



## **Carers Australia's submission to the Commonwealth Home Support Programme (CHSP) Consultation – April 2015**

Carers Australia is the national peak body representing the diversity of Australia's 2.7 million carers who provide unpaid care and support to family members and friends with a:

- disability
- chronic condition
- mental illness or disorder
- drug or alcohol problem
- terminal illness
- or who are frail aged.

Carers Australia believes all carers, regardless of their cultural and linguistic differences, age, disability, religion, socioeconomic status, gender identification and geographical location should have the same rights, choices and opportunities as other Australians.

They should be able to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment and education.

It is essential that the needs and wellbeing of carers are considered by all parties involved in the CHSP, including My Aged Care, Regional Assessment Services and CHSP service providers. Their role is fundamental to the success of any program supporting older people to live in the community and they must be supported.

Consequently, Carers Australia welcomes the opportunity to comment on:

- The CHSP Programme Manual
- The CHSP National Fees Policy
- The Good Practice Guide for Restorative Care Approaches

While our response is focussed carer issues, we note our support for the more comprehensive aged care response provided by the National Aged Care Alliance (NACA) to which we have provided input.

## The CHSP Programme Manual

While the Manual acknowledges the contribution of carers and draws attention to the *Carers Recognition Act* (2010) on page 15, we suggest it would be appropriate to identify in the text the key principles of that Act, as has been done in relation to the *Charter of Care Recipients' Rights and Responsibilities - Home Care* in Section 5.1.2 on page 52 of the Manual. The principles incorporated in the *Statement for Australia's Carers* under the *Carers Recognition Act*, includes the following:

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

Providers should also be made aware of those aspects of the Act which set out the obligations on providers funded by Government. In particular, Part 3, Section 9 under *Obligations of public service agencies and associated providers* requires that:

“Each associated provider is to take all practicable measures to ensure that:

(a) its officers, employees and agents have an awareness and understanding of the Statement for Australia's Carers; and

(b) it, and its officers, employees and agents, take action to reflect the principles of the Statement in developing, implementing, providing or evaluating care supports.”

Providing a detailed response to the draft Manual from the carer perspective is complicated by the fact that a dedicated, integrated model of carer support services, which will be available to carers regardless of the age and condition of the person they are caring for, is still under development within DSS. With the exception of planned respite, which remains part of the CHSP, a number of carer support programmes which were previously incorporated in National Respite and Carers Programme (NRCP) and a range of HACC programmes will transition to the new model. While this process is in train, we appreciate that the initial version of the draft Manual necessarily lacks specificity in relation to carer supports.

The Manual does specify a number of services formerly provided under the overarching NRCP which will not be included in the CHSP but will “complement” the carer component of the CHSP. These are: the Commonwealth Respite and Carelink Centres (CRCCs), the National Carer Counselling Program (NCCP) and the Carer Information Support Service (CISS). Carers Australia is concerned that a sub-programme of the NRCP which has provided dedicated respite funding for carers in the workforce or training to re-enter the workforce is not mentioned in the Manual. We would expect that this sub-programme would also transition to the new dedicated carer support model and this should be identified in the final version of the Manual.

In the meantime, the fate of a number of other carer support programmes formerly funded under HACC Service Group 2 - including valuable peer support - has not been resolved. While we understand that the Manual must be available prior to the commencement of CHSP on 1 July, we would have thought that the outcomes of the review of HACC funding and transition arrangements is a significant omission and creates a high risk to the continuing provision of essential supports while the new integrated carer support model is being designed and implemented. This may lead to the loss of some services to carers of the aged.

We would also expect that Section 3.1.2: *Interaction with specific programmes and services* - will be amended to explain the relationship between the CHSP and the new dedicated integrated carer support model once that model is introduced.

## **CHSP National Fees Policy**

Carers Australia welcomes the National Fees Policy which will redress the random and inequitable practices of the past. The financial hardship provisions are also welcome.

Carers Australia is particularly gratified that all co-contributions for respite care provided under CHSP will be based on the client’s income rather than the carer’s income. This will make a substantial difference to those carers who are still employed or in receipt of other income and it makes sense given that planned respite has been defined under CHSP as a service to the client rather than the carer.

Carers Australia also supports the National Aged Care Alliance submission in relation to the need to monitor and report on charges and that monitoring strategies should incorporate:

- the fee levels actually charged by providers
- the rate at which clients access similar services via alternative programs/funding streams due to a real or perceived inability to pay fees
- the geography of fee collection, with consideration of the local socio-economic background of older locals to identify any inequity across areas with high numbers of hardship clients
- the consistency with which hardship was approved
- the rate at which hardship was not approved but clients did not pay the fee required of them

- the rate at which clients decline services due to cost (the RAS has recommended that the client access a particular service)
- the movement of clients from CHSP to Home Care packages

## **Good Practice Guide for Restorative Care Approaches**

Carers Australia strongly supports the wellness and re-enablement focus of the aged care reforms and particularly welcomes the acknowledgement of the role of carers and the importance of carers being involved in the planning and delivery of supports.

However, there is no acknowledgement that carers have their own wellness and re-enablement needs.

In our submission to the *Key Directions for the Commonwealth Home Support Program (CHSP) Discussion Paper (June 2013)*, Carers Australia noted that carers sustain a high level of injury in performing their caring role and that we have been advised by NACA members providing allied health services that carers constitute a significant proportion of their clientele.

We recommended that the Guide makes explicit that the restorative care principles apply to carers as well as those they care for.

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