

# Integrated Carer Support Service (ICSS) Webinar 2: Questions & Answers

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# 1 Grant funding

## 1.1 Will there be amounts/percentage of funding specified for each service type?

The service funding amount will be a single allocation, in other words, the Department will not be specifying an amount of funding that must be used per service type.

Carer Gateway regional delivery partners (RDPs) will be required to deliver all services specified in the RDP operating model. In determining the mix of services, RDPs will need to consider how their proposed distribution of services is configured to maximise the RDP outcomes including how they distribute service funds across all the services based on their understanding of the cohorts and carer needs within their service area.

## 1.2 Can you further explain the difference between staffing costs related to service funds and those related to administration funds?

Staffing costs that sit under service funding relate to the salaries for staff that are directly interacting with carers (via a number of mediums such as in-person, over the phone or skype) for the purpose of delivering an RDP service. For example, staff of this nature may be providing carer counselling, coaching or undertaking the Carer Support Planning Process.

Staffing costs that sit under administration funds relate to the costs for staff that support 'behind-the-scene' or corporate activities such as administration, human resource management, finance officers etc.

## 1.3 Is the \$493m inclusive of the packages, emergency respite etc.?

Yes, this amount is inclusive of all the activities undertaken and services delivered by the RDPs between 1 July 2019 to 30 June 2024.

# 2 Grant opportunity

## 2.1 What sort of assumptions for each service will be provided in the Grant Opportunity documentation?

The Grant Opportunity documentation will provide detailed descriptions of each service as well as assumptions such as the time and capability required to deliver the service. This will enable providers to undertake estimates related to the required resources and cost for delivery of each service.

The assumptions provided in the Grant Opportunity documentation focus on guidance specified by the Department around the estimated time it takes to deliver the service. Noting that bidders will have the opportunity, based on their capability and experience, to provide their own assumptions in relation to each service.

## **2.2 Are partnerships/consortium the preferred delivery model?**

The Department does not have a preference for either a consortium model or single provider for each Carer Gateway service area. The focus will be on ensuring each service area receives appropriate services for the carer cohorts within each area.

## **2.3 Disclosing subcontracting arrangements in the Grant Application**

*2.3.1 Do all subcontract relationships have to be provided to DSS?*

*2.3.2 We are a CRCC at the moment in an area which is smaller than the proposed regions and have over 200 subcontracted organisations for emergency respite only. Do we understand correctly that we have to provide this level of detail in the application?*

*2.3.3 If the RDP is using a brokerage model to deliver counselling in rural areas through say WA or QLD – do all these brokered counsellors need to be mentioned in the application – e.g. the say 50 counsellors used over the next 5 year grant period must they be detailed in the application?*

*2.3.4 Can you explain why the Department wants to know the details of each sub-contracted organisation (or brokered service provider)?*

*2.3.5 May I suggest the Department considers asking tenderers to outline their process for appointing and managing subcontractors – with only those successful RDPs providing the list?*

Where known, Grant applicants will be required to disclose all subcontracting arrangements to the Department. The Department recognises that subcontracting arrangements may change or deepen over time and RDPs will be responsible for updating the Department of changes to their arrangements.

The Department is seeking this information as part of the Grant Opportunity as it contributes toward organisations demonstrating their capability to deliver all the services required and to provide service coverage across service areas. Additionally, it provides some assurance to the Department that sub-contracted parties are undertaking their work in accordance with the Grant Guidelines and Terms and Conditions of the Grant Agreement.

**2.4 Can a consortium member (not lead) subcontract support services in their own right or do all subcontract arrangements have to go through the lead?**

Yes, both consortium members and the lead can also subcontract to provide support services.

**2.5 If the lead wishes to divest a consortium member due to poor performance or other reasons, what does DSS expect in terms of process?**

The lead organisation is responsible for the performance of the members of the consortium. It will be the lead's responsibility to manage the divestment of a member (in accordance with the Governance arrangements agreed to by consortium members) and notify the Department.

**2.6 On what date will organisations be told if they are successful, i.e. how many weeks before 1 July?**

Dependent on the progress of the assessment process, it is anticipated that the Department would commence engagement with successful providers in May 2019 with the aim of executing Grant Agreements in late June. It is important to note that unsuccessful applicants cannot be notified until Grant Agreements have been signed by the successful applicants.

**2.7 Are individual contractors with ability to provide services in a smaller geographic area only able to register their interest on the Consortia Register of Interest platform?**

Any provider can register their interest on the Consortia Register of Interest platform. When registering, providers will be required to specify whether their organisation wishes to participate as a lead and/or participant in a consortium.

The platform is the way the Department is supporting smaller organisations who may not have the capability to deliver all RDP services across a large service area. The platform provides the opportunity to connect with other organisations to form consortia or to position themselves to subcontract.

**2.8 If a carer seeks to utilise an existing in-home provider who does not have a contract with the RDP, what is the minimum contractual arrangement required (in the spirit of Carer Directed Support)?**

This type of arrangement would be considered as a subcontracting arrangement therefore the RDP would be required to put in place a service agreement with the in-home provider.

## 3 Infrastructure

### 3.1 How will the current 1800 number carers currently use to contact CRCCs be phased out?

From September 2019 when the RDPs commence service delivery, calls received via the CRCC 1800 number will be automatically re-routed to the Carer Gateway service.

This will occur for an extended period of time well-beyond the commencement of the new service model to ensure no carer slips through the cracks.

The Department will also undertake national communications activities to create awareness of the new contact number.

### 3.2 Must the contact centre be located within the RDP that it supports?

It is possible for an RDP to operate their contact centre outside of their service area. Noting that, in applying for a Grant Opportunity, providers will be expected to demonstrate their knowledge of the carer population, and demonstrate experience in delivering services within the service area they seek to operate in.

Additionally, the contact centre will need to be located within Australia.

### 3.3 If an RDP can have the call centre outside of the area, what is to stop a national (or international) organisation taking over all RDPs with one centre? Doesn't this risk go against the idea of knowing the jurisdiction?

It is possible for an RDP to operate their contact centre outside of their respective service area. However, in applying for a Grant Opportunity, providers will be expected to demonstrate their knowledge of the carer population, and demonstrate experience in delivering services within the service area they seek to operate in. Achieving this approach at a national level is unlikely.

A contact centre capability is only one element of a wider range of services that an RDP is required to deliver. The emphasis of the RDP model is around delivering in-person, locally focussed services to carers within a specified service area.

Note, organisations operating outside of Australia are not eligible to participate in the RDP Grant Opportunity.

### 3.4 Will calls from mobile phones be routed to the correct RDP region?

Yes, the telephony capability provided by the Department will route the caller to the nearest RDP utilising call location technologies. This includes calls received from mobile phones.

### **3.5 Will the telephony system of DSS be 21<sup>st</sup> Century and match the expected RDP capabilities?**

The Department will be working closely with its telephony provider to ensure that it provides the capabilities required to deliver an effective service to carers.

### **3.6 Carers do not like the IVR response and frequently complain about it – yet you mandate this as part of the infrastructure requirements. How is this offering a quality service?**

The functional requirements for an RDP's telephony system specified by the Department are in anticipation of the need for the RDPs to manage incoming calls across a large service area.

Whilst it is expected that RDPs have a telephony system that meets a number of functional requirements (such as a caller menu system), it will be up to the RDP to determine how calls are managed in a way that provides a consistently good experience for carers contacting the RDP by telephone.

### **3.7 Many people do not communicate verbally or over the phone. This will exclude many people and is also potentially indirect discrimination. What other arrangements will be in place?**

Carers will be able to access services via several entry points, in addition to the Carer Gateway 1800 number, carers can access services:

- via the Carer Gateway website, where they can submit a request for their local RDP to call them back – this option will allow carers to specify any particular requirements they have in regards to how they would like to interact with the RDP (for example specify the need for a interpreting or relay service)
- in-person with the RDP.

RDPs have the flexibility to work with carers to determine how best to communicate with the carer whilst they undertake the Carer Support Planning process and deliver services such as counselling and coaching.

### **3.8 Will the Department cover the cost of translation services for all interactions with RDPs?**

Yes, the Department will cover the costs of translation and interpreter services for carers contacting the RDP.

### **3.9 Have you considered using the existing CRCC 1800 number rather than the Carer Gateway 1800 number as this is better known by currently accessing carers?**

Given the introduction of a range of new services that go beyond what is currently delivered under the Commonwealth Respite and Carelink Centre (CRCC) program it has been determined that the Carer Gateway number will be utilised for the new service model. This supports the branding of all services as Carer Gateway.

Noting that, from September 2019 when the RDPs commence service delivery, calls received via the CRCC 1800 number will be automatically re-routed to the Carer Gateway service. This will occur for an extended period of time well-beyond the commencement of the new service model to ensure no carer slips through the cracks.

The Department will undertake national communications activities to create awareness of the new contact number.

### **3.10 Will RDPs be able to direct calls to the 1800 number to multiple local answering points within their region? E.g. one consortia partner might cover the Northern Region and another the Southern Region.**

Establishment of the new Carer Gateway telephony system is currently underway, with a number of features being explored for implementation (such as call location capabilities). Further information on the operation of the system will be provided in the lead up to the RDP establishment period.

## **4 Carer Support Planning process**

### **4.1 When will operational details about the Carers Star™ be available? One major question is how much of the overall time needed for Intake/Assessment/Planning and then referral to initiate services will be taken by Carers Star™ assessment?**

The Department, as part of the Grant Opportunity documentation, will be providing detailed descriptions of each service as well as assumptions related to the anticipated time needed for each step within the Carer Support Planning Process. The specified timings are based on the outcomes of the pilot of the Carer Support Planning Process.

The [ICSS Implementation Webpage](#) provides a summary of the outcomes from the pilot and an overview of the Carer Support Planning Process.

Note, the timings are based on a pilot in which providers are implementing a process that is new to them. It is anticipated that over time, RDPs are likely to become more efficient in undertaking the activities and length of time may be reduced.

#### **4.2 My understanding is that Carers Star™ should be able to be completed within about 5 minutes. Is this correct?**

The recent pilot of the Carer Support Planning process indicated that the average time investment for a Carer Support Worker to undertake a Star reading as part of assessing the carer's needs, identify their goals and appropriate actions, and then document an action plan was 85 minutes.

The [ICSS Implementation Webpage](#) provides a summary of the outcomes from the pilot and an overview of the Carer Support Planning process.

It is also important to note that the timings are based on a pilot in which providers are implementing a process that is new to them. It is expected that over time, RDPs will become more efficient in undertaking the activities and length of time may be reduced.

#### **4.3 Can you confirm that the RDP will perform a pre and post measurement utilising the Carers Star™?**

Yes, the Carer Support Planning Process includes the use of the Carers Star™ as a pre and post service measurement.

It is important to note that, in some circumstances, a carer may not consent to undertaking the Carers Star™. However if the Carer Support Worker identifies that the carer would benefit from any of the services, there is still flexibility for services to be provided to them.

#### **4.4 Will access to all service types require intake/assessment/planning and a service plan which incorporates these service types?**

Carers who wish to use the in-person services provided by their RDP will be guided through the Carer Support Planning Process by a Carer Support Worker. There are two exceptions in relation to RDP services:

- If the carer only requires general information and advice – this information can be provided on-the-spot without the Carer Support Worker undertaking the full Carer Support Planning Process.
- If immediate access to emergency respite is required, carers are triaged into the Emergency Respite Care service. After the event, RDPs will undertake the Carer

Support Planning Process with the carer to determine if underlying issues can be addressed through other supports.

In regard to the online services:

- Carers that want to access the Coaching Service, Online Peer Support forum or the Education materials can do so without a formal assessment.
- Carers who want to access Digital Counselling will undertake a counselling-specific assessment which is used to prioritise their needs.

#### **4.5 Will existing carers need to have a new assessment process completed during the transition to the new RDP model and prior to accessing any services post September 2019?**

Carers who access services through the RDPs from September 2019 will undergo a Carer Support Planning Process.

#### **4.6 Assessment of carer needs – is there recognition that some activity may be identification of and referral to services outside the scope of the RDPs?**

Yes, in many cases it is likely that there are 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.

When RDPs undertake the annual Service Area Mapping activity, they will be required to identify organisations delivering services which may be of benefit to carers and to develop relationships with these organisations for the purpose of referring carers to relevant services.

#### **4.7 Does the Pathway Navigator process specified in the ICSS Blueprint utilise Carers Star™?**

Yes, since the original publication of the ICSS Blueprint some of the terminology used to describe this activity has changed\*. The terminology for this activity (previously called Pathway Navigator) is now referred to as the Carer Support Planning Framework and includes the use of Carers Star™. The Department has released an updated version of the Blueprint on the [ICSS Implementation webpage](#) which reflects the changes in terminology.

*\* As the Department has progressed with the design of this activity and shared various concepts with the sector, a number of different terms have been used to describe this activity including Carer Pathway Navigator and intake and needs assessment process.*

#### **4.8 Will RDP intake/assessment/planning staff be trained in assessing for carer suitability for online/digital options vs face-to-face within the RDP?**

During the RDP establishment period (July to September 2019), the Department will provide support for the training of RDPs in the Carer Support Planning Framework (which includes intake/assessment/planning activities). This will include guidance on the matching of appropriate services to carers.

Additionally, there is a Service Matching Table resource that forms part of the Carer Support Planning Framework. The Service Matching Table is to assist with the identification of appropriate Carer Gateway services to address the needs of carers.

The draft Carer Support Planning Framework, including the Service Matching Table is available on the [ICSS Implementation webpage](#).

#### **4.9 Carers Star™ licence type**

*4.9.1 Will the Carers Star™ licence be online or standard?*

*4.9.2 If the Carers Star™ is online, will the funding cover the costs to embed into the RDP's CRM?*

*4.9.3 The Carers Star™ license agreement specifically requires every IT system that captures and displays the results of an assessment be licensed and approved by Triangle. At present the number of CRM systems available in Australia that are licensed for Carers Star™ is very small and will not meet our requirements. Does the department have assurances that Triangle will not unreasonably withhold licensing and approval for any compliant system without significant or burdensome compliance costs?*

*4.9.4 If the online version of Carers Star™ is used, will the department guarantee compliance with all applicable privacy and security laws in Australia as client data will be transferred to an overseas entity (e.g. Triangle who supplies Carers Star™)?*

The Department is proposing RDPs only utilise the standard, paper based Carers Star™ (not the online tool).

The Department will provide a license, training and guidance material for the use of the tool. How the RDP seeks to embed the tool into their systems (such as a CRM system) will be up to each RDP to undertake. This type of activity would be supported by the establishment funding provided to RDPs in their first year of operation.

#### **4.10 If a carer does not have the time to sit on phone for a lengthy assessment under Carers Star™ (which can take more than 1 hour), are they automatically excluded from services?**

In some circumstances, a carer may not consent to undertaking the Carers Star™. In this situation, if the Carer Support Worker identifies that the carer would benefit from any of the services, the RDP is still able to provide services to the carer.

RDPs should also endeavour to work with the carer to identify other options that allow them undertake the Carer Support Planning process (i.e. completing the process in-person, or over several short phone calls etc.).

#### **4.11 Which CRCCs trialed the Framework?**

The pilot organisations were existing CRCCs, one based in NSW and the second in Queensland. For confidentiality reasons, the Department is not publishing the name of the organisations involved. A summary report on the pilot of the framework is available on the [ICSS Implementation webpage](#).

#### **4.12 Will you allow registration through any other means than over the phone?**

In instances where a carer is unable to undertake the registration process over the phone, RDPs have the flexibility to work with the carer to identify other options that allow them undertake the process (i.e. completing the process in-person).

#### **4.13 Will the Carers Star™ information be passed to DEX via SCORE?**

The ratings in the seven domains in the Carers Star™ will be translated into the DSS Data Exchange (DEX) Standard Community/Client Outcomes Reporting (SCORE). The Department will provide instructions on how to do this as part of the DEX Protocols and training resources provided to RDPs in 2019.

## 5 Carer Gateway regional delivery partner (RDP) operations

### 5.1 Evaluation – how is it envisaged that the sampled measurement of carer satisfaction and impact on wellbeing performed by an outcomes measurement provider will interact with RDP wanting to capture this for every carer and service type as carers are using the services?

The RDP is responsible for measuring outcomes and satisfaction for all carers accessing their services. The Outcomes Measurement Provider will:

- Independently sample a subset of carers who have received RDP services to assess their wellbeing and satisfaction
- Assess RDP's DEX data quality
- Measure ICSS outcomes not able to be measured using DEX data
- Combine ICSS data with other data sets to validate achievement of the ICSS Outcomes.

RDPs are expected to assist the Outcomes Measurement Provider in this work.

The Department is currently in the process of finalising the evaluation strategy including the role and responsibilities of an outcomes measurement provider.

### 5.2 Education and Training (p14 ICSS Blueprint) – how does this responsibility relate to the Carer Education delivered by the Education Provider (p15 ICSS Blueprint)?

*Please note, since the original publication of the ICSS Blueprint, additional consultative work has been undertaken, and further refinements to service design have been made.*

*Subsequently, the Department has released an updated version of the Blueprint (version 1.2) on the [ICSS Implementation webpage](#) which reflects refinements in the design and some terminology.*

Amongst refinements to the original Blueprint, specific reference to the Education and Training activity for RDPs has been removed, as education activities, including those delivered by RDPs, are incorporated as part of a number of ICSS services:

- The Carer Coaching Service is a psycho-educational service designed to assist carers to acquire the skills and resilience needed in their caring role. The service is delivered in two formats – facilitated (by an RDP) and self-guided (an online version available on the Carer Gateway website).

- An education program for carers will also be available via the Carer Gateway website. The program will provide a set of educational materials in an online format that cover topics such as personal health and wellbeing, dealing with stress, taking a break, legal issues (power of attorney) and effective communication techniques. RDPs will be able to download these resources and run education sessions across their service areas, should this be required.

**5.3 Under “Ancillary Activities – Manage Services” (in the ICSS Blueprint) it states that both type and number that will be undertaken to achieve the specified outcomes. What does this mean in practice?**

*Note: Manage Services (under Ancillary Activities in the ICSS Blueprint) refers to the role of RDPs in “defining the Activities (both type and number) that will be undertaken to achieve the specified outcomes”.*

This relates to RDPs determining and communicating with the Department how they plan to distribute service funds across all the services based on their understanding of the cohorts and carer needs within their service area and in alignment with the ICSS outcomes (refer to question 2.1 for further information).

Prior to commencement each financial year (June), RDPs must submit an Activity Work Plan and Budget to the Department for approval. This document will be used by the Department to obtain a clear understanding of the activities to be undertaken by the RDP in the coming financial year.

The Department will provide a Budget and an Activity Work plan template to RDPs as part of the Grant Opportunity documentation.

**5.4 Can we clarify the need to meet the NDIS Safeguarding Commission framework for provision of respite services for people with a disability – this is not an NDIS funded service and some service providers choose not to be registered as an NDIS provider. Are you now saying we cannot use them – even though they can provide services to self-managed NDIS participants?**

To clarify, this is an example only of an accreditation framework that may be applied in relation to ensuring a provider is meeting relevant accreditation frameworks and standards. Therefore providers delivering services to people with a disability who are not a registered National Disability Insurance Scheme (NDIS) provider would not be required to meet the NDIS Safeguarding Commission framework but RDPs should consider other frameworks (such as the Aged Care Quality Standards) that would be relevant to the provision of respite services.

**5.5 What expectations does DSS have in regard to the number and location of physical sites for face-to-face support services?**

Coverage is important where relevant services need to be provided face-to-face and the expectation is that arrangements are in place to provide an appropriate level of access to services. Noting that the model does allow for flexibility. The Department is not specifying proximity of physical sites and RDPs have the flexibility to leverage existing facilities (such as local community facilities).

**5.6 What are the expected business hours for the RDP?**

RDPs are required to be available to the public during the business hours of 8.00am to 6.00pm within their service area and provide an after-hours service for callers who require respite care in emergency or unplanned situations.

**5.7 You referred to Carer Support Workers – can you confirm expected qualifications of staff providing each activity?**

There are no mandated qualifications for Carer Support Workers. However RDPs are responsible for ensuring staff have appropriate skills, knowledge and attributes, and receive adequate training in the services they are required to provide.

Noting, there will be qualification requirements for staff delivering some of the other services such as the Counselling service. The Department will specify its expectations regarding qualification requirements for these roles as part of the Grant Opportunity.

### **5.8 Do you expect the use of “other community facilities” to be without costs – there are usually charges to access such facilities?**

The Department acknowledges that community facilities often have a cost associated with their use. RDPs will be required to factor into their budgeting the cost of any facility they plan on utilising for the purpose of delivering a service.

### **5.9 Will physical RDP office locations (only) be considered outlets in DEX? Or will all sub-contractors also need to be included as outlets?**

In the Data Exchange an outlet is defined as the physical location where a service is delivered, or where staff travelled from to deliver a service. Where a service is mobile in nature, delivered at a client’s home or sensitive location (such as a refuge), record the outlet as the nearest administrative premises where staff are based.

For more information, RDPs can refer to the [Data Exchange website](#), including the Protocols and Training Resources.

### **5.10 Will the DEX partnership approach apply for the RDP grant?**

*Note: the DEX partnership approach is an extended data set of information that organisations can collect and report on via the Data Exchange, in return for access to a set of additional self-service reports. More information on the partnership approach is available on the DEX website: <https://dex.dss.gov.au/partnership-approach-data-items/>.*

For the RDP Grant, participation in the “partnership approach” is a requirement of funding. By participating, Grant recipients agree to provide some additional information in exchange for the receipt of regular and relevant reports.

The main focus of the partnership approach is collecting information about the outcomes achieved by clients as a result of service delivery.

The partnership approach also includes some extended data items that provide additional information about client demographics, needs and circumstances.

### **5.11 How will the Carer Directed Support packages be acquitted by the RDP?**

RDPs will be required to provide a number of reports and statements to the Department. These will be stated in the Grant Agreement. In terms of financial acquittal, RDPs will need to provide an end of financial year financial acquittal report to account for the expenditure of grant funds. This will be in accordance with a format specified in the Grant Agreement. This process is in alignment with how the current Consumer Directed Respite Care (CDRC) packages are managed.

### **5.12 Can you clarify whether RDPs will be required to develop their own marketing collateral?**

The Department will provide RDPs with the marketing collateral to support promotional and profile-raising activities.

## **6 Carer Gateway services**

### **6.1 Will there be a communication strategy to inform the carer community about the changes in services available to carers under ICSS including greater emphasis on online options and reduction in dollar value of flexible packages? Carers in the system will be aware of current arrangement and will recognise the changes generally but also as they may access new services.**

Yes, the Department will be undertaking a range of national communication activities designed to inform the carer community on the changes to the service model.

### **6.2 How have the assumptions you have made to inform service usage been validated? When will these assumptions be released?**

The development of the ICSS has involved an extensive consultation and co-design process over two years. During this period, extensive consultation with carers and carer sector organisations was undertaken to determine the supports needed to provide long-term, positive outcomes for carers.

The first round of consultation and research resulted in the co-design of a draft Service Concept which was then validated by the sector and further refined. A draft Service Delivery Model was developed as a result of further co-design with the sector and subsequently validated and refined.

### **6.3 What happens when a carer who has attended a peer support group wants assistance to follow up on a matter raised? Who will assist them with this? Is this type of activity funded in this model?**

If a carer attends a peer support group and would like to seek assistance or follow-up on something that has been raised, the first point of call would be the RDP support worker who has facilitated the session. If that person is not available, the carer could ring back through to the RDP and seek assistance from other Carer Support Workers within the RDP who may provide assistance directly or, depending on the type of assistance they require, connect the carer with other services funded under the model such as Coaching or Counselling.

**6.4 Short-term accommodation rates (i.e. overnight respite) are in excess of \$500 per night. An employed carer may need to travel for work – unforeseen at the time of NDIS planning. What happens when their need exceeds the \$3,000 package?**

There may be circumstances where the costs associated with respite services exceed the funds RDPs are able to provide towards that service. Based on their understanding of the carer's circumstances, the RDP should consider a range of options to address the issue:

- As in the current model, RDPs will be required to have a policy regarding fees and assessment of a carer's capacity to contribute to the cost of Emergency Respite Care and Carer Directed Support services.
- Whether other supports may be available through other service systems (such as My Aged Care or the NDIS).
- If the carer is requiring significant amounts of respite over a period of time, the RDPs should also be exploring other services that may support carers in their caring role.

**6.5 Does In-Person Peer Support include educational material e.g. similar to the Carers Australia material being developed?**

The In-Person Peer Support service primarily focusses on connecting carers in similar circumstances and provide them with an opportunity to learn from peers by sharing lived experiences.

Note, the Department recently procured a provider to develop the service design and guidelines for the In-Person Peer Support the Carer Coaching services. RDPs will be provided with the guidelines during the RDP establishment period.

**6.6 Is transport included for carers? Or only to the person they are caring for? And if transport has be outsourced, will it be charged at a full cost rate?**

Transport assistance may be a service provided as part of the Carer Directed Support service. Supports that are offered as part of this service are intended to provide the carer with short-term assistance with some of their caring duties, or relieve the carer from some of the other tasks of daily living.

Therefore, if transport services for a care recipient assist a carer in their caring duties then the RDP could arrange this service.

Decisions about the services to be provided should be made on the basis of assessed need and relative priority, and the most cost effective way of providing support.

The amount of \$3,000 (over a 12-month period) is the total budget to which each eligible carer is entitled under the Carer Directed Support service. The RDP will administer the budget for each carer, including the arrangement and coordination for the provision of the selected service. This includes making payments to the relevant service provider (i.e. transport services) on behalf of the carer.

**6.7 Who will care recipients be cared for while carers are at mentoring, coaching, peer support sessions etc.? Will RDPs be able to broker care support when carers are accessing these services?**

Yes, RDPs will be able to broker care support whilst carers are attending RDP services such as Counselling, In Peer-Support and Coaching.

**6.8 Will carers be able to self-manage their \$3,000 Carer Directed Support package?**

The concept of the Carer Direct Support package is that it works similarly to the Carer Directed Respite Care (CDRC) packages currently offered. The delivery of this service involves a Carer Support Worker engaging with a carer and actively planning on a quarterly basis what those supports might look like and, where a carer is able to, they are encouraged to actively manage the supports themselves (for example booking of those services).

**6.9 CRCCs were able to use their funding to provide education that gives the carer the skills, knowledge and strategies needed to continue in their caring role. Where is this in the ICSS model?**

There are several ICSS services available to carers that provide the skills knowledge and strategies needed continue in their caring role:

- The Carer Coaching Service is a psycho-educational service designed to assist carers to acquire the skills and resilience needed in their caring role. The service is delivered in two formats – facilitated (by an RDP) and self-guided (an online version available on the Carer Gateway website).
- An education program for carers will also be available via the Carer Gateway website. The program will provide a set of educational materials in an online format that cover topics such as personal health and wellbeing, dealing with stress, taking a break, legal issues (power of attorney) and effective communication techniques. RDPs will be able to download these resources and run education sessions across their service areas, should this be required.

*Additional Information:*

The ICSS Service Blueprint (available on the [ICSS Implementation Webpage](#)) provides further details on each service delivered as part of the ICSS model.

**6.10 No financial details were given regarding Emergency Respite. What will this be?**

The service funding amount will be a single allocation, in other words, the Department will not be specifying an amount of funding that must be used per service type.

RDPs will be required to deliver all services specified in the RDP operating model. In determining the mix of services, RDPs will need to consider how their proposed distribution of services is configured to maximise the RDP outcomes including how they distribute service funds across all the services based on their understanding of the cohorts and carer needs within their service area.

**6.11 Does a trip for work (say to a conference) classify as an emergency even it is known up to three months in advance?**

The Emergency Respite Care service is for carers experiencing an urgent, unplanned, and imminent event temporarily restricting their ability to continue caring when no other services are available, for example unplanned events that:

- Prevent the carer from providing care to the care recipient.
- Threaten the health and safety of the care recipient.
- Threaten the health and safety of the carer (including extremely high levels of strain and anxiety).

Respite for an event that is known up to three months in advance would not be considered an emergency for the purposes of the Emergency Respite Care service.

**6.12 Qualifications required to deliver the Coaching Service.**

*6.12.1 When will the Department release information on the academic qualifications for coaches?*

*6.12.2 Will carer coaches be required to have qualifications such as ACC or PCC credentials? If not, what are your expectations regarding qualifications for carer coaches?*

There are no specific qualifications associated with the provision of the Coaching Service. RDPs will be required to ensure staff delivering the service are provided with appropriate training. During the RDP establishment period, RDPs will be provided with the Coaching Service guidelines (currently being developed) and receive train-the-trainer guidance. The guidelines will form a key resource in the training of staff who are to deliver the service.

**6.13 Last webinar you mentioned volunteers running the coaching activity. How would this work on the ground?**

RDPs will be required to provide appropriate training to volunteers delivering the Coaching Service. During the RDP establishment period, RDPs will be provided with the Coaching Service guidelines (currently being developed) and receive train-the-trainer guidance. The guidelines will form a key resource in the training of staff and volunteers who are to deliver the service.

**6.14 Carers frequently request advocacy support as they interface with a range of complex systems, what will be the service response from the ICSS regarding these requests for support?**

One of the key roles of the RDPs is to provide carers with information, advice or linkages to relevant organisations. In this instance, the response would be to provide the carer with linkages to organisations that provide advocacy support specific to the carer's needs.

**6.15 How many Carer Directed Packages will be available for carers and are these similar to the CDRC packages run through CRCCs now?**

The Department will not be specifying the number of service units to be delivered for each service. It will be up to the RDPs to determine how they distribute funds across all the services based on their understanding of the cohorts and carer needs within their service area.

It is important to note that RDPs will be required to deliver all services specified in the RDP operating model. In determining the mix of services, RDPs will also need to consider how their proposed distribution of services is configured to maximise the RDP outcomes.

The packages offered as part of the Carer Directed Support service and will be delivered and managed in a similar manner to the current Consumer Directed Respite Care (CDRC) packages.

**6.16 How many Carer Directed Support packages will be available and how will eligibility be determined?**

In regard to the number of packages available please refer to the response provided in question 6.16 above.

In terms of eligibility, RDPs will need to prioritise access to this service for carers experiencing the highest strain (based on the Carer Support Planning Process) and not currently accessing alternative sources of funding or services.

## **6.17 Number Carer Directed Support packages carers are able to receive**

*6.17.1 Can the carer receive both the one-off practical support and carer support package?*

*6.17.2 With the one-off support of up to \$1,500, once the carer has received this, will they be able to access this one-off support again in the future?*

*6.17.3 Over what time period may a carer access either a one-off allocation or a package?*

Carers are eligible to receive *one* Carer Directed Support package per 12 month period. A carer cannot access a One-Off Practical Support *and* a Carer Directed Support Package within the same 12-month period.

## **6.18 Will telephone counselling be capped at six sessions?**

Yes, however, if the counselling provider identifies that a carer could benefit from more than the upper limit of sessions, it is possible for more sessions to be provided. This would be dependent on availability and carer need.

## **6.19 You mentioned that coaching is six sessions. Is this per issue or would you assume all issues or areas of need identified through the Carer Star to be addressed in six sessions?**

In consultation with the coach, six sessions will be delivered to the carer with the aim of covering issues most relevant to the carer's situation. Noting that if an RDP identifies that a carer could benefit from more than six sessions, it is possible for additional sessions to be provided. This would be dependent on availability and carer need.

## **6.20 Is there any difference between the eligibility requirements for carers currently accessing services versus in the new service model?**

Eligibility requirements under the ICSS will be consistent with existing carer support services. As per the current model, the Carer Recognition Act 2010 provides the definition of a carer for the purposes of eligibility.

## **6.21 Are primary carers with low-level stress (low risk) eligible for a Carer Directed Support package so they can have short-term respite? Or is eligibility only for carers deemed at risk?**

RDPs will need to prioritise access to this service for carers experiencing the highest strain (based on the Carer Support Planning Process) and not currently accessing alternative sources of funding or services.

## **6.22 Will a carer of a person with a drug or alcohol addiction be considered a carer under the new model?**

Yes, a carer of a person with a drug or alcohol addiction is eligible to receive services under the ICSS model.

## **6.23 How will young carers be supported by RDPs? Will there be a specific carer support process for young carers?**

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.

## **6.24 Carers accessing other government services**

*6.24.1 Will the new framework allow support to carers that have recipients on a NDIS plan?*

*6.24.2 Can CRCCs commence supporting carers of people with an NDIS plan given this is where we are heading?*

*6.24.3 If a care recipient is eligible for or has an NDIS package, does this make them ineligible for these carer services as it would be assumed that the NDIS would cover the carer needs by indirect support?*

Carers will be able to access services delivered under the ICSS model even if they and/or the person they care for are receiving other government supports. RDPs will undertake a Carer Support Planning process to identify carer needs. This process will determine appropriate ICSS services that best suit carer's 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.

## **6.25 Where does access for carers of people in palliative care fit? Is it emergency?**

Carers of people receiving palliative care are eligible to receive Carer Gateway services.

Carers who wish to use the in-person services provided by their RDP will be guided through the Carer Support Planning Process by a Carer Support Worker. This process will assist in identifying the services that will best fit the needs of the carer based on their circumstances.

If immediate access to emergency respite is required, carers will be triaged into the Emergency Respite Care Service. After that event, RDPs will undertake the Carer Support Planning Process with the carer to determine if underlying issues can be addressed through other supports.

## **7 Linkages to other government services**

### **7.1 Why was carer respite MHC:RS transition to NDIS and not Carer Gateway?**

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.

### **7.2 Will RDPs have to refer carers to services other than carer support services?**

The RDP service delivery model recognises that 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.

## 8 Other Questions

### 8.1 With the extension of current contracts in MHCR to November 2019, when will contract extensions be available?

At this stage, MHR:CS grant agreements are due to cease 30 June 2019. The Department is currently considering options to ensure there is no gap in servicing for MHR:CS clients who are eligible for continuity of support, which will be through ICSS from September 2019, or whose care recipients have not transitioned to the NDIS by 30 June 2019. DSS will let providers know the arrangements as soon as possible.

A number of carer programs with funding transitioning to the NDIS are due to cease at 30 June 2019. There are three carer support programs (refer to the table below) funded by the Department with funding transitioning, in full or in part, to the NDIS.

Funding for a number of programs will be redirected to the ICSS model (refer to the table below).

<p><b>Programs where funding will be redirected to the ICSS model.</b></p> <p><i>Current funding arrangements for these programs will cease in November 2019.</i></p>	<p><b>Programs where funding will be redirected, in full or in part, to the NDIS.</b></p> <p><i>Current funding arrangements for these programs will cease in June 2019.</i></p>
<ul style="list-style-type: none"> <li>• Consumer Directed Respite Care</li> <li>• Commonwealth Respite &amp; Carelink Centres</li> <li>• National Carer Counselling Program</li> <li>• Carer Information &amp; Support Services</li> <li>• Dementia Education &amp; Training for Carers</li> <li>• Counselling Support, Information &amp; Advocacy: Carer Support</li> <li>• Young Carers - Education Support, Information &amp; Advocacy, Advice &amp; Referral</li> <li>• Young Carer Bursary program</li> </ul>	<ul style="list-style-type: none"> <li>• Young Carers: Direct Respite</li> <li>• Respite Support for Carers of Young People with a Severe or Profound Disability</li> <li>• Mental Health Respite: Carer Support</li> </ul>

### 8.2 How has the Department forecast the impact of national advertising on the likely increase in service demand by carers?

The Department is yet to commence activities relating to promoting the new service model. This activity will involve research and analysis related to the carer population. Noting that current service demand estimates are based on current data sources on carer population.

**8.3 Has the ICSS communications provider been appointed? Or is this still to be tendered?**

The Department is yet to commence activities relating to promoting the new service model.

**8.4 Where can we access the slides from the webinars?**

The slides are available on the [ICSS Implementation Webpage](#).