

## Integrated Carer Support Service: Regional Delivery Partners

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Peter Sandeman Chief Executive Officer

Anglicare SA 159 Port Road Hindmarsh SA

Telephone: (08) 8305 9229

Email: <a href="mailto:psandeman@anglicaresa.com.au">psandeman@anglicaresa.com.au</a>

Response to call for submissions by the Department of Social Services

## Organisational Background

AnglicareSA has been working for the community of South Australia for over 150 years. Our 1700 staff and 700 volunteers support nearly 55,000 people each year. AnglicareSA's diverse community services include aged care, disability, foster care, parenting, financial literacy, new-arrivals, Aboriginal services, emergency assistance, homelessness and mental health.

## **OVERALL COMMENTS**

AnglicareSA commends the approach and effort undertaken by the Department of Social Services in its extensive consultation phase and the subsequent model proposed. AnglicareSA believes the essential themes, services and values needed to provide quality carer services are reflected in the draft service delivery model proposed, and offer the potential to support carers in an effective, ongoing capacity.

AnglicareSA supports **Option A** as the preferred service delivery option of **20** service areas. This represents a significant change to delivering carer services, and AnglicareSA recommends a staged approach to transitioning to this new model to meet both carer and operational needs, by giving consideration top the following stages:

Phase	Duration	Proposed activity
Pre-tender phase	6 months	DSS to release draft tender specifications to the sector,
		providing an opportunity to have conversations, scope
		need and build consortium partnerships.
Tender phase	2 months	Tenders written and submitted
Transition phase	6 months	Successful provider to work with current services to retain
		capability and ensure continuity of supports for carers and
		service providers, and minimise disruption.
Delivery phase	5 year	AnglicareSA believes 5 year contracts would be essential
	contracts	with ongoing monitoring and reporting to ensure
		performance.

Regarding the Proposed ICSS Service Pathways<sup>1</sup>, AnglicareSA believes there has been an omission of "Social support and wellbeing activities". AnglicareSA knows the importance of these activities for attracting carers through its regular evaluation of carer support services. A recent survey (April 2018) affirmed:

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<sup>&</sup>lt;sup>1</sup> DSS' Appendix A. pg. 22 of 36

- nearly 60% of carers strongly disagreed that they enjoyed their role as a carer; and,
- 59% don't have other family support networks.

For many people, caring is not an active choice, but a life circumstance, which contributes enormous social and economic value to our society and often comes at a personal cost to the carer. We need to support carers in a way that helps them to sustain their caring roles and actively seek to engage them in support services.

The majority of services proposed in the Draft Submission are highly individualised, aiming to build skills and capability of carers, however, AnglicareSA's experience is that personal resilience and desire to engage in services often comes from a desire to participate in activities, which often start as fun, interest provoking and rewarding activities. The value and importance of this approach was reinforced by our recent survey where 46% of carers disagreed that they could confidently engage in community without assistance.

## Key issues with the approach to structuring the service areas.

There will be inherent challenges in delivering high quality and consistent carer support services across such large geographic areas. The carer experience and access to supports will be largely determined by how well Regional Hubs interact with and understand the challenges experienced by carers, care recipients, local services and community. This will be partially addressed through transparent governance processes, including carer and care recipient reference groups, and a governance framework that values a collaborative approach that is locally informed and provided by specialist services with a strong quality framework.

An example of a successful governance framework is the state-wide Tasmanian Disability Gateway Service, which comprises two lead agencies and nine alliance partners who represent the sector and meet regularly to analyse strategic direction, operational effectiveness, review complex cases, troubleshoot solutions, identify cohorts in the community who are falling through the gaps, and develop collaborative engagement and service strategies. Operational since 2009, the Tasmanian Disability Gateway's values and purpose align with those of the ICSS; the Gateway's transparent governance processes have been central to embedding consumer voice, maximising customer supports and increasing visibility and access across community.

The intent to trial carer packages and broker fee for service based programs may impact the viability, sustainability and diversity of services, thereby, reducing choice and control and the quality of services carers can access. A strong governance framework will help ensure Regional Hubs remain aware of trends affecting service provision, and alignment with carer and community need.

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.

Providing sufficient pre-tender lead time will be essential for the sector to form the needed partnerships and consortiums to deliver this significant service.

Strong infrastructure and governance policies and processes will be essential to managing, brokering and monitoring services across such large geography.

AnglicareSA has developed a Stronger Partnerships Program which will assist with the identification and development of the most appropriate partnerships for servicing such a large service area, and will support partnering arrangements that are fit for purpose, have clear mutually agreed expectations and responsibilities that provide added value and support for customers, partners and funders.

AnglicareSA's preference for operating a Regional Hub will be to engage key government and sector stakeholders through a joint governance process as 'Hub Alliance partners', creating a culture of inclusion, transparency and engagement from the beginning. We would work with Alliance partners to undertake stakeholder mapping, hold community forums and sector workshops with partners such as Carers SA, PHN, Alzheimer's Australia (SA), health, education etc, together with Carer workshops. We would also provide alternative options for carers to engage via post, online, phone surveys, face to face, one-on-one and in groups. As is practised in the Disability Gateway model, service mapping would ideally be captured and maintained in a live Community Action Plan which is regularly updated by the Hub Alliance partners.

How to ensure the breadth and reach of services provided under the proposed service area models, including the incorporation of local service providers.

Mapping current need and stakeholders would be essential to ensuring adequate inclusion and engagement of local service providers who specialis in providing carer supports. AnglicareSA would undertake a range of one-on-one and group workshops with carer support services, carers themselves, specialist services across aged care, disability and mental health, as well as mainstream services across health, education and so forth.

A Carer Reference group would also be key to embedding principles of co-design and accountability to carers and care recipients throughout the ICSS. Community people, households, streets, neighbourhoods, schools and community centres are the epicentres of trends, needs and aspirations of communities. AnglicareSA actively listens to the voices of local individuals and groups to better meet their needs and aspirations. AnglicareSA has established many customer groups, who are culturally diverse and age diverse to ensure those who feel voiceless are heard, and work to respond respectfully to their needs and aspirations in a manner that maintains the customer's dignity and integrity.

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.

AnglicareSA endorses option A as its preferred option. Understanding the drivers for considering such large regional service delivery areas, AnglicareSA supports the proposed approach. As indicated above, a more successful model is likely to be achieved if sufficient pre-tender time is allocated to develop effective consortiums.