Carers NSW Australia

Level 10, 213 Miller Street, North Sydney NSW 2060
PO Box 785, North Sydney NSW 2059
P 02 9280 4744 F 02 9280 4755 Carer Line 1800 242 636
contact@carersnsw.org.au
Carers NSW ABN 45 461 578 851 ACN 606 277 552
www.carersnsw.org.au

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Carer Reform Policy Section
Disability and Carer Policy Branch
Department of Social Services
carersupport@dss.gov.au

Carers NSW wishes to thank the Department of Social Services for the opportunity to comment on the *Integrated Carer Support Service Regional Delivery Partners: A draft regional delivery model* discussion paper.

Carers NSW is the peak non-government organisation for carers in New South Wales (NSW) and a member of the National Network of Carer Associations. Our vision is an Australia that values and supports all carers, and our goals are to work with carers to improve their health, wellbeing, resilience and financial security; and to have caring recognised as a shared responsibility of family, community and government.

In addition to contributing to a submission by Carers Australia on behalf of the National Network of Carer Associations, Carers NSW would like to respond to the discussion paper with specific reference to the NSW context. Our submission focuses on the proposed service areas and highlights a number of other specific issues identified.

Thank for you for accepting our submission. Please do not hesitate to contact me at elenak@carersnsw.org.au or on (02) 9280 4744 if you require any further information.

Yours sincerely,

Elena Katrakis
Chief Executive Officer
Carers NSW

Carers NSW Australia

Carers NSW submission:

Integrated Carer Support Service Regional Delivery Partners discussion paper

11 May 2018

AN AUSTRALIA THAT VALUES AND SUPPORTS ALL CARERS

1. BACKGROUND

Carers NSW is pleased to have the opportunity to provide feedback on the proposed role and potential options for distribution of the Regional Delivery Partners (RDP) for the recently announced Integrated Carer Support Service (ICSS). We commend the Department of Social Services (DSS) for establishing a public consultation on this critical element of ICSS implementation.

We support DSS's commitment to a communication campaign and a funded transition period for the sector, as well as the prioritisation of carers' own wellbeing and quality of life in the discussion paper. However, we have a number of outstanding concerns about the assumptions underpinning the proposed approach and its overall viability.

Drawing on more than forty years of experience working with carers in NSW, our submission focuses on whether or not the service areas proposed for NSW/ACT in the discussion paper are appropriate, whether the evidence and assumptions used to identify these service areas are adequate, and a range of other issues we have identified from the discussion paper.

2. PROPOSED SERVICE AREAS

This section addresses two of the discussion points identified in the discussion paper:

- **Key issues with the approach to structuring service areas**
- **Are there any alternate RDP service area models that you think the Department should consider? If so, on what basis?**

2.1 Approach

The discussion paper proposes either 11 or 20 service areas made up of Statistical Areas – Level 4 (SA4s). Carers NSW is concerned that SA4s may not be the most appropriate geographical delineations on which to base RDP boundaries. While the use of SA4s would enable straightforward population data analysis, these geographical areas were developed to reflect labour market dynamics rather than broader population characteristics or human service delivery considerations.

As RDPs bear no relation to labour market dynamics, and are specifically designed to address the needs of diverse carers, with an emphasis on prevention and crisis, the service areas chosen must reflect a more nuanced understanding of the carer population distribution, and must integrate well with existing service systems and geographical breakdowns.

Carers NSW therefore recommends that the decision to use SA4s as the building blocks for RDPs be reviewed, subject to further data analysis and with reference to other pre-existing geographical breakdowns for service delivery. Detailed suggestions are addressed in subsequent sections.

2.2 Number of service areas

From a NSW perspective, there are advantages and disadvantages in relation to both models suggested in the discussion paper. Our key concern is that both options presented involve an illogical geographical breakdown in relation to NSW jurisdictions.

The proposed 11 or 20 service areas would see either 3 or 6 established across NSW/ACT, neither of which is a good fit for NSW. The proposed 6 service area option cuts across key centres like Blacktown, Hunter and Parramatta; arbitrary borders in these areas would be very inefficient indeed. While the 3 service area option presented is a more natural breakdown, there are still critical anomalies, such as the matching of the Far West with the majority of the Sydney metropolitan area. We understand that regional, rural and remote areas have been intentionally linked with metropolitan areas in an attempt to

reduce costs and increase the consistency of service offerings, however in subsequent sections we challenge the assumptions underpinning this proposal.

Carers NSW understands the challenges involved in adopting a nationally consistent system of allocating service delivery areas, but wishes to emphasise that the key consideration should not be how many areas, but whether the proposed boundaries make local sense, meet local needs and are adequately funded to operate effectively. In particular, DSS must ensure that service areas do not divide existing suburbs and local government areas.

Ultimately, the final number of RDPs in NSW/ACT is less important than the certainty that there will be natural boundaries that make sense and which are evidence based.

2.3 Evidence base

In addition to the concerns noted earlier about the reliance on SA4s to build the proposed service areas, Carers NSW is concerned about the use of data from the Survey of Disability, Ageing and Carers (SDAC) in the discussion paper to estimate the number of carers in each of the areas identified. That is, we assume it is SDAC data, however the source of the data is not cited, which is problematic in itself.

The reason for our concern about the use of SDAC data, which is usually our preferred dataset, in this case is that SDAC is a representative sample of the population but it does not numerate the entire population, like the Census. In addition, the SDAC does not sample people living in very remote areas or discrete Aboriginal communities and therefore may not be as useful as the Census in regards to actual geographic distribution. While the definition of a carer is narrower in the Census, and therefore further underestimates the carer population, Carers NSW has greater confidence in the Census's estimation of carers' geographical distribution as a whole.

Furthermore, SA4s were designed with the Census and Labour Market Surveys, not the SDAC, in mind; so for consistency, if SA4s are to be used in determining the size and boundaries of service areas, Census data would be a better source of population analysis. Appendix 1 compares the SDAC and Census counts of carers in the SA4 areas of NSW, highlighting their varying estimates of carer population.

Carers NSW also wishes to point out that a simple count of carers – whether sourced from the Census or SDAC – is not an adequate substitute for a more nuanced analysis of demand for carer support. First of all, it is well known that both the Census and SDAC underestimate the number of carers, largely due to the high incidence of hidden carers, especially in culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander communities.

Secondly, service delivery experience, carer research and statistical data indicates that not all carers want, need or are able to access carer supports. It should therefore not be assumed that a larger population of carers necessarily means a larger proportion of demand for carer support. Demographic variables such as socio-economic status, household size and composition and labour market engagement may, for example, have significant bearing on the level of demand for carer support.

The type and intensity of a caring role – for example the hours spent caring, the duration of time a care recipient can be left alone, and the severity of the person's condition – will also contribute considerably to carers' need for support. This data is readily available in the SDAC, but does not appear to have been applied in DSS's analysis, or if it has, this has not been stated.

2.4 Possible alternatives

Carers NSW would be in favour of a national approach that allowed for 4 or 5 service areas to exist within NSW/ACT, provided that the delineations and distribution made sense in a local context. We understand that the Primary Health Network (PHN) delivery areas may have already been considered by DSS, but recommend that these be considered again, in light of the concerns we have identified above, and that the reasons for not adopting the PHN approach be communicated to stakeholders for their consideration.

PHN boundaries generally align with local hospital networks in order to enable collaboration with State and Territory funded health services. While the Australian Statistical Geography Standards (ASGS) were considered, population size, projected population growth, State and Territory borders, patient flows and administrative efficiencies were also taken into consideration.[i] Carers NSW believes this same approach, or at minimum an equally nuanced approach, should be taken in determining ICSS service areas.

3. VIABILITY

This section addresses the other two discussion points identified in the discussion paper:

- **Capacity and capability of organisations to establish and manage a regional presence throughout a large service area, including the ability to 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**

3.1 Assumptions

Carers NSW questions a number of key assumptions that are articulated in the discussion paper. Firstly, the discussion paper presupposes that fewer RDPs will lower overall delivery costs, resulting in more funding directly benefiting carers. Carers NSW wishes to note that, while fewer RDPs may reduce the contractual costs to Government of delivering the ICSS, these costs will likely be passed down the line to consortia leaders and partners, who will have increased subcontracting and infrastructure costs due to covering larger service delivery areas.

Secondly, the discussion paper claims that combining metropolitan and regional/rural/remote areas within the jurisdiction of one given RDP will enable that RDP to balance savings from metropolitan delivery with the greater costs of regional/rural/remote delivery. In our experience, this is not necessarily the case, as infrastructure costs and service demand can be much higher in metropolitan areas, limiting savings, while at the same time, travel costs over large distances in outer rural and remote areas can be excessive, especially when large service areas with limited infrastructure funding mean that there is no ongoing, local presence.

A third concern that Carers NSW wishes to highlight is that the discussion paper assumes that the combination of metropolitan and regional/rural/remote areas will increase the consistency in service offerings and reduce ‘cherry picking’ by providers. In our experience, this model may in fact encourage cherry picking, as consortium leaders may take first pick of the ‘low hanging fruit’, passing on the more complex groups and clients to consortia partners.

Finally, the proposed approach presupposes that RDPs will be able to work with, leverage and refer to a network of existing local services, including both planned and emergency respite. Throughout the development of the ICSS, Carers NSW and a range of other service providers and peaks have highlighted the inaccuracy of this assumption, citing that DSS cannot safely assume carers will be able

to access adequate respite through other systems, such as the NDIS, Home Care Packages and State and Territory funded services.

The NDIS and Home Care Packages do not directly assess or guarantee to meet carer support needs, and respite is in many cases not being adequately funded. Even where it is adequately funded, evidence suggests that respite is increasingly difficult to secure.[ii] Furthermore, in NSW and a number of other States and Territories, no residual state funded services targeting carers will remain. Carers NSW understands that the ICSS will operate within a limited funding envelope, hence the reluctance to fund planned respite outright. However, DSS should take care to properly map the current and future availability of carer supports in determining how service areas are configured.

3.2 Funding

Carers NSW is concerned that the sheer scale of service areas, combined with the ambitious remit of RDPs – encompassing direct service provision, some individually funded packages and a sector support role – will significantly restrict the amount of funding available to RDPs to establish the necessary infrastructure to reach large numbers of diverse carers and provide effective, inclusive services. RDPs should not be expected to trade off between direct supports to carers and basic operational requirements. Without clear guidelines on the overall amount of funding available, it is difficult for organisations like Carers NSW to make an informed recommendation about the right number of service areas.

The larger the service areas, the greater the limitations RDPs will experience in being able to provide face to face support. This will likely be a key weakness in a model that includes both metropolitan and regional/rural/remote areas in the same service areas. To make physical offices financially viable, face to face support will likely be concentrated in metropolitan areas, reducing support coverage in regional/rural/remote communities, which will already be disadvantaged with regard to accessing the digital components of the ICSS.[iii]

With the limited funds remaining to provide direct support, RDPs will face further challenges in allocating adequate funds to fulfilling the simultaneous and very different goals of prevention and crisis management, while also providing inclusive support to a diverse range of carers across multiple locations. In this context, sector support may become a casualty, as, while critical, it is generally costly and time consuming, and outcomes can be challenging to measure. Carers NSW recommends that DSS consider leveraging existing sector support systems and funding sources, such as those within the aged care system, rather than duplicating these efforts with limited funds.

3.3 Staffing

The proposed models present a number of challenges to RDPs in retaining, developing and supporting staff. A lean infrastructure budget will rely on mobile staff and co-location, which may reduce operating costs, but may also pose risks to staff engagement, quality monitoring and ongoing management support. Carers NSW knows first-hand the challenges of managing teams remotely. Staff can feel isolated and opportunities to gather and receive training and supervision can be costly. Noting the limited availability of reliable internet in many regional/rural/remote areas,[iv] not all of these challenges can be overcome with the use of technology.

Retaining experienced staff working within the current system is already challenge, and will be exacerbated as existing carer support programs come to an end. Even with the funded transition period announced for 2019, our experience indicates that experienced staff are likely to move on ahead of time, in order to secure financial stability for their families and a firm career path.

Appendix 1: SA4 areas

SA4 Area	Census 2016		SDAC 2015	
	Number	Percentage	Number	Percentage
Capital Region	22,082	10.1%	26,700	14.7%
Central Coast	33,606	10.3%	57,100	15.7%
Central West	19,653	9.5%	28,500	15.3%
Coffs Harbour - Grafton	14,781	10.8%	17,900	10.5%
Far West and Orana	10,809	9.5%	15,500	14.7%
Hunter Valley exc Newcastle	26,052	9.9%	19,600	7.8%
Illawarra	32,082	10.9%	44,700	14.4%
Mid North Coast	23,987	11.3%	32,400	16.3%
Murray	11,411	9.9%	14,200	13.1%
New England and North West	17,358	9.6%	22,700	14%
Newcastle and Lake Macquarie	38,315	10.7%	34,000	9.3%
Richmond - Tweed	24,853	10.4%	30,600	10.3%
Riverina	14,803	9.5%	33,400	17.2%
Southern Highlands and Shoalhaven	16,311	11.1%	20,000	14.7%
Sydney - Baulkham Hills and Hawkesbury	21,270	9.3%	26,900	9.2%
Sydney - Blacktown	29,363	8.6%	42,700	11.9%
Sydney - City and Inner South	20,831	6.6%	17,300	6.9%
Sydney - Eastern Suburbs	21,058	7.9%	15,000	5.4%
Sydney - Inner South West	55,237	9.7%	63,600	12.3%
Sydney - Inner West	26,078	8.9%	24,800	8.7%
Sydney - North Sydney and Hornsby	35,658	8.8%	54,600	12.3%
Sydney - Northern Beaches	21,785	8.6%	33,600	11.7%
Sydney - Outer South West	25,081	9.6%	18,600	8.6%
Sydney - Outer West and Blue Mountains	29,389	9.6%	54,300	16.1%
Sydney - Parramatta	39,237	8.8%	61,300	13%
Sydney - Ryde	16,887	9.3%	17,900	12.1%
Sydney - South West	39,039	9.6%	63,400	14.3%
Sydney - Sutherland	21,472	9.9%	13,400	6.5%

[i] Department of Health (2016) *PHN Boundaries*, available online at: http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Boundaries
[ii] Carers Australia (2018) *Improving access to aged residential respite care,* available online at: http://www.carersaustralia.com.au/storage/residential-respite-care-report.pdf
[iii] Australian Medical Association (2017) *Better Access to High Speed Broadband for Rural and Remote Health Care*, available online at: https://ama.com.au/position-statement/better-access-high-speed-broadband-rural-and-remote-health-care-2016
[iv] Ibid.