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* Available in separate electronic formats for use by Support for Carers Program service providers
1 Background and context

1.1 Who are the guidelines for?

The Support for Carers Program Guidelines 2015 (including Support for Carers of People with Dementia) are for:

- managers and staff of Department of Health & Human Services (the department) funded service providers of the Support for Carers Program (SCP)
- the department’s central and regional office managers and staff involved in SCP policy and service development.

The SCP guidelines are at www.health.vic.gov.au/agedcare/services/

The SCP provides person centred care and support, through a range of flexible respite and support for carers of older people, older carers, and carers of younger people with dementia. Services aim to assist in meeting diverse needs and preferences and changing demographics. The SCP promotes improved health and wellbeing of older people and their carers.

1.2 Background

The SCP is funded by the Victorian Government for unpaid carers. An unpaid carer is a person providing care to another person requiring that care in a care relationship, for example assistance and support with activities of daily living or personal care. A carer may look after a 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. A carer may not live with the person for whom they care.

In a care relationship, one person gives unpaid care to the other. Sometimes there is more than one person giving care, or being cared for.

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.

Many carers of older people are over 65 years of age, and over 50 years of age for Aboriginal people, with 50% of Victorian primary carers aged 55 years and over. Carers of younger people with dementia are likely to be younger than 55 years of age. Most primary carers are female, for example the female partners, daughters and daughters-in-law of older people (155,100 Victorian female primary carers and 65,100 Victorian male primary carers in 2012).

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 may be different, and supporting care relationships can support both.

1 Victorian Carers Recognition Act 2012

2 Australian Bureau of Statistics Australia 2014. Disability, Ageing and Carers, Australia: State tables for Victoria, Primary carers include carers of older people, people with a mental illness, and people with a disability. Figures released 17 April 2014.
1.3 Victorian policy context

1.3.1 Victorian Carers Recognition Act 2012

The Victorian Carers Recognition Act 2012 acknowledges, promotes and values the role of carers, and is supported by the Victorian charter supporting people in care relationships. The Act specifies principles supporting carers, the people for whom they care, and the care relationship. These principles support SCP 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
- expect that the impact of their participation in employment and education would be recognised and considered in decision making.

A person being cared for should:
- be respected, recognised and supported as an individual and a person in a care relationship, including when the care relationship changes
- have their views taken into account, together with their needs and best interests, in how they are cared for
- have their changing needs considered and taken into account in how they are cared for.

A person in a care relationship should:
- have their care relationship respected
- where appropriate, be included in the assessment, planning, delivery, management and review of services impacting on them and the care relationship.

An information kit on the Act is available. See www.dhs.vic.gov.au/

Service providers need to: know what the Carers Recognition Act 2012 says; tell carers about it; carry out the Act principles in service planning, development, delivery and review; and report on complying with obligations in section 11 of the Act in their annual report (Section 12 Reporting obligations, Carers Recognition Act 2012). Annual reporting can be in the form of a paragraph. The Act information kit can help service providers carry out these legal obligations.

1.3.2 Victorian health priorities framework

The priorities in the Victorian health priorities framework 2012 – 2022 (2011) apply to the SCP:
- 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.

1.3.3 Audit of Victorian carer support programs 2012

In 2012 the Victorian Auditor-General’s Office (VAGO) completed an audit of Victorian carer support programs. The recommendations were:

- identify and address gaps in promoting carer supports to improve carer awareness of services
- require consistent carer identification and needs assessment
- improve administration and monitoring of carer brokerage funds
- monitor and report on timeliness of access to carer supports
- develop outcome measures for carer supports and monitor 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 be able to capture short to medium term outcomes of supports for carers, but not necessarily long term outcomes.

These SCP guidelines include service improvements that respond to the recommendations, including in SCP annual reporting to the department. While SCP service providers do not need to report separately on the VAGO recommendations, providers have a crucial role to play in supporting implementation of the VAGO recommendations.

1.3.4 Other Victorian policy and programs

SCP service planning and development, delivery and review are informed by other Victorian policy and programs. For example, the Commonwealth and State jointly funded Home and Community Care (HACC) Program promotes person centred and family centred care and support, wellness, capacity building and restorative care in service delivery, through the Active Service Model.

See Attachment 1.

1.4 Commonwealth legislation, policy and programs

SCP service planning and development, delivery and review are also informed by Commonwealth legislation, policy and programs. See Attachment 1.

The resources in the HACC Program are to be split, so that the Commonwealth takes funding and administration responsibility for services for people aged 65 and over. Victoria will retain responsibility for services for people aged under 65. The HACC Program is currently funded jointly by Commonwealth and State governments, and administered by the Department of Health & Human Services Victoria.

From 1 July 2015, components of the National Respite for Carers Program (NRCP) are being consolidated under the Commonwealth Home Support Programme (CHSP). These components include respite services, Commonwealth Respite and Carelink Centres and the National Carer Counselling Program.

The My Aged Care website and a contact centre have been established by the Commonwealth to help people navigate the aged care system. See www.myagedcare.gov.au/

Other changes in Commonwealth policy, strategy and programs in the years ahead will impact on services and supports for older Victorians. Living Longer Living Better explains the changes under way: www.dss.gov.au/
2 Description

2.1 What is the Support for Carers Program (SCP)?

The SCP is a Victorian program that supports carers of older people, older carers and carers of younger people with dementia through person centred care and support. The SCP can:
- meet short term higher level needs, and or
- provide short term top up services not available in the generic service system,
- with innovative and flexible respite, or other supports, goods and services. SCP respite and support need to be timely, flexible and delivered using cost effective service delivery models.

Almost 50 service providers are funded to provide the SCP, including ten service providers also funded for Support for Carers of People with Dementia. Attachment 2 lists the SCP service providers.

The SCP provides opportunities for people in care relationships to share meaningful activities. Evidence suggests such experiences improve quality of life of individuals in care relationships, and quality of relationships, beyond participation in an activity. Even though a carer may not live with a person for whom they care, the SCP can still seek to support the care relationship, and the individuals in the relationship.

Individual service provider targets are confirmed annually based on funds received, and specific services provided to carers. The targets are the:
- 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.

Older people in care relationships have different services available through Commonwealth and Victorian programs, including Commonwealth and State funded HACC services and the NRCP/CHSP. The SCP complements both HACC and NRCP/CHSP services which should be accessed where possible in the first instance.

2.1.1 Aims and objectives

The Victorian SCP focuses on person centred care and support through:
- providing additional one-off or short-term support, including goods and equipment, that can supplement other services or fill service gaps
- providing support to people in a care relationship, and at the same time and at the same place if people wish to be together while having the support service
- supporting maintenance or improvement of the wellbeing of people in the care relationship - quality of life, physical and mental wellbeing, social activity and or social connections. For example services can include respite with social, health and other support
- improving and coordinating carer support and respite services on a regional basis via provider networking and integration, service planning, and coordinated intake and referral practices.

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3 The resources in the HACC Program are to be split; the Commonwealth will take funding and administration responsibility for services for people aged 65 and over. Victoria will retain responsibility for services for people aged under 65. The HACC Program is currently funded jointly by Commonwealth and State governments, and administered by the Department of Health & Human Services Victoria. From 1 July 2015, the NRCP is being consolidated under the Commonwealth Home Support Programme (CHSP). The NRCP components to be consolidated in the CHSP include respite services, Commonwealth Respite and Carelink Centres, and the National Carer Counselling Program. Other changes in Commonwealth policy, strategy and programs in the years ahead will impact on services and supports for older Victorians.
Objectives of the SCP are to:

- provide one-off or time-limited flexible, innovative and timely respite and support for older carers and carers of older people, and their care relationships, whether or not they live together
- promote services to carers in a range of ways
- provide consistent carer identification and consistent service provider needs assessment
- have and monitor processes for equitable access of carers to services, including brokerage funds where appropriate
- consult with carers in determining the most appropriate services, including recognition of a carer’s employment or education situation, and their social wellbeing and health
- seek input and feedback from carers/ a sample of carers to continuously improve services (see the sample carer outcomes surveys in Attachment 6).

2.1.2 Respite

Respite provides a carer with time without direct care responsibilities, while giving a person being cared for the opportunity to receive other health, care supports, social or recreational services, and other innovative respite options such as shopping, socialising or short term holidays. Respite provides a short term substitute for a carer’s role, providing opportunities for carers to relax and undertake other activities they may not usually be able to do. An example of flexible respite care is assisting a person being cared for in regular activities, such as attending appointments, while the carer can choose to attend their own appointments, maintain social connectivity with their local community, or have time for other responsibilities.

Respite services respond to the individual needs of both carer/s and person 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, or in a respite or residential aged care home. Overnight residential respite can be provided in:

- Supported Residential Services (SRSs)
- aged care homes and
- community respite services purpose built for overnight respite and with an Australian Building Code of Class 1B, 3 or 9A registered with the local council.

2.1.3 Support

Support services are targeted to meeting carer needs that may require an immediate response or preventive measures to be put in place. In this way, support can be one-off or time-limited, is tailored for individual circumstances, and is adaptable to changing needs. Support services can take many forms, and can be one-on-one support, or development and maintenance of carer support groups.

Examples include: direct support such as information, advice, 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.

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 care recipient; 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).
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
- with worker respite support while a person is in overnight residential respite

counselling and support, for example
- providing information, advice, counselling, emotional support, validation through telephone conversation
- group networking activities or carer support groups
- grief and bereavement support up to two months after the death of a care recipient 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 care recipient.

2.2 Program rationale

The SCP approach is based on research evidence that illustrates:
- barriers and constraints to service use and limitations of other services
- carer experiences
- the value of social support
- carer preferences for flexibility, innovation and choice regarding services.
See Attachment 3.

2.3 Service provider networking and partnerships

The SCP aims to improve and coordinate carer support and respite services on a regional basis through service provider networking and integration, service planning, and coordinated intake and referral practices. Partnerships of service providers delivering the SCP are likely to benefit people in care relationships.

The 30 Primary Care Partnerships (PCPs) in Victoria include about 1000 organisations, and offer opportunities for local/ regional organisations to work together. See www.health.vic.gov.au/pcps/
Other relevant service providers with which SCP providers might strengthen links are:

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<tr>
<td>State-wide equipment program (SWEP)</td>
<td><a href="http://swep.bhs.org.au/">swep.bhs.org.au</a></td>
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<tr>
<td>Department of Veterans’ Affairs (DVA)</td>
<td><a href="http://www.dva.gov.au/">www.dva.gov.au/</a></td>
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<tr>
<td>Alzheimer’s Australia Vic (AAV)</td>
<td><a href="http://www.fightdementia.org.au/">www.fightdementia.org.au/</a></td>
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3 Roles, rights and responsibilities

3.1 Service providers

Service provider responsibilities under their service agreement with the department include to:
- deliver the volume of services for which funding is provided
- deliver quality services consistent with prescribed standards, guidelines and targets
- deliver services accessible, inclusive and responsive to the diversity of the Victorian community
- provide agreed data and reporting to meet accountability and planning requirements
- work with the department to develop new approaches to service delivery.

In addition, service providers have responsibilities as identified in SCP guidelines and the Victorian Carers Recognition Act 2012, and as a result of the Victorian Auditor-General's Office 2012 Audit of Carer Support Programs.

If a service provider is unable to meet these guidelines in delivering the SCP, the service provider needs to:
- contact their Program and Service Advisor (PASA) to identify issues and possible solutions
- negotiate a plan of action to meet the guidelines
- implement the plan within 12 months of establishment of the plan.

3.1.1 SCP Guidelines

Service providers need to be aware of and apply the SCP 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
- people in care relationships choosing to have support separately or together.

3.1.2 Victorian Carers Recognition Act 2012

SCP service providers have responsibilities under the Victorian 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. See www.dhs.vic.gov.au for promotional materials such as posters and a Victorian charter supporting people in care relationships. Service providers can access copies of a postcard for carers that has brief information about the Act. Email aged.care@dhhs.vic.gov.au
- 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
- 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 their 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.
The information sheet 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, staff 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. See www.dhs.vic.gov.au/

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

The Victorian Auditor-General’s Office (VAGO) audit of carer support programs made five recommendations, to:

- 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
- develop outcome measures for carer supports and monitor outcomes.

SCP service providers are main stakeholders in supporting implementation of the VAGO recommendations. Some recommendations may be easier to implement than others. For example, regarding the fourth recommendation timeliness of access to carer supports needs to be measured in light of planned and unplanned support; regarding the fifth recommendation 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 6 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 Active Service Model (ASM) client and carer outcomes project is developing a framework and tools for measuring the impact of the ASM approach in Home and Community Care (HACC). The outcomes framework and tools are intended to assist service providers to capture outcomes for care recipients and carers. The project will be completed in the 2015-2016 financial year, and SCP providers may find the project’s outcomes of use.

These SCP 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 and linguistically 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 and linguistically diverse backgrounds, and television
- website and internet promotion using plain language
- using innovative promotion such as smart phone applications, online promotional videos.

The SCP annual report template seeks information about promoting services to carers (Attachment 5). A carer outcomes survey can assist provider promotion of services to carers, and improving outcomes for carers (see sample guidelines and surveys in Attachment 6). The department’s Eastern Metropolitan Region has developed tools for goal directed care planning in the HACC Program. Service providers are using the tools to measure client outcomes. The Goal Directed Care Planning (GDCP) toolkit is on the Primary Care Partnerships website www.oehcsa.org.au/special-project
Use a sample 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. Seeking carer feedback can help you complete your SCP annual report to the Department of Health & Human Services that asks how you promote your service to carers, how carers find out about you, what your carer identification, assessment and feedback mechanisms are, and a brief summary of carer feedback you have received. A carer outcomes survey can help identify how carers are benefiting from your services.

3.2 Department of Health & Human Services (the department)

The department’s Ageing and Aged Care Branch (AAC) is responsible for:

- SCP policy, program and service development in consultation with the department’s regions and SCP service providers
- providing program advice and support to regions
- 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 their PASA to meet the SCP guidelines
- having a formal role in carer complaints not resolved at a service provider level or by the department’s regions
- coordinating and managing an independent evaluation of the SCP
- reporting to the department’s Executive, the Minister for Housing, Disability and Ageing, and the Department of Treasury and Finance on performance of the SCP service providers
- reporting to the department’s Executive and VAGO on implementing the VAGO recommendations on carer support programs
- reporting in the department’s Annual Report on implementation of the Carers Recognition Act 2012
- monitoring and updating SCP guidelines because of changed State and Commonwealth 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 regional offices. The department’s regional offices are responsible for:

- service planning, including working in partnership with providers and service users to identify regional priorities
- reviewing, monitoring, developing and negotiating service agreements with SCP service providers, so the regional 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 to support those who experience 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 the SCP guidelines, and keeping AAC 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. A carer complaint form is attached – Attachment 7
- alerting the AAC Service Development Unit when a service provider has failed to implement an agreed action plan to meet the SCP guidelines, or a carer complaint remains unresolved after regional attempts to resolve it (03 9096 7727)
- day-to-day SCP service provider performance management.

See www.dhs.vic.gov.au/funded-agency-channel/home
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. This is in line with ‘Acknowledgment and publicity guidelines for 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:
- programs, invitations and websites should display the Victorian Government logo as relevant
- speeches and presentations should include a verbal acknowledgement of Victorian Government support. Where appropriate the relevant Minister should be acknowledged together with the relevant program or service name.

For more information, see the online Service Agreement Information kit including Victorian Government logo designs at:
- www.dhs.vic.gov.au/funded-agency-channel/
4 Access, identification and needs assessment

SCP service providers need to:

- be able to justify and feel confident about their allocation of funding in terms of equity of access of carers to services
- assess carer needs in consultation with the carer and the care recipient, noting that identifying the needs of Aboriginal carers and carers of culturally and linguistically diverse backgrounds (CALD) requires cultural sensitivity and appreciation of cultural differences, and other diverse needs require sensitivity and appreciation of difference
- confirm that a carer’s needs cannot be met by existing services and support such as: the Commonwealth-State funded Home and Community Care (HACC) Program; Aged Care Assessment Service (ACAS); clinical services like the Cognitive Dementia and Memory Services (CDAMS), and the Continence, Pain Management, and Falls and Mobility Clinics; Aged Psychiatry Assessment and Treatment Teams (APATTs); State-wide equipment program (SWEP); Multi-Purpose Taxi Program; Local council services; Dementia Behaviour Management Advisory Service (DBMAS); Continence Aids Payment Scheme (CAPS); Centrelink; Concession and Health Care Cards; Department of Veterans’ Affairs (DVA); Carers Victoria; Alzheimer’s Australia Vic (AAV); National Respite for Carers Program (NRCP), consolidated under the Commonwealth Home Support Programme (CHSP) from 1 July 2015; and disability services for younger people with dementia.

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. Thus SCP and other support services for people in care relationships need to be promoted to support carer access.

SCP 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 and linguistically diverse communities, Aboriginal communities, and gay, lesbian, bisexual, transgender and intersex people (GLBTI). Recording how carers find out about 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 Care Partnership Service Coordination Tool Templates (SCTT) 2012 provide a consistent client identification, screening and referral process, and should be used by SCP service providers. The SCTT include a: care relationship screening component, and a template to assist service providers to understand care relationships. See www.health.vic.gov.au/pcps/sctt.htm

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 site www.health.vic.gov.au/hacc/

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 a preference for services tailored to meet their needs and preferences, as identified above in Section 2, 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 service capacity that is innovative and flexible:
• 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.

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 SCP is committed to respecting the diversity of Victorians. The SCP works to remove perceived or actual barriers to accessing care and support for people in care relationships.

‘Diversity’ includes groups specified in Victoria’s current HACC review agreement with the Commonwealth, specifically people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander peoples, people with dementia, financially disadvantaged people, and people in remote or isolated areas. Diversity also addresses the needs of other groups who may experience barriers to accessing services, such as: those who experience or are at risk of homelessness; gay, lesbian, bisexual, transgender or intersex (GLBTI) people; and people living with HIV. See www.health.vic.gov.au/hacc/
5 Information privacy and complaints

5.1 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.

5.2 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.

5.2.1 Information Privacy Act 2000

Creates a framework and sets standards for Victorian government organisations, statutory bodies, funded organisations and local councils on collecting and handling personal information. Ten information privacy principles regulate the collection and handling of identifying personal information, other than health information. Contact the Office of the Victorian Privacy Commissioner on 1300 666 444 or see www.privacy.vic.gov.au.

5.2.2 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
- ‘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
b) 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.

For further information contact the Office of the Health Services Commissioner on 1800 136 066 or see www.health.vic.gov.au/healthrecords/

5.2.3 Privacy Act 1988

The Privacy Act 1988 is the Commonwealth’s privacy law. Contact the Office of the Australian Information Commissioner on 1300 363 992 or see www.oaic.gov.au/

5.2.4 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). Ring 1300 842 364 or see www.foi.vic.gov.au/

5.2.5 Department of Health & 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. See www.health.vic.gov.au/privacy

5.2.6 Further information

Relevant and up to date Victorian legislation is at www.legislation.vic.gov.au/

5.3 Compliance with privacy laws

Service providers must comply with the

- Information Privacy Act 2000 personal information and

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
- 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 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 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.

5.4 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 HPPs permit such action, if those uses or disclosures fall within those contemplated by HPP 2.2.
5.5 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
- 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 their nearest departmental regional office. Refer to the department’s website www.health.vic.gov.au or the White Pages Telephone Directory for up to date contact details www.whitepages.com.au/

Where complaints remain unresolved at a regional level, they can be referred to the Ageing and Aged Care Branch.

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

5.5.1 Legal procedures

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

5.5.2 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.

5.5.3 Other resources and organisations

Resources and other organisations that may assist service providers and complainants in resolving complaints are listed below. Please consult the White pages telephone directory or directory assistance for up to date phone numbers.

5.5.4 Health Services Commission

The Health Services Commission deals with complaints concerning private or public health service providers, including doctors, nurses, allied health professionals and naturopaths. The aim of the commission is to mediate and conciliate between parties. See www.health.vic.gov.au/hsc/
5.5.5 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. See www.ombudsman.vic.gov.au/Complaints

5.5.6 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. See www.humanrightscommission.vic.gov.au/

5.5.7 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. See www.publicadvocate.vic.gov.au/

5.5.8 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). See www.ahpra.gov.au/
6 Service agreements, funding and meeting requirements

6.1 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 parties to the agreement, that is the service provider delivering services and the department providing funding. They contain information about:

- 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
- other information for service providers delivering services funded by the department.

SCP service providers need to comply with the service agreement terms and conditions. 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
- take reasonable care to avoid harm and protect people from injury.

The service agreement information kit is at [www.dhs.vic.gov.au/funded-agency-channel/home](http://www.dhs.vic.gov.au/funded-agency-channel/home)

Historically SCP service providers were funded for one or more activities in the service agreement:

- Activity 13033: Carer support - in home/ out of home
- Activity 13035: Carer support - flexible respite
- Activity 13036: Carer support - 24 hour emergency booking service
- Activity 13037: Carer Support and respite co-ordination.

Data gathered about the SCP indicate that practical differences between activities have become minimal for various reasons, such as development and implementation of a person centred approach in services. Furthermore, as the SCP has developed, so has understanding of carer needs and preferences for other support in addition to respite, for example counselling, information, networking opportunities, group activities and goods and equipment. SCP service providers increasingly seek to meet these needs and preferences as well as providing respite.

Thus the four activities have been streamlined to one activity:

- 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 care recipients.

For Support for Carers of People with Dementia funds are expended against:

- Activity 13155: Dementia Services.

6.2 Funding and targets

SCP funding is block funding, providing maximum flexibility in services and support for carers.

SCP funds are generally transferred to departmental regions in line with the proportion of the number of people 70 years of age and older per region. However funds targeting the families and carers of younger people with dementia (from 2008-09) are transferred to regions on the basis of the number of people 30 years of age and older per region.

Overall statewide targets for the SCP, including Support for Carers of People with Dementia, are based on total funding for the program of $16.5m. These overall targets are:

- 8,254 carers provided a service annually
- 161,250 hours of service annually.

Individual service provider targets are based on:

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

These individual targets are confirmed annually between Program and Service Advisors (PASAs) and service providers, based on funds received and specific services provided to carers.

Notional annual average targets are set for each service provider for a discrete count of carers provided a service in a year. The targets are fixed against 2012-13 SCP funding. Targets remain fixed in out-years. For example in 2013-14, the total number of Victorian carers expected to receive a service under the SCP is 8,254. In other words, carer number targets are not adjusted with annual indexation to budgets. Targets for number of carers provided a service change only with adjustments to SCP funding.

Service providers can negotiate with PASAs 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 to appropriate funding of services, HACC Program unit prices range from $17.70 per hour for a Planned Activity Group – High to $31.30 per hour for respite to $93.80 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, they:

- are performance managed by the PASA and
- may risk recall of funds.

6.3 Meeting requirements

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

- contact their regional PASA
- negotiate a plan of action to meet the guidelines with the PASA
- implement the plan within 12 months of establishment of the plan.

The PASA will keep the department’s Ageing and Aged Care Branch (AAC) Service Development Unit informed of progress in implementing the action plan. If a service provider fails to implement the agreed plan to meet the SCP guidelines, the region needs to advise AAC.
7 Reporting and data collection

SCP service providers report on outputs quarterly and annually:

- quarterly to the department on the HACC MDS for hours of respite and support, and annually for number of carers
- annually to the department on the SCP annual report template (see Attachment 5)
- annually on complying with obligations in section 11 of the Carers Recognition Act 2012, in the organisation’s annual report (Section 12 Reporting obligations, Carers Recognition Act 2012), for example in a paragraph.

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

7.1 Quarterly data reporting

Quarterly reporting of SCP has been incorporated into the second version of the HACC MDS.

7.1.1 Reporting SCP data

Quarterly reports include data on hours/minutes of respite and support, and dollars for goods and equipment, delivered during the relevant quarter. Reports reflect direct client service delivery time and dollars, and do not include staff travel time, for example getting to or from a carer’s home.

Service providers report on the HACC MDS against one or more of the following:

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).

For example, carer support groups, telephone support of carers and information to carers can be recorded under “113. SCP Counselling & Support”.

Section 7.2 following explains Items 109 to 114.

7.1.2 Date reporting and resubmission timelines

Service providers report on the HACC MDS before the 15th of the month after each quarter.

Quarter 1. July, August and September report due by 15 October
Quarter 2. October, November and December report due by 15 January
Quarter 3. January, February and March report due by 15 April
Quarter 4. April, May and June report due by 15 July.

SCP data can be resubmitted:

- for each quarter: between 1 to 15 October, 1 to 15 January, 1 to 15 April, and 1 to 15 July
- for July to December during two weeks in March (dates specified annually)
- for any part of the financial year during two weeks in August (dates specified annually).
7.1.3 Checking data

When data are received at the HACC MDS data mailbox, service providers receive an automated acknowledgement by email. 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 HACC Help Desk. Submitted data appear on the Funded Agency Channel (FAC) approximately two business days after submission. On FAC under 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 FAC to assist with their internal reporting.

7.1.4 Documenting service provider processes

Service providers are encouraged to document their quarterly reporting processes, in a readily accessible format. 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.

HACC MDS User Guide:

HACC Helpdesk:
(03) 9096 7255
haccmds@health.vic.gov.au
to request training.

Funded Agency Channel (FAC) to check data submitted. A user name and password are required, and can be supplied free on request:
www.dhs.vic.gov.au/funded-agency-channel/home
Funded Agency Channel – 1300 799 470
Select option 1 eBusiness, then select option 5 Funded Agency Channel
fac@dhhs.vic.gov.au

Planning and Service Agreement staff at the regional departmental office:
to request training
AAC to advise:
regions quarterly of HACC MDS data reported by service providers, for individual regional follow up if required, or service providers directly, cc to regions.

7.2 Reporting data items

For information about:
- definitions
- episode and service cessation
- unknown data and default values,
refer to the latest version of the HACC MDS User Guide on

7.2.1 Activity and counting hours/minutes of service or dollars

Service providers are to use an SCP 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 items, not under multiple items.

For example, include the dollars for equipment, goods, financial support for residential respite, or other services purchased for people under Item 114. SCP Goods & equipment, and do not report the same dollars under any other item.
Note the counting rules in the latest version of the HACC MDS User Guide, and the particular requirements of the six SCP types of assistance.

**Reporting respite**

In your client management system, for respite the care recipient 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 care recipient’s home by a paid worker, or when the paid worker supports the care recipient 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 care recipient’s home, 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 care recipient’s home, 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.

**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.

SCP enables grief and bereavement support up to two months after the death of a care recipient; if needed, carers should be assisted to access other types of support beyond the two 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 the carer or care recipient.

  Record whole dollars to the nearest dollar.
7.3 Annual reporting

7.3.1 Annual reporting to the department

SCP annual reports to the department are required at the end of August.

A SCP annual report from each service provider (Attachment 5) enables:
- 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 Carer Recognition Act 2012 has been implemented
- Information about planning and implementation strategies to improve needs assessment and access to services for people in care relationships from Aboriginal communities, culturally and linguistically diverse communities, and people who are gay, lesbian, bi-sexual, inter-sex and transsexual.

Attachment 5
SCP annual report

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Through using a carer outcomes survey such as the samples in Attachment 6 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. Survey all carers or a sample of them.

7.3.2 Annual reporting on implementation of the Victorian Carers Recognition Act 2012

Service providers need to report on complying with obligations in section 11 of the Act, in their 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.

Attachment 4.

- Reporting guidance – Carers Recognition Act 2012

Responsibilities and obligations of government and organisations in the Act information kit

7.4 Support for Carers of People with Dementia

Ten SCP service providers also deliver Support for Carers of People with Dementia. The ten service providers have created a separate Outlet ID on the HACC MDS to report “Dementia services”, using the HACC MDS SCP items 109 to 114.
State and Commonwealth policy and program environments

State

Victorian Carers Recognition Act 2012

Victorian legislation recognising people in care relationships became effective from 1 July 2012, accompanied by a revised Victorian Charter supporting people in care relationships to reflect the new Victorian legislation. Under the Act, State government departments, councils and organisations funded by government to provide programs or services to people in care relationships need to take all practicable measures to:

- ensure staff are aware of and understand the principles in the Act
- ensure staff promote the principles to people in care relationships, so that people in care relationships are aware of and understand the principles in the Act
- reflect the care relationships principles in developing, providing or evaluating support and assistance for those in care relationships, and
- need to report on complying with obligations under section 11 of the Act in their annual report (Section 12 Reporting obligations, Carers Recognition Act 2012). The report can be in the form of a paragraph.

An information kit on the Act has been distributed to all SCP service providers.


Victorian Auditor-General’s Report on carer support programs – August 2012

In 2012 the Victorian Auditor-General’s Office completed an audit of Victorian carer support programs. Recommendations from the audit have been included, where relevant, into the SCP guidelines. The recommendations are that the department:

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


Victorian health priorities framework

The Victorian health priorities framework 2012 – 2022 (2011) identifies priorities for services and these apply to the SCP:

- 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.

Other relevant Victorian policies and programs include:


- **Healthy ageing demonstration projects** integrating principles of Well for Life, Count us in! and Making a Move.


**Commonwealth and State funded Home and Community Care (HACC) Program**

The HACC Program in Victoria is currently jointly funded by the Commonwealth and State governments, and provides a range of services supporting older Victorians living in their own homes. The National Disability Insurance Scheme (NDIS), known as DisabilityCare Australia (DCA), is being introduced into Victoria. The resources in the HACC Program are to be split, so that the Commonwealth takes funding and administration responsibility for services for people aged 65 and over. Victoria will retain responsibility for services for people aged under 65. The HACC Program currently continues to be funded jointly by Commonwealth and State governments, and administered by the Department of Health & Human Services Victoria.


**Commonwealth**

At the national level, there are legislation, policy and programs supporting people in care relationships. The Commonwealth Carer Recognition Act 2010 and National Carer Strategy 2011 recognise and support 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.

As part of the Living Longer Living Better aged care reform package the Commonwealth has committed to establishing new Carer Support Centres from 1 July 2015. Carer Support Centres will be established as the ‘place to go’ for carers and will focus on preventative assistance to carers to sustain carers in their care role and reduce reliance on emergency respite. Carer Support Centres will also provide carer specific information, education and training, counselling, access to emergency respite, and referral to other services.

See [www.dss.gov.au](http://www.dss.gov.au/)

**The National Respite for Carers Program (NRCP)/ Commonwealth Home Support Programme (CHSP)**

The National Respite for Carers Program (NRCP) is designed to support and assist relatives and friends caring at home for people unable to care for themselves because of chronic illness, disability or frailty. From 1 July 2015, the NRCP is being consolidated under the Commonwealth Home Support Programme (CHSP). The NRCP components being consolidated in the CHSP include respite services, Commonwealth Respite and Carelink Centres, and the National Carer Counselling Program.

See [www.dss.gov.au](http://www.dss.gov.au/)
# Support for Carers Program

## Service providers and outlets

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<thead>
<tr>
<th>Name</th>
<th>Region</th>
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<tr>
<td>Alfred Health – Caulfield General Medical Centre</td>
<td>Southern Metropolitan (SMR)</td>
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<td>annecto Inc</td>
<td>Grampians</td>
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<td>Ballarat Health Services Commonwealth Carer Respite and Carelink Centre</td>
<td>Grampians</td>
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<td>Banyule City Council</td>
<td>North &amp; West Metropolitan (N&amp;WMR)</td>
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<td>Baptcare Southaven Day Centre</td>
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<td>Bayside City Council</td>
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<td>Gateway Social Support Options Inc</td>
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<td>Hume</td>
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<tr>
<td>Grampians Community Health Centre Inc - Central Grampians Stawell SCP</td>
<td>Grampians</td>
</tr>
<tr>
<td>Hobsons Bay City Council</td>
<td>N&amp;WMR</td>
</tr>
<tr>
<td>Jewish Care (Victoria) Inc</td>
<td>SMR</td>
</tr>
<tr>
<td>Latrobe City Council</td>
<td>Gippsland</td>
</tr>
<tr>
<td>Latrobe Community Health Service</td>
<td>Gippsland</td>
</tr>
<tr>
<td>Maribyrnong City Council</td>
<td>N&amp;WMR</td>
</tr>
<tr>
<td>mecwacare</td>
<td>SMR</td>
</tr>
<tr>
<td>Melbourne City Council</td>
<td>N&amp;WMR</td>
</tr>
<tr>
<td>Name</td>
<td>Region</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Melton Shire Council (Shire of Melton)</td>
<td>N&amp;WMR</td>
</tr>
<tr>
<td><strong>Merri Community Health Services Limited</strong></td>
<td>N&amp;WMR</td>
</tr>
<tr>
<td>MOIRA Inc</td>
<td>SMR</td>
</tr>
<tr>
<td>Monash Health – Bunurong Community Care</td>
<td>SMR</td>
</tr>
<tr>
<td>Monash Health – Kingston Centre</td>
<td>SMR</td>
</tr>
<tr>
<td>Moonee Valley City Council</td>
<td>N&amp;WMR</td>
</tr>
<tr>
<td>Moreland City Council (until 30 June 2015)</td>
<td>N&amp;WMR</td>
</tr>
<tr>
<td>MPOWER Inc</td>
<td>BSW</td>
</tr>
<tr>
<td>Sandybeach Community Co-operative Society Ltd</td>
<td>SMR</td>
</tr>
<tr>
<td>Southern Cross Care (Vic)</td>
<td>SMR</td>
</tr>
<tr>
<td>Southern Migrant and Refugee Centre Inc</td>
<td>SMR</td>
</tr>
<tr>
<td>Spectrum Migrant Resource Centre Inc</td>
<td>N&amp;WMR</td>
</tr>
<tr>
<td>St Laurence Community Services Inc</td>
<td>BSW</td>
</tr>
<tr>
<td>UnitingCare Ballarat Parish Mission, Ballarat campus</td>
<td>Grampians</td>
</tr>
<tr>
<td>UnitingCare Ballarat Parish Mission, Ararat campus</td>
<td>Grampians</td>
</tr>
<tr>
<td>UnitingCare Goulburn North East</td>
<td>Hume</td>
</tr>
<tr>
<td>Upper Murray Family Care Inc</td>
<td>Hume</td>
</tr>
<tr>
<td>Villa Maria Society</td>
<td>Eastern Metropolitan (EMR)</td>
</tr>
<tr>
<td>Warrnambool City Council</td>
<td>BSW</td>
</tr>
<tr>
<td>Wesley Mission Victoria – Do Care</td>
<td>SMR</td>
</tr>
<tr>
<td>Wimmera Health Care Group - Wimmera Horsham - SCP</td>
<td>Grampians</td>
</tr>
<tr>
<td>Wimmera Volunteers Inc</td>
<td>Grampians</td>
</tr>
<tr>
<td>Wyndham City Council</td>
<td>N&amp;WMR</td>
</tr>
<tr>
<td>Yarra City Council</td>
<td>N&amp;WMR</td>
</tr>
</tbody>
</table>

*The ten service providers also funded for Support for Carers of People with Dementia.*

*Funded through Ballarat Health Services.*

*Funded through UnitingCare Ballarat Parish Mission.*
Support for Carers Program
Program rationale

The Support for Carers Program (SCP) 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
- care recipient reactions to respite, refusal to attend, and effect of respite on health and behaviour
- 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 care recipient 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) 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.

See

www.psychology.org.au/inpsych/carers_respite/

Carer experience

Research indicates that caring for older 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). In addition, carers of people with dementia experience the loss of a person as they knew them, including usually observing different behaviours associated with dementia. Respite can provide decreases in perceived stress, burden, anxiety, and somatic complaints, and increases in morale (Doyle, 2008).

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6 Carers can experience loss of someone they knew with conditions other than dementia.
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)\(^7\) 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 care recipient awareness of services by increasing awareness and engagement of health service professionals: GPs, 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
- 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 Active Service Model 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)\(^8\) 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 review\(^9\) 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 al\(^{10}\) in "On my terms … alone at home with care needs“ identifies that flexible, responsive and tailored services can meet diverse and unique needs. Older 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”.

See


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Reporting guidance
Carers Recognition Act 2012

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 Carers Recognition Act 2012 (the Act) can be found on the Victorian Department of Health & Human Services website at www.dhs.vic.gov.au/

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 to:

- ensure that their employees and agents have an awareness and understanding of the care relationship principles in the Act
- ensure that people in care relationships receiving services from the organisation have an awareness and understanding of the care relationship principles in the Act
- ensure that 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 to ensure they support employees who are 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
- the 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 provide examples and a suggested format for inclusion in annual reports. Organisations may develop their own activities - the suggestions below are to be used as a guide only. 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 carer 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.
Support for Carers Program
Annual report to
Department of Health & Human Services

Return by end August to:
- The departmental regional office contact and
di.calleja@dhhs.vic.gov.au.

<table>
<thead>
<tr>
<th>Date</th>
<th>Organisation name</th>
<th>Contact person</th>
<th>Telephone number</th>
<th>Email</th>
</tr>
</thead>
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</tbody>
</table>

Note: data regarding the two SCP measures of the discrete annual count of carers and the number of hours of respite and support are collected from the HACC MDS, based on the data you have entered.

1. Services – support groups

<table>
<thead>
<tr>
<th>Service</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for Carers Program</td>
<td></td>
</tr>
<tr>
<td>Number of groups and average number of people per group</td>
<td></td>
</tr>
<tr>
<td>* Support for Carers of People with Dementia</td>
<td></td>
</tr>
<tr>
<td>Number of groups and average number of people per group</td>
<td></td>
</tr>
</tbody>
</table>

* For agencies funded for Support for Carers of People with Dementia

2. Service demand if any

<table>
<thead>
<tr>
<th>Issue</th>
<th>Data</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for Carers Program Carers on waiting list (average number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Support for Carers of People with Dementia Carers on waiting list (average number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for Carers Program Average waiting time (days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Support for Carers of People with Dementia Average waiting time (days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issue</td>
<td>Data</td>
<td>Comments</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>----------</td>
</tr>
</tbody>
</table>
| **Support for Carers Program**  
Client under servicing (total hours) | | |
| * **Support for Carers of People with Dementia**  
Client under servicing (total hours) | | |
| **Support for Carers Program**  
Other comments? | | |
| * **Support for Carers of People with Dementia**  
Other comments? | | |

* For agencies funded for Support for Carers of People with Dementia

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 and diversity

How did carers find out about the service?

How have you promoted the SCP to prospective clients in the last year?

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
- making and approving applications for various supports.
How do you define carer outcomes? For example, the difference the 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. Victorian Carers Recognition Act 2012

How have you implemented the Carers Recognition Act 2012?

6. Provider networks and partnerships

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

7. Case studies

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

8. Any other comments, for example, a summary of the goods and equipment you fund.

Please email to:
- The departmental regional office contact
  - di.calleja@dhhs.vic.gov.au
by end of August each year.

Thank you for your time and effort.
Sample carer outcomes survey
Guidelines for use

These sample guidelines and surveys have been developed by HDG Consulting for the Department of Health & Human Services in a project on Carer supports: timeliness and outcomes measures. The full report is available on www.health.vic.gov.au/agedcare/

Introduction

In Victoria, unpaid family members and friends are the key providers of care to people who require support in their daily lives. These unpaid care roles are essential to the wellbeing of the population and the economy. Services such as those provided through the Commonwealth-State jointly funded Home and Community Care (HACC) program and the SCP 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 Victorian 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 is for use by HACC and SCP funded organisations to collect feedback from carers. It is not for assessing needs.

The purpose of 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, quality of life).

Each organisation should use their knowledge of their consumer group to determine how best to engage with carers to seek feedback (i.e. 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 a choice of feedback options (discussion, telephone interview by independent third party, written survey, online, feedback via another a family member etc) the carer can select their preferred option and retain anonymity of their responses.

Likewise, when using the survey practitioners may adapt the language and wording to suit the 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
- 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
- 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
- combined with other sources of information (i.e. from other feedback or quality processes) to inform continual quality improvement
- 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: SCP or HACC Program in the central office or regional offices.
Carer outcomes survey
Staff administered
Purpose: To assist service providers to assess outcomes for carers and contribute to service improvement.

<table>
<thead>
<tr>
<th>Consumer</th>
<th>Name:</th>
<th>Date of birth: dd/mm/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UR number:</td>
<td></td>
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</tr>
</tbody>
</table>

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 to 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.

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

Note any additional comments or explanations by the carer.

This information collected by:

<table>
<thead>
<tr>
<th>Staff member name:</th>
<th>Position/Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign:</td>
<td>Date:</td>
</tr>
<tr>
<td>Contact number:</td>
<td></td>
</tr>
</tbody>
</table>
### Carer outcomes survey - Consumer administered

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

<table>
<thead>
<tr>
<th>Your name (optional)</th>
<th>Date of birth (optional)</th>
<th>How old is the person/s you care for?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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.

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

Date

Return the completed form to

Thank you
Support for Carers Program
Complaint form

Complaint lodged via
☐ Email ☐ Telephone ☐ Other .................................................................
Date ........................................................................................................

Complaint received by
Name ................................................................. Date ...................................
Position title ..........................................................................................
Departmental region ...........................................................................
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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Has the complainant raised the issue/s with any other person/organisation? If so, when, and what was the outcome?

Departmental action items

➢ Referred within regional office for management to .................................................................
  Date ........................................................................................................................................

Does the nature of the complaint require referral to Central Office?

➢ Reported to ........................................... Date ......................... Time .................

Complainant contacted to formally acknowledge receipt of complaint and advice of the departmental contact handling the complaint via
  ☐ Email    ☐ Telephone    ☐ Other .................................................................

Date ........................................................................................................................................

Action taken in response to complaint

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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 regional contact.