



Integrated Carer Support Service Regional Delivery Model

Submission from The
Benevolent Society

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Introduction

The Benevolent Society (TBS) is Australia's first charity, founded over 200 years ago with a vision of a just society where all Australians can live their best life. TBS is an experienced not-for profit provider of ageing, disability, mental health, and child and family services supporting over 54,000 people in 2016-17. In 2017-18 we have 1372 full time equivalent highly skilled staff and 680 dedicated volunteers. We have a proven track record of improving wellbeing and tackling social isolation across the board. TBS operates across New South Wales, Australian Capital Territory and Queensland with over 70 service locations in metropolitan, regional and rural areas.

As a large provider of high quality aged care and disability services, including the Commonwealth Respite and Carelink Centre in South East Sydney, TBS values the vital role and contributions of carers. We are deeply committed to enhancing carer wellbeing, resilience and access to opportunities through a wide range of information, advice, referrals, respite and programs such as support groups, activities, access to one on one counselling, and specialist services for young carers.

Options in structuring the service areas

TBS makes this submission to the Department of Social Services (DSS) regarding the consolidation of the proposed Regional Delivery Partner (RDP) service areas for the Integrated Carer Support Service (ICSS) into:

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

Option A and Option B service areas both enable: effective services for carers across metropolitan, regional and rural areas; more funding for direct service provision for carers; and a consistent service experience for carers. However, on balance TBS deems Option B more viable as:

- From a system perspective, it is less fragmented and will improve consistency of services;
- From a provider perspective, it gives economies of scale and will mean stronger brand recognition to aid referrals; and
- From a carer perspective, it provides more funding for carer services and enables carer mobility across broader areas.

Key issues with the approach to structuring the service areas

TBS would like to highlight the following considerations, which we believe will ensure optimum service delivery by ICSS RDPs.

1. Partnerships

TBS recognises the value of local service providers in the delivery of carer support services. This includes their personal relationships with carers, physical presence, understanding of local needs, and established service and community networks. This is particularly pertinent for place-based organisations supporting priority groups such as Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse (CALD) backgrounds, and people who identify as Lesbian, Gay, Bisexual, Trans, Intersex and Queer (LGBTIQ).

Under Option B, there is the potential for significant changes to the market, including the risk of market monopolies which may exclude local service providers. Local service provider influence is critical in the co-design and delivery of carer services to ensure alignment with the needs of carers in the context of their community. TBS is committed to collaboration and welcomes the opportunity to work in partnership with local service providers.

In the procurement process for RDPs, TBS recommends that the Department consider placing higher weighting for consortia arrangements that ensure levels of influence by local service providers, in order to prioritise place-based local solutions.

2. Community engagement and capacity building

TBS acknowledges that individual capacity building will be part of the ICSS, however there is also an important role for community engagement and capacity building. Whilst the National Disability Insurance Scheme's (NDIS) Information, Linkages and Capacity Building (ILC) provides this function for people with a disability and their carers, this is not carer specific and does not support carers for older people.

The larger service areas in both Option A and Option B does not negate the need for nuanced understanding of local strengths and challenges and tailored local responses. In moving to a regional delivery model, there is the opportunity for a streamlined approach to community engagement and capacity building initiatives to support change at a systemic level.

Moreover, this provides the avenue for a reciprocal approach where the views of the community can be used to inform carer services in the context of their community. This may include:

- opportunities that enhance the capacity of local communities to identify local practical solutions;
- public campaigns to improve the community's general carer awareness and understanding;
- creating personal networks that connect carers to opportunities (for example, employment opportunities) they may otherwise miss;
- basic training to individuals to enable them to better relate to, or work with, carers;
- community activities in which carers can participate;
- consulting with, or incorporating the views of, carers in the provision of community activities and other goods and services; and
- consulting with, or incorporating the views of, community in the provision of carer services.

TBS asserts that this broader community development work should be a specified function of RDPs and that this specified function should be adequately funded.

TBS recommends the Department consider targeted investment in community engagement and capacity building specifically for carers, and for mainstream organisations carers access, as part of the roll out of RDPs.

3. Implementation

TBS understands the large scale effort required for implementation of RDPs. TBS recognises that the following conditions will help set the service up for success:

- Sufficient establishment costs including capital investment;
- Adequate lead times for service commencement; and
- Leveraging established information and networks of current Commonwealth Respite and Carelink Centres (CRCC).

TBS recommends the Department consider critical implementation details including sufficient establishment costs, adequate lead times and leveraging established CRCC networks.

Capacity and capability of organisations

TBS is well placed to establish and manage a regional presence throughout a large service area, with the ability lead a consortia-based model, and undertake service area planning.

Breadth and reach of services

TBS acknowledges that with the large geographic size of the proposed service areas, consortium arrangements with a variety of providers will be required. TBS is committed to the incorporation of local service providers to ensure the breadth and reach of services, particularly in relation to local service provider influence as outlined in issue 1 recommendation above.

Alternate RDP service area models

TBS does not propose any alternate RDP service area models.

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