply to remote, very remote, regional and metropolitan areas. This acknowledges the cost of delivering services will vary depending on the location.

1.9 Can you talk about whether there will be schedule of benchmark pricing for services?

The Grant Opportunity Guidelines will require applicants to provide an estimated number of service units and pricing based on a number of assumptions. However, it will not specify benchmark pricing.

1.10 Usage of surplus/unused grant funds

1.10.1 What are the expected time frames for allocating funds to the carer and will there be penalties for providers who don't meet these time frames?

1.10.2 If through service efficiencies not all funding is expended in a period, would this become retainable surplus or would it need to be repaid or rolled over?

1.10.3 Like CDC Home Care packages will the unused funds each 12 months be rolled over to the next year?

The Department will provide advice on how grant recipients are to use their allocated funds as part of the Grant Agreement. The Department will be using the *Commonwealth Standard*

Grant Agreement. A draft of the Grant Agreement will be published with the Grant Opportunity Guidelines. The Grant Agreement will state the:

- Activity requirements.
- Maximum grant amount to be paid.
- The payment amount and milestones.
- Performance indicators.
- Reporting requirements.
- Financial acquittal requirements.

1.11 The WA service area is very large. Will funding reflect this?

Funding will take account of estimated carer population in each service area. To support the more remote service areas, different weighting will apply to the finding of remote, very remote, regional and metropolitan areas.

2 Grant opportunity

2.1 Grant recipient selection criteria related to the financial benefits associated with providers applying for more than one service area

2.1.1 *Will the ability to demonstrate cost efficiencies for delivering multiple RDPs be built into the submission template considering organisations will have to submit an application for each region?*

2.1.2 *Might a value for money assessment be done for one provider to deliver some or all RDPs?*

The Department will conduct an independent evaluation for each service area. Applicants will be able to outline efficiencies beyond those contained in their individual service area applications, should they be successful across multiple service areas. This will be taken into account during the evaluation process.

2.2 Eligibility to participate in multiple grant applications

2.2.1 *There is a suggestion that DSS is looking for partnerships and consortia. This means that there could be a range of options for providers to apply with different models and structures and even different partners. Can organisations be part of more than one submission for grant i.e. part of different models and consortia?*

2.2.2 *Do the grant tender processes discount the fact that organisations be included in more than one tender? Is the inclusion in more than one tender allowable?*

2.2.3 *In states where there are 2 or more RDP regions will there be separate grants or can consortia apply for both?*

Yes, consortia or individual organisations can apply for more than one grant. Noting that in total, there will be 16 grants (one for each service area) and organisations that wish to apply for more than one grant will be required to submit a separate grant application for each service area. Organisations can also be part of more than one application in a single service area.

2.3 Can organisations be part of more than one consortium? leading in some? participate in others?

Yes, organisations can participate in more than one consortium, either as a lead or participant. Noting that each consortia arrangement must have a formalised governance structure (through the use of a Memorandum of Understanding). The Memorandum of Understanding outlines the roles and responsibilities of each party, expertise, dispute resolution mechanisms as well as reporting and other governance controls.

2.4 What is the term of the grant agreement?

The grant agreement will be for a five-year period – commencing from 1 July 2019. Noting this includes a three month establishment period between commencement in July 2019 and the services becoming fully operational in September 2019.

In regards to the terms of the agreement, the Department will be using the Whole of Government standard grant agreement. A draft of this agreement will be published with the Grant Guidelines. The Department is not looking to enter into negotiations with providers on the grant, but rather leverage and use the standard grant agreement used across government. The Department is also looking to ensure that the agreements in place are the same for each of the service areas.

2.5 Are you looking for a national provider? Or a range of smaller providers?

The Department does not have a preference for either. The focus will be on ensuring each service area receives appropriate services for the carer cohorts within each area.

2.6 Are lead organisations responsible for governance arrangements including conflict resolution?

Each consortia must have a formalised governance structure (through the use of a Memorandum Of Understanding), which outlines the roles and responsibilities of each party, expertise, dispute resolution mechanisms as well as reporting and other governance controls. As the Grant recipient, it will be the lead organisation's responsibility to ensure these arrangements are in place. The Department will have a single Grant Agreement with the lead organisation.

2.7 For Western Australia, can an organisation have one RDP central hub but deliver over the state (economy of scale)?

The Department is interested in any approaches that achieve economies of scale, which means more funds can be directed towards direct service delivery. RDPs are encouraged, where they can, to leverage options such as the co-location of outlets to ensure there is service area coverage whilst minimising the costs associated with multiple, individual premises.

2.8 Private/for profit participation in the Grant Opportunity

2.8.1 Does it mean the private company can apply for the grant if they provide direct service delivery?

2.8.2 Are for profit orgs able to apply?

Yes, 'for profit'/private organisations can apply to the Grant Opportunity.

2.9 Can profit /surplus be built in to the costing?

Yes, noting that all aspects of pricing as part of the grant submission will need to be disclosed by the applicant, which will then be reviewed by the Grant Opportunity assessment panel.

2.10 Are PHNs eligible to bid?

Yes, Primary Health Networks (PHNs) are able to submit a Grant Opportunity application.

2.11 Could we anticipate that this procurement process submission documentation could be similar to the LAC procurement for the NDIS?

The Department will be using the standard DSS Grant Hub process and the Whole of Government grant agreement for the purposes of the Grant Opportunity.

2.12 Is the use of brokers for respite considered sub contract relationships for the purpose of the grant application i.e. an organisation may utilise 150 providers over a wide region?

Yes, if there is a separate organisation that is being funded to deliver a service on behalf of the RDP, then this would be considered a sub contract relationship.

2.13 Considering an applicant may participate in multiple consortia bids, will 'in-principle' memorandums of understanding suffice for the purpose of submitting the application, prior to signing a grant and commencing establishment.

No, each consortia must have a formalised governance structure, through the use of a Memorandum Of Understanding, which outlines the roles and responsibilities of each party, expertise, dispute resolution mechanisms as well as reporting and other governance controls. Grant applicants will be required to submit their Memorandum of Understanding and consortium member details as part of their grant application.

2.14 Grant application timing

2.14.1 What is the exact date of grant submission?

2.14.2 What is the time for submission? not release of grant which you have said is 15 Nov?

2.14.3 If the bid is released 15 November, when will it be due? i.e. how many weeks will the bid be open for?

The application period will be open from 15 November 2018 until 31 January 2019.

3 Infrastructure

3.1 What systems will be in place when the website crashes and carers cannot access the site similar to the now My Aged care website?

Providers of the website, and related platforms, will have risk management plans in place with pre-determined mitigation strategies for such events. Additionally, in the event that the Carer Gateway website is down for a period of time, carers will still be able to access RDPs and other supports via the Carer Gateway telephone number.

3.2 Telephony capabilities

3.2.1 *Will there be provision for the national 1800 number to provide integrated telephony capabilities?*

3.2.2 *The telephone/IT you purchase for the national services...will you buy a 21st century system that has built-in smarts and ability to use modern applications?*

The Department will be working closely with its telephony provider and exploring the viability of a number of options for the 1800 number.

The telephony capability provided by the Department will route the caller to the nearest RDP utilising call location technologies. RDPs will be required to have their own telephony capabilities to be able to respond to calls directed to them via the 1800 number.

3.3 Will the phone numbers be toll free for carers to RDP's be free? 60% of our local community does not have access to computers at home, access to technology is very limited. Reliance on government portals limits people ability to access support and services. how will the government consider carers who are socially isolated and limited or no internet access?

The 1800 Carer Gateway number will be toll free for carers calling from an Australian landline telephone. Call costs for carers calling from a mobile phone are dependent upon the mobile phone provider, for instance, some providers offer free calls to 1800 numbers whilst others apply standard call charges.

For carers that have internet access, they can request for an RDP to telephone them via a simple call-back form available the Carer Gateway website.

4 Intake and needs assessment process

4.1 Will references in the Blueprint to the Strain Index be replaced with the *Carer Star*TM, now that has been included in the latest published documents?

The Department is currently in the process of finalising a pilot of an intake and needs assessment process, which trialled the use of the *Carer Star*TM tool. This process forms a crucial element of the RDP model, as it allows for the nationally consistent measurement of carers wellbeing and outcomes, whilst also allowing for a nationally consistent experience for carers.

The Department will be releasing the full intake and needs assessment process prior to the Grant Opportunity being released. The Department will also further consult with the sector in the lead up to implementation, in order to ensure the process is robust.

4.2 For those carers who do not or can't access information online, will they have to go through the RDP intake process to access what carers can online without being assessed?

Carers who wish to use services provided by their RDP will be guided through an intake and needs assessment process by a carer support worker.

Carers who access information online will be able to access, the Online Peer Support forum or the Education materials without a formal assessment. Carers who wish to use Digital Counselling will be assessed using the Counselling Needs Assessment, which is a clinically-valid assessment performed by a professional counsellor. There will be a voluntary self-assessment for carers prior to using Carer Coaching Online.

4.3 How does the needs assessment pilot relate to the grant?

The Department is currently in the process of finalising a pilot of the intake and needs assessment process, incorporating the use of *Carer Star*[™]. This process forms a crucial element of the RDP model, as it allows for the nationally consistent measurement of carers wellbeing and outcomes, whilst also allowing for a nationally consistent experience for carers.

Carer Star[™] is a wellbeing measurement tool which is used both in Australia and internationally, and which has been independently validated for use. Initial results from the pilot indicated that the intake and needs assessment process is looking positive and will be fit for use in the future model.

The Department will be releasing the full intake and needs assessment process prior to the Grant Opportunity being released. The Department will further consult with the sector in the lead up to implementation, in order to ensure the process is robust.

4.4 Costs of intake and needs assessment tool

4.4.1 How will licencing of the Carer Star[™] be managed? Will orgs be able to build this into local CRMs?

4.4.2 Will the RDP have to cover the Carer Star[™] license costs?

The Department will seek a national licence for *Carer Star*[™]. RDPs will not have to cover any licencing costs. The Department will also be involved in the delivery of training and support materials to the RDPs.

4.5 How does a carer wellbeing assessment identify the types of services a carer needs?

This forms part of the intake and needs assessment pilot currently underway (refer to question 4.3). Part of the process involves a guided conversation between a provider and a carer. The Department has undertaken mapping of the different areas of *Carer Star*[™] and how they relate to the carer services under the ICSS. To date, the pilot has provided confidence that *Carer Star*[™] has been useful in identifying appropriate services for the carers.

4.6 The Service Blueprint identified that the carer assessment would take 15 minutes. Understanding this process currently, we don't think this is a reasonable amount of time to do this. Has the department considered what a realistic timeframe would be based on current experience? And has funding been calculated based on this timeframe for the RDP?

Based on recent information gained from the pilot of the intake and needs assessment process, it is evident that this process will take longer than 15 minutes. The Service Blueprint is currently being updated and will be released the Department's website shortly (dss.gov.au/icss). Additionally, as part of the Grant Opportunity, the Department will be releasing updated service assumptions which will specify the expected amount of time an assessment will take.

5 Linkages to other government services

5.1 How does this link with the respite services provided through the Commonwealth Home Support Program and My Aged Care?

One of the key roles of the RDP is, through service area mapping activities, to understand the various organisations and supports that are available within their service area. In terms of linking with respite services through the Commonwealth Home Support Program and My Aged Care, it is expected that RDPs would have an understanding of those services and their availability, so they can refer carers to those services as required.

5.2 How are state-funded carer supports envisaged to be related to the ICSS? Might state-funded carer supports roll into this in future?

One of the key roles of the RDPs will be to understand the context within their service area both in terms of what carers need but also what services are available, this would include any state-funded services.

There are no plans to roll state-funded services into the ICSS.

5.3 Will carers still need to be screened by My Aged Care and assessed by RAS after already having had a carer support plan developed by the RDP or will they side step these processes to access CHSP respite services? Currently no one can be referred directly to a CHSP provider

Yes, carers will still need to undertake the My Aged Care screening and Regional Assessment Service (RAS) assessment. The carer support plan may list a range of services including those that the carer may need outside of the ICSS context (such as aged care services). In this instance, the carer would still be required to go through the My Aged Care system and if they require Commonwealth Home Support Program respite services, they would need to undergo an independent RAS assessment. There is an expectation that RDPs would support the referral of the carer through to My Aged Care.

5.4 Will carers be able to see their package through the NDIS or My aged care portals, will these be able to be linked?

It is not the intention to link packages via the National Disability Insurance Scheme (NDIS) or My Aged Care portals. It is important to note that in the ICSS model, the carer package listed is in relation to the carer directed support funding. Whilst a carer support plan may refer to a range of services, it is not an allocated package like those provided by NDIS.

5.5 Can DSS assure families of those with disability that they will not be pushed from ICSS to NDIA to have their needs met?

As outlined in the webinar, the ICSS model has a clearly defined range of services that it is funded to deliver. There may be services outside of the ICSS that may be of benefit to carers. One of the key roles of RDPs will be the referral of carers to relevant services that sit outside of the ICSS model. Noting this is not a case of pushing carers from one service to another but one of an RDP working closely with the carer to identify services that will best suit their needs.

5.6 Will RDPs manage aged care respite beds?

No, although RDPs will play a role in referring carers to relevant services such as aged care respite.

6 Carer Gateway regional delivery partner (RDP) operations

6.1 Is there an expectation that providers will need to use their own IT system in terms of managing calls and clients etc.?

Providers will be required to provide their own business systems including a suitable Customer Relationship Management tool. Further details will be included in the Grant Opportunity documentation.

6.2 Where will Data Exchange feature?

Data Exchange (DEX) is the Department's common approach for reporting service data. RDPs must use DEX to report their service delivery without exception. The ways in which RDPs report into DEX is set out in the RDP Grant Opportunity Guideline and the RDP Operating Model. These will be supplemented by instructions in the DEX Protocols, available [online](#).

6.3 Can a provider be both an RDP and a service provider?

Yes, a provider can be an RDP and provide services.

6.4 How are you ensuring quality of service provision?

RDPs are a vital contributor to service quality, being the primary interface point for carers. In addition to the RDPs' own quality management processes, the following implementation approaches contribute directly to high quality services for carers:

- A rigorous and objective selection process for RDPs, with quality a key theme.
- Precise and comprehensive service delivery instructions including guidelines, agreements, and supporting documents.
- The requirement for service providers (including RDPs) to report on service delivery activities and outcomes for the services they deliver via the Department's Data Exchange.
- The use of an outcomes measurement provider to study service quality.

6.5 Can RDPs introduce other channels relevant to their population? E.g. webchat, asynchronous messaging

Yes, RDPs are encouraged to leverage of digital technologies to support improved means and ways of delivering services to carers.

6.6 Will there be a restriction on RDPs having a digital presence, in addition to the Carer Gateway? E.g. there might be opportunities for innovation through other digital channels

The Department encourages opportunities for innovation, and RDPs are encouraged to leverage digital technologies to support improved means and ways of delivering services to carers.

Noting that RDPs will be required to brand their services under the Carer Gateway branding (as opposed to under their own brand).

6.7 What is the expectation for RDPs to continue current support levels for existing carers?

The ICSS model sees the introduction of additional services for carers, as well as services similar to those provided under current arrangements. The expectation of RDPs will be to engage with the carers who contact them to understand the services they are currently receiving and how the new model will cater to their specific needs.

6.8 Can an RDP use the Establishment Period to put in place subcontracts where these are not already in place prior to submitting a tender?

Yes, that is possible in relation to sub-contracts, although the Department would require the details of the subcontractors and what they are intending to use those subcontractors for.

In the case of consortia arrangements, the Department expects details on consortia arrangements to be provided as part of the grant application.

6.9 Is there a benchmark percentage figure for RDPs to target hidden carers?

The Department will not be providing a benchmark percentage figure for RDPs to target hidden carers. There is an expectation that RDPs will undertake outreach and community engagement activities which, in part, are aimed at reaching hidden carers.

6.10 Can organisations cobrand their services?

No, RDPs will be required to deliver services under the Carer Gateway brand only.

6.11 Will RDPs and brokered providers be expected to deliver services under the carer gateway branding?

RDPs will be required to deliver services under the Carer Gateway brand. Brokered providers will operate under their own branding. The Department will provide relevant branding guidelines to the successful grant recipients.

6.12 Will RDPs manage residential care respite beds?

The residential respite booking service is not an explicit feature of the ICSS model. RDPs will assist carers to access local supports and services, and if they see a need, RDPs will work with local providers to undertake functions such as managing residential respite bookings.

6.13 Are RDPs expected to have their own IT system to manage the services?

RDPs will be required to provide their own business systems including a suitable Customer Relationship Management tool. Further details will be included in the Grant Opportunity documentation.

7 Carer Gateway service areas

7.1 Why are service areas structured to PHN boundaries?

A strong theme from the public consultation on the RDP service areas, was a request to consider aligning the service areas to an existing Government service structure. In particular, PHNs were recommended as the structure people felt worked best.

Aligning to PHN boundaries provides the opportunity leverage the needs assessment process undertaken by the PHNs, which may provide insights into carer needs within the service area. As well as an opportunity to identify hidden carers via the health services linked to the PHNs.

The new RDP service areas are based on grouping like for like PHN areas – metro with metro, and regional with regional, to achieve a lower number of service areas overall. A smaller number of service areas means each service area has a higher number of carers, making service delivery more viable for providers. It also encourages economies of scale in the administration of services, which in turn maximises the amount of program funds that can be directed to support carers.

7.2 Some rural areas seem to become attached to the nearest City, if there are only 16 areas how do the small towns stack up? Do we need to be part of a consortium connected to the nearest city?

Grant applicants will be required to demonstrate they have the capability to provide services across the entirety of their service area. This may be achieved by either a single organisation or by a consortium arrangement.

The focus is about ensuring each service area receives appropriate services for the carer cohorts within each area. The Department is expecting smaller providers with particular expertise within specific areas to participate in applying for a Grant Opportunity as understanding carer needs locally is a critical part of the ICSS model.

7.3 Would a single national RDP option not then mean there will be more funding available for service delivery?

The Department is open to a range of options, noting that an RDP would need to demonstrate they have the adequate coverage, workforce etc. at a price point that would deliver against the objectives of the RDPs. Additionally, an organisation or consortia would be required to submit a separate grant application for each service area. There will be a total of 16 grants (one for each service area).

7.4 Will there be any consideration for RDPs who already service a significant catchment and expect rapid future growth i.e. service area VIC1 with approximately 526,051 carers?

The service demand estimates are based on current data sources on carer population and the Department's understanding of the usage of current services.

Over time, the Department will be monitoring and analysing data from the new ICSS model, including population statistics in high-growth service areas.

8 ICSS services

8.1 What opportunities are being provided for carers to meet others and provide mutual support?

One of the services offered in the ICSS model is the in-person peer support services provided by the RDPs. This is specifically designed to bring carers together to meet as a group and share like experiences.

The coaching service is also provided by RDPs. The Department is currently exploring the use of volunteers, such as carers, to become part of the coaching workforce, who will be able to bring their lived experience with them from their experience and caring roles.

8.2 Are the person-to-person counsellors employed by FACS or Health? Or are they private practitioners who are paid by Gov? Reason for asking is the death of genetic counsellors, for example, are causing huge wait lists for service. Some regional health areas are HUGE with only one counsellor, and I know of one area which has been unable to fill a position for 12 months.

The counsellors will be employed or sub-contracted by the RDPs. As part of their grant application, organisations will be required to demonstrate they have the capacity and expertise to deliver services such as counselling across the entirety of their service area.

8.3 Carer Directed Support

8.3.1 What can the carer support packages be used for?

8.3.2 Will funding for carer packages be modelled in the same way as Community Aged Care Packages, with similar restrictions?

Carer Directed Support will be delivered in two formats:

- A one-off practical support (up to \$1,500). It is expected that support of this kind would take the form of a tangible item that directly contributes to supporting the carer in their caring role or supporting the carer to access education and/or employment.
- Packages (up to \$3,000 over a 12-month period) with the total amount of funds directed towards a range of practical supports to assist clients in their caring role (e.g. cleaning, respite, cooking, and assistance with transport).

RDPs will be expected to understand the needs of the carer population in their service region to allocate the support to carers who will benefit from or are most in need of the service.

RDPs will deliver the service to carers either through supports directly offered by the RDP or others brokered on behalf of the carer by the RDP (carers do not receive the funding directly).

8.4 How will RDP know if a carer has already received online counselling?

As part of the implementation, the Department is currently exploring options for the information transfer between online counselling (and some other services) and the RDP. It is acknowledged that it would be beneficial for RDPs to understand what services a carer is currently receiving, or for RDPs to receive referrals via the counselling service. It is important to note that this will not include full-disclosure of personal information (i.e. what was discussed as part of the counselling session/s). Additionally, the Department will require service providers to have operational procedures in place for obtaining consent from carers when it comes to disclosure of personal information.

8.5 Service demand estimates

8.5.1 How has the department estimated the likely demand for services?

8.5.2 How has the department estimated service demand? You mention estimating the carer population, are you expecting all carers to see service support?

The service demand estimates are based on current data sources on carer population and the Department's understanding of the usage of current services.

In cases where the number of actual carers accessing services exceed the Department's estimated numbers, the RDPs will need to prioritise the delivery of services as part of the carer needs assessment and planning process.

The Department will be monitoring and analysing data from the new ICSS model, and will be undertaking a formal evaluation of the program, which will provide an evidence base for any future changes to services.

8.6 Is there expected to be any direct interaction between the digital service providers and RDPs?

There will not be a direct interaction between digital service providers and RDPs, however, the Department expects that RDPs will form relationships with online service providers (particularly the digital counselling service which may refer carers to their RDP).

8.7 Why was \$3000 indicated could cover carer needs via CDC package over 12mths?

This figure was determined by analysis of the services bought under the current packages available around the country.

8.8 Are there defined restrictions (time/money) for emergency respite?

Further details on the requirements related to the emergency respite service will be released as part of the Grant Opportunity.

In regard to RDP funds allocated towards this service, Grant Opportunity applicants will be required to provide an estimated number of service units and pricing based on a number of assumptions specified in Grant Opportunity Guidelines (which will be published as part of the Grant Opportunity).

8.9 Will the use of interpreter services be free through the gateway or will this fall to providers to absorb this cost? How will you cater for CALD clients?

Yes, when required the Department will cover the costs of interpreter services for carers contacting Carer Gateway.

8.10 Does it mean the provider can combine the home care package funding and carer package funding together if the service user is eligible for both and receives the funding, and the provider is able to provide such client and carers services?

The ICSS model is independent to the aged care system, therefore the Department does not have the authority to combine this type of funding.

8.11 You mentioned decommissioning services by providers entering into this program. What services will be decommissioned?

This refers to the carer services currently being funded until November 2019. If those services do not play a role in the new model, there will be a decommissioning process for those services. Decommissioning processes will include a focus on ensuring clients are transitioned appropriately to the new services.

Once the outcome of the grant process is known, as part of the decommissioning process, the Department will be undertaking analysis of the organisations in the current sector and those in the new model.

8.12 Why are some current carer programs being transferred to NDIS which don't include services to carers in their own right?

The transfer of some government-funded programs to the NDIS is part of a wider government initiative. Commonwealth, state and territory governments have identified certain programs and providers to transition to the Scheme. General principles used to determine if a program delivered by the Commonwealth should transition to the NDIS included:

- the program has a focus on people with disability
- the clients covered by the program would (largely) be expected to become participants in the NDIS (or in the case of respite programs, that the person that is cared for would be expected to become a participant in the NDIS)
- the program offering would be expected to be funded by the NDIS in individually funded support packages.

While the focus of an NDIS plan is the person with disability, carers may receive respite through short-term accommodation for the recipient or indirectly through personal care supports provided in the participant's home or other community based participation and capacity building supports.

8.13 With the introduction to the Carer Gateway website how will this impact on Carer Support Services and to what extent will this impact existing face-to-face or practical information supports for carers?

The website is just one service provided under the ICSS model. The ICSS model consists of services for carers which can be accessed via phone, online and in-person with an RDP:

- **Online services**, accessed via the Carer Gateway, include:
 - Online Peer Support
 - Digital Counselling
 - Self-Guided Coaching
 - Education materials
- **In-person services** delivered by RDPs include:
 - Intake and needs assessment
 - Coordination of services
 - Facilitated Coaching

- In-Person Peer Support
- In-Person Counselling
- Carer Directed Support
- Emergency Respite Care

8.14 What measures does the department have in place to ensure appropriate access to services for carers?

The Department expects organisations applying for specific service areas to demonstrate their capability to deliver services across the entirety of the service area and an understanding of the various carer cohorts that exist within the area in order to ensure carers in all locations can access the ICSS services.

Additionally, the ICSS delivery model has been designed to provide carers with multiple entry points to the services including by phone, online and in-person.

8.15 Carers spend their lives volunteering. Why not offer some financial support for taking part in the coaching roles?

The volunteering of coaches has been modelled on coaching examples currently operating across the country, along with consultations the Department has undertaken with organisations using volunteers for coaching. Feedback from this activity indicates that the coaching role provides the carer with great satisfaction. Financial support for volunteers has not been included in the model, however, there is flexibility if an RDP wanted to consider how they can reward and support volunteer coaches.

8.16 How accurate is the client data given research shows 79% of carers don't identify as a carer + the ABS captures carers > 15yrs

The Department has utilised the best available evidence in estimating service demand, including leveraging data on the usage of current services.

There is an expectation that RDPs undertake outreach and community engagement activities which, in part, are aimed at reaching hidden carers.

In cases where the number of carers accessing services exceed the estimated numbers in which the funding is based, the RDPs will need to prioritise the delivery of services.

The Department will be monitoring and analysing data from the new ICSS model, and will be undertaking a formal evaluation of the program, which will provide an evidence base for any future changes to services.

9 Eligibility to access services

9.1 Will carers of people with an alcohol or other drug issue be included in the definition of a carer?

The ICSS model is designed to provide support and services to carers. Carers are defined according to the [Carer Recognition Act 2010](#).

At a high-level, the definition of a carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:

- Has a disability
- Has a medical condition (including a terminal or chronic illness)
- Has a mental illness
- Is frail and aged.

9.2 Is an individual carer allowed to access more than one service stream in a defined period?

Yes, an individual carer can access whatever service stream they require under the ICSS (e.g. coaching, counselling, peer support etc.). There is no set time/expiry limits for the majority of the services. For some services there are amounts that have been built into the model i.e. number of counselling sessions, however even in those instances, if an RDP indicates that a carer could benefit from more than the upper limit of sessions, it is possible for more of those sessions to be provided. Financial packages provided as part of the Carer Directed Support service will be limited to one per carer every 12 months.

9.3 Eligibility of carers who are recipients of other government supports

9.3.1 If a client of a provider receives a Home Care Package in their own right and lives with a spouse who also receives a Home Care Package to help support their caring role what would the carer be eligible for under carer gateway?

9.3.2 Can carers of people with NDIS plans access the ICSS packages?

9.3.3 Can a carer be a recipient of a carer package and Home care package, NDIS etc.?

Carers who are recipients of other government supports will also be able to access services delivered under the ICSS model. RDPs will undertake a carer intake and needs assessment process to identify carer needs. This process will determine appropriate ICSS services that best suit carers needs, such as a local peer group support, coaching, counselling, planned and emergency support. Carers are also to be referred to the ICSS online resources and digital services, if appropriate. The process will also determine priority for services.

9.4 How will carers be prioritised?

Prioritisation will occur via an intake and needs assessment process currently being designed by the Department (refer to Question 4.3 for further details). The Department expects that RDPs will also bring their expertise to the table in undertaking processes that prioritise carers.

9.5 Will the government set the criteria like it is with My Aged care now for only carers in crisis?

Services offered under the ICSS will be accessible to all carers. The new model has been designed based on evidence that shows the best way to support carers is to help them early in their caring role, increasing their skills enabling them to reduce the strain of caring. This means the model includes a range of early-intervention services designed to support long-term outcomes for carers, and prevent them from reaching crisis point.

In allocating appropriate services, RDPs will undertake a carer intake and needs assessment process to identify carer needs. This process will determine appropriate ICSS services that best suit carers needs, such as a local peer group support, coaching, counselling, planned and emergency support. The process will also determine priority for services.

10 Addressing the needs of specific carer cohorts

10.1 How will young carers be supported in the new ICSS model?

Young carers are able to access the range of supports offered under the ICSS model. RDPs will be expected to tailor services to the needs of various carer cohorts including young carers.

Additionally, the Young Carer Bursary program will continue and see increase from the current 333 bursaries to 1,000 each year from the 2020 calendar year.

10.2 Would additional funding be considered for carers from CALD backgrounds?

RDPs will be required to understand the service areas in which they operate in order to identify specific cohorts of carers (i.e. carers from culturally and linguistically diverse backgrounds) and reflect this in the services they focus on providing, the composition of their workforce etc. to cater to the specific needs of these groups.

The Department expects organisations applying for specific service areas to demonstrate their understanding of the various carer cohorts and experience in delivering services that meet their needs.

10.3 What allowances will be made for interpreting services for equal access for CALD carers so they are not disadvantaged with services?

When required, the Department will cover the costs of interpreter services for carers contacting the Carer Gateway.

10.4 Will this new framework be broken into cohorts with individualized guidelines like CRCC's have now? or will all services that RDP's offer be accessible to all carers that are assessed and eligible?

All services offered under the ICSS will be accessible to all eligible carers.

In allocating appropriate services, RDPs will undertake a carer intake and needs assessment process to identify carer needs. This process will determine appropriate ICSS services that best suit carers needs, such as a local peer group support, coaching, counselling, planned and emergency support. The process will also determine priority for services.