



CatholicCare NSW/ACT

Submission to the Department of Social Services Integrated Carer Support Services: Regional Delivery Model Discussion Paper

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CatholicCare NSW/ACT (a consortium of CatholicCare agencies across NSW and the ACT) commends DSS for their commitment to consultation as demonstrated throughout the development of the Integrated Carer Support Services (ICSS) model and welcomes the opportunity to respond to the Integrated Carer Support Service: Regional Delivery Partners Discussion Paper.

Carers provide an invaluable service to the people they care for, the community and the economy. Their role is vital in the life of the Nation, yet carers experience above average economic and social disadvantage attributable to their caring role. CatholicCare NSW/ACT recognises the strong commitment of the Australian Government to carers and supports the intended outcomes of the ICSS model.

CatholicCare NSW/ACT supports Option B as presented within the Discussion Paper. Specific comments related to the discussion points are below.

Key issues with the approach to structuring the service areas.

CatholicCare NSW/ACT supports the concept of larger service areas, with a preference for Option B. We are pleased that both options are based on the Australian Bureau of Statistics Statistical Areas. This foundation enables efficient use of demographic data for the activities of service mapping and planning.

There are clear benefits in establishing larger service areas as indicated in both Options A and B, including economies of scale and a reduction in the costs of contracting.

CatholicCare NSW/ACT is, however, concerned that these benefits are not seen to “automatically” translate to better outcomes for carers accessing Regional Delivery Partners. The following should be considered in DSS’ recommendations to the Minister for Social Services regarding the size of service areas, in the context of the funding that will be available for Regional Delivery Partners to conduct their work.

1. Costs of Consortia

The Discussion Paper notes that Option B (larger and less service areas) will provide for a greater percentage of funding being available for direct service provision, in part because “a smaller number of larger contracts is more cost effective” due to the significant fixed costs in establishing an RDP contract. The paper encourages consortium arrangements in order to provide coverage across these larger service areas.

While CatholicCare NSW/ACT recognises and supports economies of scale as an important strategy to increase funding for direct service provision, we also note that consortium based arrangements require significant establishment work, ongoing maintenance to ensure fidelity to program guidelines and the business model, and ongoing risk, compliance and quality management with subcontractors. Thus, while there is great benefit in consortium arrangements in terms of best practice, consistency of client experience and economies of scale, the costs associated with effectively managing a consortium should be factored into funding considerations by DSS.



2. Appropriateness of “service outlet” to the types of service delivery

The discussion paper indicates that Regional Delivery Partners will be expected to establish a central hub for services without a face to face component, as well as “service outlets”. The Paper defines service outlets as a “physical staff presence but not necessarily dedicated office space ie staff may be located in a local hospital or have a mobile workforce”. CatholicCare NSW/ACT supports the innovative use of space to both increase regional reach and reduce non direct service delivery costs. We encourage DSS to include in their modelling consideration of the following in relation to service outlets:

- Fit for purpose – activities included within the scope of service delivery for service outlets require some specifications in the physical space. For example in person counselling needs to be conducted in an appropriate room with sound proofing; peer support will need a physical space big enough.
- Accessible – to ensure effectiveness service outlets will need to be accessible to the community they are servicing. This includes the accessibility of the physical location, but also issues such as the cultural appropriateness of the location.
- Occupancy costs – while there is a substantial cost saving in reducing the number of rented sites, funding will need to account for appropriate levels of contribution to occupancy costs where this is required by the host organisation/s.

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.

CatholicCare NSW/ACT are confident from our sector knowledge that there are organisations capable of establishing and managing a presence throughout a large service area either in their own right, or as leaders of a consortium.

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

CatholicCare NSW/ACT are confident in the ICSS model developed by DSS. We are pleased to note the multiple access points for support, as well as the mix of National, Regional and Local services.

CatholicCare NSW/ACT can not identify any significant flaws in the logic of the model for Regional Delivery Partners. However, we would like to emphasise that the ability of the model to deliver DSS’ stated outcomes for carers is dependent on adequate funding to conduct the breadth of activities in scope across the proposed service areas. While we support Option B, this issue is also relevant for Option A.

