community
INDUSTRY GROUP

PO Box 158
Oak Flats NSW 2529

P: (02) 4256 4333
ABN 95 589 148 519

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Department of Social Services

ICSS: Regional Delivery Model Submission

The Community Industry Group (previously the Illawarra Forum) is the peak body working for community services and organisations in the SE NSW Region. We support community organisations, promote expertise and innovation in community development, foster industry development and advocate for social justice.

For 25 years, the CI Group has taken a leadership role in the local community services sector, which currently consists of more than 300 organisations across the region. We regularly engage with those organisations, services and individuals that work in supporting carers and the people they care for.

In preparing this submission the Community Industry Group held consultation sessions with service providers involved in offering supports for carers across the Illawarra/ Shoalhaven and Southern Health Region of NSW.

General Comments

The Integrated Carer Support Service (ICSS) model is based on four key principles:

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

To deliver this service, the model relies on the Carer Gateway as a starting point for enquiries and available service information, complemented by Regional Delivery Partners who coordinate local face-to-face services. This model, which complements that of the NDIS and My Aged Care systems, relies on people making contact via telephone or websites. This presents a significant barrier for people from culturally and linguistically diverse (CALD) backgrounds with poor English and for people with low technological skills or without access to the necessary technology. Support for these people is critical.

A whole of community, national communications campaign is an essential component of operationalizing the ICSS-RDP model. An important consideration is the fact that 79% of people in caring roles don't identify as carers. These people are highly unlikely to seek information, or to understand how and where to go for information, support and services.

1) Key issues with the approach to structuring the service areas

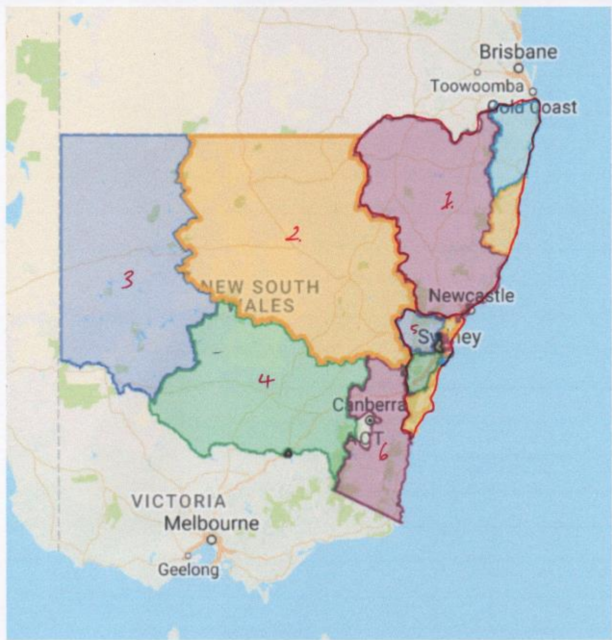
Regional, rural and remote communities in NSW, are often spread across vast geographic distances. The impacts of this geography on service delivery agencies can include:

- The time it takes for people to reach services or vice versa, and the associated costs and availability of services;
- Difficulty accessing emergency respite care;
- Lack of understanding in centralised coordination bodies of on the ground issues faced by local services, including the importance of on-the-ground knowledge and networks, and the need for timely responses;
- The bottlenecks or administrative burdens that can occur when organising care via distant coordination hubs.

Whilst technology can go some way towards alleviating these issues, inconsistent internet coverage and a lack of face-to-face communication between coordination and service provision can constrain timely support for carers.

Given there are currently 54 Commonwealth Respite and Carelink Centres (CRCCs), the proposed Option A of 20 service areas nationally is preferred. This would result in 6 key regions across NSW, based on the Statistical Areas (level 4) managed by the Australian Bureau of Statistics (ABS).

These regions are also defined to include metropolitan, rural and remote areas to preclude cherry-picking by providers and offset the cost of delivering regional and remote areas with the higher volume of services associated with metropolitan areas (hub and spoke approach).



However, our members at consultations recommend consolidation of the current Local Health District (LHD) boundaries in order to deliver better outcomes based on:

- Geographical location;
- Existing health networks and services, and associated local knowledge;
- Existing infrastructure (offices, administrative centres, vehicles);
- Consistent data reporting for LHDs.

2) **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**

As per the points listed above, there is some concern about the capacity of a regional hub to manage appropriate local services across a large geographic area based on the hub and spoke boundaries.

The new RDP model must recognise the higher cost to deliver regional, rural and remote services, and that local networks and services are best placed to make decisions and respond in a timely manner to carer needs.

For this reason, the current LHD regions are preferred to the proposed ABS regions. For the RDP model to work successfully, excellent coordination by the lead organisation and appropriate capacity within the consortium members is essential.

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

Service mapping will be crucial to determine the existing services available, particularly in regional, rural and remote communities across the broader community (including CALD and Aboriginal and Torres Strait Islander (ATSI) communities). The gaps revealed by this mapping then need to be appropriately addressed by the ICSS model.

During the consultation process, it was revealed that many service providers are not even aware of the Carer Gateway, and consequently do not have their services listed. The engagement of a specialist organisation to design and deliver a national communications campaign needs to factor in not only carers, but all of the people and organisations involved in offering carer support so that the system is as useful and responsive as it can be.

Currently, carers have access to six free counselling sessions, yet the short-term service is proposing 3-6 sessions. Preventative support measures rely on adequate provision of efficient and low-cost supports.

There is also concern that Carer Directed Packages limited to $3,000 per annum will be insufficient to meet the needs of carers, especially in regional, rural and remote areas. Also, carers who choose to access one-off support are not eligible for a Carer Directed Package, but this clearly fails to accommodate for unforeseen changes in circumstances.

4) **Are there any alternate RDP service area models that you think the Department should consider?**

Please see our responses above.

Recommendations

- Ongoing community awareness campaign aimed at carers and service providers, the general community andCALD and ATSI communities via:
    - TV
    - Radio
    - Newspapers
    - My Aged Care and NDIS website links to the Carer Gateway
    - Medical Centres
    - Community Health Centres

- Employ social workers at Centrelink offices to assist carers to access and navigate the information and services they require.

- Additional funding for Carer Directed Packages be made available, especially for carers in regional, rural and remote areas where transport and service availability is limited;

- Additional funding for service providers in regional, rural and remote areas to offset the costs associated with adequate support services;

- Consideration of Service Areas to better support the capacity of RDPs to deliver timely services to carers, especially in regional, rural and remote communities, such as the LHD boundaries;

- Adoption of Option A- 20 service areas nationally with 20 RDPs, one per service area.

The Community Industry Group has welcomed the opportunity to pass on feedback from the SE NSW region on the proposed ICSS-RDP model, and will be happy to provide any further information as required.

Sincerely,

Nicky Sloan
CEO
Community Industry Group
02 4256 4333
nicky@cigroup.org.au