



NATIONAL RURAL
HEALTH
ALLIANCE INC.



The Secretary
Department of Social Services
CANBERRA ACT 2600

Dear Sir

Submission on the Carer Service Delivery Model

Thank you for inviting feedback on *A draft Service Delivery Model for a proposed new carer support service system* (the draft model). The National Rural Health Alliance is pleased to provide brief comments on the document and the needs of carers in rural and remote communities.

The National Rural Health Alliance (the Alliance) comprises 39 member bodies, including several organisations – the Country Women’s Association of Australia, Health Consumers of Rural and Remote Australia and Isolated Children’s Parents Association – that advocate on behalf of their carer members. A complete list of the members of the Alliance is at Attachment A.

Carers in rural and remote communities are particularly vulnerable to ill health and stress due to poor access to health and support services generally. This issue is twofold in that access to services for the care recipient is reduced placing a larger burden on the carer as well as services for the carer being limited meaning that they have significantly reduced access to the support services that they may need. The Alliance notes that the draft model comments that:

A key theme emerging consistently from the research literature over the past 25 years is that caregiving can have negative effects on carers’ physical and emotional health, financial situation, social networks and ability to take part in the labour market. ...

The Carer Service Development Research found strong support for the introduction of a nationally consistent carer service to provide access to relevant information, support and services. The main findings validating the need for a service were:

- *access to services is currently difficult for carers to navigate and access;*
- *carers know there are services available and have heard support can be provided, but are not sure how to gain access; and*
- *some carers are struggling to cope with the significant pressure placed on them and their caring role.*

Without support, these difficulties have the potential to reduce the amount (or diluting the quality) of care provided, as well as increasing the probability of institutionalisation.

These brief comments summarise the issues and challenges for carers in rural and remote communities.

If carers can find information regarding possible services, accessing on-the-ground support services can be highly problematic. Not only is access to support services, particularly mental health services, reduced in rural and particularly remote communities, access to respite care services is extremely difficult. The lack of on-the-ground support services could be partially addressed through support services delivered via telephone or internet noting that access to these services can be inconsistent. The Alliance would see this as an adjunct to on-the-ground support services, however recognises that on-the-ground services may not always be possible.

The situation in rural and remote Australia has not been assisted by the implementation of the My Aged Care Gateway and Regional Assessment Services which no longer enable a carer under 65 (or under 50 if Aboriginal or Torres Strait Islander people) to register. Advice from Carers Australia is that this effectively removes recognition of the role of the primary carer. The Alliance notes that there are planned actions to address this issue, but this should have been foreseeable in the development of the services.

Indeed, advice from Carers Australia indicates significant gaps in the way in which implementation of person centred services are being implemented, with the caring role generally not considered adequately in system development and planning.

Similar issues have emerged as the NDIS has been implemented, with stories of the support needs of carers not being considered or supported.

In rural and remote communities, the lack of access to respite care compounds the need for additional carer support making it increasingly difficult for carers to 'share the load'. The Alliance supports the delivery of better access to carer support services and for improved access to respite services in rural and remote communities. The need for this improvement is noted in the draft model.

The Alliance supports the Guiding Principles under which the model will operate and would urge that the carer and the care recipient be recognised as a team needing coordinated care and ongoing support to achieve the best outcome for both the care recipient and the carer.

In rural and remote communities, delivering this coordinated arrangement and improving access will be challenging, but is necessary to ensure carers are appropriately supported and avoidable hospitalisations are minimised. Coordination and ongoing support are the key to achieving better results and should be embedded in the model.

Thank you for the opportunity to comment on this important work. The Alliance is willing to provide additional comment as the project develops further to ensure the needs of carers in rural and remote communities are supported appropriately.

Yours faithfully

A handwritten signature in black ink, appearing to be 'DB', written over a horizontal line.

David Butt
Chief Executive Officer
National Rural Health Alliance
16 December 2016

Attachment A

| National Rural Health Alliance - Member Body Organisations |
|---|
| Australasian College for Emergency Medicine (Rural, Regional and Remote Committee) |
| Australasian College of Health Service Management (rural members) |
| Australian College of Midwives (Rural and Remote Advisory Committee) |
| Australian College of Nursing - Rural Nursing and Midwifery Community of Interest |
| Australian College of Rural and Remote Medicine |
| Australian General Practice Network |
| Australian Healthcare and Hospitals Association |
| Allied Health Professions Australia Rural and Remote |
| Australian Indigenous Doctors' Association |
| Australian Nursing and Midwifery Federation (rural nursing and midwifery members) |
| Australian Physiotherapy Association (Rural Members Network) |
| Australian Paediatric Society |
| Australian Psychological Society (Rural and Remote Psychology Interest Group) |
| Australian Rural Health Education Network |
| Council of Ambulance Authorities (Rural and Remote Group) |
| Congress of Aboriginal and Torres Strait Islander Nurses and Midwives |
| CRANaplus |
| Country Women's Association of Australia |
| Exercise and Sports Science Australia (Rural and Remote Interest Group) |
| Federation of Rural Australian Medical Educators |
| Health Consumers of Rural and Remote Australia |
| Indigenous Allied Health Australia |
| Isolated Children's Parents' Association |
| National Aboriginal Community Controlled Health Organisation |
| National Aboriginal and Torres Strait Islander Health Worker Association |
| National Rural Health Student Network |
| Paramedics Australasia (Rural and Remote Special Interest Group) |
| Rural Special Interest Group of Pharmaceutical Society of Australia |
| RACGP Rural: The Royal Australian College of General Practitioners |
| Rural Doctors Association of Australia |
| Rural Dentists' Network of the Australian Dental Association |
| Royal Far West |
| Royal Flying Doctor Service |
| Rural Health Workforce Australia |
| Rural and Indigenous Health-interest Group of the Chiropractors' Association of Australia |
| Rural Optometry Group of Optometry Australia |
| Rural Pharmacists Australia |
| Services for Australian Rural and Remote Allied Health |
| Speech Pathology Australia (Rural and Remote Member Community) |