Integrated Carer Support Service: Regional Delivery Partners

A draft on the regional delivery model

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Department of Social Services

Tuggeranong, Canberra ACT



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# **1 Overview**

## Purpose

This discussion paper sets in context the proposed role and potential options for distribution of Regional Delivery Partners (RDPs) within the recently announced Integrated Carer Support Service.

The Department of Social Services (DSS) is seeking input via written submissions from stakeholders on the proposed Regional Delivery Partner service areas; identifying any specific issues including whether there are suitably capable organisations with the capacity to form consortia to fulfil the role of a Regional Delivery Partner.

## Background

Historically the Australian Government has invested in a range of programs and initiatives to support the important work of Australia’s unpaid carers with access to information, education, respite and counselling. The bulk of funding has been invested in a series of care recipient programs focused on the provision of reactive services supporting a carer’s immediate needs, but not providing any longer term contribution to their quality of life and/or ability to perform their caring role.

In recognition of the need to support and sustain the vital work of unpaid carers, the Australian Government committed funding to design an Integrated Plan for Carer Support Services (the Plan). The plan has been developed to reflect the Australian Government’s priorities for carers, and outlines actions to improve access to information and services specifically for carers.

The Plan has two key stages.

The first stage was the design and implementation of Carer Gateway. The Carer Gateway was launched in December 2015, and established a website ([www.carergateway.gov.au](http://www.carergateway.gov.au)) and national contact centre, dedicated to the delivery of carer-specific information. Its purpose is to provide carers with a recognisable source of clear, consistent and reliable information, to help them navigate the system of support and services.

The second stage of the Plan was to work with the sector (including carers, service providers, peak bodies and individuals with carer-specific expertise in a process of co-design) to design a new integrated system of carer-specific supports and services that would be better positioned to support Australia’s carers into the future.

The resulting design reflected four principles:

* + - * Invest in services that have a proven ability to improve a carer’s quality of life;
			* Prioritise investment in a range of low-cost, yet effective, preventative services available to carers (e.g. counselling, coaching and peer support);
			* Seek to intervene early in the life course of a carer; and
			* Target carers most in need of support (i.e. those carers most at risk).

As part of its broader reforms to the carer support system, the Australia Government announced the new system in March 2018; referred to as the Integrated Carer Support Service (ICSS).

## Integrated Carer Support Service

Recognising that carers have a right to access services to support their own needs, the ICSS is a new system of services designed specifically for carers. It is designed to make the Government’s carer supports and services easier to navigate and more accessible. But more importantly it is designed to increase the Australian Government’s investment in services proven to improve a carer’s quality of life.

The agreed ICSS model proposes three levels of service delivery: national, regional and local.

* At a **national** level, it is envisaged that some services, such as phone and online counselling, will be delivered centrally, and the system as a whole will be supported by national infrastructure.
* At a **regional** level, it is envisaged that regional hubs (referred to as Regional Delivery Partners) will deliver services for carers, including preventative and emergency supports.
* At a **local** level, service providers would be contracted to deliver services coordinated by RDPs.

The ICSS will be operationalised through the sourcing of providers and implementation of services for carers. The commissioning process will commence from March 2018, including:

* Engagement and establishment of the RDPs.
* Engagement and establishment of a national counselling provider to provide carers with access to an online/telephone based counselling service.
* Engagement and establishment of a specialist organisation to develop and operate an online community forum to provide carers with access to 24/7 peer support.
* Engagement of a specialist organisation to design and pilot a carer coaching service.
* Engagement of a specialist organisation to design and deliver a national communications campaign.
* Engagement of a specialist organisation to design and administer an outcomes framework (to measure and report on the performance of the organisations engaged under the ICSS, including the RDPs).

In ensuring continuity of carer services and to support the transition to the new RDP network from September 2019, DSS carer service providers’ current funding arrangements will be extended to
30 November 2019. The extension includes a three month transition period from September to
30 November 2019, to provide the opportunity for the new RDPs to commence operations at the same time as existing carer service providers transition out of service delivery. This will ensure minimal disruption of support services for carers during this time and mitigate the risk of creating unintended service gaps during the implementation of the new ICSS.

## ICSS outcomes

Through its commissioning of the ICSS, the Australian Government’s objective is to:

**Improve carer wellbeing, increase their capacity and support their participation, socially and economically.**

Achieving this vision depends on the contribution of commissioned organisations to the following outcomes:

* **Awareness** – Carers and their family and friends along with the general community are aware of carers and the support and services available.
* **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 able to access crisis services.
* **Economic** – Improve the effectiveness of supports and services available to carers.

# **2 Regional Delivery Partners**

## Role and responsibilities

The ICSS service delivery model relies on the establishment of a regional and local presence across Australia where carers would access services such as coaching, counselling, emergency respite, carer directed respite care and peer support. Pivotal to the success of the ICSS model is the establishment of this presence through a number of RDPs who will be prime contractors for DSS.

RDPs form a critical component of the regional delivery of the ICSS where they will predominately be the first point of contact, and the primary source of information and assistance for carers. RDPs will work closely with carers to identify their needs, provide them information, and facilitate and/or deliver a range of support services.

RDPs will also play an important role in establishing and maintaining relationships with social, health, education, cultural and community groups, to understand regional needs, and promote awareness of the role of informal carers and the services available to them.

It is expected that a RDP would establish:

* a central hub to deliver those services without a face to face component (e.g. managing 1800 enquiries, brokering emergency respite and coordinating carer directed respite care), and
* smaller service outlets to deliver services with a face-to-face component (i.e. where proximity to the carer is important) such as peer support groups and a coaching services.

A service outlet represents a physical staff presence but not necessarily dedicated office space i.e. staff may be co-located in a local hospital or have a mobile workforce.

RDPs are expected to make the greatest contribution to the ICSS outcomes. With respect to maximising outcomes, DSS requires each RDP to demonstrate how its business model supports the following priorities:

* Effective and low-cost preventative supports and services (e.g. In-Person Peer Support and Carer Coaching).
* Targeting carers most in need of support (i.e. those carers most at risk).
* Reducing carer reliance on reactive services (e.g. Emergency Respite Care) by maximising the uptake of preventative supports and services and by delivering an active Outreach program focused on raising awareness.
* Active monitoring of the outcomes being achieved and through a program of continuous improvement.

##

## Service offer

An overview of the services that would be available to carers across the ICSS by service provider is provided in Appendix A.

The possible options carers could choose to access and receive support are shown in Appendix B.

# **3 Service Areas**

## Current model

At the core of the ICSS are the organisations commissioned to perform the role of RDPs. Therefore, the ICSS requires definition of service areas and agreement on the number of organisations contracted to support each service area. The service area sets out where an organisation will work, the communities it will work with and where most of its clients will be drawn.

Currently more than 100 organisations - of which 38 operate the 54 Commonwealth Respite and Carelink Centres (CRCCs) - are funded to deliver carer services across the previous 52 Aged Care Home and Community Care (HACC) Planning Regions. Since the cessation of the HACC program, these regions are no longer recognised or maintained by Government, resulting in a lack of demographic data necessary for service planning.

It is important to note that the future RDPs would replace the organisations currently funded to deliver DSS Carer Support Services.

## Proposed new model

In developing options for the proposed RDP service areas, DSS conducted detailed service analysis and mapping work that focussed on carer population and location, data on current carer and mainstream services, as well as consideration of the service regions currently utilised.

Prior to the detailed statistical analysis undertaken by DSS, the concept of larger service areas was discussed through a consultation DSS ran with the Subject Matter Expert Working Group, as part of the service delivery model design process. Consensus was that a number of around 22 service areas could be a feasible option.

In considering the most appropriate regions to establish the RDP service areas it is proposed that the service areas be based on the Statistical Areas (level 4) managed by the Australian Bureau of Statistics (ABS). The Department has consolidated the 88 ABS’ Statistical Areas (SA) Level 4 regions into two suitable options:

* **Option A** - 20 service areas nationally with 20 RDPs – one in each service area.
* **Option B** - 11 service areas nationally with 11 RDPs – one in each service area.

The establishment of a smaller number of RDPs forms a key change in the new model. DSS believes this approach will deliver economies of scale through a centralised model and consolidation of existing services into larger service outlets. With a smaller number of service areas, RDPs would be required to establish their regional presence and therefore increase their ability to support carers in rural and remote locations. This is critical as more than 30% of carers (approximately 850,000) live outside of major cities.

The argument for supporting a smaller number of service areas is threefold:

* **Larger service areas can span multiple regions.** Delivering services in metropolitan, rural and/or remote areas would preclude cherry-picking by providers. As shown by the Aged Care Regional Assessment Service, the market can deliver effective solutions in regional/ remote areas if they can offset these costs by also having access to higher volumes (and lower delivery costs) associated with metro areas.
* **A smaller number of larger contracts is more cost effective.** There are significant fixed costs attached to each RDP contract associated with establishing operations (the development of business administration, staffing, acquiring rental facilities and ICT systems). The increased cost effectiveness of fewer RDP contractors will provide for more staff, better training and career pathway prospects, broader geographic coverage and more funding available for direct service provision activities.
* **A smaller number of larger contracts ensures a more equitable access and consistent service experience across regions**. Each service outlet operating within a service area would be connected by centralised business operations and ICT systems established by the RDP, supporting carers to receive a consistently high level of quality service.

Given the geographic size of the proposed service areas, it is anticipated that each RDP would enter into consortium arrangements with a variety of providers engaged through subcontractor arrangements. It is also expected that many existing service providers would be well placed to either lead a consortium or participate in a consortium led by another organisation.

The next two paragraphs provides a breakdown of each option’s service area’s geographical location/coverage.

###

### Option A – 20 service areas

The proposed RDP service areas under Option A are described in Table 1 below.

**Table 1 – Carer population and estimated number of service outlets for 20 service areas**

| **Service Area** | **Estimated Carer Population** |
| --- | --- |
| NSW 01a | 137,400 |
| NSW 01b | 137,400 |
| NSW 02a | 165,950 |
| NSW 02b | 165,950 |
| NSW 03a | 171,400 |
| NSW 03b | 171,400 |
| NT 01 | 11,500 |
| QLD 01a | 128,750 |
| QLD 01b | 128,750 |
| QLD 02a | 108,700 |
| QLD 02b | 108,700 |
| SA 01a | 122,250 |
| SA 01b | 122,250 |
| TAS 01 | 84,900 |
| VIC 01a | 192,350 |
| VIC 01b | 192,350 |
| VIC 02a | 173,900 |
| VIC 02b | 173,900 |
| WA 01a | 101,500 |
| WA 01b | 101,500 |
| **Total** | **2,700,800** |

 Option B – 11 service areas

The proposed RDP service areas under Option B are described in Table 2 below.

**Table 2 –Carer population and estimated number of service outlets for 11 service areas**

|  |  |
| --- | --- |
| **Service Area** | **Estimated Carer Population** |
| NSW 01 | 274,800 |
| NSW 02 | 331,900 |
| NSW 03 | 342,800 |
| NT 01 | 11,500 |
| QLD 01 | 257,500 |
| QLD 02 | 217,400 |
| SA 01 | 244,500 |
| TAS 01 | 84,900 |
| VIC 01 | 384,700 |
| VIC 02 | 347,800 |
| WA 01 | 203,000 |
| **Total** | **2,700,800** |

Full mapping of the proposed RDP service areas and the Statistical Areas (levels 2, 3 and 4) are provided in Appendix C.

Advantages of Option A

* Provides for a smaller carer population for each RDP to manage.
* Provides smaller sized service areas retaining a mix of metropolitan, regional and rural areas.

Disadvantages of Option A

* As the metropolitan areas for the services areas would be significantly smaller in size, this may restrict a RDP’s ability to establish a regional presence throughout its entire service area, as metropolitan areas traditionally provide a service provider with the ability to off set potential increased costs experienced in regional and remote areas.
* Due to the higher funding amount required for establishing 20 RDPs under this option, there would be less funding for direct service provision to carers compared with Option B.

Advantages of Option B

* Larger sized service areas with a good mix of metropolitan, regional and rural regions. This aids in reducing ‘cherry picking’ from providers as each service area (within each state) is approximately the same size.
* Substantial funding allocation for each service area, enabling service providers to achieve economies of scale in their service delivery models.
* Greater amount of the funding allocation would be available for the direct provision of carer services.

Disadvantage of Option B

* The market depth for organisations with the characteristics and capability to support the larger service areas is not fully known across all regions.

**Service Outlets**

RDPs will be required to establish a suitable number of service outlets across each service area to ensure they are best placed to service local carers, particularly in regards to the following in person carer support services:

| **Service**  | **Description** |
| --- | --- |
| In-person counselling | A free counselling service for carers who are experiencing difficulties with anxiety, stress, depression and low mood as a result of their caring role.Carers can access the Service by registering for a call back online or by calling the Carer Gateway 1800 number, with the RDPs acting as the referral point for entry into the service. |
| In-person peer support | A free facilitated peer support forum (delivered face-to-face) 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
 |
| Facilitated coaching | A free service specifically designed to assist carers to acquire the skills and resilience needed in their caring role.The facilitated service will allow carers to engage with a coach across a defined period using a combination of in-person, telephone and online channels to build and develop skills identified during consultation with a coach. |
| Carer Directed Support | 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.The Service will be delivered in two formats:* Through provision of **one-off practical support** that enables carers, (without the need for ongoing assistance and/or multiple supports), to access support.
* Through the provision of **Carer Directed Packages** (packages) that can be directed towards a range of practical supports to assist carers in their caring role (e.g. cleaning, respite, cooking, and assistance with transport).
 |

In addition, RDPs will be required to undertake service area planning and outreach services, which will require a suitable in-person presence across regions. This will include:

* Undertaking service mapping of RDP service areas to understand the services available to carers;
* Creating and maintaining a network of professionals and service providers; and
* Running and promoting relevant engagement activities with service providers and the professional network.

##

## Sector Guidance

Through the ICSS service design consultations with the sector, DSS has engaged with organisations to gauge whether there is existing capability and capacity in the sector to operate RDPs across a smaller number of larger service areas.

Feedback to date has indicated that there are organisations who would be able to undertake the role of an RDP and would be capable of proposing a consortia based response to ensure there is coverage (at a service outlet level) by suitably equipped parties across the service area.

DSS is seeking feedback from the sector on the proposed approach to RDP service areas; identifying any specific issues including whether there are suitably capable organisations with the capacity to form consortia to fulfil the role of a RDP.

Discussion Points

In providing a written submission, respondents should make reference to the following points:

* Key issues with the approach to structuring the service areas.
* Capacity and capability of organisations to establish and manage a regional presence throughout a large service area, including the ability lead a consortia-based model, and undertake service area planning.
* How to ensure the breadth and reach of services provided under the proposed service area models, including the incorporation of local service providers.
* Are there any alternate RDP service area models that you think the Department should consider? If so, on what basis? Your statistical analysis and / or evidence base should be provided to support this.

All written submissions should be submitted by 11 May 2018 through DSS Engage.

# **4 Next Steps**

Once consultation on the draft Regional Delivery Model has been completed, DSS will review and analyse all feedback received and provide advice to the Minister for Social Services.

DSS will provide updates on the progress of the Integrated Plan for Carer Support Services, at [www.dss.gov.au](http://www.dss.gov.au)

# **APPENDIX A:**

# **Refer to the ICSS Blueprint document.**

# **APPENDIX B – Carer Service Options**

External organisations will be engaged by the Department to support the ongoing operation of ICSS. The providers will be responsible for undertaking a range of client activities that corresponds to specific services carer can access to support them in their caring role.

| **Providers** | **Client Activities** | **Services** |
| --- | --- | --- |
|
| DSS*(Carer gateway redevelopment)* | Provide easy access to resources to assist carers in their caring role | Carer online resourceis a service that provides information, advice, tools, resources and access to a range of digital services to help carers in their caring role.  |
| Online Digital Counselling Provider | Support carers experiencing difficulties with anxiety, stress, depression, low mood | Digital counsellingis a short-term counselling using a combination of digital channels including telephone and web to assist carers to manage their own health. |
| Online Peer Support Provider | Provide carers with an online community of support | Online peer supportis a online support forum to assist carers to connect with their peers to provide emotional support. |
| Regional Delivery Partners | Manage intake, needs assessment & planning | Pathway navigatoris a service designed to understand carers’ needs, determine services that best suit their personal situation and to plan and organise the delivery of face-to-face services. |
| Deliver preventative services | Coachingis a psycho-educational service to assist carers to acquire the skills and resilience needed to assist them in their caring role. |
| In-person peer supportis a facilitated support forum specifically designed to assist carers to connect with people in similar circumstances.  |
| In-person counsellingis a service to assist carers to manage their own health through a series of counselling sessions in person with a professional counsellor. |
| Carer Directed supportis a consumer approach to supporting carers through the provision of one-off practical support or Carer Directed Packages. |
| Provide emergency support | Emergency respite careis a service for carers who are experiencing an urgent, unplanned and imminent event to secure replacement care when all other options have been exhausted. |
| Promote local ICSS services | Mapping of existing local services |
| Identification of local area needs |
| Brokerage of local service providers |
| Local community outreach |

# **APPENDIX C – Service Areas Statistical Area Mapping for Option 1 and 2.**

**Refer to the Excel document called – RDP Service Area mapping**

