

Carer Gateway Service Provider Operating Manual

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1 Introduction

1.1 Purpose

The Carer Gateway Service Provider Operating Manual provides guidance to organisations engaged by the Department of Social Services to perform the role of Carer Gateway service provider (service provider) under the Australian Government's Integrated Carer Support Service. The service provider Operating Manual forms part of the Grant Agreement and should be read in conjunction with the Grant Agreement, Standard Grant Conditions and Supplementary Terms and Conditions.

Specifically, the service provider Operating Manual defines:

1. **HOW** service providers are required to operate;
2. **WHAT** activities service providers are required to deliver;
3. **WHO** activities are intended for;
4. **WHY** activities are being delivered; and
5. **HOW** success will be measured.

The service provider Operating Manual is not intended to provide organisations with a prescriptive model of operation. Instead it is designed to identify the core operational elements and the department's associated requirements, considered essential to achieving the Australian Government's objectives for Carer Gateway.

1.2 Feedback

This Manual is a living document and will be updated as required. Service providers will be notified when any updates occur.

Feedback on the document can be sent to s47E(d) @dss.gov.au

2 Background

21 Carer Gateway Overview

The Integrated Carer Support Service focuses on services designed specifically for carers. It is designed to make the Government's carer supports and services easier to navigate and more accessible. More importantly, it is designed to increase the Australian Government's investment in services proven to improve a carer's quality of life and ability to perform their caring role.

The Integrated Carer Support Service Blueprint (**Appendix A**) outlines the Carer Gateway business model and service pathways.

22 Carer Gateway Services

Carer Gateway introduces a range of tailored supports and services to help carers manage their daily challenges, reduce stress and plan for the future. This includes national and regionally based services.

At a national level, some services will be delivered centrally and the system as a whole will be supported by national infrastructure and managed by the Australian Government. National services include:

- the Carer Gateway website
- phone counselling
- online self-guided coaching
- an online peer support community forum, and
- online skills courses.

At a regional level, service providers will respond to the specific needs of their communities by providing:

- carer support planning
- in-person peer support
- in-person counselling (individual and group)
- in-person carer coaching
- carer directed support,
- emergency respite care
- information and advice, and
- assistance with navigating relevant, local services available to carers through federal, state and local government and non-government providers, including the National Disability Insurance Scheme (NDIS), My Aged Care and palliative care.

23 Achieving the Carer Gateway Vision

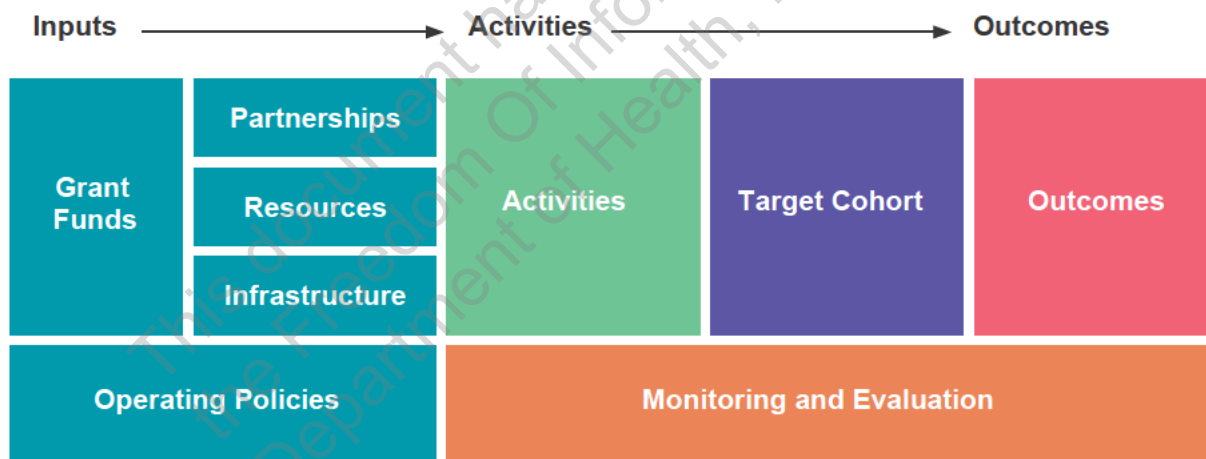
Achieving the Carer Gateway vision is dependent on the contribution of commissioned organisations to the following outcomes:

- Awareness – carers, their family and friends along with the general community are aware of carers and the support and services available to them
- Knowledge – carers are better informed about the caring role and the associated stresses,
- Skills – carers gain skills to manage stress associated with the caring role
- Policy – prioritise investment towards carers most in need, and low-cost, preventative services
- Support – carers are better supported with new services and able to access crisis services when needed, and
- Economic – improve the effectiveness of supports and services available to carers.

By undertaking the activities specified in this Operating Manual and the Commonwealth Grant Agreement, service providers are expected to make the greatest contribution to Carer Gateway outcomes.

24 Service Provider Operating Model

The service provider Operating Model provides a framework that takes an input (Commonwealth funding) and describes how it is converted, through activities, into client outcomes.



The components of the Carer Gateway Service Provider Operating Model are described in more detail below.

Purpose	Component	Building Block Description
Define HOW service providers are required to operate	Grant Funds	Describes how Grants must be managed, including spending and accounting for Grants.
	Partnerships	Describes the network of organisations essential to the successful operations of the service provider.
	Resources	Describes the human resources required to be in place to support the delivery of activities.
	Infrastructure	Describes the basic physical facilities and installations required to be in place to support the delivery of activities e.g. offices, IT systems, transportation, and service delivery channels.
	Operating Policies	Describes the business rules and procedures essential to the successful operations of the service provider.
Define WHAT activities service providers are required to deliver	Activities	Describes the activities service providers are required to deliver to support carers in their allocated Service Areas.
Define WHO activities are intended for	Target Cohort	Defines the cohort of carers that service provider should target.
Define WHY activities are being delivered	Outcomes	Defines the results the Australian Government is seeking to achieve through its investment in service providers.
Define HOW success will be measured	Monitoring and Evaluation	Describes the data collection and reporting mechanisms the department will use to determine the degree to which Carer Gateway outcomes have been achieved.

3 Grant Funds

3.1 Funding allocations

Funding for each of the 16 designated service areas, across 2019-24, is based on estimates of the number of carers in the region (based on the ABS 2015 Survey of Disability, Ageing and Carers) and includes weighting for delivery of services in remote areas (using Accessibility/Remoteness Index of Australia scale used by the Australian Bureau of Statistics).

Funding is split into administration and service delivery costs. Ancillary activities are to be accounted for under the administration costs associated with the grant.

Establishment costs for the service providers have been included in the first year of funding and will cover those activities required for an organisation to reach a state of operational readiness (i.e. set-up technological infrastructure).

3.2 Use of grant funds

Grants paid to service providers must only be used for delivering the activities described in the Operating Manual and the Grant Agreement.

As part of delivering the specified services, service providers can use the Grant to pay for:

- resources, operational policies, infrastructure to establish their business model
- operating the business model in a way that maximises contribution to the outcomes the Australian Government is seeking to achieve through its commissioning of Carer Gateway
- staff salaries and on-costs that can be directly attributed to the provision of activities in the allocated service area
- employee training for paid and unpaid staff including Committee and Board members, and
- operating and administration expenses directly related to the delivery of Carer Gateway activities. Examples include:

- computer/ IT/website/software
- insurance
- utilities
- postage
- stationery and printing
- accounting and auditing
- travel/accommodation costs for domestic travel for staff directly relating to the delivery of services
- assets as defined in the Terms and Conditions that can be reasonably attributed to meeting agreement deliverables, and
- up to ten per cent of the Grant can be used to invest in continuous improvement activities (such as trialing new services that will contribute to Carer Gateway outcomes).

Service providers **cannot** use the grant funding for the following activities:

- purchase of land
- major capital expenditure (e.g. the purchase of motor vehicles)
- costs incurred in the preparation of a grant application or related documentation
- subsidy of general ongoing administration costs such as electricity, phone and rent (that are not directly related to the administration of Carer Gateway services)
- major construction/capital works
- overseas travel, and
- the covering of retrospective costs.

If a service provider is unsure whether a proposed use of a Grant is appropriate, it should contact its Funding Arrangement Manager (FAM) for clarification.

3.3 Activity Work Plan and Budget

Prior to the commencement of each financial year, service providers must submit an Activity Work Plan and Budget to their FAM for approval. This document will be used by the department to obtain a clear understanding of the activities and funding allocations planned by the service provider for the coming financial year, including for specific resources such as the young carer support worker. An Activity Work Plan template is provided in **Appendix B**, and a Budget template is provided in **Appendix C**.

The completed Activity Work Plan and Budget should be submitted to the FAM by the dates specified in the Grant Agreement for each year of the grant.

The department may, at its discretion, approve or reject a revised Activity Work Plan or Budget. If an Activity Plan or Budget is rejected by the department, providers are required to incorporate advice from the department and resubmit the Activity Work Plan or Budget within four weeks of the initial submission date. The department's approval may be granted subject to conditions.

3.4 Financial Reporting

Service providers are required to supply annual independently audited financial reports, as specified in the Grant Agreement. This report is an income and expenditure statement for the grant, verifying that the department grant funding was spent to perform the activity(ies) as set out in the grant agreement. If relevant, the financial acquittal report must include details of any unspent funds.

Details on who can audit these reports are included in the Grant Conditions.

3.5 Unspent funds and carry-overs

There will not be automatic carry-over of Unspent Funds into the next year. If relevant, service providers must seek approval from their FAM to use all or a proportion of Unspent Funds as additional income for the proceeding year. When making their decision to approve carry-over of funds, the FAM will take into account the reason for the underspend and how the funds are proposed to be used in the following year. Approved Unspent Funds must be spent on services outlined in the Grant Agreement.

A request to carry-over Funds must be in writing detailing how the service provider intends to use Unspent Funding. Service providers should submit a request for carry-over by 31 March (i.e. no later than three months before the end of the financial year). This allows sufficient time for consideration by the department. It also allows the service provider to have sufficient time to expend prior to the end of the financial year. Only in exceptional circumstances will a carry-over request be considered after 31 March.

If Unspent Funds are not approved or only partially approved for carry-over, the remaining Unspent Funds will be recovered by reducing the next available grant payment through a funding variation. If no further grant payments are due, the department will raise an invoice to recover Unspent Funds.

3.6 Variations

Either party may suggest a variation to the services outlined in the Grant Agreement, based on an evidence-based approach to accommodate changing local or regional needs. The department is not liable for any additional work undertaken, or expenditure incurred, unless the variation or expense has been agreed to, in writing, by the department before the work is undertaken.

3.7 Indexation

The department will provide written notification to the service provider of increases to funding due to indexation. Payments for indexation will be paid according to departmental guidelines and policies.

3.8 Assets

Service providers must maintain a register of assets purchased with grant funds. Assets purchased by funds disposed of, sold or written off, must be included in the relevant financial statements forwarded to the department. Disposal of Assets acquired with grant funds, and use of any proceeds from such disposal, requires prior approval in writing from the department. Should the service outlet close down during the Activity Period, any Assets acquired with grant funding must be dealt with as notified by the department. Upon closure of the service, providers must consult the department regarding potential to transfer those Assets to a new outlet to ensure continuity of care and those Assets, which would otherwise revert to the Commonwealth.

Assets purchased with alternative funding sources outside the service provider funding may be used for the delivery of service provider services at the service providers. Where these Assets are individual items with a value of \$10,000 or more (including GST), they should also be recorded in the relevant section of the service provider's Assets Register.

Service providers should note that the department will not approve the use of funding for purchasing of Assets if a service provider has already received funding for the same purpose under any other Government program.

3.9 Transition Out Planning

A Transition Out Plan (TOP) must be maintained by the service provider and should only be submitted to the department upon request. The aim of the TOP is to ensure that the obligations of both parties to the Agreement, upon termination or expiry of the Agreement, are acknowledged and agreed, and that where applicable, there will be minimal disruption of service delivery to clients. The TOP should address issues that enable the orderly transition of the services from the service provider to the department or its nominated provider on termination or expiry of the grant agreement. TOP Guidelines are provided at **Appendix D**

3.10 Liaison with department staff

Community of Practice

As part of the Grant Agreement, a Community of Practice (COP) involving the Chief Executive Officer of each service provider should be maintained. The aim of the COP is to establish professional connections as a group, share knowledge and expertise, and assist each other with problem solving to issues as they arise.

All service providers are required to participate in each COP meeting

This forum will be self-managed by the service providers.

- It is expected these meetings will be held four times per year (each quarter) (noting additional meetings may be arranged if required).

Liaison with the department on the Grant Agreement

Grant Agreements will be monitored on an on-going basis by the FAM assigned by the department. The FAM will monitor completion of and performance against the milestones and performance indicators in the Grant Agreement.

Each service provider is expected to maintain regular contact through their FAM. Service providers are required to notify the FAM if there is a change in the name, title, location, address, phone number, email, or facsimile number, of the service provider's organisation, project, or finance contact.

All service providers are required to participate in the following:

- ongoing operational meetings (as required) chaired and coordinated by the department to review and discuss overall progress, performance, and any issues and risks for escalation.

- annual bi-lateral contract meetings with the department for the purposes of reviewing progress and trends against the service provider's performance data as recorded in the Data Exchange and annual needs assessments and regional planning activities, and
- other meetings of an operational or strategic nature as identified from time to time by the department or as requested by the service provider.

Service providers may participate in meetings with the department by teleconference, videoconference, or in person.

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4 Partnerships

Service providers may, with the department's approval, enter into two types of formal partnership arrangements:

- Memorandum of Understanding (supported by subcontract arrangements): for those service providers operated by a consortium¹,
- subcontract arrangements: where the service provider seeks to contract other organisations to deliver core services, for example in-person counselling services.

Any changes to partnership arrangements should be notified to the FAM. Details of the new partner organisation and their role in delivering Carer Gateway services must be provided.

At all times, service providers are responsible for the quality of the activities they are funded to provide. Their staff will be acting as public officials when undertaking their duties. Service providers are responsible for the quality of services provided under any partnership arrangements.

4.1 Memorandum of Understanding

The Memorandum of Understanding (MOU) defines how a service provider's consortium shall work together, and must include:

- the date of the MOU and the period for which it is to operate
- the purpose of the consortia, its scope and key objectives
- the management structure in place including frequency of meetings and process for communication of decisions
- an outline of the relevant experience and/or expertise of the consortium members
- the roles/responsibilities of consortium members and the resources they will contribute (if any)
- a plan on how fraud will be managed, including detection, prevention and reporting
- an outline of the dispute resolution mechanisms which will be put in place
- a disclaimer statement indicating that all activities that take place under the MOU must be in compliance with the Grant Guidelines
- confirmation that subcontract arrangements are in place between the lead organisation and each of the consortia partners where the consortia partners are delivering services, and
- details of a nominated management level contact officer (for each of the consortium members).

A copy of the signed MOU and any updates made during the grant period, must be sent to the FAM.

¹ A consortium is defined as two or more organisations who work together formally (through subcontracting arrangements) to combine their capabilities to perform the role of service provider. Only the lead organisation will enter into a Department of Social Services Grant Agreement with the Commonwealth and will be responsible for the ensuring Grant, including all elements of performance, reporting and financial management is adhered to.

4.2 Subcontractor arrangements

In accordance with the terms of the Commonwealth Standard Grant Agreement, service providers must not subcontract any part of the performance of the Activity without the department's prior written consent. The department may impose any conditions it considers reasonable and appropriate when giving its consent. Changes to subcontracting arrangements should be emailed to the FAM.

Service providers are responsible for the performance outcomes of any tasks undertaken by subcontractors and it is the service provider's responsibility to ensure that its subcontractors operate in accordance with the Grant Agreement including meeting reporting obligations (DEX and Partnership Approach). The service provider is responsible for ensuring the subcontractor is trained and supported to enable them to meet their reporting obligations in full and within required timeframes.

Service providers must have processes in place to closely monitor that the subcontractor is delivering activities in accordance with the Grant Agreement, these must be provided to the department upon request (within 20 business days). This could be through regular communication or reporting processes which monitor key requirements such as police checks for staff providing care, or that staff have relevant qualifications. Feedback from clients receiving services should also form part of the service provider's monitoring processes of sub-contractor arrangements. Service providers should also monitor other aspects of their agreements. e.g. that the subcontractor does not subcontract service to another organisation / provider.

If at any time a service provider or the department is not satisfied that the subcontractor is operating within the terms of the Grant Agreement, it is the service provider's responsibility to hold the subcontractor to the terms of the Grant Agreement, including consideration of whether it would be appropriate to discontinue use of that subcontractor.

4.3 Brokerage arrangements

There may be instances where subcontracting arrangements may not be appropriate to secure services, with service providers required to broker services through a commercial arrangement that does not involve a contract. For example, one off services such as purchasing a laptop or educational courses or for emergency respite situations.

Service providers are responsible for the performance outcomes of any services/tasks undertaken by brokered service providers.

Service providers must have processes in place to closely monitor that the brokered service is delivering activities in accordance with the Grant Agreement. This could be through regular communication or requesting key requirements such as police checks for staff providing care, or that staff have relevant qualifications. Feedback from clients receiving brokered services should also form part of the service provider's monitoring processes of the brokered arrangements. Service providers should also monitor other aspects of the agreements. e.g. that the brokered service does not broker the service to another organisation / provider.

At all times, service providers are responsible for the quality of the activities they are funded to provide including the quality of the service provided under any brokerage arrangements.

4.4 Subcontracting/brokering services from the service provider's organisation

In general, where service providers need to secure services (through subcontracting or brokerage arrangements) they should do so from organisations other than those managed by their own funding body. However, in limited circumstances, service providers may seek permission from the department to subcontract/broker services from organisations managed by their own funded organisation. Service providers need to provide a written explanation of the circumstances underpinning the request and details of:

- why this is the most appropriate service for the Client
- why the subcontracting/brokerage of services is needed if the organisation is already receiving Government funding, and
- if there would there be any community perception of bias and how this will be addressed by the service provider.

Such requests should be forwarded to the relevant FAM and may trigger specific additional reporting.

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5 Resources

5.1 Staffing

The service providers must engage the resources necessary to deliver the required services and activities in accordance with the Grant Agreement, including:

- front-line staff – i.e. those staff engaged directly with clients in the delivery of Activities e.g. managing incoming calls from the national 1800 Carer Gateway number or delivering the carer coaching program,
- young carer support workers - a dedicated young carer support worker to develop, tailor and implement specific supports and assistance for young carers,
- supervisors – responsible for managing the quality of activities performed by front-line staff, and
- in-house counsellors – to provide specialised support to clients.

The service provider is responsible for all staff recruitment and for ensuring that staff understand, and agree to abide by, all policies and guidelines relating to the provision of activities under the Grant Agreement. Service providers must retain details of all staff employed and provide these to the department on request.

Service providers must keep records of staff members in compliance with policies and procedures relating to the provisions of activities under this Grant Agreement and provide to the department upon request.

5.2 Registration, accreditation and professional development

Service providers are responsible for ensuring staff and volunteers have appropriate skills, knowledge and supervision, and receive adequate training with an emphasis on quality service provision. Service providers are responsible for ensuring staff members act in accordance with the organisations code of conduct and applicable laws and will respect the privacy and dignity of clients.

Service providers must be aware of any registration, accreditation or licensing requirements for the professions from which they draw their workforce and must ensure their personnel (and any subcontractors) comply with these requirements.

Service providers must also be aware of relevant accreditation frameworks and requirements associated with particular service types.

All service providers should provide a learning environment to their staff and support them to undertake vocational and other formal education and training to enhance the skill base of the service provision workforce.

Service providers must keep records of all professional accreditations for staff and provide to the department upon request.

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5.3 Volunteers

Service providers may use volunteers in the delivery of the service provider activities. If volunteers are used, service providers must ensure that volunteers have the necessary knowledge and skills to undertake their duties. Service providers who use volunteers must have policies and procedures in place regarding management of their volunteer workforce, including in relation to Working with Vulnerable People and police checks. Volunteer management policies and procedures must include any policy relating to volunteer reimbursement. Policies should reflect the circumstances of the service provider, such as remoteness, isolation, and other regional differences that can affect their capacity to attract and retain volunteers.

5.4 Vulnerable people, police checks and criminal offences

The service provider is responsible for ensuring that all staff, volunteers and executive decision makers are suitable for the roles they are performing, and should undertake thorough background checks to select staff in accordance with their levels of access to vulnerable people. Service providers must ensure they are compliant with state-based legislation in regards to vulnerable people, young people and any other relevant cohorts.

5.5 Guidance documents

Service providers are provided with guidance documents for relevant programs, such as In-Person Peer Support trainer manuals, guidelines and session plans; In-person Carer Counselling guidelines; and In-person Carer Coaching guidelines (from 2021-22) and workbooks.

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6 Infrastructure

6.1 Departmental provided infrastructure

To support the delivery of activities by the service providers, the Australian Government will manage the following infrastructure which is available to all service providers.

6.1.1 Carer Gateway website

The Carer Gateway website (www.carergateway.gov.au) provides a primary source of clear, consistent and reliable information that helps carers navigate the system of support and services available. An online form (hosted on the Carer Gateway website) enables a carer to request a call back from their local service provider.

6.1.2 Carer Gateway 1800 number

A national Carer Gateway toll free number (1800 422 737) that will be used to route incoming Carer Gateway calls to the appropriate service provider.

All other call types, including transferring calls to other service providers, calls to other service providers on behalf of carers who require information about other regions, outbound calls or retrieval of messages, must be made from the service provider's telephone system (See service provider Specialised Infrastructure).

The department will fund the Carer Gateway national 1800 number setup to a suitable existing phone line, service charges (of the Carer Gateway national 1800 number component) and any subsequent relocation (of the Carer Gateway national 1800 number component) at the end of the grant agreement. Calls from the previous Commonwealth Respite and Carelink Centre (CRCC) and Carers Australia 1800 numbers will be automatically re-routed to the Carer Gateway service.

6.1.3 Online Learning Management System

The department will provide all service providers with access to an online learning management system (LMS). This will include online training support modules for all service provider staff

Each service provider will be required to identify an LMS Administrator who will be required to set up end users and assign appropriate courses. The LMS Administrator will only be required to possess basic computer skills such as ability to use Microsoft Excel, and to navigate, and upload documents to a simple web based application.

The LMS Administrator will need to undertake a brief training session to understand how to use the system, as well as the processes, contacts and responsibilities related to the role.

A training manual will be provided to support this role and a helpdesk will be available.

6.1.4 Translating and Interpreting Services (TIS)

The department funds access to Translating and Interpreting Services (TIS)² and relay access for callers to 131 450. Further information is provided at parts 7.18 and 7.19.

² <https://www.tisnational.gov.au>

6.15 Data Exchange

The Data Exchange (DEX)³ is the Australian Government platform for reporting of service data contractually required of funded organisations to record performance across the life of the agreement. Further information is provided at part 13.5.

6.2 Service provider infrastructure

To support the delivery of activities, service providers must provide the following infrastructure:

- office space (including high-speed internet access) for those service provider staff that need to be co-located e.g. staff managing incoming calls from the national 1800 number
- telephones
- desktop computers
- laptops (equipped with access to the service provider's IT systems) and mobile phones for service provider staff working under flexible work arrangements e.g. working remotely
- software to support basic office functions (e.g. word processing, email, internet browsing)
- software to support the management of the service provider's finances, human resources and Activity delivery (e.g. scheduling of staff performing client in-home visits)
- software and hardware to provide information security and privacy
- service delivery outlet accommodation (which may take any appropriate form for the client(s) and the Services being performed), and
- transportation arrangements (either through service provider managed vehicles or on a travel reimbursement basis) for those service provider staff required to travel in the delivery of work based activities.

6.3 Service provider specialised infrastructure

In addition to the general infrastructure, service providers must also provide the following specialised infrastructure:

6.3.1 Client Relationship Management System (CRMS)

The service providers must supply their own Client Relationship Management (CRM) system to support the capture, retention and reporting of their interactions with carers.

The CRM system must be:

- secure, appropriate to the data and Personal Information collected, used, transferred and stored by the service provider
- able to be used in accordance with the service provider's approved policies
- able to prepare and/or submit accurate data to the Data Exchange as per the requirements in the grant agreement

³ <https://dex.dss.gov.au/data-exchange-protocols>

- designed and implemented appropriately for the service provider's consortium partners and subcontractors, if any are required to use it, and
- accessible to the required service provider staff, regardless of their location.

6.3.2 Telephony system

The service providers must supply their own telephony system to manage incoming Carer Gateway national 1800 number calls. The telephony system must:

- have a caller menu system (either an Automated Attendant system or Interactive Voice Response system) that enables identification, segmentation and routing of callers to the most appropriate staff member within the service provider
- have customisable greetings, messages and prompts
- be able to forward calls based on configurable business rules (e.g. calls received after 6pm are forwarded to the service provider's after-hours number)
- offer callers who would like to avoid the waiting queue the option to have an agent call them back instead, and
- offer callers the option to leave a voicemail message when all staff are busy and the queues are full.

Service providers are responsible for providing a suitable phone system to manage incoming calls routed from the Carer Gateway national 1800 numbers.

6.4 Service provider infrastructure not required

Service providers are not required to provide the following infrastructure:

- shopfronts i.e. a physical location that clients and potential clients can access [see note⁴], and
- individual websites – the Carer Gateway website⁵ is the single online entry point for carers seeking information and access to the service provider's services.

⁴ Services with an in-person component e.g. In-Person Peer Support and the Carer Coaching Service (in the facilitated format) could be delivered in the carer's home or in an easily accessible public location such as school, community meeting centre etc, therefore a shopfront is not required.

⁵ <https://www.carergateway.gov.au>

7 Operating requirements and policies

7.1 Service areas

Each service provider must operate in its designated Service Area and is required to support the entire Service Area it has been allocated. The national distribution of Service Areas is provided at Appendix E. For ease of administration it is expected that the service provider's workforce will be supported by a central hub.

7.2 Policies and procedures

Each service provider must develop policies and procedures to support high quality service provision in their service area to cover all activities delivered by their organisation, consortia and/or sub-contractors. These documents must be supplied to the department if requested (within 20 business days).

At a minimum, service providers must have documented governance and operational policies and procedures that address the following:

- operating in accordance with key legislative and regulatory requirements including the *Carer Recognition Act 2010*, the NDIS Quality and Safeguarding Framework⁶, the New Charter of Aged Care Rights⁷ and the Aged Care Quality Standards⁸
- operating in accordance with applicable standards and charters
- a clinical governance framework that identifies and documents the credentialing of specialist workforce of the service provider and its subcontractors
- the management of client records, and handling personal information
- the management of obtaining consent to handle, use, store and transmit personal information about carers and care recipients
- transferring personal data outside of the service provider's organisation (including among subcontractors and consortium partners)
- performance reviews of subcontractors arrangements to ensure quality subcontracted services
- managing all phone calls, including after hours and transferring to emergency services (additional guidance at 7.16)
- managing concerns about client welfare or suspected abuse/neglect (additional guidance at 7.11)

⁶ <https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-quality-and-safeguarding-framework>

⁷ <https://agedcare.health.gov.au/quality/single-charter-of-aged-care-rights>

⁸ <https://www.agedcarequality.gov.au/providers/standards>

- managing complaints and feedback about the service provider's activities, including those delivered by subcontractors and brokered services (additional guidance at 7.9)
- managing serious incidents including escalation to the department (note this policy must be agreed to by the department)
- managing fees and client contributions (additional guidance at 7.15)
- managing work health and safety for staff, clients and visitors (including for flexible work arrangements, client in-home visits and emergency respite)
- managing reporting and data
- detecting, managing, reporting and preventing fraud
- managing cross-border/cross Service Area issues, developed in consultation with neighbouring service providers, and
- providing inclusive services for vulnerable groups including Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, young people, older Australians and LGBTQI communities.

Service providers should also ensure that when brokering services, they use services accredited within the relevant and appropriate framework. For example, the NDIS Quality and Safeguarding Framework (for emergency respite for people with a disability) and Aged Care accredited providers (for people over 65 years of age).

73 Confidentiality and Privacy

Each service provider must comply with relevant legislation such as the *Privacy Act 1988 (Cth)* (Privacy Act). Service providers are also required to adhere to state-based privacy legislation in their areas of operation.

The service provider must ensure the protection of all personal information from loss, damage or misuse and the protection of privacy in accordance with *Australian Privacy Principles*.

When dealing with personal information in delivering their services and activities, the service provider agrees to ensure that all service provider's staff or contractors who deal with personal information practice the requirements of the Privacy Act. For example, staff or contractors who have access to personal information about clients may be required to sign a Deed, or other legal instrument, which requires them to collect, store and disclose personal information in accordance with the Privacy Act.

For more information regarding the Privacy Act please consult the Office of the Australian Information Commissioner⁹.

If a service provider, consortium partner or a subcontractor requires personal information (including sensitive information) **about care recipients** from carers, they should:

- determine whether the carer has authority to consent to the collection (and any subsequent use or disclosure) of the care recipient's personal information, and

⁹ <https://www.oaic.gov.au>

- if the carer does not have the authority to give consent, either:
 - obtain the care recipient's consent (directly, or via the carer), or
 - if that is not practicable, only record sensitive information about the care recipient in a de-identified form (if at all). In carrying out the service provider's services, the service provider agrees not to send any personal information outside of Australia without the carer's and (if relevant) the care recipient's express consent (this includes online services and CRM systems which may offer overseas hosting arrangements).

Service providers are required to immediately notify the department of:

- any privacy complaints related to the service provider's services, and
- actual or possible breaches of privacy.

The department retains the right to conduct audits related to privacy and privacy complaints.

7.4 Secure referral

Service providers are required to use secure means of referral between themselves and other service providers for carers' and care recipients' personal information. Service providers should not use unsecure email to transfer any personal information. For all referrals performed by service providers, the recommended secure referral application is SendSafely¹⁰.

Service providers should specify to SendSafely that: they require *"SendSafely to store their account's data in an Australian-region hosted S3 bucket"* when they commence their organisation's subscription to this service.

SendSafely may offer service providers a discount on their fee – so service providers should alert SendSafely that they are a department provider.

Service providers should not use SendSafely to send any data to the department.

7.5 Secure communication to the department

Service providers are required to use **Kiteworks** to send any sensitive or personal information to the department (or any other Australian Government agency). Service providers are required to make contact with the department via the **s47E(d)** @dss.gov.au email address first, to explain the reasons why they need to send any sensitive or personal information to the department. **Only if agreed** will the department then create a secure Kiteworks link for the service provider to use to perform the transfer.

Service providers should not use unsecure email to transfer sensitive or personal information.

7.6 Disclosure

Service providers should inform clients that their de-identified information will be used to evaluate and improve carer services and that the department (and its contractors) has access to the information. Information will be used by the department only for statistical, planning and evaluation purposes.

¹⁰ <https://www.sendsafely.com>

The data will not be matched, in whole or in part, with any other information for the purposes of identifying individuals. Any statistical information about clients will not publicly identify individuals. Information may be used as part of a compliant, compliance or fraud investigation.

Client information should remain confidential and not be provided to other parties unless it lawful to provide the information these parties. Personal information collected by the service provider should not be used for marketing purposes in any circumstances.

7.7 Record keeping

In accordance with the Grant Agreement, service providers must develop and implement policies, procedures and systems for the management of client records.

Service providers are required to comply with the *Archives Act 1983*, the *Freedom of Information Act 1982*, and other relevant legislation which authorises, or limits, access to records held by the organisation.

7.8 Freedom of Information

Any request received by a service provider under the FOI Act relating to services funded by the department must be handled by the department. If a service provider (or service provider from which it obtains services) receives a FOI access request, it must advise the requestor that requests must be made directly to the department as the FOI Act does not apply to bodies such as a service provider.

If the department receives a request under the FOI Act for information which may be held by a service provider or subcontracted provider, the department will provide written notice to the service provider to provide the document. The department will not make a decision to release any document without first consulting the service provider for its views on possible release.

7.9 Complaints

Service providers must establish and publicise the existence of a complaints process, which must be used to deal with any complaints. The following practices should be implemented:

- create and maintain a Complaints Register which includes the following materials and information:
 - details of all complaints received directly by the service provider
 - details of all complaints referred to the service provider by, or through, the department
 - each record in the Complaints Register should include:
 - details of the parties to the complaint, including the name of the complainant (if provided) and if relevant, the name of the person being complained about
 - any subcontractor or consortium parties involved in the complaint
 - the name of the staff member(s) handling the complaint
 - the date(s) upon which the complaint was made
 - the nature of the complaint

- whether the complaint was referred between the service provider and any government agency (including the department)
- details of contact with the complainant
- the action taken, including dates and details
- the outcome of any action taken (including any investigation)
- the date of finalisation or resolution of the complaint
- any follow-up action required, and
- any changes to policies, or procedures, or other action to be taken, resulting from the complaint.

Each service provider must ensure that its partners and subcontractors/brokered services have these policies in place and understand how to practice these procedures.

The service provider must supply information on the nature of complaints, action taken and dates if requested by the department. The department retains the right to conduct audits related to privacy and privacy complaints.

7.10 Child safety

Service providers are required to comply with all child safety obligations included in the Grant Agreement. Irrespective of the child safety obligations in the Grant Agreement all service providers must always comply with the respective Commonwealth and state and territory legislative requirements for working with children and mandatory reporting.

Subject to the level of involvement of the service with children, or for any activities delivered by the service provider, consortia partner or their subcontractors/brokered services involving contact with children that is a usual part of, and more than incidental to, the funded activity, it is a requirement that the National Principles for Child Safe Organisations are implemented in full. Where relevant, this commitment and associated activities must be articulated in the Activity Work Plan and an annual Statement of Compliance submitted to the department as part of meeting compliance obligations.

7.11 Suspected abuse, harm and neglect

Service providers must have a policy about how to respond if they suspect abuse is occurring or are concerned about a risk of harm to, or neglect of any person.

Key considerations that must be addressed in a service provider's policy include:

- appropriate identification, reporting and risk assessment of the suspected risk of abuse or harm (this may include discussion with the carer and/or the person they care for to understand the situation so that appropriate intervention or assistance can be arranged)
- prompt provision of emergency respite care and linkage with other support services such as counselling, health services and social support, and
- if appropriate, contact with emergency services such as police, ambulance, crisis mental health team, or other relevant services.

7.12 Risk of self-harm by a carer (or the person they care for)

Service provider staff should report situations where they believe a client (or their care recipient) is at risk of self-harm or in instances of emergency call 000.

In situations where the service provider receives a call from an unidentified caller who threatens self-harm (or harm to another person), the service provider should call the police who will have procedures in place that authorise Telstra or the relevant phone provider to trace the call.

Service providers should contact their state/territory police service to formalise procedures for such situations.

7.13 Notifying the department about serious incidents

Service providers are required to report serious incidents (including allegations) arising in the context of service provider services and supports including (for example):

- the death of a person receiving services
- serious injury of a person receiving services, and
- abuse or neglect of a person receiving services.

Service providers must report events within 24 hours of being made aware of the event, with a more detailed report about the incident and actions taken in response to be provided within five (5) business days to the contact person specified in the grant agreement.

7.14 Emergency call telephone instructions for police, fire or ambulance

Service providers must develop a procedure for handling emergency calls which come to the service provider via the national 1800 number.

Service providers may need to consult their telephony system provider about what instructions should be used to transfer calls to 000, and about Caller Line Identification (CLI). Service providers should develop a procedure for emergency calls to include:

- calling 000 and introduce yourself as a service provider and inform the operator that you have a caller on the line from another location who requires assistance
- informing the operator of the state/territory, the town, and the emergency service required (i.e. Police, Fire or Ambulance), and
- if requested by 000 or emergency service personnel, providing the CLI.

7.15 Client financial contributions for emergency respite care and carer directed support services

Inability to contribute cannot be used as a basis for refusing a service to carers who are assessed as requiring a service.

Service providers must have a policy about fees and assessment of a carer's capacity to contribute

to the cost of Emergency Respite Care and Carer Directed Support services only. This policy must be provided to the department on request.

In addition to information required for data elements of the Data Exchange, service providers can request other information from carers to assess their capacity to contribute.

The assessment of capacity to contribute should be undertaken in respect of the person who benefits from the service provided. The person to be assessed could be either the carer or the person who is cared for, but not both.

Carer Gateway Client Financial Co-contribution should not be greater than 15 per cent (15%) of the service cost. When developing their policy on client financial contribution, service providers should consider the following:

- the carer's financial situation
- thresholds/levels of contributions, including assessment criteria
- public availability of the policy and proactive provision of the policy to carers,
- agreement on the amount the carer will contribute to the cost of services before the service is provided
- potential reviews – for example if a carer's financial situation changes during the period of receiving services
- if a carer cancels a service after their contribution is received by the service provider
- refund terms and conditions for when a carer changes their decision to contribute after receiving a service, and
- the procedure to resolve contribution disputes.

7.16 Opening hours and after hours service

Service providers must be available to the public during normal business hours (Monday – Friday, 8am–5pm), with an after-hours service for callers who require respite care in emergency or unplanned situations. Service providers have the flexibility to operate outside of the normal business hours.

Callers after business hours must always be able to reach someone who can assist them. While the department acknowledges that service providers may manage this differently from Service Area to Service Area, it expects service providers to regularly review the effectiveness of after-hours service arrangements.

The options for after-hours service which service providers may use include:

- diverting the national 1800 number after hours to a mobile phone held by an on-call service provider staff member, or
- using an external agency to take after hours calls.

The following greeting is an example to direct people to after-hours care through an answering machine:

After Hours message (on answering machine)

"You have called Carer Gateway about carer support services. If you require emergency respite support, press 1. If you are calling for assistance with other carer support services, please leave your name and contact telephone number and your call will be returned within x period of time."

The use of a subcontractor to manage after hours service calls is possible but it is expected that service provider will communicate the need for consistent greetings to these organisations and agree on a greeting in line with the branding advice.

7.17 Managing phone calls from the 1800 national Carer Gateway number

Calls to the national 1800 number will be routed by the department's telephony provider:

- fixed calls (i.e. calls from landlines) will be routed depending on call location. Call location will be determined using Census Collection Districts (CD)¹¹. CDs are designed not to cross Statistical Area Level boundaries, maximising the accuracy of fixed call routing (particularly for those calls originating from locations near the boundaries of Service Areas).
- mobile calls will be routed depending on call location with two caveats –
 - call location will be determined by the Telstra's 208 catchment areas for mobile users (not a caller's location) – in comparison there are 38,200 CDs throughout Australia, and
 - mobile calls originating from city catchment areas will be routed to the service provider supporting that area.

See section 7.20 for anomalies identified in the direction of 1800 number calls.

If a caller is directed to a service provider that does not provide services in the caller's Service Area, the service provider must assist the caller by transferring the call to the correct service provider. The same approach should be taken if a service provider is contacted by a caller who requires information on behalf of a person living in another Service Area. If the person is close to the boundary between Service Areas, the service provider should determine which service provider is the most appropriate to support that person based on their knowledge of the service network.

If it is more appropriate that the caller is referred to the service provider in an adjoining Service Area, the service provider should offer to transfer the call without the carer having to hang up. To avoid confusion for callers – and for service providers, Service Area boundary procedures must be established between service providers. These must be provided to the department on request.

When answering calls received through the 1800 number, service providers must identify themselves as a Carer Gateway service provider.

7.18 Translation and Information Service (TIS)

The department will cover the costs of translation and interpreter services for carers contacting service providers. Information and numbers to call for TIS services is available at <https://www.tisnational.gov.au/en/Help-using-TIS-National-services/Contact-TIS-National>

In the case where a service provider books a TIS session and is notified in advance that the carer will not be available, the service provider must contact TIS to cancel the booking.

¹¹ The Census Collection District (CD) is the second smallest geographic area defined in the Australian Standard Geographical Classification (ASGC), the smallest being the Mesh Block. CDs are defined for each Census and are current only at Census time.

7.19 Assistance for hearing impaired and or speech impaired callers

Service providers can arrange for a 24 hour telephone access service (relay call) for people who are hearing impaired and/or speech impaired.

A relay call allows an individual to communicate with a hearing person who is using a phone even if you can't hear or don't use your voice.

The National Relay Service (NRS)¹² has specially trained staff called relay officers who are the central link in each relay call.

The relay officer converts voice to text or text to voice. Sometimes they convert from sign language to English.

Relay officers stay on the line throughout each call to help it go smoothly, but don't change or interfere with what is being said.

Depending on an individual's hearing and speech, they can choose from one or more relay call channels such as internet, SMS, teletypewriter (TTY) and phone relay,

For further help, contact the National Relay Service Helpdesk:

Phone: 1800 555 660

Fax: 1800 555 690

SMS 0416 001 350

Email: helpdesk@relayservice.com.au

7.20 Telephony helpdesks

Service providers should contact their telephony service provider for problems with phone lines (e.g. outages), additional lines, relocation or other issues not related to the national 1800 number. If a service provider experiences problems with the phone line, they should contact their telephony service provider first, and then notify the department as soon as possible.

For problems with 1800 call routing (e.g. a 1800 call should have been sent directly to another service provider), the service provider should contact the department in the first instance on s47E(d) or at s47E(d)@dss.gov.au, providing details of the town/suburb that the call originated from (if known), the caller's full telephone number, and the date and time of the call. The department will then work with Telstra to investigate the 1800 call direction and advise the service provider about the cause of the problem.

If a service provider plans to relocate their office, or make other major changes to the telephony system, they should contact the department via the FAM. A minimum of two weeks' notice should be provided where possible.

7.21 Insurance

Service providers are required under the Grant Agreement to undertake a risk assessment of their operations to identify the risks associated with undertaking the required activities and services. This risk assessment must be undertaken at/or prior to establishment of activity and then reviewed periodically during the course of the Grant Agreement.

¹² <https://internet-relay.nrscall.gov.au>

The onus is on the service provider to purchase and maintain appropriate insurance to mitigate risks they have identified from the risk assessment.

The department may require the service provider to provide a copy of the risk assessment and insurance policies.

722 Branding and Marketing

Service providers must, in all publications, and in all promotional, publicity and advertising materials or activities of any type undertaken by, or on behalf of, the service provider relating to the activities in the Grant Agreement:

- comply with any promotion and style branding guidelines issued by the department from time to time.
- undertake branding in the manner outlined in the provided style guide branding guidelines. For service providers, this includes:
 - (i) use badging and signage for Carer Gateway and permitted co-brand in line with the branding guidelines;
 - (ii) acknowledge Carer Gateway is a national service funding by the Australian Government as per style guide;
 - (iii) deliver to the department (at the department's request and at the service provider's own cost) copies of all promotional, publicity, and advertising materials the service provider has developed for the purpose of the grant agreement, in accordance with the department's policies and procedures;
 - (iv) the service provider must actively market and promote the Carer Gateway service as required by the department;
 - (v) the service provider must provide at their own cost Carer Gateway name badges to front line staff. Design to be supplied by the department with service providers to order directly from your preferred supplier in line with the branding guidelines.
 - (vi) the service provider may provide at their own cost a uniform to front line staff comprising of a t-shirt. The design will be supplied by the department;
 - (vii) all service providers must have a physical corporate asset (shop front and / or branded vehicles). The department will provide the design specifications in line with the branding guidelines;
 - (viii) the service provider must use Carer Gateway branding on business cards and signature blocks branded Carers Gateway designs as specified in the branding guidelines;
 - (ix) the service provider must comply with the style branding guidelines when using Carer Gateway trade marks in its badging and signage;
 - (x) the service provider will provide yearly communication survey results. The Department will provide a participant survey which must be used by the service provider with a minimum response of 50. The Department will provide the survey in advance of this timeframe.

Subcontractor/brokered services may operate either under an independent brand or under the Carer Gateway brand.

The department may require any service provider, consortia partner or subcontractor/brokered service to rectify incorrect usage of Carer Gateway branding elements (at their own cost).

723 Ordering printed publications and resources

Service providers should order printed publications and resources to promote Carer Gateway services for carers via:

- the online publication portal (on the Carer Gateway Website)¹³
- by calling s47E(d) (Department of Social Services Publications).

Service providers can encourage other organisations (e.g. doctors' surgeries, healthcare providers, aged care providers, NDIS providers, community organisations, schools, workplaces etc) to use the publications and resources to promote services for carers. Service providers are encouraged to submit publications feedback and suggestions to s47E(d) @dss.gov.au

724 Licences to use Carers Star™

The Carers Star™ is central to the **Carer Support Planning Process** that service providers will use to plan services and supports with the carer. Use of the Carers Star™ is mandatory for service providers and all service providers must be correctly licensed.

The department pays for service providers (and if required, their consortium partners) to hold licences to use the Outcomes Stars™. An Outcomes Star™ licence includes a Carers Star™ licence. Licences are held by the organisation. The Outcomes Stars™ are licenced by Triangle Consulting Social Enterprise Ltd (Triangle) a UK company.

Under each licence there are compliance requirements that are the responsibility of the service provider, irrespective of the fact that the department has paid the licence fees in advance.

The department has contracted Unique Outcomes Pty Ltd (Unique Outcomes) as its Carers Star™ training provider to deliver training to three identified staff from each Gateway service provider.

The service provider must:

- obtain an organisational licence [licenced under the department agreement (reference:90011444)]
- agree to the standard *Triangle Licence, Training and Services Agreement*
- comply with the terms of the *Triangle Licence, Training and Services Agreement*
- provide suitable candidates to the department and Unique Outcomes Pty Ltd to be trained as **Licenced Trainers**
- afford the **Licenced Trainers** the flexibility and support required to train the carer support workers (the front-line workforce) in the Carer Support Planning Process including the use of the Carers Star™

¹³ <https://publications.carergateway.gov.au>

- afford the **Licenced Trainers** the flexibility and support required to maintain their currency (in being accredited Licenced Trainers)
- notify the department and Unique Outcomes Pty Ltd of its carer support workers (the front-line workforce), who intend to use the Outcomes Stars™ under the service provider's licence
- update the department and Unique Outcomes Pty Ltd promptly of any change in its front-line workforce
- confirm that all its front-line workforce have been correctly trained before using the Carer Support Planning Process including the use of the Carers Star™
- only nominate their front-line workers who have a genuine client service role within the Carer Support Planning Process to be official users under any licence paid for by the department.

Service providers are to note that Triangle offers software which is hosted overseas. Service providers are advised that the department does not endorse the transfer of any personal information to Triangle.

725 Young Carer Bursary

The Young Carer Bursary Program assists eligible young carers aged 12 to 25 years to continue or return to study. The Program aims to relieve the financial pressure on young carers to reduce the need to undertake part-time work in addition to their educational and caring responsibilities. The bursary is paid to the young carer throughout the calendar year. The Program is delivered by Carers Australia on behalf of the department.

The number of bursaries to be granted each calendar year is 1,000 and it is expected that Carers Australia actively work with the young carers to refer both the successful and unsuccessful recipients through to their local service provider. It is strongly advisable for service providers to form a good working relationship with Carers Australia as this will be a strong referral point for young carers and will provide opportunities to connect with and provide any additional service needs to this important carer group.

8 Target Cohort

8.1 Carers Definition

The target cohort for service provider services is carers, as defined in the *Carer Recognition Act 2010*, which states under Section 5, as follows:

- (1) For the purpose of this Act, a carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:
 - (a) has a disability; or
 - (b) has a medical condition (including a terminal or chronic illness); or
 - (c) has a mental illness; or
 - (d) is frail and aged.
- (2) An individual is not a carer in respect of care, support and assistance he or she provides:
 - (a) under a contract of service or a contract for the provision of services; or
 - (b) in the course of doing voluntary work for a charitable, welfare or community organisation; or
 - (c) as part of the requirements of a course of education or training.
- (3) To avoid doubt, an individual is not a carer merely because he or she:
 - (a) is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or
 - (b) lives with an individual who requires care.

Within the cohort of carers, service providers should prioritise their activities (using the defined Carer Support Planning Process described in Section 9) towards those carers most at risk of not being able to continue in their caring role.

Carer Gateway services are available to all types of carers as per the definition including:

- The primary carer. The service provider should focus on supporting primary carers.
- Couples. Service providers can assist couples who both need support, where the roles of carer and person receiving care may shift over time. A couple may provide mutual support, and one may take a more active carer role at different times depending on the other person's needs.
- Multiple carers. Service providers can assist multiple carers. Sometimes in a family situation where two or more family members share the caring responsibilities, it might be difficult to consider carer arrangements separately. Service providers may need to tailor support services accordingly, taking care to preserve the integrity of the family unit and the existing caring relationships.
- Young Carers. Young carers are people aged up to 25 who meet the definition of a carer above. Service providers should recognise the unique challenges faced by young carers. They should develop and provide tailored supports, including financial support packages, which seek to reach this often hidden carer group, and facilitate continued engagement in education or employment.
- Carers of people in residential or accommodation facilities eg. aged care, palliative

8.2 Eligibility Considerations

The service provider should consider eligibility to receive Carer Gateway services based on the carer conforming to the definition of carer in the *Carer Recognition Act 2010* (see above section).

In addition to considering the carer's role there are some specific eligibility rules that the service provider should also apply:

- Ongoing care. To be eligible for services, the carer's role must be ongoing, or likely to be ongoing, for at least **six months**. This expectation of six months or more does not apply to a carer of a person who needs palliative care.
- Overseas visitors, permanent residents and others who are not Australian citizens. There is no citizenship, residency or specific visa requirement to be eligible for service provider services.
- Carers who receive free board and lodging. A carer who is not paid or employed by the person who receives care and who receives free board and/or lodging in return for providing care, is eligible for assistance provided they meet the other eligibility requirements.
- Carers who are recipients of other government supports are eligible to access service provider services and should be appropriately assessed to identify carer needs. Carer Gateway funding is independent of other government supports.
- End of care role. Transition out of a care role can be emotional, complex and challenging. While Carer Gateway is primarily aimed at unpaid carers who are actively caring, the provision of support can also be provided in a situation where a person's caring role ends.

If the service provider is uncertain about eligibility, the FAM should be contacted for advice.

9 Service Provider Services and Activities

Service providers are responsible for delivering the following Services and activities in their designated Service Area.

9.1 Carer Support Planning

Carers can contact their service provider by:

- completing an online form (via Carer Gateway Website) and requesting a call back from their local service provider
- calling the Carer Gateway national 1800 number (which will automatically route the caller to their local service provider)
- contacting the service provider directly (in-person), or
- transfer from another service.

On first contact with a carer, service providers are responsible for determining if the carer requires:

- emergency Respite Care, as a matter of urgency
- information only (e.g. how to apply for the Carer Payment), and
- other Carer Gateway services, as determined through the Carer Support Planning Process.

Carer Support Planning Process

The Carer Support Planning Process provides guidance to ensure that carers receive a consistent experience when seeking support. The process includes, but is not limited to:

- intake
- registration
- needs assessment (incorporating Carers Star™)
- support planning
- coordination
- support, and
- monitoring.

For detailed information on Carer Support Planning, please refer to the *Carer Support Planning Framework* at Appendix F.

9.1.1 Available Resources and Support

- Carer Support Planning Framework (Appendix F)
- Carer Support Planning Framework online learning modules
- Carers Star™ training, licensing and support
- Carers Star™ online learning module
- User Journeys (see Appendix G).

9.2 In-Person Peer Support

The In-Person Peer Support service is a free facilitated peer support forum specifically designed to assist carers to:

- connect with people in similar circumstances;
- learn from their peers through the sharing of lived experiences, and
- experience relief from carer stress through forming personal connections and sharing of personal stories and experiences.

Service providers have two roles in the delivery process:

- to act as a registration point for the service, and
- to coordinate and facilitate the peer support groups.

The In-Person Peer Support includes four structured facilitated sessions. In some cases, a peer support group may evolve into a self-organising community of carers that no longer rely on the service provider to schedule and facilitate meetings. Service providers may support informal groups by covering basic meeting costs e.g. venue hire.

Service providers will be responsible for ensuring there is maximum coverage across their Service Area to limit the need for long commuting and wherever possible, support carers to gain access to sessions.

Service providers may also refer carers to In-Person Peer Support Groups run by other organisations which they are aware of within their Service Areas.

Service providers may also consider providing carers with a Carer Directed Package to support carers attending the sessions by providing access to planned respite.

9.2.1 Available Resources and Support

- *In-Person Peer Support Service Design and Guidelines* (Appendix I)

s47F

Case Study 1: Mrs Clarke

Mrs Clarke is a full time carer for her husband who has late stage chronic heart failure. She assists her husband with everyday living tasks, accompanies him to all of his medical appointments, and coordinates all of his care needs.

Mrs Clarke wishes to seek additional support to better understand end-of-life planning and her legal obligations at this stage in her caring journey. She would also like some guidance about getting her finances in order and wishes to engage with other carers who may be in similar situations.

Mrs Clarke visits the Carer Gateway website and uses the online form to request a call back.

A service provider Care Support Worker in Mrs Clarke's region contacts her and they agree to meet in person at the hospital while Mr Clarke is undertaking one of his medical treatments. Together, Mrs Clarke and the Carer Support Worker complete the Carers Star and discuss Mrs Clarke's carer situation and needs.

Based on the Carers Star™ results and discussion with Mrs Clarke, the Carer Support Worker suggests that they develop an Action Plan, which includes a facilitated coaching on finances, and joining an in-person peer support group. Mrs Clarke agrees with this approach and the Carer Support Worker makes the necessary arrangements for Mrs Clarke to receive coaching and join a support group.

Mrs Clarke is also directed to information about end-of-life planning and legal matters, which is available on the Carer Gateway website. She is also advised that free in-person or telephone counselling is available to her should she wish to use it.

The Carer Support Worker agrees to follow up with Mrs Clarke in approximately six weeks to see how she is going.

9.3 In-Person Counselling

The In-Person Counselling service is a free counselling service for carers who are experiencing difficulties with anxiety, stress, depression and low mood as a result of their caring role. The service will assist carers to manage their own health in order to remain effective in their caring role and avoid crisis events through in-person counselling sessions with a professional counsellor. The service offers individual (one-on-one) counselling sessions as well as group counselling sessions.

Carers can access the Service by registering for a call back online or by calling the Carer Gateway 1800 number, with the service providers acting as the referral point for entry into the service. The service can be delivered either by in-house service provider qualified counsellors, or by third-party counsellors subcontracted/ brokered by the service providers.

To maximise consistency, service providers should refer to the *In-Person Counselling Delivery Guidelines* (Appendix H), which describe the different types of counselling that should be made available to carers through the service and set the expectations for service delivery with subcontracted/brokered counsellors.

Service providers delivering counselling needs assessments and sessions in-house, must ensure their counsellors:

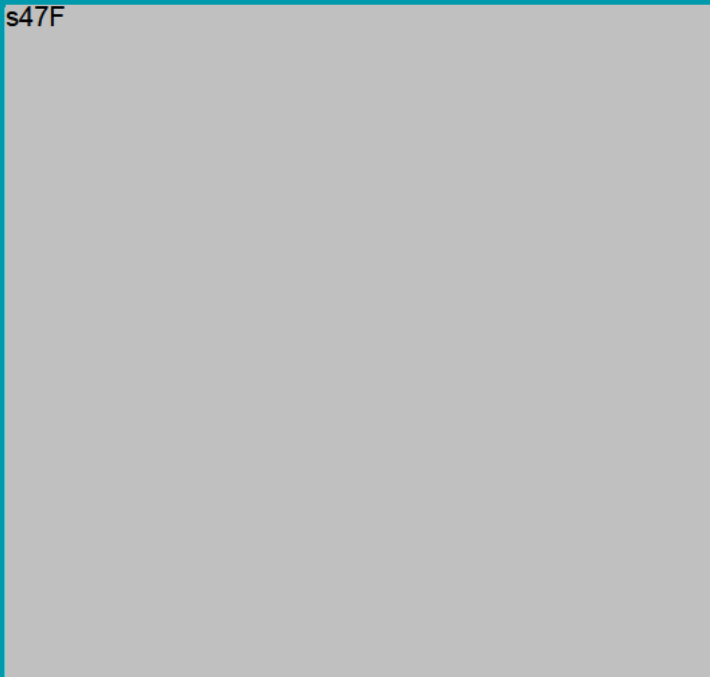
- are accredited within a relevant Australian professional association (Australian Counselling Association, Psychotherapy and Counselling Federation of Australia, Australian Association of Social Workers)
- are a qualified counsellor, psychotherapist or social worker for relevant service modes (qualifications recognised in Australia), and
- have minimum three years' work experience in Australia.

Service providers may also consider providing carers with a Carer Directed Package to support carers attend the sessions by providing access to planned respite.

9.3.1 Available Resources and Support

- In-Person Counselling Delivery Guidelines (Appendix H).

s47F



Case Study 2: Mary

Mary is a carer for her two elderly parents, who currently live with her. She also lives with her husband and two children. She works full-time.

Mary is experiencing considerable stress at home and sometimes feels overwhelmed in trying to balance the needs of her caring role, her relationship with her husband, and the needs of her children. She would really like to talk to someone about how she can build strategies to improve her own wellbeing and that of her family.

Mary heard about her local service provider at a community fair and decides to contact them directly. She is assessed by a Carer Support Worker and together they develop an Action Plan which includes in-person counselling. The Care Support Worker discussed the choice to undertake counselling by phone (national digital service) or in-person through the service provider, and Mary preferred to meet with a Counsellor in person.

The support worker sets up the initial counselling session for Mary with a counsellor based on her prioritised needs. The Carer Support Worker also provides Mary with additional information about the online services that Mary might wish to access from home. The Support Worker seeks Mary's permission to check in with her again next week to see how she is going after her first counselling session.

Mary attends her first counselling session and is assessed using the DASS21 clinical tool. The service is provided in line with Carer Gateway In-person Counselling Guidelines.

Mary is contacted by her service provider Carer Support Worker six weeks later to see how she is going and if she requires any further support.

94 Facilitated Carer Coaching

The Carer Coaching service is a free, in-person psycho-educational service specifically designed to assist carers to acquire the skills and resilience needed in their caring role.

In conjunction with two selected service providers, the department will pilot the Carer Coaching service before making the service available nationally through all service providers. The Facilitated Carer Coaching Pilot and evaluation will be conducted from August 2020 to June 2021. It is anticipated that national roll-out of the service will commence in the 2021-2022 financial year.

During facilitated coaching, carers will engage with a coach (a service provider staff member/contractor) across a defined period of time, to build and develop skills identified during consultation with the coach.

Engagement may be in-person, via telephone and/or through online channels.

Modules and content for the facilitated coaching sessions align with the online self-guided carer coaching modules. Service provider clients will therefore be able to choose to do a combination of facilitated and self-guided modules in accordance with their individual circumstances.

Service providers may also consider providing carers with a Carer Directed Package to support carers attend the sessions by providing access to planned respite.

9.4.1 Available Resources and Support

Training and resources for facilitated coaching will be provided to service providers following the conclusion of the pilot and prior to national roll out of the service.

95 Carer Directed Support

The Carer Directed Support service is a consumer directed approach to supporting carers in their caring role. It gives carers a greater say and more control over the design and delivery of the support provided to them and the person/s they care for.

Carers who receive this funding in one year, are not guaranteed funding in subsequent years.

Support may be offered in one of two forms:

9.5.1 One-off practical support

This service is for one-off practical support (up to an amount of \$1,500) that enables carers, without the need for ongoing assistance and/or multiple supports, to access support.

It is expected that support of this kind would take the form of a tangible item that directly contributes to supporting the client in their caring role or supporting the client to access education/employment.

One off practical support might be used for items and services such as:

- purchase of small asset items to assist carers continue education. Eg. laptop
- payment for training courses.

One off practical support **should not** be used for items and services such as:

- carer holidays
- leisure activities
- entertainment items such as movie tickets
- restaurant meals.

Carers who choose to access one-off support will not be eligible for a Carer Directed Package in the same 12 month period. Service providers have the discretion (taking into account the carer's situation and the service provider's budget) to provide further support to a carer with a Carer Directed Package.

9.5.2 Carer Directed Packages

Carer Directed Packages can be directed towards a range of practical supports to assist carers in their role. The total value of the package, to which each carer is entitled, is \$3,000 over a 12-month period (the 12 month period is from the time the package is allocated and does not have to fall within a financial year). It is expected that each carer would use the full package amount (i.e. \$3,000), however carers with fewer/ simpler needs may only require a part-package (i.e. a package with a value less than \$3,000).

Service providers have the discretion (taking into account the carer's situation and the service provider's budget) to consider whether a carer would benefit from a Carer Directed Package which may exceed the \$3000 amount. This may include additional funding for planned respite to support a carer's attendance at in-person counselling, in-person peer support or in-person coaching sessions.

Carer Directed Packages are assessed on a carer's individual requirements, and are not limited to one per-household, each carer is to be assessed for their own package independently.

Carers with the same or similar needs should receive comparable allocations of budgets and services by each service provider.

Carer Directed Packages might be used for items and services such as:

- planned respite
- cleaning services
- assistance with shopping
- cooking
- assistance with transport such as paying a taxi for transport to medical appointments or shopping.

Carer Directed Packages **should not** be used for items and services such as:

- household goods that do not directly relate to care needs
- holidays
- entertainment items such as movie tickets
- dining out
- general transport needs.

9.5.3 Service Provider Role

To meet the Carer Gateway outcomes, service providers are responsible for:

- **Selection of carers** – service providers should select carers on the basis of the carers' support needs and their suitability and willingness to participate in the service. Priority access to the Carer Directed supports should be given to those carers experiencing the highest level of need based on their Carer Support Planning, and not currently accessing alternative sources of funding or services. Special consideration should also be given to ensuring young carers are included in service providers selection of carers.
- **Care assessment and planning** – The service provider will be required to undertake an assessment of each participating carer's needs and work with the carer to develop an agreed individual plan. In formulating the plan, the service provider will provide the carer with clear information about the services available in the local region, and the potential uses for their package budget and the costs per item. When choosing supports, carers should not be limited to those supports offered directly by the service provider; additional supports can be subcontracted/ brokered on behalf of the carer by the service provider.

- **Administration of carer supports** – the service provider will administer the budget for each Carer Directed Support Package (including one-off supports). This includes arranging and coordinating the provision of services as agreed to by the carer. Notwithstanding, where the carer is able to, they should be encouraged to actively manage the supports themselves (for example, booking of identified services).

The service provider should provide the carer with a quarterly account balance of their Carer Directed Package listing the following (if applicable):

- carry over balance
- expenditure itemised including date of service and service provided /or provider, and
- the remaining allocated funds of the 12 month package (noting that if assessed for \$2000 worth of package funding, remainder of that \$2000 not the \$3000 that is allowable)
- **Engagement with service providers**, where required – this will include:
 - subcontracting/brokering services as directed by the carer (and within the limits of the support package)
 - making payments from the package budget as confirmed and authorised by the carer within the limits of the package
 - providing the carer with a quarterly account balance, listing yearly expenditure to date and funds remaining, and
 - where necessary, liaising with subcontracted/brokered service providers in partnership with the carer (for example, to assist the carer negotiate the provision of in-home respite at a time that suits them).
- **Flexible service delivery** – service providers will need to be flexible in their approach to assisting support recipients, including assisting carers to access services from providers with which the service provider does not have an existing relationship.

The department has not set targets for the number of carers accessing each type of service. It is up to the service provider to determine how they distribute funds across all Carer Gateway services based on their understanding of the cohorts and carer needs within their service areas. A part of their annual activity planning process, service providers must provide anticipated annual service volumes.

Service providers should also seek to link appropriate carers to other relevant supports such as aged care packages and the Young Carers Bursary Program.

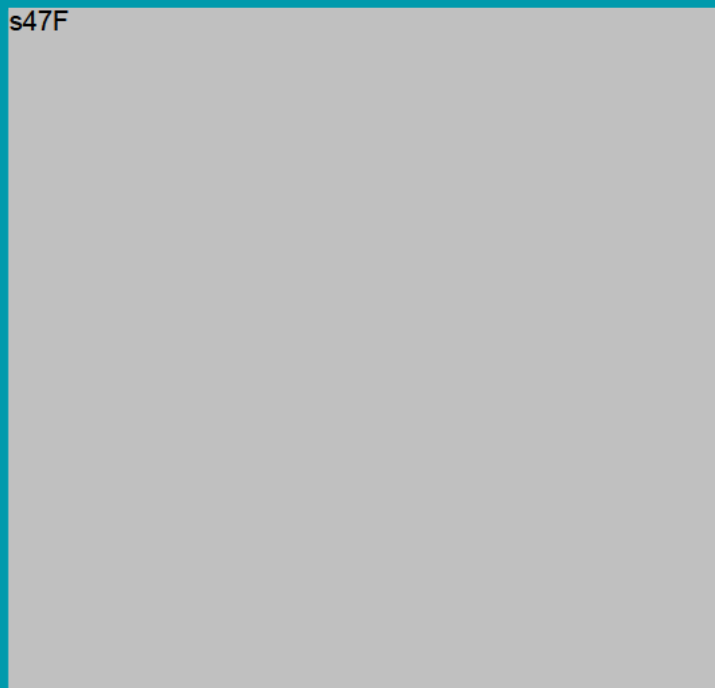
9.6 Support for Young Carers

Targeted supports should be offered to the young carer cohort by allocating up to 25 per cent of targeted financial carer support packages to this group. Specifically, young carers who self-identify as recipients of income support payments, and can provide evidence of this, would be prioritised to receive a package. As part of a mutual obligation approach, young carers on income support payments would be able to access respite and other supports to enable their engagement and ongoing participation in education and/or employment.

Service providers are to engage a dedicated Young Carer Support Worker in each Carer Gateway service area to manage young carers in receipt of packages to ensure their engagement and ongoing participation in education, training or employment is supported, including the requirement that they undertake a needs assessment and develop a care plan.

The Young Carer Support Worker will need to identify and engage with young carers through intensive outreach services with schools and tertiary institutions, youth services, vocational training organisations and employers. Additionally, the Young Carer Support Worker should engage with and refer to already existing supports for young carers including the Young Carer Bursary Program and the Young Carers Network.

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Case Study 3: Josie

Josie is a 17 year old primary carer of her 60 year old mother, who has advanced Parkinson's Disease. She lives in a rural community and is currently completing year 12 at school. Josie is feeling stressed as she is trying to manage her caring responsibilities and her study. She also feels isolated as she is one of only a few young carers in her small rural community.

Josie does not have a computer at home and often has to travel to her local community library to undertake her studies. This causes Josie considerable stress as she does not like leaving her mother unattended for long periods of time. Josie does not currently hold a part-time job due to her caring responsibilities and cannot afford to buy a computer.

Josie already receives counselling through her local service provider and has relatives who sometimes support her when she needs a break. Her service provider support worker has identified that purchase of a laptop computer would particularly assist Josie with her studies, upcoming search for employment and would also support her to participate in the online carer Community Forum, which has a specific group for young carers.

Working with Josie and her individual needs, the service provider supports Josie through the purchase of a laptop computer which she can use at home to complete her studies while caring for her mother. Josie also uses the laptop to access the Carer Gateway self-guided carer coaching and an online young carers support group, which is available through the Carer Gateway Community Forum. This helps Josie feel less stressed, more supported, and less alone in her role as a young carer.

The service provider Carer Support Worker also provides Josie with information about the Young Carer Bursary Program and Young Carer Network (YCN), both managed by Carers Australia.

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Case Study 4: Mrs Smith

Mrs Smith is a 75 year old carer of her elderly husband, who has advanced dementia. She is a very social and independent women, who likes to manage her own affairs.

Mrs Smith is generally coping well but often finds her caring role emotionally draining and sometimes also struggles to balance her caring role with everyday tasks such as cleaning and shopping. She is increasingly feeling that her caring role is having a negative impact on her own wellbeing and often feels angry that her caring role prevents her from doing some of the things that she really wants to do, such as attending social events or her grandchildren's school events. Mrs Smith is particularly concerned that her declining mood is impacting her ability to care for her husband. She decides to contact her local service provider for some support.

A Carer Support Worker assessed Mrs Smith's situation and deems that while she does not require emergency respite, she would benefit from some regular breaks from her caring role. The service provider determines that Mrs Smith is high priority for receiving a Carer Directed Package.

Together, Mrs Smith and the Carer Support Worker devise a plan, which includes planned respite episodes, whereby on set dates and times a care worker will come into the home to care for her husband. It also includes a period of residential respite.

The Carer Support Worker also helps Mrs Smith to arrange an Aged Care Assessment to see what other supports she and her husband can access.

9.7 Emergency Respite Care

The Emergency Respite Care service is designed to offer support to carers who are experiencing an urgent, unplanned and imminent event/situation that temporarily restricts their ability to continue caring when no other services are available, for example:

- an unplanned event or situation that prevents the carer from providing care required by the care recipient
- an unplanned event or situation that threatens the health and safety of the care recipient, or
- an unplanned event or situation that threatens the health and safety of the carer (including extremely high levels of strain and anxiety impacting the carer and care recipient relationship).

The service is delivered or subcontracted/brokered by the service provider (on behalf of the carer) to secure replacement care for the care recipient in circumstances where all other options have been exhausted. Service providers may use the funding to contribute the full cost of care or part of the cost where a carer can afford to make a contribution (wherever possible, carers are expected to contribute a portion of the cost of replacement care subject to the capacity of a carer to contribute). Funds used through the service are intended to be used in times of emergency only and all other types of planned respite care should be funded through other support services.

The funding available for Emergency Respite Care can be used to access services for either the care recipient or carer (e.g. adult day care, in-home care and residential care). After the event, service providers will be expected to undertake the Carer Support Planning Process with the carer to determine if underlying issues can be addressed through other supports (such as the Carer Directed Support Service). It is also expected that the service providers will coordinate with other carer service providers (such as Aged Care, NDIS) if a need is identified.

Assessment of the carer and their care recipient's needs must be conducted to determine what respite needs are required. Specifically, service providers need to take account of:

- the carer's needs
- the care recipient's needs
- the risk of relationship breakdown between the carer and care recipient and the strengths of the relationship
- the carer's priority for services relative to other carers in that target population
- isolation and social connectedness for both the carer and care recipient
- current support provided to support the carer, both formal and informal
- last period of respite provision, and
- ability to partner with other services.

In an emergency, assessment may be brief however the quality of respite care must not be compromised. Once the emergency has passed, the service provider is to make contact to re-assess the carer's needs to gain a better understanding of the carer's situation and their respite and support needs in the future.

s47F



Case Study 5: Mrs Rose

Mrs Rose is a primary carer for her 55 year old husband who has advanced multiple sclerosis and requires assistance with everyday tasks such as dressing, eating and bathing. She has a daughter living approximately two hours away, who is a single mother of two young children.

Mrs Rose's daughter unexpectedly becomes very unwell and is admitted to hospital. As next of kin, Mrs Rose is called and asked if she can take the children.

Mrs Rose calls the 1800 Carer Gateway number seeking assistance with care for her husband so that she can tend to her daughter and grandchildren. She is put in contact with her local service provider Carer Support Worker who assess her as being in need of emergency respite care services.

The Carer Support Worker works with Mrs Rose to find a temporary respite care solution for her husband, for an initial period of two nights. Mrs Rose is encouraged to help choose the care provider and arrangements that she thinks will best meet her and her husband's needs. The service is subcontracted/ brokered by the service provider and it is agreed that Mrs Rose will pay a contribution for the respite service.

Upon her return home, Mrs Rose is contacted by the service provider and the service provider intake and assessment process is completed in full. Mrs Rose is provided with additional information on available services for carers and indicates that she is interested in checking out the online services as these would fit best into her busy schedule. She does not wish to take up any in- person services.

10 National Carer Services

The department has available online services to enable carers to access forms of support, without having to meet in-person. Service providers are responsible for actively promoting these services to clients based on their needs.

10.1 Carer Gateway website

Carer Gateway website¹⁴ is a website for carers. It provides clear, practical advice to help carers with the challenges of their role. Carer Gateway website also provides the channels by which carers can find and select the national online services that they wish to use. The Carer Gateway website is designed so carers will want to share the content to other carers, and have a feeling of being 'in the same boat' as many others like them¹⁵.

- service providers must link Carer Gateway website as the primary online resource for carers whenever this is appropriate
- service providers should refer carers to Carer Gateway website whenever they feel this is going to help the carer.

If there are any **feedback, questions, complaints or suggestions** from anyone about the website then they should use the feedback form¹⁶.

10.2 Community Forum (online peer support)

The Community Forum is a free online peer support forum (accessible via the Carer Gateway website) for carers who are over 18 years old. The Forum is specifically designed to support carers to:

- connect with people in similar circumstances
- learn from their peers through the sharing of lived experiences, and
- aid in decreasing carer strain through the connection and sharing of personal circumstances and experiences.

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

15 Social proof is a psychological phenomenon where people reference the behavior of others to guide their own behavior.

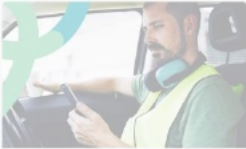
16 <https://www.carergateway.gov.au/feedback>

Australian Government **Carer Gateway** 🔍 🗖️

[Home](#) [Help and advice](#) [Respite](#) [Financial help](#) [Do you need to call someone?](#)

Practical advice and support for carers.
We're here for you.

Carer support



Phone counselling
Get one-on-one support with a professional counsellor over the phone if you feel stressed or overwhelmed.

[Ask for a counsellor](#)



Connect with other carers
Register to join the online forum and be part of a supportive community with other carers. Share stories and advice and learn from each other in a safe space.

[Join the Forum](#)



Self-guided coaching
Explore online carer coaching sessions. You can reflect on how you are going, how you'd like things to be, and how you might take steps towards making that happen.

[Find out more](#)



Skills courses
Use these short downloadable PDFs or Word documents to help you to learn new skills in caring for someone and yourself.

[Explore the courses](#)

Connect with other carers

www.carergateway.gov.au

Australian Government **Carer Gateway**

Search Term **SEARCH** 

Community Forum [LOGIN | JOIN](#)

[HOME](#) [GETTING STARTED](#) [DISCUSSIONS](#) [CARER GROUPS](#) [FACT SHEETS](#) [CONTACT US](#) [DO YOU NEED TO CALL SOMEONE?](#)

[Listen](#)

FEATURED **DISCUSSIONS**

INTRODUCTIONS

SOCIAL SPACE

SELF CARE

RELATIONSHIPS

PARENTING

MONEY & WORK

MANAGING HEALTH

TOUGH TIMES

GOOD RESOURCES

START A DISCUSSION

Introducing the Carer Gateway Community Forum

Description: Caring for a loved one can bring joy but some days it can be lonely or a little bit confusing. The Carer Forum provides a safe, anonymous space to connect with other carers and support each other.

[Click here to view transcript](#)

<https://forum.carergateway.gov.au/s/>

The Community Forum is hosted by a specialist organisation contracted by the department. Carers have two options to participate in the online peer support forum. They can:

- participate as a viewer or observer only, or
- participate as a member and contribute to online discussion threads.

The following table will assist with handling enquiries you might receive relating to the Community Forum:

Calls relating to	Response
I have forgotten my password...	Direct them to the Forum login page, and follow the "Forgot your password?" link.
I am having difficulties using the Community Forum website.	Direct them to the website feedback link in the footer of the website (forum.carergateway.gov.au) to lodge feedback.
Query relating to posting on the Community Forum.	Advise the caller to look under the "Getting Started" menu on the Community Forum for helpful information.
Query relating to moderation of a post on the Community Forum.	Advise the caller to look under the "Getting Started" menu on the Community Forum for helpful information.

10.3 National Telephone Counselling Service

The National Telephone Counselling Service is a free short-term counselling service for carers experiencing difficulties with anxiety, stress, depression and low mood. The service will assist carers to manage their own health in order to remain effective in their caring role and avoid crisis events.

In order to deliver high quality, therapeutic counselling specifically aimed at carers, the service offers two types of interventions:

- an intervention designed to help carers over a longer period who require more intensive support to achieve the outcomes, and
- an intervention, delivered over a shorter period, for those carers who may not need as much support to achieve the outcomes.

Carers can access the service directly via the Carer Gateway website or via the national 1800 number (and selecting Phone Counselling option – Option 2).

Phone counselling
Get one-on-one support with a professional counsellor over the phone if you feel stressed or overwhelmed.
[Ask for a counsellor](#)

Connect with other carers
Register to join the online forum and be part of a supportive community with other carers. Share stories and advice and learn from each other in a safe space.
[Join the Forum](#)

Self-guided coaching
Explore online carer coaching sessions. You can reflect on how you are going, how you'd like things to be, and how you might take steps towards making it happen.
[Find out more](#)

Skills courses
Use these short downloadable PDFs or Word documents to help you to learn new skills in caring for someone and yourself.
[Explore the courses](#)

Telephone counselling

www.carergateway.gov.au

Welcome to the Carer Gateway Counselling Service.

Caring for a loved one is important work. Some days caring brings great joy, but some days it can be lonely or a little overwhelming. No matter how you feel today, there is a counselling professional just a phone call away.

The Carer Gateway Counselling Service is a free service for carers. Each weekday, from 8am to 6pm, our professional counsellors are waiting to talk through the concerns you have and how you feel about your carer role. To learn more about how counselling helps carers, watch our video "Introducing the Carer Gateway Counselling Service" on this page.

To use the service, simply select 'Request a Callback' on this web page, fill in your details and we will call you back within one business day. You can also call 1800 422 737 and Select Option 1 to speak to our team.

[REQUEST A CALLBACK](#)

Introducing the Carer Gateway Counselling Service

<https://counselling.carergateway.gov.au/s/>

On the Carer Gateway Counselling webpage (<https://counselling.carergateway.gov.au/s/>), carers receiving counselling can log in to manage appointments and find useful information from their counsellor. Carers who are receiving counselling will be provided login access as a part of the over the phone intake process (by the contractor).

Carers accessing the National Phone Counselling service will undertake a counselling-specific assessment which will be used to prioritise their needs.

Telephone counselling is generally capped at six sessions and the duration will be determined by the Phone Counsellor.

Carers who have received counselling through the National Phone Counselling Service are also eligible to receive in-person counselling through their local service provider.

The following table will assist with handling enquiries you might receive relating to the Phone Counselling Service:

Calls relating to	Response
Caller is interested in accessing Phone Counselling...	- advise the caller that you will transfer them to the Phone Counselling service - call s47E(d) (phone counselling number) and cold transfer.
A "Request a call back" is related to accessing phone counselling.	- phone s47E(d) and relay the web form details to the Phone Counselling Service - the Phone Counselling Service staff will follow up the request.
I have forgotten my password...	direct them to the Carer Portal login page, and follow the "Forgot your password?" link.
I am having difficulties logging in / using the Carer Portal...	- advise the caller that you will transfer them to the Phone Counselling service - call s47E(d) and warm transfer, identifying that you are a Carer Gateway Contact Centre operator and the nature of the call.
I want to change my Phone Counselling appointment...	- advise the caller that you will transfer them to the Phone Counselling service - call s47E(d) (phone counselling number) and cold transfer.

Note: Do not provide the direct phone counselling number to callers. Carers should access all services via the national Carer Gateway 1800 number (option 2).

10.4 Carer Coaching (online self-guided format)

Self-guided Carer Coaching is a free online service for carers to:

- learn skills to assist them in their caring role
- build their capacity to self-identify needs and goals
- build their capacity to self-manage, and
- provide them with support and advice on a large range of issues relating to their caring role.

The Self-Guided Carer Coaching Service complements the Facilitated Carer Coaching Service that will be delivered by service providers, and carers may choose to do a combination of modules and formats.

Carers can access this service directly via the Carer Gateway website or may be referred to the self-guided format by the service provider following the Carer Support Planning Process.

The screenshot shows the Carer Gateway website interface. At the top, there is the Australian Government logo and the Carer Gateway logo. A navigation bar includes links for Home, Help and advice, Respite, and Financial help. A search bar and a button 'Do you need to call someone?' are also present. Below the navigation bar, a large banner features a woman's face and the text 'Making sure you get the help you need. We're here for you.' Below this, a section titled 'Carer support' contains four cards: 'Phone counselling', 'Connect with other carers', 'Self-guided coaching' (highlighted with a red box), and 'Skills courses'. The 'Self-guided coaching' card includes a description and a 'Find out more' button. A red line points from the bottom of the 'Self-guided coaching' card to the URL 'www.carergateway.gov.au' at the bottom of the page.

Self-guided carer coaching

www.carergateway.gov.au

www.carergateway.gov.au





Coaching Service



Do you need to call someone?

Carer Coaching


Listen

The carer coaching service provides an opportunity for you to explore the impacts of your caring role on your life. Designed in partnership with carers, each coaching session will get you thinking about how you are going, how you'd like things to be and how you might be able to take steps towards making that happen. Each session includes evidence supported information, practical tips, resources, reflection activities and stories from real Australian carers.

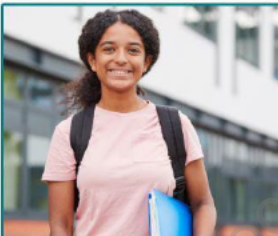
There are eight coaching sessions available.


Your health and wellbeing


Understanding the caring journey


What makes for good support?


Understanding inclusion and advocacy


Work, study and volunteering


Getting your finances in order


Everyday Life


How do you feel?

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

11 Service Provider Ancillary Activities

In support of the client services, the service provider is responsible for the delivery of the following ancillary activities.

11.1 Service Area Mapping

Service providers are required, on an annual basis, to undertake a service area mapping exercise of their Service Area. The purpose of this mapping is to identify organisations delivering services which may be of benefit to carers, and to develop relationships with these organisations for the purpose of referring carers to these services. It is expected that service providers will need to utilise a wide range of existing service providers in order to meet the needs of carers.

Service providers will need to work with organisations such as the Primary Health Network (PHN) and NDIS Local Area Coordinator Partners, to understand the needs of carers within their area. Emerging trends and patterns will need to be identified and understood.

Service Area Mapping should include:

- identification of available services
- high level carer needs analysis
- assessment of service capacity to meet current and anticipated future needs
- identification of any gaps in services, and any opportunities to improve coordination and collaboration and the responsiveness of care
- identification of opportunities for innovation, and
- planning for services.

Service providers should determine the most appropriate Service Mapping methods as relevant to their particular service area. This could include activities such as service provider engagement activities, surveys, desktop data analysis, and community consultations.

Annual Service Mapping should inform future service providers service delivery and be evidenced in their annual Activity Work Plan, which must be provided to the department on request.

11.2 Outreach

Service providers are responsible for undertaking promotional and profile raising activities, including outreach activities to targeted groups such as young carers, which aim to reduce the barriers that prevent disconnected or hidden carers from accessing the services they need. This should include outreach activities within local communities and with local service providers. Examples of outreach and service promotion activities could include engaging local communities through leaflets, newsletters, stalls and dedicated events (e.g. a presentation to a local school).

Outreach activities should also include promotion of online Carer Gateway services such as the Self-guided Carer Coaching service, online Carer Skills Courses, and the online Community Forum.

The department provides service providers with marketing materials to support their outreach and promotion activities (refer to Publications section).

11.3 Other Service Provider Activities

Service providers or the department may propose additional activities for service providers to deliver.

If new activities are funded by the department and the new activities substantially alter the terms of the Grant Agreement, a Deed of Variation may be required.

Service providers are encouraged to seek additional funding from other sources to support their activities, as long as these additional services do not prevent the service provider's compliance with the Grant Agreement.

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12 Department Ancillary Activities

12.1 National carer awareness communication activities

In addition to the ancillary activities delivered by the service provider, the department will develop and deliver national communications activities to raise awareness of carers, and the services and supports available through Carer Gateway (including the service providers).

Marketing of information about Carer Gateway or access to services for carers, will be conducted by the department. Any marketing material for the Carer Gateway 1800 number will be produced by the department and available from the Carer Gateway website. Service providers should inform carers about respite services and carer support through their outreach activities and using existing targeted local publications.

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13 Monitoring and Evaluation

13.1 Carer Gateway Outcomes Framework

Carer Gateway as a whole will create a coherent support environment for carers by bringing a coordinated approach to a range of existing carer support services.

The Carer Gateway Outcomes Framework outlines three primary areas of benefit from Carer Gateway. These are to:

1. **Improve carer wellbeing, increase their capacity and support their participation, socially and economically** – more carers gain required skills, better understand the caring role they are in, and plan their life using available supports.
2. **Reinforce carer resilience through effective preventative support services** – more carers are informed of the new preventative support services available to them and utilise these services.
3. **Restructure investment in carer support to increase cost effectiveness** – carers value the services provided to them and the Government is facilitates delivery of those services in the most cost-effective way.

The Outcomes Framework at Appendix J illustrates how the activities in the program will drive these benefits.

13.2 Service provider self-evaluation

Service providers are required to analyse their own performance in achieving Carer Gateway outcomes. Service providers are expected to implement service improvements based on their own analysis. This analysis must be provided to the department on request.

The annual Activity Work Planning process and reporting works to drive service improvement and to refine the service provider's understanding of carers' real needs (refer to Appendices B and R).

13.3 Service provider support to Carer Gateway evaluation

Service providers are required to contribute to monitoring and evaluation activities performed by the department (or its contracted evaluators). At a minimum, this includes:

- collecting and reporting client service delivery data – as per the Data and Reporting requirements and the DEX protocols
- supporting an organisation appointed by the department to survey a sample of clients accessing services delivered by the service provider
- providing reports and data as specified by the department, and
- regular communication with the department's staff.

13.4 Service provider reporting framework

Service providers are required to submit reports in accordance with the reporting section of the Grant Agreement.

13.5 Data Exchange

Performance information (e.g. client characteristics and service delivery information) will be required to be collected by service providers at the client level and entered directly into the department's performance reporting solution, the Data Exchange.

The performance information reported through the Data Exchange includes:

- client identity characteristics (given and family names, date of birth, gender and residential address)
- client demographic characteristics (indigenous status, cultural and linguistic diversity, and disability status, impairment or condition)
- service delivery information (outlets, cases, sessions), and
- client outcomes.

Refer to Section E of the Grant Agreement for details on timeframes for performance reporting milestones. Failure to submit accurate data within the specified timeframes will be considered to be a breach of the grantee's funded obligations.

Information must be provided in accordance with the Data Exchange Protocols¹⁷ which are mandated under the Grant Agreement.

Please note that for Carer Gateway, service providers are required to enter data quarterly as per the grant agreement. This requirement overrides the six monthly reporting periods outlined in the Data Exchange Protocols. In addition to quantitative data entered into DEX, the service provider is required to adopt the Partnership Approach and input comprehensive qualitative information on the delivery of funded services.

The Data Exchange Technical Specifications¹⁸ are available online. A dedicated the Data Exchange helpdesk is available via [dssdataexchanges47E\(d\)@dss.gov.au](mailto:dssdataexchanges47E(d)@dss.gov.au) or [s47E\(d\)@dss.gov.au](mailto:s47E(d)@dss.gov.au). Additionally, there is a range of other training and support material¹⁹ to help service providers use the Data Exchange.

¹⁷ <https://dex.dss.gov.au/data-exchange-protocols/>

¹⁸ <https://dex.dss.gov.au/access/>

¹⁹ <https://dex.dss.gov.au/training-resources/>

Acronyms and Terms

CLI	Caller Line Identification
CRM	Client Relationship Management system
DEX	The Data Exchange
FAM	Funding Arrangement Manager
FOI	Freedom of Information
IPPS	In-Person Peer Support
LMS	Learning Management System
NRS	National Relay Service
the department	refers to the Australian Government Department of Social Services
TIS	Translation and Information Services
TOP	Transition Out Plan

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Appendix A – Carer Gateway Blueprint

Refer Disability and Carers section of the department's website.

<https://www.dss.gov.au/disability-and-carers-carers-icss-implementation/icss-service-blueprint>

ICSS Service Blueprint



Australian Government
Department of Social Services

ICSS Service Blueprint

Version Number: 1.3

Date: 11 December 2018

Purpose: This document is a blueprint for the Australian Government's Integrated Carer Support Service. Its purpose is to describe the different service components (and their relationship) required to commission and operate the Integrated Carer Support Service.

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Appendix B – Activity Work Plan Template



Instructions

To complete the Activity Work Plan please complete cells that are not shaded.

The populated activity deliverables are not exhaustive and rows can be added to the following tables as required.

A budget for the financial year must also be attached as part of the Activity Work Plan. The budget template is at *Appendix C of the Carer Gateway Operating Manual* and must be used for this purpose.

Activity Work Plan

Organisation name		Grant Activity Name		Grant Activity ID	
ACTIVITY DETAILS					
Activity Start Date		Activity End Date	<dd/mm/yyyy>	Total Activity Funding	\$xxx,xxx total amount in agreement
Activity Requirement:	Include as specified in the activity description in the agreement.				
This Activity Work Plan covers the following period	Activity Work Plan Start Date	<dd/mm/yyyy>	Activity Work Plan End Date	<dd/mm/yyyy>	Current Financial Year Funding \$xxx,xxx
ACTIVITY DELIVERABLES					
Objective	Deliverable and location		Timeframes	Measures of success	
List objectives/requirements which clearly relate to the outcomes of the activity	Specify the scope of the deliverable/requirement		Specify the timeframe for delivery	Specify the success metrics for the deliverable/requirement, including quality expectations	

Carer Support Planning	<i>Elaborate on activities that are undertaken during the carer support planning process that are not able to be reported into DEX</i> <i>e.g. number of carer support planners required, system navigation support, connection with other services and supports and referrals to other services and supports.</i> <i>Note: This is not an extensive list and you are not required to report on all aspects.</i>		
Establish a regional presence to support the entire service area ensuring Carers of all cohorts are reached	<i>Specify activities that will be undertaken at different locations to support carer cohorts including ATSI, CALD, LGBTIQ+ and mental health carers.</i> <i>How are you targeting specific cohorts in your peer support, counselling and coaching services?</i>		
	<i>Specify planned communication activities that will be undertaken within the service area to raise awareness of Carer Gateway and reduce barriers, which prevent disconnected or hidden carers accessing services.</i>	Ongoing	
	<i>Specify activities that will be undertaken within the service area, including the activities of the Young Carer Support Worker to work with and identify young carers.</i>	Ongoing	
	<i>Specify activities for mapping of services in the service area, which are of benefit to carers – refer to section 11.1 Service Mapping in the Carer Gateway Operating Manual for further information.</i>	Annually as part of AWP due 30 June each year	

Demand	<i>Specify activities to manage increased demand for carer services</i>	Ongoing	
Conduct outreach activities, and link to social, health, education, community and cultural groups, to better understand regional and rural needs	<i>Specify planned outreach activities within service area including regional, rural and remote locations to obtain local intelligence of carer needs</i>	Ongoing	
Continued service improvement including innovation	<i>Specify planned activities to contribute to service improvement including organisational e.g. staff training, internal processes or upgrading CRM/phone system and planned innovation</i>	Ongoing	
Collect 1800 phone number statistics	The following Carer Gateway 1800 phone number statistics collected, broken down month by month and reported in the six (6) monthly Activity Work Plan report ○ total number of calls ○ average call wait time ○ longest call wait time ○ number of abandoned calls ○ average length of call ○ number of incorrect calls coming through to the 1800 number ○ number of call back requests received and completed through the website by month	Six monthly as part of AWP Report	Monthly breakdown of statistical data provided to the department for periods: ○ 1 July to 31 December ○ 1 January to 30 June

RISK MANAGEMENT (please note any predicted risks & related mitigation strategies)

Risk	How the Risk will be Managed

STAKEHOLDERS		
Stakeholder	Interest or Impact	Engagement Strategy
	<i>You are not required to report on your key stakeholders here. This requirement will be met by undertaking your stakeholder mapping activities.</i> <i>As per the Carer Gateway Operating Manual, you are required to keep an up to date sub-contractor list and provide it to your FAM.</i>	

This Activity Work Plan is to be finalised, or reviewed and renewed, by the Activity Work Plan End Date specified above.

<Legal Organisation Name>

Department of Social Services

Signed for and on behalf of

Position

Chief Executive Officer

Funding Arrangement Manager

Date

____/____/____

____/____/____

Appendix C – Budget Template

Budget – specify amounts to be allocated using the budget template below (Total anticipated income should equal total estimated expenditure). It is expected that services received by carers and resources for carers will take up the largest percentage of the budget outlay and that expenditure attributed to overheads, administration and other costs will be tightly managed within acceptable limits negotiated between the provider and the department dependent on service location.

The split between administration and service delivery costs submitted per your grant application will be used to monitor the levels applied against in your budget each year.

This is to be included with the AWP.

Income for the year of 20	
Source	GST exclusive (in whole dollars only)
Service Provider Funding – the department	
Anticipated interest received on Funds	
Anticipated fees	
Other	
Total anticipated income	

Expenditure for the year of 20	
Direct Costs (Service Delivery)	GST exclusive (in whole dollars only)
Employee expenses	
Subcontracting/brokering expenses	
Insurance	
Travel	
Carer resources	
Other	
Total direct costs	
Support and Administration Costs	GST exclusive (in whole dollars only)
Employee expenses	
Training costs	
ICT and telephony costs	
Premises and Accommodation costs	
Depreciation (excluding Assets)	

Expenditure for the year of 20	
Promotion and advertising costs	
Management fees	
Other	
Total administration costs	
<u>TOTAL ESTIMATED EXPENDITURE</u>	

Forecast Volumes for 20../..

Services	Forecast Volumes for 20../..
Carer Support Planning	
In-Person Counselling	
In-Person Peer Support	
Carer Directed Support	
Emergency Respite	
In-person Coaching	
Total	

Appendix D – Transition Out Plan Guidelines

1.0 Aim

The aim of the Transition Out Plan (TOP) is to ensure that the obligations of both parties upon termination or expiry of the grant agreement are acknowledged and agreed.

The TOP is intended to assist in a smooth transition of services and ensure minimal disruption of services to clients and carers upon termination or expiry of a Grant Agreement. In this regard, developing a TOP is evidence of good management practice and organisational planning.

- The TOP should address issues that enable the orderly transition of the services from the participant to the Commonwealth or its nominee on termination or expiry of the Grant Agreement. Once the TOP has been agreed upon, the service provider must comply with each element, unless the department notifies the service provider that it is not obliged to comply
- with a particular element of the Transition Plan.

The following are matters that should be considered for inclusion in the TOP; however, these are intended as guidance only. The list is neither exhaustive nor prescriptive and TOPs will depend on each organisation's individual arrangements and the outcome of any negotiations.

2.0 Service provider contact information

Please provide relevant contact details for the service provider and identify to which program the contact relates. Please provide:

- position
- address
- phone
- email.

3.0 Program descriptions

Briefly describe the program(s) and activities to which the TOP relates. Include information about organisations and service providers with which the service provider has linkages, and their contact details (positions only and contact details for the positions including phone and email; do not include names as these are subject to change).

4.0 Organisational arrangements

Please provide:

- information/description of organisation-specific administrative policies
- processes and procedures
- operational procedures.

5.0 Timeframe for transition

Specify the transition out period (assume a period of one to three months before the date of termination or expiry of the Grant Agreements, to be negotiated and agreed with the department at the time of termination/expiry).

Provide a timetable for the transition, including events and milestones. Set out what steps the service provider will undertake within days/weeks of notification of the Grant Agreement expiry/termination and contact details for certain steps/tasks.

6.0 Transition of clients

The TOP is intended to assist in a smooth transition of services and ensure minimal disruption of services for clients and carers upon termination or expiry of the Grant Agreement.

Provide an outline of how this transition process will be managed and communicated to clients, carers and/or representatives.

7.0 Notification

The service provider must inform relevant stakeholders of the termination/expiry of the Grant Agreement. Relevant stakeholders may include:

- advisory committees and/or
- regular forums/networks attended.

8.0 Staffing arrangements

Include staffing details and the basis on which staff are employed (eg. full time, part-time, award levels) for the service provider and identify under which program the staff are employed. Specify arrangements for transition of staff to a new participant (subject to the agreement of the new participant).

While there is provision in Activity funding for staff entitlements, the TOP should address conditions and arrangements for staff not wishing to transfer, eg. redeployment, redundancy.

9.0 Organisation property/accommodation

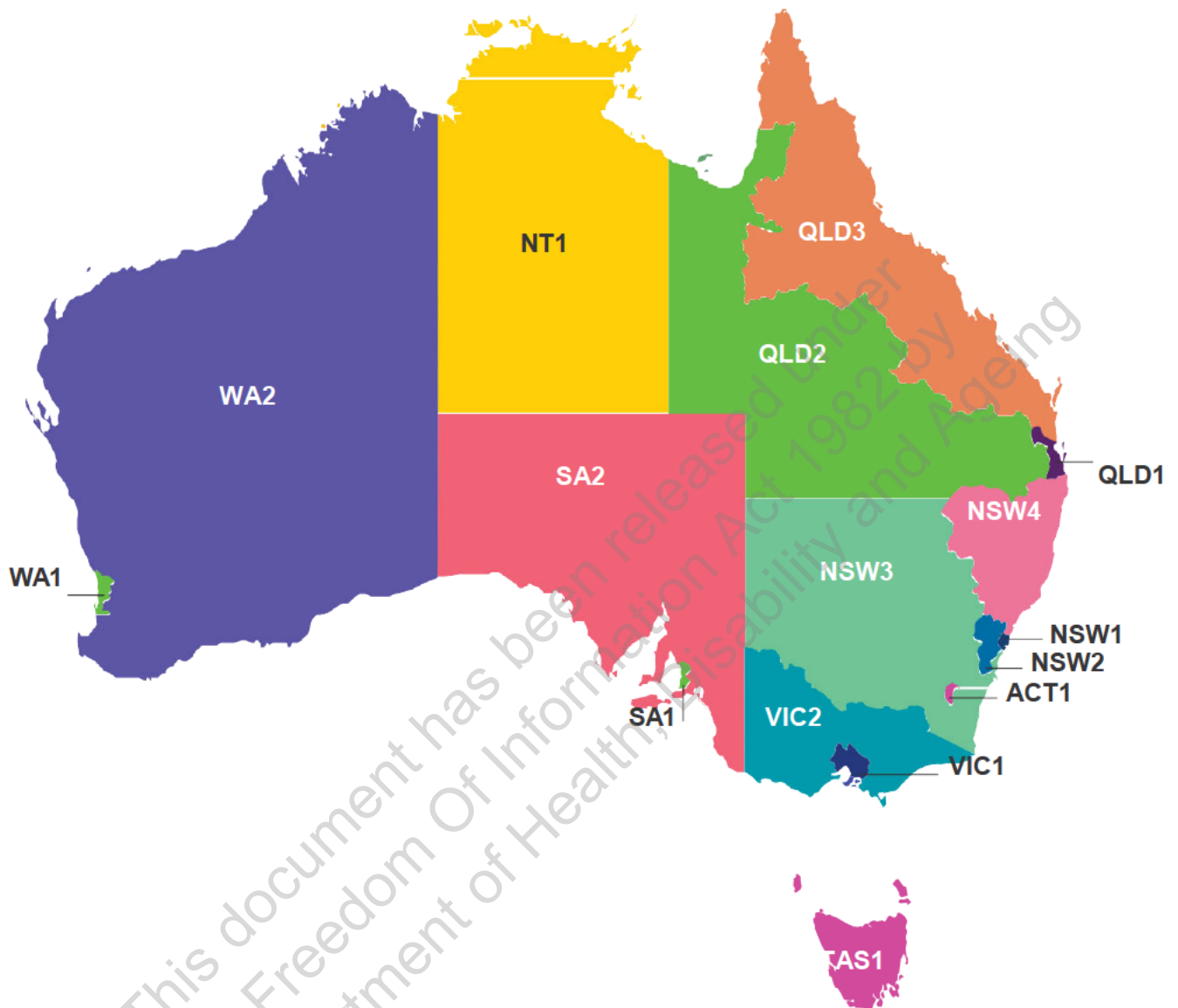
Include information about what accommodation arrangements exist for premises currently occupied by the service provider.

10.0 Assets

Assets including any item of personal, real or intangible property, with a price or value of \$10,000 or more, inclusive of GST, and which has been created, acquired or leased wholly or in part with the Grant. Service providers must maintain and submit upon request an Asset register for Assets purchased in whole, or in part, with Commonwealth funds, and for Assets purchased with other funds that are used for the delivery of service provider services for which the service provider claims depreciation. The Asset register must include

- Asset description
- percentage of the Asset that is Commonwealth funded
- serial number (if available)
- whether the Asset is purchased or leased
- acquisition date
- estimated useful life of the Asset (or lease life)
- total Asset value
- total depreciation per financial year on non-Commonwealth share of the Asset
- cumulative depreciation on the non-Commonwealth share of the Asset
- depreciated value of the non-Commonwealth share of the Asset
- disposal date (for Assets purchased in whole or part with Commonwealth funds).
- residual/Sale Value of the Commonwealth share of the Asset.

Appendix E – Carer Gateway Service Areas



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Carer Gateway Service Areas

Service Area	Corresponding	Carer Population*
ACT 1	31 – ACT	44,700
NSW 1	1 – Central and Eastern Sydney 2 – Northern Sydney 3 – Western Sydney	345,054
NSW 2	4 – Nepean Blue Mountains 5 – South Western Sydney	175,074
NSW 3	6 – South Eastern NSW 7 – Western NSW 10 – Murrumbidgee	167,783
NSW 4	8 – Hunter New England and Central Coast 9 – North Coast	215,535
QLD 1	17 – Brisbane North 18 – Brisbane South 19 – Gold Coast	253,254
QLD 2	20 – Darling Downs and West Moreton 21 – Western Queensland	64,741
QLD 3	22 – Central Queensland, Wide Bay, Sunshine Coast 23 – Northern Queensland	163,130
VIC 1	11 – North Western Melbourne 12 – Eastern Melbourne 13 – South Eastern Melbourne	526,051
VIC 2	14 – Gippsland 15 – Murray 16 – Western Victoria	216,939
SA 1	24 – Adelaide	177,676
SA 2	25 – Country SA	66,116
WA 1	26 – Perth North 27 – Perth South	149,032
WA 2	28 – Country WA	54,570
TAS 1	29 – TAS	85,508
NT 1	30 – NT	11,520
Total		2,716,683

* The carer population data is based on the Australian Bureau of Statistics, Survey Disability Ageing and Carers data 2015.

Appendix F – Carer Support Planning Framework

Refer to the Program Materials section of the Carer Gateway Learning Management System.

<http://providers.carergateway.org.au/docs/Carer-Support-Framework.pdf>



Carer Support Framework

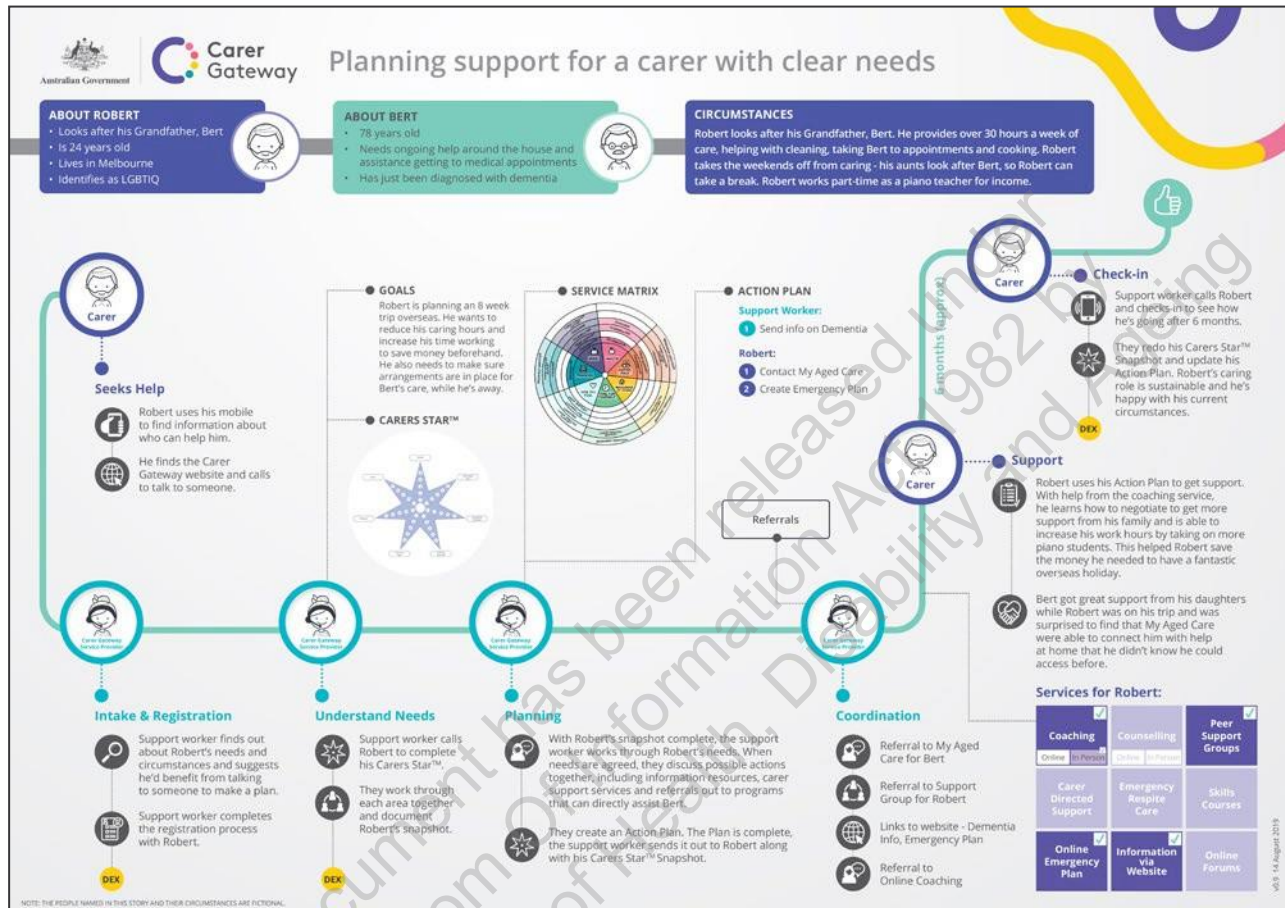
Integrated Carer Support Service (ICSS)

Version 1.0 December 2019

Appendix G – User Journeys

Refer to the Program Materials section of the Carer Gateway Learning Management System.

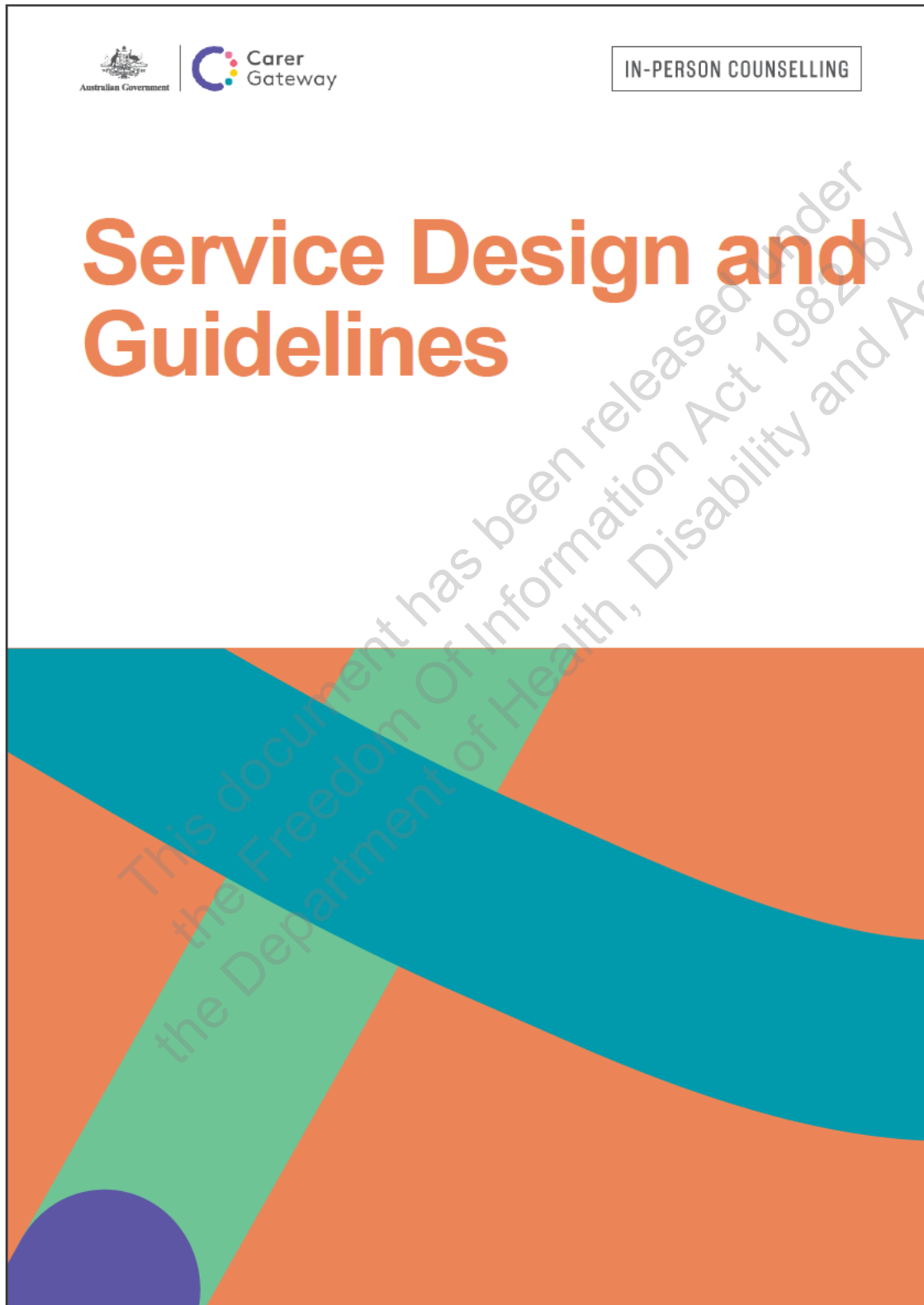
<http://providers.carergateway.org.au/docs/Carer-Journeys.pdf>



Appendix H – In-Person Counselling Service Design and Guidelines

Refer to the Program Materials section of the Carer Gateway Learning Management System.

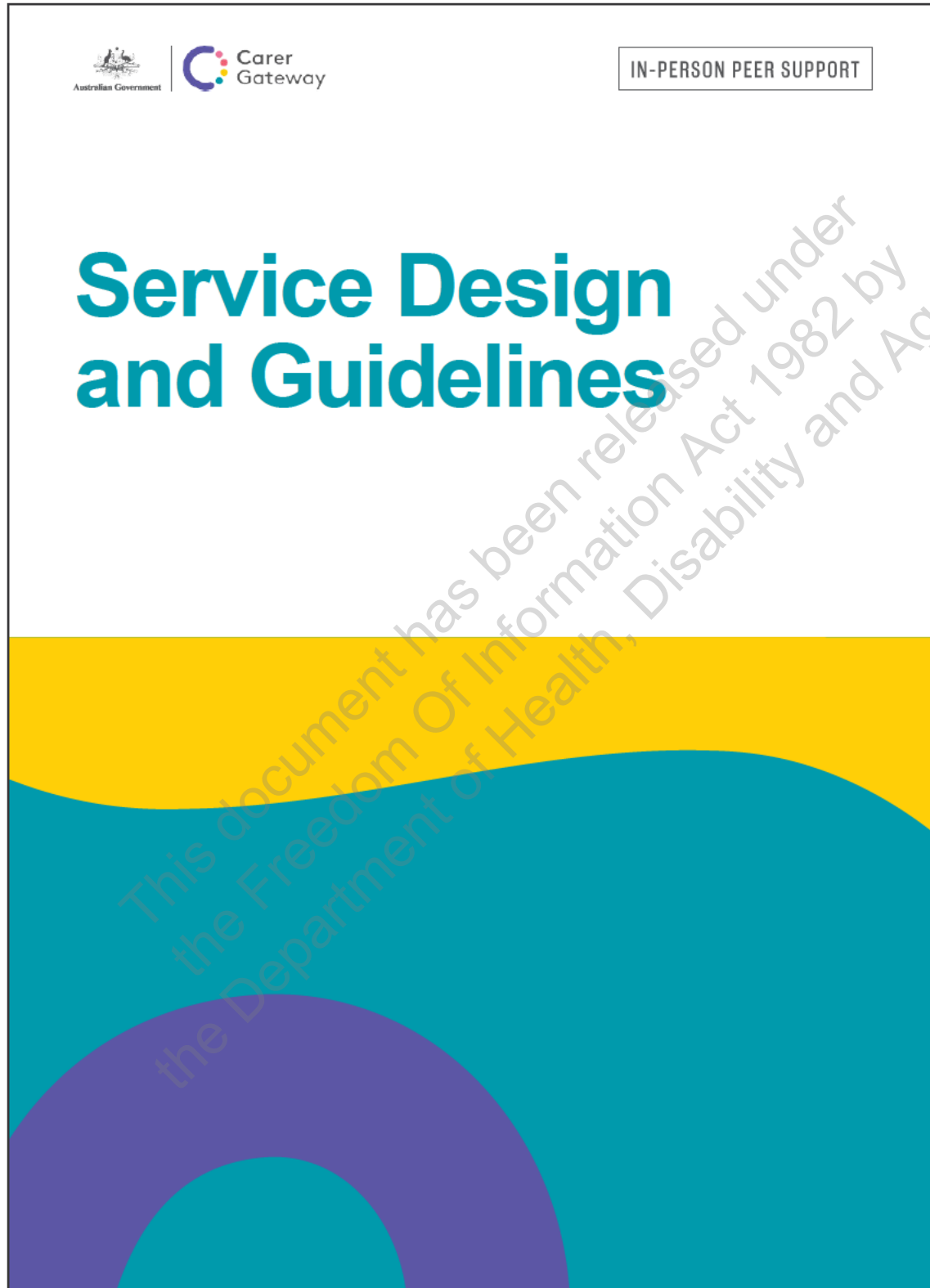
<http://providers.carergateway.org.au/docs/IPC-Guidelines.pdf>



Appendix I – In-Person Peer Support Service Design and Guidelines

Refer to the Program Materials section of the Carer Gateway Learning Management System.

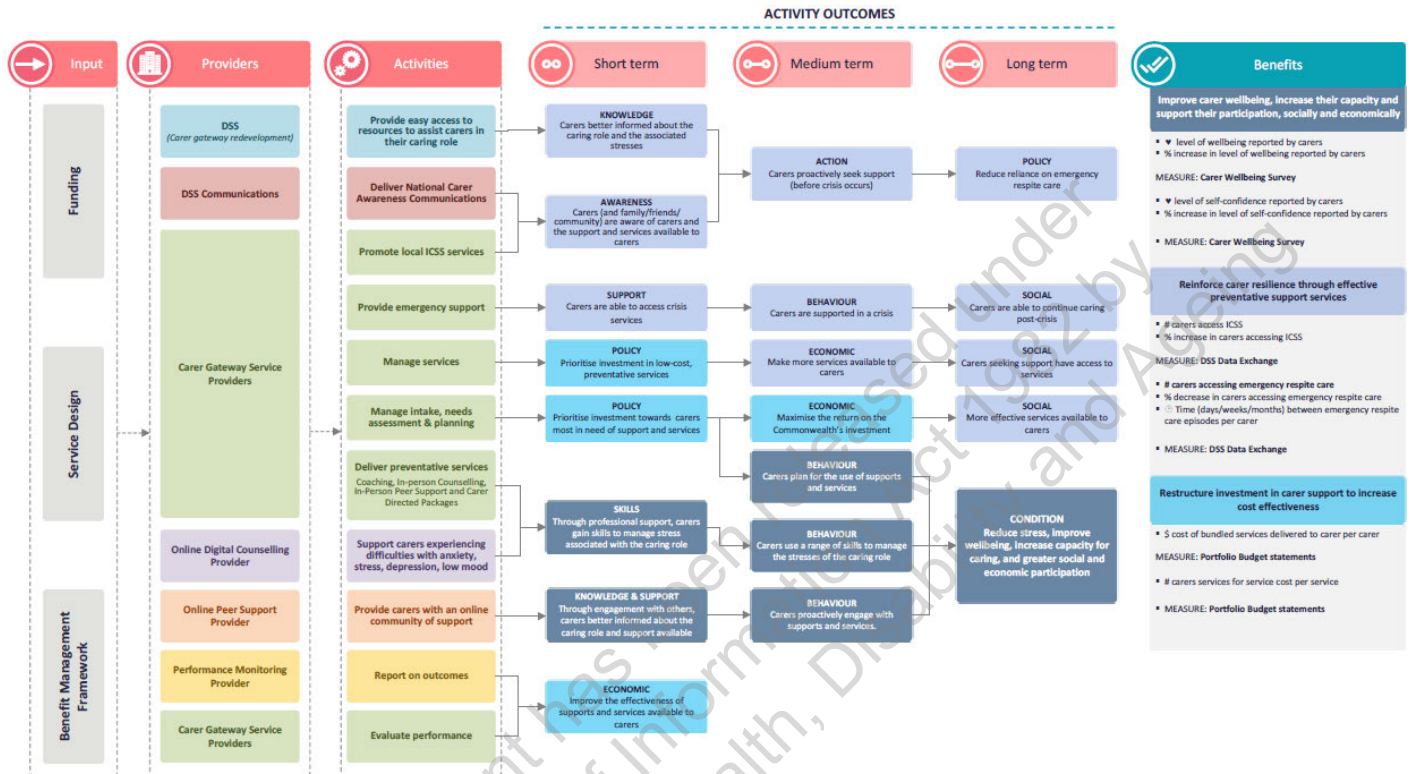
<http://providers.carergateway.org.au/docs/IPPS-Guidelines.pdf>



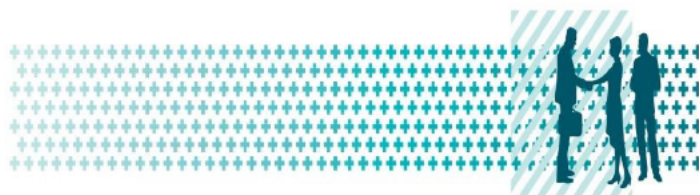
Appendix J – Outcomes Framework

Integrated Carer Support Service - Outcomes framework

Caring can be stressful and can impact on the relationship between the carer and the person they care for. It can also impact carers' ability to participate in everyday activities such as education and employment. The purpose of the ICSS is to improve carer wellbeing, increase their capacity and support their participation, socially and economically.



Appendix K – Activity Work Plan Report Template



Activity Work Plan Report

Instructions

To complete the Activity Work Plan Report you will need a copy of your approved Activity Work Plan.

Most text boxes in this form will be populated by copying the text in your Activity Work Plan. You will need to report against each line item in the text boxes on the right hand side of the form.

For further guidance on completing this form go to the [Website](#)

Add rows to the following tables as required.

Activity Deliverables

Objective	Deliverable <i>Note: Copy the activities from your AWP</i>	Timeframes <i>Note: Copy the timeframes from your AWP</i>	Measures of success <i>Note: Copy the measures of success from your AWP</i>	Status	Progress Report
Carer Support Planning					
Establish a regional presence to support the entire service area ensuring Carers of all cohorts are reached					
Demand					
Conduct outreach activities, and link to social, health, education, community and cultural groups, to better understand					

Objective	Deliverable <i>Note: Copy the activities from your AWP</i>	Timeframes <i>Note: Copy the timeframes from your AWP</i>	Measures of success <i>Note: Copy the measures of success from your AWP</i>	Status	Progress Report
regional and rural needs					
Continued service improvement including innovation					

1800 Carer Gateway Number Statistics

	<month>	<month>	<month>	<month>	<month>	<month>	Comments
Total number of calls							
Average call wait time							
Longest call wait time							
Number of abandoned calls							
Average length of call							
Number of incorrect calls coming through to the 1800 number							
Number of call back requests received and completed through the website by month							

Risk Management (please note any predicted risks & related mitigation strategies)

Risk	How the Risk will be Managed	Report
<i>From AWP</i>	<i>From AWP</i>	

Budget - as per AWP Budget

Items	Budgeted Amount	Expended Amount
Employee Expenses	<i>From Appendix C</i>	
Subcontracting Expenses	<i>From Appendix C</i>	
Insurance	<i>From Appendix C</i>	
Travel	<i>From Appendix C</i>	
Carer resources	<i>From Appendix C</i>	
Other	<i>From Appendix C</i>	
Employee Expenses	<i>From Appendix C</i>	
Training Costs	<i>From Appendix C</i>	
ICT and telephony costs	<i>From Appendix C</i>	
Premises and Accommodation costs	<i>From Appendix C</i>	
Depreciation (including Assets)	<i>From Appendix C</i>	
Promotion and advertisings costs	<i>From Appendix C</i>	
Management Fees	<i>From Appendix C</i>	
Other	<i>From Appendix C</i>	
Total expenditure	<i>From Appendix C</i>	

Stakeholder

Stakeholder	Interest or Impact	Engagement Strategy	Progress Report
<i>From AWP</i>	<i>From AWP</i>	<i>From AWP</i>	

Further Comments

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