Submission on the Draft Service Delivery Model
For a Proposed New Carer Support Service System

Introduction

The Chinese Australian Services Society Limited (commonly known as "CASS") welcomes the opportunity to provide a submission on the draft Service Delivery Model for a proposed new carer support service system to the Department of Social Services.

As a long standing community organisation, CASS has been dedicated to assisting disadvantaged people from local communities and advocating on their behalf. We would like to share our views and experience with the Department on the draft Service Delivery Model.

Our submission is a reflection of the viewpoints and concerns that we received from our service users and people in our community, as well as observation and conclusions we made while delivering services to our clients, who may be potentially affected by the Model. This submission does not represent in any way the position of CASS as the organisation.

About Our Organisation

CASS was founded in 1981. Its main service objective is to provide a wide range of welfare services to the community, and assist migrants to settle and integrate into the Australian society. The comprehensive range of community services and activities provided by CASS includes residential aged care, home ageing services, disability services, vocational training, settlement and health, volunteering, and family and children services. Most of the services we provide cover the whole of Metropolitan Sydney, with some covering the areas down to Wollongong. We serve the Chinese, Korean, Indonesian, Vietnamese, people from other CALD communities, as well as mainstream Australians. More than 2,400 families access our services and activities weekly.

The views that we would like to bring to the attention of the Department of Social Services on the draft Service Delivery Model

First of all, we urge for adequate funding for sustainable carer support programs and services.

From our experience, the funding specifically allocated to carer support in each program is minimal and far from adequate to sustain one full-time staff to continuously provide assistance and coaching to carers. Many carers do not receive sufficient consultation and case management in practice, which results in a misunderstanding in the community that there is no available support, and causes declining incentive for carers to further participate. We are happy to learn that the Government has committed $33.7 million over four years to design an Integrated Plan for Carer Support Services, and we strongly suggest that in order to ensure success of the Plan, a fair amount of funding needs to be allocated to the provision of direct support for carers.

Secondly, we urge for customised information delivery, services and programs for CALD communities.

Due to comparatively low level of English proficiency and literacy, people from CALD communities have always been experiencing difficulties while they try to access mainstream services. The Model has identified its objectives to raise awareness in the boarder community and linking carers to support, and to help more carers by providing access channels and multiple ways for carers to engage with the service based on their preferences. We believe that these objectives could not be achieved without addressing the language issue of CALD communities. It requires carers to have extensive knowledge of the system in order to fully understand the basics of social welfare services, which is very difficult for carers from CALD backgrounds to achieve, especially when the majority of information is delivered in English rather than their first language. All the efforts designed to help carers, for instance raising awareness, information sharing, coaching, mentoring, consultation and peer support activities, will not be 100% effective and efficient if the language barrier is not tackled.

In addition, it is indicated that at local level of the Model, local service providers would be contracted to deliver services.

The Department must understand that it takes not only translating and interpreting skills, but also the understanding of cultural practices and carers' needs to service the CALD communities. We suggest that in the future system, service providers with an insight into the CALD communities and support workers with basic qualifications and bilingual language skills should be actively involved in the service delivery for the CALD population.

Thirdly, we support that the future service is to provide ways of accessing and receiving

supports in a number of different means to account for the different preferences and needs of different groups of carers.

We acknowledge that effort to adapt an IT approach in the Model can open up more channels for access of information and support. For instance, carers would be able to seek information and engage with other carers through a national website or an App on the smartphone. However we are concerned that this may undermine the equity of accessing service as many senior carers are not very computer literate.

In the Chinese community, it is very common that a spouse is the primary carer of the individual. This is driven by a sense in the culture that this is their duty and responsibility as a husband or wife. In such cases, both the individual being cared for and the spouse carer themselves are often elderly, and often have limited English language skills and knowledge about available services. Similar cases are also observed in other ethnic groups. Therefore, we believe it is necessary that in addition to the adaption of new technology for the future system, current access channels, such as telephone and face-to-face consultation, are to be maintained as available options for access of services.

Last but not least, we suggest the Department increase the availability of respite services and programs.

The draft Service Delivery Model is an excellent system, which addresses carers' needs by raising community awareness and offering information sharing, coaching, mentoring, consultation and peer support. However we need to be mindful that most carers are dedicating huge amount of time looking after the persons they care for, and it is impossible for carers to fully participate and actively engage in all these activities without proper relief from their caring role. Therefore, respite services are needed not only for emergency or vacation, but also for carers to attend activities so that they can learn and further their knowledge and skills in caring, and to acquire support from professionals, other carers and the community.

Over recent years we have been observing an excessive waiting list for carers to access respite service. We would like to advise the Department that while attempting to organise and integrate programs and services, more funding and resources in respite services are also crucial to ensure carers are properly relieved and supported by the system for personal development, and that they could truly benefit from the services.

Conclusion

We welcome the Model for a proposed new carer support service system. It is important to establish a recognisable source of clear, consistent and reliable information to help carers navigate the system, as well as an integrated system to support carers and ensure their needs are met. We also acknowledge the research activities being undertaken to support the design of the future system, which is remarkable and will be of tremendous assistance to facilitate thorough understanding in carers' journey in the system. The Model is a highly solution-focused approach and a wide range of consultation with community stakeholders is necessary to achieve the objectives of the system.

In this submission, we have included the feedback that we received from people in our community, including our volunteers and staff members. We would appreciate if the Department of Social Services takes into account the viewpoints and concerns raised in this submission. We are happy to have a further discussion to elaborate these viewpoints and concerns.