

Victorian Support for Carers Program

Guidelines 2019

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Available at <<https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/supporting-people-in-care-relationships>>

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* Available in separate electronic formats for use by Victorian Support for Carers Program service providers:

<https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/supporting-people-in-care-relationships>

1 Background and context

1.1 Summary

The Victorian Support for Carers Program (SCP) is funded by the Victorian Government for Victorians. The SCP provides person centred care and support via provision of flexible respite and support services for unpaid carers of people with care needs. Services aim to assist in meeting diverse needs and preferences and changing demographics. The SCP promotes improved health and wellbeing of carers, and those for whom they care. SCP guidelines:

<https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living/supporting-people-in-care-relationships>

Carers make a vital social and economic contribution to society that needs to be recognised, supported, valued and promoted. Carers are important because no-one else does what they do.

1.2 Background

There are about 239,100 primary carers in Victoria. The average age of primary carers is 55 years. About 70% of primary carers are female partners, mothers, sisters, daughters and daughters-in-law. Approximately 45% of carers care for their partner, 24% for their children with care needs, 21% for their parents and 10% for a relative or friend. There are about 6,000 kinship and foster carers, some of whom support children with care needs.

Carers and people being cared for should be as well, healthy and content as possible. Caring can be tough, so supporting carers can make a big difference to their lives and the lives of the people they support. The needs of carers and people receiving care are likely to be different, and supporting care relationships can support both.

1.2.1 Registering on the Carer Gateway

The Victorian Support for Carers Program is a separate program to Commonwealth Government funded supports for carers. However SCP service providers should register their service with the Commonwealth Carer Gateway, so that Victorian carers can find a local SCP provider:

<https://www.carergateway.gov.au/information-for-service-providers>

Appendix 1: State and Commonwealth Government policies and programs.

2 Description

2.1 What is the Victorian Support for Carers Program?

The Victorian Support for Carers Program supports carers of people with care needs. The SCP can:

- meet short term higher level needs,
- provide short term top up services not available in the generic service system, and
- provide innovative and flexible respite or other services, goods and equipment, all of which need to be timely, flexible and cost effective.

Forty-six service providers are funded to provide the Victorian Support for Carers Program (Appendix 2: Victorian Support for Carers Program service providers).

In addition to supporting individual carers, the Victorian Support for Carers Program provides opportunities for people in a care relationship to share meaningful activities if they wish. Evidence suggests such experiences improve quality of life of individuals in care relationships and quality of relationships, beyond participation in an activity.

Service provider targets are based on funds received and specific services provided to carers. The targets are:

- discrete count of carers provided a service in a year based on a notional amount per primary carer per year, and
- number of hours of service provided in a year.

There are no set targets for goods and equipment.

The Victorian Support for Carers Program complements other services that can be accessed by either one or all in care relationships.

2.1.1 Goal and objectives

The goal of the Victorian Support for Carers Program is improved health and wellbeing of carers. The SCP objectives are to:

- provide additional one-off or short-term flexible, innovative and timely support including goods and equipment to supplement other services or fill service gaps,
- support people's quality of life, physical and mental wellbeing, social activity and or social connections, for example services that include respite with social, health and other support,
- provide carer support and respite services on a local area basis via provider networking and integration, service planning and coordinated intake and referral,
- consult with carers to identify the most appropriate services including recognising a carer's employment or education situation, and their social wellbeing and health,
- deliver both consistent carer identification and consistent needs assessment,
- have and monitor processes for equitable access of carers to services, including brokerage funds where appropriate,
- promote services to carers in a range of ways, and
- seek input and feedback from carers/ a sample of carers to continuously improve services (Attachment 1: Sample carer outcomes survey).

Carers of all ages may want individualised carer programs or support groups for practical or emotional support. An example of practical support is organising a speaker from Centrelink or Carers Victoria to attend a support group to discuss shared interests. As the care relationship changes, carers may have other areas of interest they want to hear about, like volunteering in local events of interest, or Fitted for Work for support to re-enter the workforce.

2.1.2 Eligibility criteria

Unpaid carers in Victoria are eligible for the Victorian Support for Carers Program.

An unpaid carer is a person providing care to another person requiring that care in a care relationship¹. Sometimes there is more than one person giving care, or being cared for, and sometimes people can be carers for each other in a relationship. Sometimes caring can be episodic, for example in the case of carers of some people with a mental illness, or a one-off acute hospital admission and recovery support.

Examples of care include assistance and support with activities of daily living or personal care, emotional support, encouragement, advocacy, motivation, service system navigation, collaboration with health professionals and assistance taking medicines.

A carer may care for a partner, family member, friend, or someone else who needs support. Carers can be from any culture or country, and any socio-economic background. Carers may be employed or not employed, older or younger for example less than 18 years of age. A carer may not live with the person for whom they care.

The Victorian Support for Carers Program supplements or fills gaps or meets needs that are one-off or not met by other programs. This means that people in a care relationship may be eligible for the SCP whether or not they are accessing or are eligible for other services and programs. Other services and programs include for example the Commonwealth Government's Integrated Carer Support Service, the National Disability Insurance Scheme, Commonwealth Home Support Programme, a mental health support program, a home care package, palliative care or an aged care facility.

People working as paid carers are not eligible as employees for the program.

From 2019 the eligibility criteria have been extended to include carers of all ages.
Appendix 3: 2019 Revisions to the Victorian Support for Carers Program guidelines.

2.1.3 Respite

Respite can provide a carer with time away from direct care responsibilities, while giving a person being cared for the opportunity to receive other health services, care supports, social or recreational services, and other innovative respite options such as shopping, socialising or short term holidays. Or a carer and person receiving care can enjoy time together with support for the carer.

Carer outings include a weekend retreat, tickets to a show or the movies, a massage voucher or a day trip.

¹ Carers Recognition Act 2012

Respite provides a short term substitute for a carer's role; respite is intended to provide carers an opportunity to relax and undertake other activities they may not usually be able to. For example, help a person being cared for in regular activities such as attending appointments while the carer can attend their own appointments, maintain social connections in the local community or have time for other responsibilities such as homework for young carers.

Respite services respond to the individual needs of both carers and people being cared for. Respite can be for both people in the care relationship. Respite services can be provided in a planned and unplanned way, during and outside normal business hours. Respite can be during the day, overnight, over a weekend, or for a longer period of time. Respite can occur in a person's home, on an outing, in a respite or residential home, or community facility.

2.1.4 Support

Each care situation is unique.

Many carers interact with multiple service systems across health, aged care, disability, mental health, palliative care, youth and family services and others. There is no single pathway to carer support. It can be difficult for carers to understand their options and find services that respond to their needs. The Victorian Support for Carers Program provides assessment, planning and flexible support. Support services can meet a carer's immediate needs or be preventive measures to support future needs. Support can be one-off or time-limited, tailored for individuals and adaptable to changing needs. Examples: information, advice, general or financial counselling, validation and emotional support; group networking activities for carers; helping people find their way in complex health and support services; suggesting support options and resources that might help; or support groups.

Support services can take many forms, such as one-on-one support, or development and maintenance of carer support groups. For example a Pathways for Carers Group meets monthly for a walk through nature and refreshments in a local café. Local service providers, council staff and guest walkers join in to answer questions and share information with carers.

Examples of goods and equipment support include: financial support such as a fuel voucher for transport to medical and related appointments or social and community visits; a voucher for incontinence products; contribution towards the cost of a meal for a carer or person receiving care; or full or part payment for goods and equipment that would support a carer, that is purchase or contribution to the cost of appropriate goods and equipment not available through other programs and funding sources such as the State-wide Equipment Program (SWEP), National Disability Insurance Scheme (NDIS) or other Commonwealth funded programs such as Commonwealth Home Support Program (CHSP) or home care packages.

Carers benefit from different types of services:

Respite, for example

- in a person's home or outside doing something in the community,
- with a worker staying overnight,
- with fully paid overnight residential respite, and
- with worker respite support while a person is in overnight residential respite.

Counselling and support, for example

- providing information, advice, general counselling, financial counselling, emotional support, validation through telephone conversation,
- group networking activities or carer support groups, therapeutic groups, special events and opportunities for peer support,
- empowerment to challenge stigma,
- advocacy coaching, practical/ emotional support to help a carer navigate service systems,
- support to communicate with the person being cared for, and manage complex and challenging relationship dynamics, and
- grief and bereavement support up to six months after the death of a person receiving care while supporting a carer to access other longer term supports if appropriate

Goods and equipment, for example

- transport or fuel vouchers to access a carer support meeting or a medical appointment,
- a voucher for incontinence products,
- contribution towards cost of a meal on an outing or activity to assist the carer or person receiving care,
- massage to promote self-care and positive wellbeing, and
- goods or services that help manage carer stress and anxiety.

Appendix 4: Resources for carers and ways to support health and wellbeing.

2.2 Victorian Support for Carers Program rationale

The Victorian Support for Carers Program seeks to provide support and respite to carers. Sometimes carers do not identify as being a carer, or do not know about services that could support them, or do not want to use services for different reasons. Sometimes there are gaps in existing support and respite services. Research indicates that caring can be stressful and negatively affect a carer's health, and that social connections are important to maintain. A 2004 National Ageing Research Institute review suggests that carers prefer flexibility, innovation and choice regarding support and respite.

Appendix 5: Victorian Support for Carers Program rationale.

2.3 Service provider networking and partnerships

The Victorian Support for Carers Program aims to improve and coordinate carer support and respite services on a local area basis through service provider networking and integration, service planning, and coordinated intake and referral practices. Service provider partnerships that help deliver the SCP are likely to benefit people in care relationships, improving people's outcomes and opportunities.

Promote the Victorian Support for Carers Program to Regional Assessment Services, ACAS, HACC-PYP assessment officers, National Disability Insurance Scheme, ILC programs, Mind Australia, palliative care services.

The Victorian Primary Health Networks include many organisations and offer opportunities for local organisations to work together. Service providers and other organisations can seek collaboration with Carers Victoria, which provides services, consultation, policy development and advocacy for Victorian carers. Other organisations support specific carers, for example Tandem supporting carers of people with a mental illness, and Little Dreamers supporting younger carers. Carers can meet with each other, find out about other support such as Carers Victoria or Tandem, access education and networking opportunities, and be supported when the person they care for moves or dies.

<https://vphna.org.au/care-pathways-and-referral/>

Appendix 6: Victorian Support for Carers Program potential partners.

3 Roles, rights and responsibilities

A 2017 review of the Victorian Support for Carers Program recommended that a SCP Reference Group be established. The SCP Reference Group to be established in 2019 will include relevant departmental programs, SCP providers and carers and their representatives, and seek to identify continuous improvement opportunities.

The reference group will seek to:

- promote local networks of Support for Carers Program service providers including others if appropriate,
- identify, support and encourage participation of SCP providers in existing community of practice forums that share good practice such as the Victorian Carer Services Network (VCSN) annual forum, or establish a SCP service provider good practice forum,
- profile the needs of carers in a service system that often focuses on people with care needs,
- promote good practice and evidence based practice to SCP service providers, and
- coordinate state wide awareness raising of the SCP.

3.1 Service providers

Service provider responsibilities detailed in their service agreement with the department includes:

- the volume of services for which funding is provided,
- quality services consistent with prescribed standards, guidelines and targets,
- services accessible, inclusive and responsive to the diversity of the Victorian community,
- agreed data and reporting to meet accountability and planning requirements, and
- working with the department to develop new approaches to service delivery.

Service providers have responsibilities around information privacy and complaints (Appendix 7 Information privacy and complaints).

Service providers also have responsibilities identified in the *Carers Recognition Act 2012*, and as a result of the Victorian Auditor-General's Office 2012 Audit of Carer Support Programs (Appendix 1 State and Commonwealth Government policies and programs).

If a service provider is unable to meet these guidelines, the service provider needs to:

- contact the departmental Agency Performance and System Support Advisor to identify issues and possible solutions,
- negotiate a plan of action to meet the guidelines, and
- implement the plan within 12 months of establishment of the plan.

3.1.1 Victorian Support for Carers Program guidelines

Service providers need to be aware of and apply the Victorian Support for Carers Program objectives and guidelines, including:

- individual service provider targets on discrete number of carers receiving a service in a year, and number of hours of service in a year, based on funds received and specific services being provided to carers,
- respite and support, including goods and equipment, that can supplement or fill gaps or meet needs that are one-off or not met by other programs, and
- people in care relationships choosing to have support separately or together.

3.1.2 Carers Recognition Act 2012

The Victorian Support for Carers Program service providers have responsibilities under the *Carers Recognition Act 2012*:

- supporting staff awareness and understanding of the Act principles,
- promoting the principles to people in care relationships, so that they are aware of and understand the principles. Service providers can access from Carers Victoria copies of a postcard for carers that has brief information about the Act. For promotional materials such as posters and a Victorian charter supporting people in care relationships:
<<https://providers.dhhs.vic.gov.au/carers-recognition-act-2012>>
- reflecting care relationship principles in developing, providing and evaluating support and assistance for those in care relationships,
- reviewing provider principles, values, ethics and policies in light of the Act principles,
- reviewing service delivery procedures and practices to align them with the Act principles,
- engaging with people in care relationships in assessment, planning, delivery, management and review of services affecting them and the care relationship, where appropriate, and
- reporting on compliance with obligations under section 11 of the Act, in the organisation's annual report (Section 12 Reporting obligations, *Carers Recognition Act 2012*), for example a paragraph saying what the service provider has done to meet obligations under the Act.

For example, to inform staff, providers may develop staff awareness strategies, distribute copies of the principles to staff, include information in staff induction, or hold a staff forum; to inform people in care relationships, service providers can include information in mail outs, newsletters, training and orientation material for carers, put information on notice boards, reception areas, internet sites and online forums, or use local networks and community awareness campaigns.

Information about responsibilities and obligations of government and organisations in the *Carers Recognition Act 2012* information kit has examples of how to increase staff awareness and understanding of the Act, promotion of the Act principles to people in care relationships, aligning service provider values, policies and service delivery practices with the Act principles, and how to engage with carers.

<<https://providers.dhhs.vic.gov.au/carers-recognition-act-2012>>

3.1.3 Victorian Auditor-General's Office Audit of carer support programs 2012

The Victorian Auditor-General's Office (VAGO) audit made five recommendations:

- identify and address gaps in the promotion of carer supports, to improve carer awareness of services,
- apply consistent carer identification and needs assessment,
- improve administration and monitor brokerage funds where relevant,
- monitor and report on timeliness of access to carer supports, and
- develop outcome measures for carer supports and monitor outcomes.

Victorian Support for Carers Program service providers are main stakeholders in supporting implementation of the VAGO recommendations. Some recommendations may be easier to implement than others. For example, timeliness of access to carer supports needs to be for planned and unplanned support; outcome measures used by service providers may capture short to medium term outcomes of supports for carers, but not necessarily long term outcomes. The fourth and fifth recommendations have been explored through a department funded project. The project focused on what timeliness means for delivery of SCP services, and outcomes for people in care relationships that can be meaningfully measured by service providers.

Attachment 1 contains sample guidelines and two sample carer outcomes surveys. One survey is staff administered, and the other for a carer to complete. The survey can be undertaken in different ways for example: face to face in informal discussion between service provider and carer; a carer completing the survey in writing and returning it by hand, mail or email with identification or anonymously.

The Wellness and Reablement approach has a framework and tools for measuring the impact of this approach in the Home and Community Care Program for Younger People (HACC-PYP). The outcomes framework and tools are intended to assist service providers to capture outcomes for people receiving care and carers. Support for Carers Program providers may also find the Carers Star approach useful in supporting carers.

<https://www.betterhealth.vic.gov.au/health/servicesandsupport/carer-services-home-help-and-support>

The Victorian Support for Carers Program guidelines support the implementation of the VAGO recommendations. For example, the first recommendation, increasing carer awareness of services, may lead to service providers better promoting services to carers in their catchment area in different ways, and access to relevant information. Service provider monitoring of carers' referral sources may help identify gaps in promotion. Promotion strategies may include:

- service provider networking,
- distributing information to health centres,
- attending and promoting services at local and regional expos and events, including those of culturally diverse backgrounds and Aboriginal communities,
- publishing information in newsletters, local papers and regional bulletins, including print media in languages other than English,
- advertising on radio, particularly ethnic radio for people of culturally diverse backgrounds, and television,
- website and internet promotion using plain language, and
- using innovative promotion such as smart phone applications, online promotional videos.

A carer outcomes survey can assist provider promotion of services to carers, and improving outcomes for carers (Attachment 1: Sample carer outcomes survey). The Victorian Support for Carers Program annual report template seeks information about promoting services to carers (Attachment 2). Service providers can use the Goal Directed Care Planning (GDGP) toolkit tools to measure carer outcomes.

<https://kpassoc.com.au/resources/gdcp-resources/>

A carer outcomes survey can help identify how carers are benefiting from your services. Use a carer outcomes survey for the carers you support or a sample of carers, so that you can continue to find better ways to promote and deliver services to carers. Carer feedback can help you complete your Support for Carers Program annual report to the Department of Health and Human Services.

In your annual report, explain how you promote your service to carers, how carers find out about you, what your carer identification, assessment and feedback mechanisms are, and give a brief summary of carer feedback.

3.2 Department of Health and Human Services (the department)

The department's Wellbeing and Community Support Team is responsible for:

- establishing and maintaining a reference group to identify continuous improvement opportunities for the Victorian Support for Carers Program,
- promoting the development of local networks of SCP and other service providers,
- encouraging service provider participation in communities of practice such as the Victorian Carer Services Network (VCSN) annual forum,
- SCP policy, program and service development in consultation with the operations divisions, service providers and peak bodies,

- providing program advice and support to operations divisions,
- maintaining an SCP information strategy and producing relevant materials,
- having a formal role in negotiations with a service provider, when the service provider has failed to implement an agreed plan of action with the departmental Agency Performance and System Support Advisor to meet SCP guidelines,
- having a formal role in carer complaints not resolved at a service provider level or by the department's operations divisions or areas,
- coordinating and managing independent evaluation of the SCP,
- reporting to the department's Executive, the Minister for Disability, Ageing and Carers, and the Department of Treasury and Finance on performance of SCP service providers,
- reporting in the department's Annual Report on implementation of the *Carers Recognition Act 2012*, and
- monitoring and updating SCP guidelines because of changed state and Commonwealth Government policy and program environments, improvements in carer outcomes surveys, changes in service agreement requirements such as targets, reporting, funding and data collection etc.

The department conducts most of its business with service providers and service users via its area offices. In relation to the Victorian Support for Carers Program, the department's area offices are responsible for:

- service planning, including working in partnership with providers and service users to identify local priorities,
- reviewing, monitoring, developing and negotiating service agreements with SCP service providers, so the local service system is equitable and accessible,
- providing advice to SCP service providers on service delivery issues,
- advising SCP service providers on quality assurance and improvement initiatives such as equitable access for diverse needs including strategies for those with barriers to access as a result of their diversity,
- negotiating a plan of action to be implemented within 12 months, for a service provider failing to meet SCP guidelines, and keeping the Wellbeing and Community Support Team informed of progress in the plan's implementation,
- playing a formal role in carer complaints not resolved at a service provider level, or raised by carers who feel that they are unable to approach the service provider directly. Attachment 3: Carer complaint form,
- alerting the Wellbeing and Community Support Team when a service provider has failed to implement an agreed action plan to meet SCP guidelines, or a carer complaint remains unresolved after local attempts to resolve it (03 9096 7727), and
- day-to-day SCP service provider performance management.

<https://fac.dhhs.vic.gov.au/>

3.3 Acknowledgement in publications and publicity

Victorian Government funding must be acknowledged in published or printed materials including existing publications that are updated, revised or replaced, speeches, other presentations, publicity about funded services, and the organisation's annual report.

<https://fac.dhhs.vic.gov.au/acknowledgement-and-publicity-guidelines-victorian-government-funding-support>

In a written acknowledgement, the Victorian Government is to be acknowledged, not the individual department. The Victorian Government logo must be used as required.

No acknowledgement is required for general administrative notices or messages such as weekly newsletters relating to operational aspects of the business.

For a conference supported by the Victorian Government, or an event or launch in relation to a service funded by the Victorian Government:

- display the Victorian Government logo on programs, invitations and websites as relevant, and

- include a verbal acknowledgement of Victorian Government support in speeches and presentations. Where appropriate acknowledge the relevant Minister together with the relevant program or service name.

The online Service Agreement Information kit has more information including Victorian Government logo designs. <<https://fac.dhhs.vic.gov.au/service-agreement-information-kit>>

4 Access, identification and needs assessment

Victorian Support for Carers Program service providers need to:

- be able to justify and feel confident about allocating funding for equity of access of carers to services,
- assess carer needs in consultation with the carer and the person receiving care, noting that identifying the needs of Aboriginal carers and carers of culturally diverse backgrounds requires cultural sensitivity and appreciation of cultural differences, and other diverse needs require sensitivity and appreciation of difference, and
- confirm that a carer's needs cannot be met by existing services and support such as: Integrated Carer Support Service, Carer Gateway, Commonwealth Home Support Programme services, National Disability Insurance Scheme (NDIS), Home and Community Care Program for Younger People (HACC-PYP), State-wide Equipment Program (SWEP); Multi-Purpose Taxi Program; Local council services; Continence Aids Payment Scheme (CAPS); Centrelink payments including income support payments; Concession and Health Care Cards; Department of Veterans' Affairs (DVA); Public Transport Victoria; Carers Victoria; Dementia Australia; Mind Australia and Palliative Care Victoria
<https://www.betterhealth.vic.gov.au/health/servicesandsupport/carer-services-home-help-and-support>

4.1 Carer access

People in care relationships, by the nature of their roles and responsibilities, may have difficulty knowing about services available to support them. The Victorian Support for Carers Program and other support services for people in care relationships need to be promoted to support carer access.

Victorian Support for Carers Program service providers should identify and address gaps in the promotion of carer supports to improve carer awareness of services. Information should be accessible to people with diverse needs, including culturally diverse communities, Aboriginal communities, and lesbian, gay, bisexual, transgender and intersex people (LGBTI). Recording how carers find out about the SCP will assist identifying what works and where there are gaps.

4.2 Initial contact, initial needs identification and assessment - meeting needs and preferences

Primary Health Networks suggest consistent client identification, screening and referral processes through the Service Coordination Tool Templates (SCTT) that can be used by Victorian Support for Carers Program service providers. The SCTT templates include a care relationship screening component, and a template to assist service providers to understand care relationships.
<https://vphna.org.au/care-pathways-and-referral/>

The next step in meeting needs of carers is to have processes to assess their needs. Each service provider should have consistent assessment processes known to and practised by the relevant staff. Service providers should identify people's aspirations and preferences, that is what people in a care relationship would like to do together, what they would like to do separately, and what they would like to do independently of existing services. Service providers seeking guidance on assessment practice for person centred care and support could visit the HACC-PYP site.
<https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-program-for-younger-people/hacc-program-guidelines>

Once assessment of needs has occurred, service providers can consider how best to meet those needs, including diverse needs and preferences, for example of marginalised or isolated people. People in care relationships have expressed that services should be tailored to meet their needs and preferences, and these cannot always be met by a standard suite of services. Responding to

individual needs and preferences not met by standard services or other programs means a service capacity that is innovative, flexible, sensitive and empowering for the carer:

- innovative: offering respite and support that is inventive, original and new, individualised to a person's needs, unavailable through any other program and service, for example minor essential car maintenance to enable attending medical appointments,
- flexible: offering respite and support that is adaptable and accommodating to individual needs, for example as those needs change with the progress of dementia; respite at a certain time of day that enables a carer to fulfil another responsibility, like picking up grandchildren,
- sensitive: responsive to particular needs and situational stressors a carer is experiencing, for example financial pressures, interpersonal conflicts, or difficulties navigating service systems, and
- empowering carers by encouraging and supporting them to self-advocate at different levels for example family and clinical settings.

The Victorian Auditor-General's Report on Carer Support Programs recommended consistent carer identification and consistent provider needs assessment. The report also identified the need to monitor and report on timeliness of access to carer supports.

4.3 Diversity of carers

The Victorian Support for Carers Program is committed to respecting the diversity of Victorians. The SCP works to remove perceived or actual barriers to accessing care and support for carers.

Diversity includes people from Aboriginal and Torres Strait Islander communities, culturally diverse backgrounds, remote or isolated areas, financial disadvantage, and people with dementia. Diversity includes: those who are homeless or at risk of homelessness; lesbian, gay, bisexual, transgender or intersex (LGBTI) people; and people living with the Human Immunodeficiency Virus (HIV).

5 Service agreements, funding and requirements

For current information on service agreement processes and requirements, service providers can contact the departmental Agency Performance and System Support Advisor or access the service agreement information kit.

<https://fac.dhhs.vic.gov.au/service-agreement-information-kit>

5.1 Service Agreement Management System (SAMS)

Funds are allocated to service providers through a service agreement between the provider and the department.

Service agreements provide information on the generic requirements for funded organisations. Service agreements set out the key obligations, objectives, rights and responsibilities of the service provider delivering services and the department providing funding, including:

- terms and conditions,
- departmental policies that service providers need to comply with under the service agreement
- funding and payment information,
- the outputs relating to the funding, that is the number of people receiving a service and the number of hours of service, and
- other information for service providers delivering services.

The service agreement information kit outlines requirements such as duty of care, pre-employment checks, occupational health and safety, financial reporting, sub-contracting, incident reporting and insurance. For example, it is a general legal standard that people using services have a right to expect that staff who provide nursing or personal care:

- have the necessary skills and knowledge to provide that care, and
- take reasonable care to avoid harm and protect people from injury.

Carers may seek respite and other support, for example counselling, information, networking opportunities, group activities and goods and equipment. The Victorian Support for Carers Program service providers seek to meet these needs and preferences as well as providing respite in SAMS activity 13035:

Activity 13035 Support for Carers: Provision of flexible and innovative respite and support in a planned and unplanned way, during and outside business hours, inside and outside home, in response to the individual needs of carers and people receiving care.

All Victorian Support for Carers Program service providers can include carers of people with dementia in their service. However ten service providers receive additional funding to specifically support carers of people with dementia including younger carers in:

Activity 13155 Dementia Services.

The Department of Health and Human Services Policy and Funding Guidelines provide further information about Victorian Support for Carers Program service provider responsibilities.

<https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

5.2 Funded Organisation Performance Management Framework (FOPMF)

The Funded Organisation Performance Management Framework provides a transparent, consistent approach to monitor the performance of all funded organisations. The FOPMF guidelines outline how to assess organisational compliance with the service agreement, and guide the department to take appropriate actions when risks are identified. The Overview of FOPMF for the funded sector informs organisations funded under a service agreement about important parts of the framework: service agreement monitoring, assessment of identified risk, and responses to performance issues.

<https://fac.dhhs.vic.gov.au/fopmf-overview-funded-sector>

5.3 Client relationship management (CRM)

Client Relationship Management enables management of the relationship between client and service provider. Incident management systems focus on client safety and wellbeing. To report client incidents, organisations must use either the Client Incident Management System (CIMS), or the Victorian Health Incident Management System (VHIMS), whichever system the organisation uses. Positive working relationships, honest and open communication, positive feedback and constructive criticism support CRM monitoring processes. CRM monitoring and review occur in partnership with clients and organisations. The CRM Monitoring Framework supports organisations in identifying issues early and addressing them. CRM monitoring and review enable organisations and the department to review expectations of one another and examine performance against expectations. Monitoring and review include respect for the independence and governance arrangements of organisations. For assistance with incident reporting, organisations can contact the local Agency Performance and System Support Advisor.

<https://providers.dhhs.vic.gov.au/cims>

<https://fac.dhhs.vic.gov.au/incident-reporting/health>

5.4 Funding and targets

The Victorian Support for Carers Program is block funded for maximum flexibility in services and support for carers.

Overall statewide targets for the Victorian Support for Carers Program are based on total funding of the program and were set in 2012-13. Program funding has received annual indexation which has brought total program funds to \$18.9 million in 2018-19, while targets remain unchanged:

- 8,254 carers provided a service annually reported at the end of the financial year, and
- 161,250 hours of service annually reported quarterly.

Individual service provider targets were also set in 2012-13 calculated on a notional \$2,000 per carer per year, and \$92.40 per hour of service, that is:

- discrete count of carers provided a service in a year, and
- number of hours of service provided in a year.

These individual targets are confirmed annually between departmental Agency Performance and System Support Advisors and service providers.

Notional annual average targets are set for each service provider for a discrete count of carers provided a service in a year. Targets remain fixed for each year.

Service providers can negotiate with the departmental Agency Performance and System Support Advisor to adjust the mix of services they provide in response to service planning and/or changing community or local needs. Renegotiation is cost neutral. All renegotiations are effective as of 1 July of the following financial year.

As a guide, costs of services can range from \$48 per hour for respite to \$104 per hour for Allied Health Services.

Normally a service provider is expected to be within 5% of target for each activity. If service providers do not meet target:

- the reason for underperformance needs to be investigated by the departmental Agency Performance and System Support Advisor,
- there is a risk of recall of funds.

5.5 Meeting requirements

The departmental Agency Performance and System Support Advisor will keep the department's Wellbeing and Community Support Team (WACS) informed of progress in implementing the action plan. If a service provider fails to implement the agreed plan to meet Victorian Support for Carers Program guidelines, the operations division needs to advise WACS.

6 Reporting and data collection

Reporting to the department

Victorian Support for Carers Program service providers report outputs to the department quarterly and annually:

- quarterly on the Minimum Data Set (MDS) for hours of respite and support, and number of carers,
- annually on the SCP annual report template (Attachment 2).

Quarterly reporting of the Victorian Support for Carers Program has been incorporated into the second version of the Minimum Data Set.

The department collates Minimum Data Set reports and sends aggregate information to the Victorian Department of Treasury and Finance. Individual people are not identified.

For further information:

Minimum Data Set User Guide:

<https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/reporting-and-data>

Home and Community Care (HACC) Helpdesk:

Telephone (03) 9096 7255 or email HACC Helpdesk haccmds@dhhs.vic.gov.au to request training in data recording and support with the Minimum Data Set interface

Funded Agency Channel (FAC):

<https://fac.dhhs.vic.gov.au/>

Registered service providers can view their submitted Minimum Data Set data reports and access the latest tools and resources via the FAC. Service providers can request a user name and password via the Funded Agency Channel email fac@dhhs.vic.gov.au or 1300 799 470. Select option 1 eBusiness, then option 5 Funded Agency Channel.

Contact your local area departmental Agency Performance and System Support (APSS) Advisor for information and support about contract management.

Wellbeing and Community Support Team to inform:

- area contacts quarterly of Minimum Data Set data reported by service providers, for individual area follow up if required, or
- service providers directly, cc to area contacts.

Reporting on compliance with the *Carers Recognition Act 2012*

Service providers also indicate in their organisation wide annual report how the organisation has met obligations in section 11 of the *Carers Recognition Act 2012* (see Section 12 Reporting obligations, *Carers Recognition Act 2012*).

[https://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/edfb620cf7503d1aca256da4001b08af/023a825c23e20790ca2579c7000fb0bb/\\$FILE/12-010abookmarked.pdf](https://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/edfb620cf7503d1aca256da4001b08af/023a825c23e20790ca2579c7000fb0bb/$FILE/12-010abookmarked.pdf)

6.1 Quarterly data reporting

6.1.1 Reporting Victorian Support for Carers Program data

Quarterly reports include hours/minutes of respite and support and dollars for goods and equipment delivered during the quarter. Minimum Data Set reporting reflects direct client (carer) service delivery time and dollars, and does not include staff travel time, for example getting to or from a carer's home.

Submitted data appear on the Funded Agency Channel (FAC) about two business days after submission. On FAC under Home and Community Care (HACC) reports, select report number 17 - "HACC Service Totals". This report shows by service type the total quarterly service provided by a service provider. In this report service totals are organised alphabetically by outlet id.

Service providers may also like to use the reports on the Funded Agency Channel to assist with internal reporting.

6.1.2 Reporting and resubmission timelines

Service providers report on the Minimum Data Set before the 15th of the month after each quarter.

| | |
|--|----------------------------------|
| Quarter 1: July, August, September | submit data between 1-15 October |
| Quarter 2: October, November, December | submit data between 1-15 January |
| Quarter 3: January, February, March | submit data between 1-15 April |
| Quarter 4: April, May, June | submit data between 1-15 July. |

Support for Carers Program data can be resubmitted:

- for July to December during two weeks in March (dates advised annually), and
- for any part of the financial year during two weeks in August (dates advised annually).

On receiving data, the Minimum Data Set data mailbox emails an automated acknowledgement to the service provider. Within 48 hours of the acknowledgement, service providers should receive a submission log by email. If a provider does not receive a submission log, they should contact the Home and Community Care (HACC) Help Desk.

6.1.3 Documenting service provider processes

Service providers should document their quarterly reporting processes. If there is staff turnover or staff are absent from work when reporting is due, the provider still needs to report accurately and in a timely way.

6.2 Reporting data items

For information about:

- definitions,
- episode and service cessation, and
- unknown data and default values,

refer to the current version of the Minimum Data Set User Guide.

<https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/reporting-and-data>

6.2.1 Minimum Data Set (MDS) activity and counting hours/minutes of service or dollars

Service providers use a Minimum Data Set Victorian Support for Carers Program initialled activity, that is one of the six with “SCP” in front of it. To avoid double reporting, report hours/minutes of service and dollars only once under one of the following six MDS activities, not under multiple activities.

- 109. SCP Respite Daytime (hours/minutes)
- 110. SCP Respite Overnight in Home Non-active (hours/minutes)
- 111. SCP Respite Overnight in Home Active (hours/minutes)
- 112. SCP Residential Respite (hours/minutes)
- 113. SCP Counselling & Support (hours/minutes)
- 114. SCP Goods & Equipment (dollars).

Examples:

- record carer support groups, telephone support of carers and information to carers once under 113. SCP Counselling & Support,
- include dollars for equipment, goods, financial support for residential respite, or other services purchased for people once under 114. SCP Goods & equipment.

Note the counting rules in the Minimum Data Set User Guide, and the particular requirements of the six MDS activities.

Reporting respite

In your client management system, for respite the person receiving care is the focus of the client record. This record must also include information about the main carer.

- 109. SCP Respite “Daytime”: respite provided either in the home of the person receiving care by a paid worker, or when the paid worker supports the person receiving care in an activity outside the home.

Record hours/minutes of direct service delivery inside or outside a person’s home.

- 110. SCP Respite Overnight in Home Non-active: overnight respite provided in the home of the person receiving care, in cases where the worker sleeps overnight.

Record hours/minutes of direct service delivery.

- 111. SCP Respite Overnight in Home Active: overnight respite provided in the home of the person receiving care, in cases where the worker is active overnight.

Record hours/minutes of direct service delivery.

- 112. SCP Residential Respite: delivery of or full cost payment for overnight residential respite provided in a Supported Residential Service (SRS), aged care home, or registered community respite facility.

Record hours of residential respite delivered or paid in full, not days; for example if the stay began at 11 am on Thursday and ended at 2 pm on Friday, record 28 hours.

Only record the respite hours you have fully paid for.

Reporting counselling, support and time to coordinate services

In your client management system, for counselling and support, the carer is the focus of the client record. The carer can be recorded as the client in the service recipient field.

Support for Carers Program enables grief and bereavement support up to six months after the death of a person receiving care; if needed, carers should be assisted to access other types of support beyond the six month period.

- 113. SCP Counselling & Support: time spent directly supporting a carer in the form of information, advice, counselling, coordination of a carer's respite and supports, or through networking with other carers. This can be one-on-one support, or through carer support groups.

Record hours/minutes of service delivery, organisation and coordination.

Reporting goods and equipment

In your client management system, for goods and equipment, the carer is the focus of the client record. The carer can be recorded as the client in the service recipient field.

- 114. SCP Goods & Equipment: amount of SCP funds including brokerage funds spent on purchasing goods and equipment, for example transport vouchers, a voucher for incontinence products, co-payment towards residential respite, or contribution towards the cost of a meal to assist a carer or person receiving care.

Record whole dollars to the nearest dollar.

Record in Goods & Equipment co-payments or subsidies towards the cost of residential respite.

6.3 Victorian Support for Carers Program related annual reporting

6.3.1 Annual reporting to the department

Victorian Support for Carers Program annual reports to the department are required by the end of August. These annual reports (Attachment 2) enable:

- information about service demand and timeliness of access to services by people in care relationships and waiting times to assist service planning, identifying service gaps etc,
- information about where and how people in care relationships find out about services,
- suggestions to improve service delivery,
- illustrations of:
 - program impact
 - involvement of people in service development, delivery and review where appropriate,
- people's input to service monitoring and continuous improvement,
- development and maintenance of service provider networking and partnerships,
- Information about how the *Carers Recognition Act 2012* has been implemented, and
- Information about planning and implementation strategies to improve needs assessment and access to services for people in care relationships from diverse groups such as Aboriginal communities, culturally diverse communities, and people who are lesbian, gay, bi-sexual, transsexual and inter-sex.

Attachment 2: Victorian Support for Carers Program annual report template.

Through using a carer outcomes survey such as the samples in Attachment 1 throughout the year, providers can gather data to report annually to the department. The surveys can help providers identify and fill gaps in promoting carer supports, carer feedback mechanisms, and outcomes and benefits of services for carers. Each year, survey all carers or a sample of them.

6.3.2 Annual reporting on implementation of the *Carers Recognition Act 2012*

Service providers need to report on complying with obligations in section 11 of the Act, in the organisation's annual report (Section 12 Reporting obligations, *Carers Recognition Act 2012*). The report can be in the form of a paragraph detailing the actions taken during the year to comply with the Act. This information could be included in the 'Other Disclosures' section of the annual report.

Appendix 8: *Carers Recognition Act 2012* reporting.

Responsibilities and obligations of government and organisations in the Act information kit
<<https://providers.dhhs.vic.gov.au/carers-recognition-act-2012>>

State and Commonwealth Government policies and programs

A number of initiatives influence the delivery of the Victorian Support for Carers Program including those described below.

Carers Recognition Act 2012

The *Carers Recognition Act 2012*, supported by the Victorian charter supporting people in care relationships, acknowledges, promotes and values the role of carers. The Act specifies principles supporting carers, the people for whom they care, and the care relationship. These principles support Victorian Support for Carers Program service development and delivery. For example, while the Act is clear about promoting health and wellbeing of carers, the SCP guidelines promote health and wellbeing of both carer and the person being cared for.

A carer should:

- be respected and recognised as an individual with their own needs, a carer, and someone with special knowledge of the person in their care,
- be supported as an individual and a carer, including when the care relationship changes,
- be recognised for their effort and dedication as a carer, and their social and economic contribution to the community as a result of being a carer,
- have their views taken into account, with the views, needs and best interests of the person for whom they care, in matters regarding the care relationship,
- have their social wellbeing and health recognised in matters regarding the care relationship, and
- expect that the impact of their participation in employment and education would be recognised and considered in decision making.

An information kit on the Act is available:

<https://providers.dhhs.vic.gov.au/carers-recognition-act-2012>

“Service providers know what the Carers Recognition Act 2012 says; tell carers about it; use the Act principles in service planning, development, delivery and review; and report on complying with section 11 of the Act in your annual report. Annual reporting can be a paragraph. The Act information kit can help you carry out these legal obligations.”

Victorian health priorities framework

The priorities in the Victorian health priorities framework 2012–22 apply to supporting carers:

- delivering a system responsive to people’s needs,
- improving every Victorian’s health status and health experiences,
- expanding service, workforce and system capacity,
- increasing the system’s financial sustainability and productivity,
- implementing continuous improvements and innovation,
- increasing accountability and transparency, and
- improving utilisation of e-health and communications technology.

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vhpf-2012-22-metro>

Audit of Victorian carer support programs 2012

The 2012 Victorian Auditor-General's Office (VAGO) audit of Victorian carer support programs recommended:

- identifying and addressing gaps in promotion of carer supports to improve carer awareness of services,
- consistent carer identification and needs assessment,
- improved administration and monitoring of carer brokerage funds,
- monitoring and reporting on timeliness of access to carer supports, and
- developing outcome measures for carer supports and monitoring outcomes.

Some recommendations are not as easy to implement as others. For example: timeliness of access to carer supports needs to be explored in light of planned and unplanned support; outcome measures may capture short to medium term outcomes of supports for carers, but not long term outcomes.

While Victorian Support for Carers Program service providers do not need to report separately on the Victorian Auditor-General's Office recommendations, providers play a crucial role in supporting implementation of the VAGO recommendations.

Review of the Victorian Support for Carers Program 2017

An independent review of the Victorian Support for Carers Program made several recommendations:

- improve SCP awareness and address barriers to access,
- encourage services that respond to broader social and family impacts on those in care roles,
- strengthen services with an improved focus on outcomes, and
- plan for the future.

The Victorian Support for Carers Program guidelines reflect a number of the review's recommendations.

Recognising and supporting carers. Victorian carer strategy 2018-22

In 2018, Recognising and supporting carers. Victorian carer strategy 2018-22 was launched. Carers Victoria undertook extensive consultations with carers, peak bodies supporting carers and service providers that informed strategy development. The strategy has five priorities:

- Priority 1 Carers have better health and wellbeing.
- Priority 2 Carers are supported in school, study and work environments.
- Priority 3 Carers can access support and services that meet their needs.
- Priority 4 Carers have less financial stress.
- Priority 5 Carers are recognised, acknowledged and respected.

Each priority has a number of actions including reference to the Victorian Support for Carers Program guidelines:

- investigate options for reviewing the SCP to include all carers, increased access to carer respite and time-limited support for those who are no longer carers (Priority 3),

When someone ceases to be a carer, what about their own interests and health? How can service providers support someone to live well after the person they have cared for over many years dies?

- include a focus in the SCP for services to support Aboriginal carers, people in LGBTI communities and carers of culturally diverse backgrounds (Priority 3), and

- revise the SCP to specify financial counselling as a support for carers (Priority 4).

The strategy also has general actions such as increasing carer awareness of services and supports. Other actions are to support the health and wellbeing of carers including social connections, and developing and maintaining social group activities for carers.

The Victorian Support for Carers Program guidelines reflect a number of these actions.

“Many requests for support are come from carers under 65 caring for people under 65 with complex progressive neurological conditions.”

<https://www2.health.vic.gov.au/about/news-and-events/news/victorian-carer-strategy-2018-2022>

Other Victorian Government policy and programs

Other Victorian Government supported policy and programs inform Victorian Support for Carers Program service planning and development, delivery and review. These include the State Home and Community Care Program for Younger People (HACC-PYP) promoting person centred and family centred care and support, wellness, capacity building and restorative care in service delivery, mental health services, palliative care services, Seniors Card, Victorian Eyecare Service and Personal Alert Victoria. Services are available to support carers experiencing family violence.

<https://www.vic.gov.au/familyviolence/family-safety-victoria.html>

<https://www.betterhealth.vic.gov.au/health/servicesandsupport/carers-services-home-help-and-support>

<https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-program-for-younger-people/hacc-program-guidelines>

Carers of children and young people with additional care needs can contact Child FIRST for access to family services. These services aim to enhance parenting capacity and skills, parent-child relationships, child development and social connectedness.

<https://providers.dhhs.vic.gov.au/making-referral-child-first>

Commonwealth Government legislation, policy and programs

At the national level, there are legislation, policy and programs supporting people in care relationships. The Commonwealth Carer Recognition Act 2010 recognises and supports carers, promoting responsiveness to carers' needs, and the opportunities for carers to participate in all aspects of society, including the chance to participate fully in work, community and family life.

<https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/carers-recognition-act-2010-guidelines>

Carer Gateway

The national Carer Gateway has practical information and resources to support carers, including helping carers to connect to local support services.

<https://www.carergateway.gov.au/>

Victorian Support for Carers Program service providers should register with the carer gateway so that carers in Victoria can find a local service.

<https://www.dss.gov.au/>

Integrated Carer Support Service (ICSS)

The Integrated Carer Support Service will include online education, counselling and peer support, in person counselling and peer support, system navigation, coaching, carer directed support and emergency respite. Commonwealth Respite and Carelink Centres, the National Carer Information and Support Service and the National Carer Counselling Program are being redeveloped under the ICSS.
<<https://www.dss.gov.au/disability-and-carers/carers/integrated-carer-support-service-model>>

Older people

The Commonwealth Government has funding and administration responsibility for services for people aged 65 and over.

The Commonwealth Government funds the Home Care Packages Program for older people to support them living in their own homes. The Commonwealth Home Support Programme (CHSP) provides community-based care and support for older people and their carers, including in-home, centre based and overnight respite services.

The Commonwealth My Aged Care website and a contact centre aim to help people navigate the aged care system:
<<https://www.myagedcare.gov.au/>>

Other changes in Commonwealth Government policy, strategy and programs impact on services and supports for older Victorians:
<<https://www.agedcare.health.gov.au/aged-care-reform>>

People with a disability

The National Disability Insurance Scheme (NDIS) provides people with a disability the opportunity to make their own decisions about support and exercise choice and control. The role of families and carers is often essential in supporting people with a disability to realise their goals and families and carers are included in discussions about supports. The NDIS provides information, referral and linkage so that families and carers can access supports in the community to assist them in their role.
<<https://www.ndis.gov.au/about-us/what-ndis.html>>
<<https://www.ndis.gov.au/about-us/our-sites/VIC>>

People in palliative care

Palliative care services help improve people's quality of life if they have a life-limiting illness and provide support to families and carers, including promoting carer health and wellbeing.
<<https://www.betterhealth.vic.gov.au/health/servicesandsupport/looking-after-yourself-as-a-carer>>

Primary health networks (PHNs)

Primary health networks seek to improve patient outcomes and experiences and deliver appropriate services where they are needed most. PHNs seek to increase the efficiency and effectiveness of medical services, particularly for those at risk of poor health outcomes, and to improve coordination of care so that people receive the right care in the right place at the right time. PHNs work directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for people.

Victorian Support for Carers Program service providers

| Name | Area |
|---|-----------------------|
| Alfred Health – Carer Services | Southern metropolitan |
| annecto Inc | Grampians |
| Ballarat Health Services Carer Respite and Support Services | Grampians |
| Banyule City Council | Northern metropolitan |
| Baptcare Southaven | Southern metropolitan |
| Barwon Health Carer Support | Barwon South Western |
| Bass Coast Shire Council | Gippsland |
| Baw Baw Shire Council | Gippsland |
| Bayside City Council | Southern metropolitan |
| Bendigo Health Carer Support Services | Loddon Mallee |
| BrainLink Services Limited | Southern metropolitan |
| Brimbank City Council | Western metropolitan |
| Brotherhood of St Laurence Banksia Services | Southern metropolitan |
| Calvary Health Care Bethlehem | Southern metropolitan |
| Carers Victoria | Western metropolitan |
| Central Gippsland Health Service – Carer Services | Gippsland |
| Centre for Participation | Grampians |
| City of Darebin | Northern metropolitan |
| City of Melbourne | Western metropolitan |
| City of Whittlesea | Northern metropolitan |
| Gateway Social Support Options Inc | Western metropolitan |
| Gippsland Lakes Community Health | Gippsland |
| Goulburn Valley Family Care Inc | Hume |
| Grampians Community Health (Ballarat Health Services) | Grampians |
| Hobsons Bay City Council | Western metropolitan |
| Jewish Care (Victoria) Inc | Southern metropolitan |
| Karingal St Lawrence Limited | Barwon South Western |
| Latrobe City Council | Gippsland |
| Latrobe Community Health Service | Gippsland |

| Name | Area |
|---|---|
| Maribyrnong City Council | Western metropolitan |
| mecwacare | Southern metropolitan |
| Melton City Council | Western metropolitan |
| Merri Health Community Health Services Ltd | Northern metropolitan |
| MOIRA Inc | Southern metropolitan |
| Monash Health Community Support Options/ Kingston Centre | Southern metropolitan |
| Moonee Valley City Council | Western metropolitan |
| MPOWER Inc | Barwon South Western |
| Sandybeach Community Co-operative Society Limited | Southern metropolitan |
| Southern Migrant and Refugee Centre Inc | Southern metropolitan |
| Southern Peninsula Community Care Inc (39+) | Southern metropolitan |
| Spectrum Migrant Resource Centre Inc | Northern metropolitan |
| Uniting (Victoria and Tasmania) Limited <ul style="list-style-type: none"> Uniting (Victoria and Tasmania) Limited (Ararat) Uniting (Victoria and Tasmania) Limited (Ballarat) Uniting (Victoria and Tasmania) Limited (Goulburn North East) Uniting (Victoria and Tasmania) Limited (Wesley Mission) | Grampians Grampians Hume Southern metropolitan |
| Upper Murray Family Care Inc | Hume |
| Villa Maria Catholic Homes | Eastern metropolitan |
| Warrnambool City Council | Barwon South Western |
| Wimmera Health Care Group (Ballarat Health Services) | Grampians |
| Wyndham City Council | Western metropolitan |
| Yarra City Council | Northern metropolitan |

The ten service providers with specific funding historically provided to support carers of people with dementia including younger people.

2019 Revisions to the Victorian Support for Carers Program guidelines

Following the 2017 review of the Victorian Support for Carers Program and the release of the Victorian carer strategy 2018-22 on 26 July 2018, the SCP guidelines have been revised based on input from departmental program and area contacts, service providers and Carers Victoria. The revised guidelines were effective from 1 January 2019. Below are example actions that service providers can initiate to implement the revised guidelines.

Expanded eligibility to include carers of all ages

- Use social media to promote carer services to a wide range of carers
- Inform other service providers that work or are in contact with carers of a range of ages, for example hospitals and local councils
- Inform local schools

Increased opportunities for carers to participate in physical and social activities and other support programs

While providing respite for people being cared for:

- organise a monthly walking carers group stopping at a café at the end of the walk
- negotiate with a local gym for carers to access the gym together at certain times or pay for gym memberships for carers
- pay for carers to learn painting together in a group
- fund carer access to physical activities run by the local council
- fund carer access to attend art galleries or sporting events

Support programs for carers to connect with each other close to where they live

- Establish local carer groups in a local venue by suggesting a venue where carers can get together
- Promote existing local carer groups in local media
- Fund outings and other get togethers of local carer groups while providing respite for people being cared for
- Invite a range of service providers and other speakers of interest to address local carer groups

Increased access to time-limited support for those who are no longer carers (extended to six months)

- Let carers know they can still access support up to six months after their care role ends
- Contact carers monthly over the next six months and offer support that may assist the carer
- Enable carers to continue to be part of support groups for up to six months

Focus on services to support Aboriginal carers, carers in LGBTI communities, younger carers, carers of culturally diverse backgrounds and rural and regional carers

- Contact the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) or the local ACCHO to engage with local Aboriginal elders and communities and identify how best to support carers in Aboriginal communities
- Contact the council regarding their initiatives supporting Aboriginal people, and seek to better support carers by building on council services

- Contact Little Dreamers or local schools who can inform young carers of the Victorian Support for Carers Program, and suggest how best to support young carers
- Contact the council or Carers Victoria to inform local LGBTI groups about the SCP, and ask LGBTI carers how best to support them
- Promote your services in local media to carers, encouraging them to contact you for support

Financial counselling as a support accessible to carers

- include financial counselling in the range of services and supports you provide to carers
- pay for a financial counsellor to provide information at a carer support group
- pay for individual carer referrals to local financial counselling services

<https://www2.health.vic.gov.au/about/news-and-events/news/victorian-carer-strategy-2018-2022>

Resources for carers

| | |
|---|--|
| Victorian Carer Card | <https://www.carercard.vic.gov.au/> |
| Victorian Companion Card | <https://www.companioncard.org.au/> |
| Victorian Seniors Card | https://www.seniorsonline.vic.gov.au/seniors-card |
| Victorian and Commonwealth Government concessions and benefits | https://www.services.dhhs.vic.gov.au/sites/default/files/2017-09/Victorian-concession.pdf |
| Housing Options Finder | https://www.services.dhhs.vic.gov.au/housing-options-finder |
| State-wide Equipment Program (SWEP) | https://www.swep.bhs.org.au/ |
| Continence Aids Payment Scheme (CAPS) | https://www.humanservices.gov.au/individuals/services/medicare/continence-aids-payment-scheme |
| Commonwealth Government Concession and Health Care Cards | https://www.dss.gov.au/about-the-department/benefits-payments/concession-and-health-cards |
| Centrelink: Carer Payment Carer Allowance Age Pension Disability Support Pension Newstart Allowance Rent Assistance | https://www.humanservices.gov.au/individuals/centrelink |
| Department of Veterans' Affairs (DVA) | https://www.dva.gov.au/ |
| Carer Gateway/ Commonwealth Respite and Carelink Centres | https://www.carergateway.gov.au/ |
| Child FIRST | https://www.providers.dhhs.vic.gov.au/making-referral-child-first |
| Dementia Australia | https://www.dementia.org.au/ |
| Dementia Support Australia | https://www.dementia.com.au/ |
| National Disability Insurance Scheme (NDIS) | https://www.ndis.gov.au/about-us/what-ndis.html |
| Mind Australia | https://www.mindaustralia.org.au/resources/carers |
| Palliative Care Services and support | https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/palliative-care https://www.caresearch.com.au/caresearch/PatientsCarersAndFamilies/tabid/64/Default.aspx |
| Better Health Channel | https://www.betterhealth.vic.gov.au/health/servicesandsupport/carers-services-home-help-and-support |
| Fare reductions for carers on domestic flights | https://www.qantas.com/travel/airlines/travelling-with-an-escort-or-carer/global/en |
| Victorian Housing Register | https://www.my.gov.au/LoginServices/main/login?execution=e1s1 |

Ways to support health and wellbeing

| | |
|--|---|
| Carers Victoria counselling, planning and advice on carer health and wellbeing | https://www.carersvictoria.org.au/ |
| YMCA | https://www.victoria.ymca.org.au/locate.html |
| Heart Foundation Walking Groups in Victoria | https://www.walking.heartfoundation.org.au/walking/victoria |
| Seniors on line walking groups | https://www.seniorsonline.vic.gov.au/goldclass/articles/walking-groups |
| Options for women and girls | https://www.thisgirlcan.com.au/ways-to-get-active/ |
| Neighbourhood Houses | https://www.nhvic.org.au/ |
| Men's sheds | https://www.vmsa.org.au/ |
| Musculoskeletal Australia peer support groups | https://www.msk.org.au/ |
| Living Longer Living Stronger | https://www.cotavic.org.au/ |
| Healthy parks healthy people | https://www.parkweb.vic.gov.au/ |
| Park walks | https://www.victoriawalks.org.au/ |
| Parks Victoria: volunteering | https://www.parkweb.vic.gov.au/get-involved/volunteer |
| Life activities clubs | https://www.life.org.au/ |
| U3A Network Victoria | https://www.u3avictoria.com.au/ |
| Looking after yourself as a carer Better health Channel | https://www.betterhealth.vic.gov.au/health/servicesandsupport/looking-after-yourself-as-a-carer |
| Me well. Support for carers Carers of people with a disability | https://www.me-well.org.au/get-support/support-for-carers/ |
| A support guide for the Wellbeing of Parents and Carers Resource for staff. National Disability Insurance Scheme | https://www.ndis.gov.au/html/sites/default/files/documents/Support%20Guide%20Resource_LACs.pdf |
| Carers of people with a mental illness | https://www.wellways.org/understanding-mental-health/information-and-resources/support-family-friends-and-carers/family |
| Pathways for carers Uniting lifeAssist | https://www.unitinglifeassist.org.au/ |
| Stroke Association Victoria | https://www.strokeassociation.com.au/ |
| Boroondara Stroke Support | https://www.bssg.org.au/ |
| Some Casserole clubs – check the Local Government Area (LGA) | https://www.vic.gov.au/government-economy/local-councils/victorian-local-councils.html |

Victorian Support for Carers Program rationale

The Victorian Support for Carers Program seeks to provide support and respite to carers. Sometimes carers do not identify as being a carer, or do not know about services that could support them, or do not want to use services for different reasons. Sometimes there are gaps in existing support and respite services. Research indicates that caring can be stressful and negatively affect a carer's health, and that social connections of carers are important to maintain. Research suggests that carers prefer flexibility, innovation and choice regarding support and respite.

Barriers, constraints or limitations of other services

Doyle (2008) identifies barriers to use of respite, including:

- carer attitudes and experiences with respite, such as feelings of guilt, worry and social attitudes to respite that can make it difficult for a carer to temporarily relinquish the care role,
- reactions of the person receiving care to respite, refusal to attend, and effect of respite on health and behaviour, and
- service related barriers like inflexibility in service provision to meet diverse needs, staff training issues, service provider attitudes to carers seeking respite, inappropriateness of activities and information availability. Flexibility requires providing a number of options for respite, so the carer and the person receiving care can choose the option that best suits their circumstances – suitable and appropriate activities at a suitable time and location.

Service gaps identified by the Social Support and Respite Review (HOI, 2011)² include:

- identifying people's aspirations and preferences, that is what people in a care relationship would like to do together, what they would like to do separately, and what they would like to do independently of existing services, and
- improving mechanisms for feedback about the service being provided, including about staff and volunteer practices. The review suggested that support for care relationships can be improved through using evidence based service models, increasing carer awareness of services, improving access to service pathways, and improving data collection to support service development.

Carer experience

Research indicates that caring for people has a high physical and mental health cost; carers have poorer health, lower life satisfaction, greater stress, and higher rates of anxiety and depression than non-carers (Doyle, 2008)³. Respite can provide decreases in perceived stress, burden, anxiety, and somatic complaints, and increases in morale (Doyle, 2008).

² Health Outcomes International, June 2011. Final Report.

³ Doyle, Dr Colleen (2008) Giving carers of elderly frail people a break: Perspectives on respite care. InPsych, Australian Psychological Society, December, 2008.

Social support

Research by Health Issues Centre et al describes social connectedness as an important component in service delivery. That is people still being part of their community. The Social Support and Respite Review (HOI, 2011)⁴ suggested strategies to improve support for social connections:

- review activities to include social benchmarks/ indicators of progress, wellbeing and goal setting,
- provide community wide social support programs through partnerships of community organisations, government and non-government agencies that can deliver a wide range of strategic approaches, for example community health, education and social support,
- long term development of programs to address social capital and social inclusion, for example through service provider partnerships involving the public, private and community sectors,
- increase awareness of the person receiving care about services by increasing awareness and engagement of health service professionals: general practitioners, medical specialists, allied health and other professionals,
- increase access to information about activities by clarifying service pathways to activities, educating health professionals about services and making appropriate referrals, and
- respond to needs and preferences of Aboriginal people and those of diverse cultural backgrounds, for example: supporting engagement of Aboriginal organisations with mainstream providers, supporting partnerships of and information exchange between mainstream and ethno-specific social support and respite providers, translating quality improvement initiatives like Wellness and Reablement and Well4Life in culturally appropriate ways.

Flexibility, innovation and choice

Research has identified the need for flexible services to meet individual and unique needs and preferences. For example the Social Support and Respite Review (HOI, 2011)⁵ states social support and respite activities need to be flexible to meet differing personal needs according to age, ethnicity, disease, ageing and geography. A 2004 NARI review⁶ identified desired features of services as:

- flexible,
- adaptable,
- responsive,
- person centred, and
- available after hours, on weekends and overnight.

Carers want choice about services that suit their needs and innovative supports. Innovative supports and opportunities to get together include: physical activity group choices for carers such as yoga, strength training or Tai Chi; men's carer support groups where men can share stories and emotions, and have them validated as legitimate and "normal"; information technology like telephone and social media for communication among carers, and between carers and providers.

Health Issues Centre et al⁷ in "On my terms ... alone at home with care needs" identifies that flexible, responsive and tailored services can meet diverse and unique needs. People should have ongoing involvement in developing flexible and innovative approaches, and prioritising aspects of care. "The process of delivering care requires adaptation to people's experiences and contexts".

<https://www.health.vic.gov.au/archive/archive2011/improvingcareforums/0305/dhs-nari.pdf>
<https://www2.health.vic.gov.au/ageing-and-aged-care/supporting-independent-living>

4 Health Outcomes International, June 2011. Final Report.

5 Health Outcomes International, June 2011. Final Report.

6 National Ageing Research Institute (NARI), 2004. What Carers Value: Review of Carer Literature and Practice.

<https://www.health.vic.gov.au/archive/archive2011/improvingcareforums/0305/dhs-nari.pdf>

7 Health Issues Centre et al, April 2010, p. 3.

Victorian Support for Carers Program potential partners

| Peak organisations | Link |
|---|---|
| Carers Victoria | <https://www.carersvictoria.org.au/> |
| Tandem (for carers of people with a mental illness) | <https://www.tandemcarers.org.au/> |
| Little Dreamers | <https://www.littledreamersonline.com/> |
| Dementia Australia | c |
| Palliative Care Victoria | <https://www.pallcarevic.asn.au/> |
| Victorian Aboriginal Community Controlled Health Organisation | <https://www.vaccho.org.au/> |
| Ethnic Communities Council of Victoria | <https://www.eccv.org.au/> |
| Victorian Carer Services Network (VCSN) | <https://www.carersvictoria.org.au/advice/services-supports/respice-carer-support/> |

| Service providers | Link |
|---|--|
| Victorian Home and Community Care Program for Younger People (HACC-PYP) | c |
| Victorian Eyecare Service (VES) | <https://www.ves.org.au/> |
| Personal Alert Victoria (PAV) | c |
| Local government | c |
| Aged Care Assessment Service (ACAS) | c |
| Cognitive Dementia and Memory Services (CDAMS), Continence, Pain Management, Falls and Mobility, other specialist clinics | c |
| Aged Psychiatry Assessment and Treatment Teams (APATT) | c |
| Multi-Purpose Taxi Program | c |
| Better Health Channel | c |
| National Disability Insurance Scheme (NDIS) | c |
| Mind Australia | c |
| Palliative Care Services | c |

Information privacy and complaints

1 Personal and health information

Information privacy is the protection of personal information and a person's right to control how information about them is managed. Information privacy laws protect the personal and health information of individuals from misuse, while enabling service providers to collect the information they need to perform their activities and functions safely and effectively. These laws support good business practice based on openness and accountability, and engender client trust.

2 Privacy laws, policies and principles

Confidentiality of and appropriate access to information are important values of the department and funded organisations. Privacy laws and principles underpin these values.

Privacy and Data Protection Act 2014

Protects the privacy of personal information when it is handled by Victorian public sector organisations, including Victorian government departments, local councils, statutory offices, government schools, universities and TAFEs. Office of the Victorian Information Commissioner
1300 006 842 <<https://www.ovic.vic.gov.au/>>

Victorian Health Records Act 2001

Creates a framework to protect the privacy of individuals' health information collected by public and private sector organisations. Health Privacy Principles (HPPs) regulate the collection and handling of health information. The Victorian Health Records Act 2001 defines:

- 'personal information' as information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about a person whose identity is apparent, or can reasonably be ascertained, from the information or opinion, but not information about a person who has been dead for more than 30 years, and
- 'health information' as:
 - information or opinion about a person's physical, mental or psychological health or disability, or about their expressed wishes about the provision of future health services, or a health service provided or to be provided to a person with other personal information collected to provide a health service
 - other personal information about a person collected in connection with the donation, or intended donation, by the person of their body parts, organs or body substances
 - other personal genetic information in a form which is or could be predictive of the health of the person or their descendants.

The Act defines a 'health service' as:

- a) an activity performed in relation to a person that is intended or claimed by the person or the organisation performing it
 - to assess, maintain or improve the person's health or
 - to diagnose the person's illness, injury or disability or
 - to treat the person's illness, injury or disability or suspected illness, injury or disability, or
- b) a disability service, palliative care service or aged care service, or
- c) the dispensing on prescription of a drug or medicinal preparation by a pharmacist, or

- d) a service, or class of service, provided with an activity or service referred to in paragraph (a), (b) or (c) prescribed as a health service — but does not include a health service, or a class of health service, prescribed as an exempt health service for the purposes of the Act generally or of specified provisions of the Act or to the extent that it is prescribed as an exempt health service.

It does not include health information prescribed as exempt for the purposes of the Act generally or of specified provisions of the Act.

Office of the Health Services Commissioner on 1800 136 066
<<https://www2.health.vic.gov.au/about/legislation/health-records-act>>

Privacy Act 1988

The Privacy Act 1988 is the Commonwealth Government's privacy law. Office of the Australian Information Commissioner 1300 363 992.
<<https://www.oaic.gov.au/>>

Freedom of Information Act 1982

State government bodies and public bodies such as local governments are subject to the Freedom of Information Act 1982 (FOI Act). 1300 006 842
<<https://www.ovic.vic.gov.au/>>

Department of Health and Human Services privacy policy and principles

Service agreements require compliance with the department's Privacy Policy that includes the Information Privacy Principles and the Health Privacy Principles.
<<https://www2.health.vic.gov.au/privacy>>

Further information

Relevant and up to date Victorian Government legislation
<<https://www.legislation.vic.gov.au/>>

3 Compliance with privacy laws

Service providers must comply with the

- Privacy and Data Protection Act 2014 personal information, and
- Victorian Health Records Act 2001 covering health information.

Organisations funded by the Commonwealth Government may also need to comply with the Commonwealth Privacy Act 1988 or Public Records Act 1973. This needs to be assessed by each organisation.

To comply with the relevant Acts service providers must:

- have policies and procedures for the collection, use, disclosure, security and storage of personal and health information to guarantee information privacy and confidentiality,
- train staff on their policies and procedures on information privacy and confidentiality, and
- have monitoring systems to assess if privacy and confidentiality policies and procedures are being implemented. For example, in Health Privacy Principle 4, an organisation has to take reasonable steps to protect the health information it holds from issue, loss, unauthorized access, modification or disclosure. Organisations should advise clients of the circumstances in this principle enabling health information to be deleted, transferred, destroyed or permanently de-identified.

Organisations may be subject to the Commonwealth Privacy Act regarding services not funded by the State Government, and should seek advice as to the Act's application to them. The privacy principles in Commonwealth and state government acts are very similar, with the Victorian Health Records Act 2001 being more detailed, directive and health-specific. If a principle is generally identified in the Commonwealth Government Privacy Act, but has more specific requirements for procedures in the Victorian Health Records Act 2001, the more detailed requirements of the Victorian Health Records Act 2001 should be followed.

4 Transfer of client information – Service coordination tool templates and client consent

The Service Coordination Tool Templates and Guidelines provide a framework to share client information within and between services. The Health Privacy Principles (HPPs) allow health information to be used within a service or shared with another service without further client consent, if the use or disclosure is for the primary purpose for which it was originally collected. In some circumstances, health information can be disclosed for secondary purposes. Relevant circumstances for a secondary purpose use of health information are in Health Privacy Principle 2.2 of the Victorian Health Records Act 2001, and include:

1. if the secondary purpose is directly related to the primary purpose and such a use or disclosure would be reasonably expected,
2. if the person consents,
3. if the use or disclosure is required, authorised or permitted, whether expressly or impliedly, by or under law (other than a prescribed law),
4. where the organisation is a health service provider, and: the use or disclosure is reasonably necessary for the provision of that health service; the person is incapable of giving consent; and either the person doesn't have an authorised representative or it is impracticable to obtain that authorised representative's consent,
5. where the organisation is a health service provider, and: the proposed use within the organisation is to provide further health services to that person; the organisation believes that the proposed use is necessary for the safe and effective provision of those further services; and the information is used in accordance with any guidelines issued or approved by the Health Services Commissioner, or
6. if the organisation reasonably believes that using or disclosing the information is necessary to lessen or prevent a serious and imminent threat to the person's life, health, safety or welfare.

It may be difficult to assess whether a particular disclosure is both directly related and reasonably expected. The broad general rule and the safest course of action is to seek a person's consent for secondary uses or disclosures.

The term 'consent' refers to informed and voluntary agreement to a specific proposed action by a person, or, if they lack legal capacity, their authorised representative. The person must be informed about their options, including the right to refuse consent, or to withdraw or vary consent once given. Consent may be written or verbal, express or implied. Given the sensitive character of health information and potentially serious consequences of misinterpreting a person's intentions regarding its proposed use or disclosure, it is strongly recommended that express consent be sought and recorded. To help avoid misinterpretations, the Service Coordination Tool Consent to Share Information must be completed in the needs identification process. This assists with passing necessary information between services, including services the client may be referred to.

Some circumstances may call for use or disclosure of client information without consent, and the Health Privacy Principles permit such action, if those uses or disclosures fall within those contemplated by HPP 2.2.

5 Complaints

Users of government funded services are entitled to have complaints investigated objectively and without fear of retribution. Where appropriate, complaints should be dealt with in the first instance by the organisation providing the service.

Service providers need policies, procedures and processes to deal with and monitor complaints. Service provider internal complaint mechanisms should include a written policy describing how a complaint will be handled, and should be made available and explained to all clients. Where complaints are upheld, the service provider should review their access and service delivery practices, to make improvements in services. A policy should support service providers to:

- provide information to clients about how complaints are handled,
- learn from their experience of complaints management,
- review the way they do business, and
- respond to changes in carer requirements and management environments.

Some complaints may need to be addressed in a forum not associated with or dependent on the particular service, for example when it is not possible to resolve the complaint at the organisational level, or when the person making the complaint does not wish to approach the organisation. In such circumstances, the department can play a formal role in seeking to address complaints. Carers can contact the nearest departmental office.

<https://www.dhhs.vic.gov.au/locations-dhhs-offices-victoria>

Where complaints remain unresolved at a local level, they can be referred to the Wellbeing and Community Support Team.

The service provider's written complaints policy needs to refer to this potential role of the department in seeking to address complaints.

Legal procedures

This statement is subsidiary to all existing common and statutory legal procedures in Victoria.

Use of advocates in the complaint process

Advocacy can play a critical role assisting people to pursue and resolve complaints. People receiving services have the right to involve an advocate of their choice in their dealings with service providers and administering government departments. The advocate does not mediate between the person making the complaint and the service provider or arbitrate in a dispute, but speaks and acts on behalf of the person making the complaint. When a complaint cannot be resolved at the service provider level, the role of mediation and arbitration lies with the department.

Other resources and organisations

Resources and other organisations that may assist service providers and complainants in resolving complaints are listed below.

Health Complaints Commissioner (HCC)

If a carer has not been able to resolve a complaint with a private or public health provider, they can go to the Health Complaints Commissioner. The HCC deals with complaints concerning private or public health service providers, including doctors, nurses, allied health professionals and naturopaths. The role of the commission is to seek resolution, mediate and conciliate between parties, and conduct investigations where necessary.

<https://www.hcc.vic.gov.au/>

State Government Ombudsman

The Ombudsman for the state government deals with complaints concerning actions of government departments. The Ombudsman's office also has jurisdiction over the administrative actions of local government officers. The Ombudsman cannot act if the complaint concerns a decision or action of an elected council or councillor.

[<https://www.ombudsman.vic.gov.au/>](https://www.ombudsman.vic.gov.au/)

Victorian Equal Opportunity and Human Rights Commission

The Equal Opportunity and Human Rights Commission deals with complaints concerning discrimination on the grounds of disability, sex, race, age, industrial activity, marital, parental or carer status, political or religious beliefs, sexual orientation or pregnancy. The commission assists people to prepare statements and lodge a complaint. The role of the commission is to then mediate between parties to reach resolution of the complaint.

[<https://www.humanrightscommission.vic.gov.au/>](https://www.humanrightscommission.vic.gov.au/)

Office of the Public Advocate

The Office of the Public Advocate represents the interests of Victorian people with a disability. The office is a statutory agency, independent of government and has the power to investigate and take action in situations where people are exploited, neglected or abused. Individual advocacy can also be provided for people with a disability who are being abused or neglected, and where no other advocacy is available. Independent guardians can be provided for people with a disability when the Guardianship and Administration Board makes orders.

[<https://www.publicadvocate.vic.gov.au/>](https://www.publicadvocate.vic.gov.au/)

Regulatory industry boards

Certain organisations regulate the conduct of particular professions, and deal with complaints against professionals. Most state based medical regulatory organisations come under the auspice of the Australian Health Practitioner Regulation Agency (AHPRA).

[<https://www.ahpra.gov.au/>](https://www.ahpra.gov.au/)

Carers Recognition Act 2012 reporting

Purpose

This guidance is designed to assist government departments and care support organisations to complete their reporting obligations under the Act.

The Act applies to organisations responsible for the development, implementation, provision or evaluation of policies, programs or services that affect carers and the people for whom they care. This includes all state government departments, local governments and funded care agencies.

Schools and early childhood services do not have to comply with the Act.

Further information and additional resource materials for the Act can be found on the Victorian Department of Health and Human Services website:

<https://www.providers.dhhs.vic.gov.au/carers-recognition-act-2012>

Relevant organisations are required to report on compliance with their obligations under the Act in their annual report.

Obligations of organisations covered by the Act

Organisations must take all practicable measures so that:

- their employees and agents have an awareness and understanding of the care relationship principles in the Act,
- people in care relationships receiving services from the organisation have an awareness and understanding of the care relationship principles in the Act, and
- the organisation and its employees and agents reflect the care relationship principles in developing, providing or evaluating support and assistance for people in care relationships.

Reporting and compliance

Reporting may be as simple as a paragraph detailing the actions that the organisation has put in place to comply with the Act over the year.

Examples of compliance activities organisations may choose to report include (but are not limited to):

- a review of the organisation's employment policies such as flexible working arrangements and leave provisions so that they support employees in a care relationship,
- the development of a complaints mechanism and/or satisfaction surveys for distribution at assessment and review meetings between workers, carers and those receiving care,
- ensuring that new and existing employees have an awareness of the principles in the Act via online information or hard copies distributed in new employee induction packs, and
- the Chief Executive Officer (CEO) of the organisation may choose to present on the statement of principles contained in the Act at the annual staff forum.

Annual Reporting Pro Forma

The following paragraphs are examples and a possible format for inclusion in annual reports. Organisations may develop their own activities - the suggestions below are a guide. It is anticipated that this information would be included in the 'Other Disclosures' section of the annual report.

The *Carers Recognition Act 2012* promotes and values the role of people in care relationships and formally recognises the contribution that carers and people in care relationships make to the social and economic fabric of the Victorian community. [insert name of organisation] has taken all practicable measures to comply with its obligations under the Act.

[insert name of organisation] has promoted the principles of the Act to people in care relationships who receive our services and to the wider community by:

(insert or remove whatever is applicable)

- distributing printed material about the Act at community events or service points
- providing links to state government resource materials on our website
- providing digital and/or printed information about the Act to our partner organisations.

[insert name of organisation] has taken all practicable measures to ensure our staff have an awareness and understanding of the care relationship principles set out in the Act by:

(insert or remove whatever is applicable)

- developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff
- induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein.

[insert name of organisation] has taken all practicable measures to consider the care relationships principles set out in the Act when setting policies and providing services by:

(insert or remove whatever is applicable)

- reviewing our employment policies such as flexible working arrangements and leave provisions to ensure that these comply with the statement of principles in the Act
- developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care.

Sample carer outcomes survey

Guidelines for use

These sample guidelines and surveys have been developed by HDG Consulting for the Department of Health and Human Services in a project on Carer supports: timeliness and outcomes measures. <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/carers-supports-timeliness-and-outcomes-measures>

Use a carer outcomes survey annually or bi-annually.

Introduction

In Victoria, partners, family members and friends are the key providers of care to people who require support in their daily lives. These care roles are essential to the wellbeing of the population and the economy. Services such as the Victorian Support for Carers Program contribute to the capacity of carers to continue in their care role.

Measuring outcomes is essential to understanding the extent to which services make a positive difference and contribute to meeting the support needs of carers. Measuring outcomes informs continual quality improvement and assists organisations to meet the requirements of the *Carers Recognition Act 2012*.

Carer outcomes measures

The 'Carer supports: timeliness and outcomes measures' project conducted in 2014 developed a logic model, key domains and seven questions that can be used by a diverse range of organisations to measure outcomes for carers (see report pages 37-39).

A key recommendation of the project is to pilot test the carer outcomes measures and items for analysis of reliability, validity and usability purposes. In the interim, organisations may wish to consider and use this sample survey, developed as part of this project and subject to further testing and refinement.

General instructions

The sample carer outcomes survey can be used by Victorian Support for Carers Program service providers to collect feedback from carers. It is not for assessing needs.

The carer outcomes survey is to collect feedback from carers about whether services and supports are responsive and effective in meeting their needs, supporting their care role and relationship, and making a positive contribution to their quality of life, health and wellbeing. The questions have been purposefully designed to seek feedback about outcomes across seven key domains: information, respect, access, effectiveness, quality, care relationship and quality of life.

Each service provider should use their knowledge of their consumer group to determine how best to engage with carers to seek feedback. Each service provider should decide which process or combination of processes, such as discussion, interview, written survey etc is most suitable.

This should include consideration of how best to involve carers reluctant to reveal personal information or provide feedback. For example by offering different feedback options, a carer can select their preferred option and remain anonymous. Feedback options include: discussion, telephone interview by independent third party, written survey, online and feedback via another family member.

Likewise, when using the survey practitioners may adapt the language and wording to suit a carer's literacy skills, presenting situation, cultural background and experience with services.

How to use the survey

The survey can be used in multiple ways depending on organisational processes and practices. The questions can be:

- used in everyday conversation with carers (see indicative questions on page 39),
- integrated into usual re-assessment, care planning and review processes, and
- integrated into the organisation's existing feedback processes.

These approaches are unlikely to require additional organisational resources.

The seven questions have been formatted into two versions of a carer outcomes survey:

- practitioner administered that can be used in an interview or verbal feedback process, such as during care planning, review or feedback processes, and
- consumer administered that can be used in multiple ways, for example by mail-out, a discussion group, or an online process. This can be printed as A3 size for ease of reading and to enable adequate room for consumer comments. If being used in a mail-out process, organisations should include a stamped, addressed envelope for return of the completed survey.

The carer outcomes survey uses a five point rating scale that is the same for all questions:

Never Rarely Sometimes Most of the time Always

There are additional boxes for Unsure and Not applicable.

Space is included for additional comments or feedback.

Because a five point scale has a limited degree of sensitivity, and/or to be congruent with a specific service provider's survey or quality practice, some organisations may wish to use a more sensitive scale. This is acceptable provided the responses can be consolidated into the five point scale for comparison and benchmarking purposes.

Recording and interpreting the results

Information from the carer responses to the seven questions (whether collected using discussion or the carer outcomes survey) should be collated, reviewed and analysed to:

- inform practice and support with individual carers,
- inform planning and quality improvement changes to the program or service,
- combine with other sources of information from other feedback or quality processes to inform continual quality improvement, and
- contribute to benchmarking purposes with other programs, services or organisations.

Further information

For further information about the development and/or use of the carer outcomes questions please contact the department: Wellbeing and Community Support Team in the central office or area offices.

Carer outcomes survey**Staff administered**

Purpose: To assist service providers to assess outcomes for carers and contribute to service improvement.

Consumer

Name:

Date of birth: dd/mm/yy

Sex:

UR number:

Age of person/s cared for:

I would like to ask you some questions about the services you have received.

Your answers will help us improve the services and support we provide to you and other carers. Your participation in completing this is voluntary, and we treat your information in the strictest confidence, in accordance with privacy legislation.

| Thinking about the service you have received... | Never | Rarely | Sometimes | Most of the time | Always | Unsure | Not applicable |
|--|-------|--------|-----------|------------------|--------|--------|----------------|
| 1 Did you receive information when you needed it about the types of services available? | | | | | | | |
| 2 Did the staff listen to you and respect your opinions as the carer? | | | | | | | |
| 3 Were the services available when you most needed them? | | | | | | | |
| 4 Were the services effective in supporting your needs and goals? | | | | | | | |
| 5 (a) Were you satisfied with the services you received? (b) Were the services of good quality? | | | | | | | |
| 6 Did the services you receive help you to continue in your care role and/or relationship? | | | | | | | |
| 7 Did the services make a positive difference to your life? | | | | | | | |

Note any additional comments or explanations by the carer.

This information collected by:

Staff member name:

Position/Agency:

Sign:

Date:

Contact number:

Carer outcomes survey - Consumer administered

Please complete the following details to help us provide you with the best possible service.

| | | |
|---|--------------------------|---------------------------------------|
| Your name (optional) | Date of birth (optional) | How old is the person/s you care for? |
| What is the service you received? | | |
| What is the name of the organisation that provided the service? | | |

Please read the question and tick the box that most reflects your experience.

| Question | Never | Rarely | Some times | Most of the time | Always | Unsure | Not applicable | Your comments |
|--|------------------------------|--------|------------|------------------|--------|--------|----------------|---------------|
| 1 I received information when I needed it about the types of services available. | | | | | | | | |
| 2 The staff I spoke with listened to me and respected my opinions as a carer/care recipient. | | | | | | | | |
| 3 The services were available when I most needed them. | | | | | | | | |
| 4 The services were effective in supporting my needs and goals as a carer/care recipient. | | | | | | | | |
| 5 (a) I was satisfied with the services I received. (b) The services I received were of good quality. | | | | | | | | |
| 6 The services I received helped me to continue in my care role and/or relationship. | | | | | | | | |
| 7 The services I received made a positive difference to my life. | | | | | | | | |
| Date | Return the completed form to | | | | | | | |

Thank you

Victorian Support for Carers Program

Annual report to

Department of Health and Human Services

Return by end August to:

- The departmental area contact and
- Email Diane Calleja <di.calleja@dhhs.vic.gov.au>.

| |
|-------------------|
| Date |
| Organisation name |
| Contact person |
| Telephone number |
| Email |

Revised program guidelines

From 1 January 2019, the Victorian Support for Carers Program guidelines were revised:

- extending the eligibility criteria for access to the program to carers of all ages
- increasing opportunities for carers to participate in physical and social activities and programs
- enabling support programs for carers to connect with each other to help them access services close to where they live
- increasing access to time-limited support for those who are no longer carers, extended to 6 months
- focusing on services to support Aboriginal carers, people in LGBTI communities, younger carers, carers of culturally diverse backgrounds and rural and regional carers
- specifying and providing financial counselling as a support accessible to carers.

Note: data regarding the two Support for Carers Program measures of the discrete annual count of carers and the number of hours of respite and support are collected from the Minimum Data Set, based on the data you have entered.

1. Services – support groups

| Purpose of group/s | Number of groups | Average number of people per group |
|--|------------------|------------------------------------|
| Eg group for carers to connect with each other to help them access services close to where they live | 5 | 10 |
| | | |

2. Service demand if any

| Issue | Data | Comments |
|---|------|----------|
| Carers on waiting list (average number) | | |

| Issue | Data | Comments |
|--------------------------------------|------|----------|
| Average waiting time (days) | | |
| Client under servicing (total hours) | | |
| Other comments? | | |

Notes:

Carers on waiting list (average number)

Number of carers who have self-referred or been referred to the service provider, and for whom the service was not provided immediately due to resource constraints.

Average waiting time (days)

Average time rounded to the nearest whole day that carers on the waiting list wait before receiving a service.

Client under servicing (total hours)

Approximate total number of additional hours of respite/support required to meet the needs of existing clients considered under serviced.

3. Carer feedback

How did the range of diverse carers find out about the service?

How have you promoted the SCP to the range of prospective clients?

Describe your carer feedback mechanism on the SCP.

Provide a summary of the feedback provided by carers over the last year.

How has carer diversity been addressed?

4. Service processes, monitoring and improvements

Describe the processes for:

- consistent carer identification and needs assessment,
- equitable and timely access to services, including administering brokerage funds, and
- making and approving applications for various supports.

How do you define carer outcomes, for example the difference SCP makes to people's lives?

How do you measure those outcomes?

What changes and improvements have been made to the service following carer input?

Provide a local example that demonstrates program impact on local people in care relationships.

Describe innovative respite/ support options introduced in the last 12 months.

5. Implementing the revised guidelines from 1 January 2019

How have you:

- attracted carers of all ages to the program
- met the needs of carers of different ages
- increased opportunities for carers to participate in physical and social activities and programs
- enabled support programs for carers to connect with each other to help them access services close to where they live
- increased access to time-limited support up to 6 months for those who are no longer carers

- supported one or more of Aboriginal carers, people in LGBTI communities, younger carers, carers of culturally diverse backgrounds and rural and regional carers
- specified and provided financial counselling as a support to carers

6. Carers Recognition Act 2012

How have you implemented the *Carers Recognition Act 2012*?

7. Provider networks and partnerships

How have service provider networks and partnerships been developed and maintained?

8. Case studies supporting individuals or groups

Please provide one or two de-identified case studies and narrative demonstrating what the SCP achieves for carers, and the people for whom they care.

Case study 1

Case study 2

9. Goods and Equipment

| Item | Annual funds allocated (\$) |
|---|-----------------------------|
| Transport provision or payment | |
| Incontinence provision or payment | |
| Contribution to/subsidisation of residential respite | |
| Vouchers for carer relaxation/ time out, for example massage, movie ticket | |
| Financial counselling session/s | |
| Other goods and equipment – describe most common, for example shower chairs, rails, meal out together, tickets to art gallery, day out, weekend retreat | |
| | |
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| | |

10. Any other comments.

Please email to:

- The departmental area contact
- [Diane Calleja <di.calleja@dhhs.vic.gov.au>](mailto:di.calleja@dhhs.vic.gov.au)

by end of August each year.

Thank you for your time and effort.

Carer complaint form

Complaint lodged via

Email Telephone Other

Date

Complaint received by

Name Date

Position title

Departmental area

Complaint reference number

Complainant details

Name (Optional)

Contact details (Optional)

Telephone

Email address

Home address

Complaint details

Describe complaint as told by the complainant. Where possible, document details including dates, location and any person/people involved in or witnessing the event.

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What action/outcome is the complainant seeking?

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Complaint outcome

Complaint resolved to complainant's satisfaction?

Yes ➤ Letter sent to complainant confirming complaint closed.

Date

➤ Complaint details logged in complaint register/database

Date

No ➤ Complaint referred to Date

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To receive this publication in an accessible format phone your departmental area contact.