



Public Consultation on the
Integrated Carer Support
Service Regional Delivery Model:
Summary Report

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Department of Social Services
Tuggeranong, Canberra ACT



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1. Executive Summary

The purpose of this report is to summarise the feedback received by the Department of Social Services (the Department) on the *Integrated Carer Support Service: Regional Delivery Partners: A draft regional delivery model* discussion paper.

The discussion paper was published on the [DSS Engage website](#) and proposed two Regional Delivery Partner (RDP) service area options, either 11 or 20 RDP service areas. The Department invited sector feedback on the options via written submissions.

The Department received 42 submissions, which primarily focussed on the viability of each of the two service area options. Some respondents specifically indicated an option preference; of those, there was a stronger preference for the 20 RDP service areas option. Submissions also provided feedback on the Integrated Carer Support Service (ICSS) design and made suggestions on how the Department could support effective implementation of the ICSS.

Feedback on the service area options will inform the final service area model for the ICSS and recommendations on service design and implementation will feed into activities occurring throughout the ICSS implementation program.

2. Context

On 5 March 2018, the Australian Government announced additional funding of \$85.6 million over four years for the introduction of new services for carers. The new services form part of the ICSS.

The introduction of the ICSS is the third and final stage of the Government's 2015-16 Budget commitment to develop an Integrated Plan for Carer Support Services (the Plan). Stage One of the Plan was the introduction of Carer Gateway in December 2015.

Carer Gateway currently consists of a website (www.carergateway.com.au) and a national contact centre (1800 422 737).

Stage Two of the Plan focussed on a two year process, with the Department working with the sector and carers to design a service delivery model for the ICSS.

Stage Three sees the implementation of the ICSS. The ICSS will be implemented in two phases:

- From October 2018, new supports and services to assist carers will be rolled out through the Australian Government's Carer Gateway website including online peer support, counselling, coaching and educational resources.
- From September 2019, the Australian Government will establish a network of RDPs to help carers access a range of local services such as needs assessments, targeted financial support, information and advice, tailored phone and in-person peer support, counselling and coaching, and crisis support.

The ICSS Service Delivery Model relies on the establishment of a regional and local presence across Australia. Pivotal to the success of the ICSS model is the establishment of this presence through a number of RDPs who will deliver and coordinate services on behalf the Department.

In developing options for the proposed RDP service areas, the Department conducted detailed service analysis and mapping work focussing on carer population and location, data on current carer and mainstream services, as well as consideration of the service regions currently utilised. These options

were presented in the *Integrated Carer Support Service: Regional Delivery Partners: A draft regional delivery model* discussion paper.

3. A Word of Thanks

The Department would like to thank all who responded to the draft Regional Delivery model discussion paper. It is essential that the implementation of the ICSS be informed by a broad range of perspectives.

4. About the Public Consultation

The [DSS Engage website](#) was utilised to conduct the public consultation as it allows the submission of comments and documents through a secure portal.

Respondents were invited to publish their submissions publically and 28 respondents elected to do so. The public submissions are available at www.engage.dss.gov.au.

4.1. Submissions received

The 42 stakeholders that provided submissions to the Department included service providers (57%); carer peak bodies (36%); carers (5%); and state or territory government (2%).

5. Key themes

Analysis of all the submissions revealed a number of consistent themes related to the proposed service areas as well as suggestions on the implementation and design of the ICSS. Key themes that emerged from the submissions are summarised in the following sections.

5.1. Feedback on proposed service areas

The primary objective of the public consultation was to seek input from stakeholders on the proposed RDP service areas. The discussion paper proposed two service area models based on the Australian Bureau of Statistics (ABS) Statistical Areas level 4 (SA4):

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

Key insights and feedback provided by respondents on the two options focussed on:

- the statistics and approach utilised to develop the two options
- the capacity and capability of organisations to establish and manage a regional presence via a consortia-based model
- concerns regarding the establishment and management of consortia
- advantages and disadvantages of a model based on large service areas.

5.1.1. Approach to structuring service areas

Some respondents agreed with using ABS SA4 data to determine service areas and with the approach to structuring service areas to ensure an appropriate distribution of the carer population across metropolitan and regional areas. A number of respondents highlighted limitations of this approach and suggested alternate models for structuring the service areas.

Some respondents raised concerns in using current ABS SA4 regions to determine service areas and the 2015 Survey of Disability Ageing and Carers (SDAC) data to estimate carer populations. The view being that the data sources were considered unrepresentative of carer populations because:

- ABS SA4 regions is based on the division of labour markets
- SDAC data is limited in terms of predicting geographic spread of carers as it is based on a generalised sample
- neither source allows for determining projections of growth in carer numbers and population growth rates.

A number of respondents welcomed the proposed structuring approach based on the key principle of ensuring service areas represented metropolitan, regional and rural areas. The approach recognised the need for equal access to services. Respondents also recognised the benefits of a hub with centralised functions, complemented with local resources, to reduce non-direct service delivery costs (e.g. physical infrastructure, centralised data systems).

“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”

Quote from a submission

Some respondents highlighted issues with an ‘artificial split’ of service boundaries. Their main concerns were:

- **Misalignment with existing Government program service delivery boundaries** such as Primary Health Networks (PHNs), Local Government Areas (LGAs), National Disability Insurance Scheme (NDIS), or Aged Care planning areas. It was considered that this might disrupt existing patterns of service partnerships or communities; and pose confusion from a carer perspective (noting that currently there is no alignment across existing government program service delivery program boundaries).
- **Division of metropolitan areas**, where suburbs in close proximity currently sharing common services will be allocated different RDPs. Respondents felt this may lead to confusion for carers and recipients requiring ‘cross-border servicing’, and complicated referral networks, leading to inconsistencies in service delivery.
- **The complexity of cross-jurisdictional management of services** was raised as a particular concern for the ACT in that differing legislative, regulatory and administrative requirements is likely to complicate delivery of services, particularly in terms of the provision of advice to carers (i.e. on housing and legal matters). Additionally, in the case where the RDP servicing a jurisdiction is centrally located outside of that jurisdiction (i.e. an RDP centrally located in NSW is servicing the ACT), this may compromise local government funding for existing carer services.

5.1.2. Alternate models for structuring service areas

Several respondents proposed specific models for their respective state or territory. From a national perspective, a number of respondents proposed that the Department utilise population data or consider a model that aligns with existing government service areas relevant to carers (such as PHNs, LGAs, Local Health Districts, or NDIS and Aged Care boundaries) in the development of a suitable model.

Some of these respondents specifically recommended aligning service areas with PHNs, to enable: utilisation of existing health structures, data sharing, and leveraging needs analysis and service mapping activities currently undertaken by PHNs.

5.1.3. Consortia establishment

Given the size of the proposed service areas, the capability and capacity of the sector to establish, and manage consortia arrangements is critical in ensuring carers have access to local services and the knowledge and expertise required to service carers with diverse needs is leveraged.

Many respondents indicated the sector has the capacity, capability and willingness to establish and manage consortia required to deliver across large service areas. They reported experience in forming relationships and sub-contracting arrangements with providers, undertaking service area planning and have pre-existing infrastructure and resources in place that would assist in managing a consortium.

“(We) 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”

Quote from a submission

While responses indicated market capacity and capability to form and manage consortia, a number of submissions highlighted issues that may arise with this approach, including:

- the high costs and time associated with setting-up and maintaining consortia
- loss of consistency and quality in service delivery as a result of less direct local services being delivered
- varying levels of readiness of the sector to work across large geographic areas and work collaboratively with other providers.

Respondents also recommended the Department consider activities to support and facilitate the formation of consortia, and ensure RDPs are provided with sufficient guidance around sub-contracting arrangements to ensure quality, consistency and maintenance of local services.

5.1.4. Service area size

The proposed size and number of service areas received mixed feedback from respondents. While there were proponents for a small number of service areas, with six respondents indicating a preference for *Option B – 11 service areas*, there was a stronger preference for *Option A – 20 service areas*, with 11 respondents stating a preference for this option.

Some organisations indicated that large service areas are a feasible and efficient model and they already operate a hub and spoke model with centralised functions such as intake, screening, brokerage of respite and telephone based carer advice. These organisations offer face-to-face services and outreach activities through regional team members. They have found this approach to be cost effective with a higher proportion of funds available to support carers.

Proponents for a smaller number of large service areas also highlighted that this model provides:

- a less fragmented approach to service delivery
- economies of scale and reduced duplication of effort
- stronger brand recognition of providers, which will aid referral
- carer mobility across broader areas.

Conversely, a large number of respondents commented on the risks associated with the establishment of a small number of prime contractors providing services across large areas, which include:

- less carer access to individualised and local services
- losing the current knowledge and expertise of current service providers
- inconsistent quality and availability of services as a result of managing sub-contractors over a large area
- increased costs (i.e. administrative overheads) related to the establishment and management of the sub-contracting arrangements that will be required to ensure consistent and quality service delivery.

5.2. Implementation, funding and service design considerations

Although submissions primarily focussed on providing feedback on the proposed service area models, a number of respondents raised issues and made suggestions regarding the ICSS implementation, funding model and service design.

5.2.1. Implementation and Transition

Respondents recognised the complexities and risks associated with the transition to a new service model and provided practical suggestions to managing these risks including:

- **Communication and engagement** – ensuring carers and related services (particularly those likely to referrals to carer supports) are informed of the changes and introduction of new services through a national communications campaign, and via RDPs undertaking community outreach and engagement activities.
- **Evaluation** – evaluating and reviewing the effectiveness of the new model post-implementation to ensure the expected program benefits are being realised.
- **Planning** – careful planning of transition activities, particularly in relation to the transfer of client data, provision of information and support to service providers and their employees and ensuring the sector has sufficient time to prepare for and undertake transition activities.
- **Consultation** – ongoing consultation with providers and carers to ensure effective operationalisation of the ICSS.

5.2.2. Funding Model

Respondents were supportive of the Australian Government's commitment to ongoing funding and further investment for carer supports at a national, regional and local level. Some noted it was difficult to comment on the effectiveness of the proposed models as an indicative approach to funding was not provided in the discussion paper.

A number of submissions mentioned the allocation of funding should consider:

- **Rural and remote service delivery** – the costs associated with delivering services to rural and remote carer communities. Notably, travel costs for provision of services across vast distances to remote areas and costs related to the delivery of services to vulnerable groups that have a heavier reliance on in-person support due to technological and language barriers.
- **Establishment costs** – the establishment of RDPs will incur specific costs related to building the partnerships, capability, infrastructure required for effective service delivery.

- **Equitable re-allocation of funding** – the use of funding guidelines for RDPs to ensure an appropriate balance between expenditure of funding on administrative overheads and direct services and filtering of funds to local, sub-contracted providers.

5.2.3. Service Design

As a supplement to the discussion paper on service areas, respondents were provided with the *ICSS Blueprint* which summarised the services that would be available to carers across the ICSS by service provider. Some submissions commented on the service design elements of the ICSS.

Many respondents welcomed the shift from reactive, crisis-driven support to an early-intervention, preventative approach to supporting carers. They also commended the introduction of platforms where carers can access timely, objective and reliable information to support their day-to-day caring decisions, enhance their health and wellbeing and reduce social isolation.

“We are pleased to note the multiple access points for support, as well as the mix of National, Regional and Local services”

Quote from a submission

Respondents also acknowledged that the design provides further support options to those who are not currently accessing formal support.

Several challenges were raised by respondents regarding service design, these primarily focussed on:

- **Ensuring services meet diverse carer needs** – some respondents felt that some of the services described, particularly those being delivered at a national level, must appropriately address the needs of diverse carer groups who are grappling with particular issues related to whom they are caring for (i.e. carers of aged, or mentally ill people) and/or require specific supports or service delivery approaches based on their background and community (e.g. ATSI, CALD and low-socioeconomic communities), or age (i.e. young carers).
- **Suitability of digital services** – while respondents commented that phone and online services will be useful in providing ongoing support to carers, they also noted that digital services will not suit all carers (or carers will not be able to access digital services due to a range of barriers) and that these services should not overshadow the importance of face-to-face and individualised service provision.
- **Provision of emergency respite** – a number of respondents emphasised that emergency respite care will need to remain a critical support available to carers and that the introduction of services designed to prevent carer stress occurring (i.e. coaching) will not necessarily reduce the need for emergency respite.

“Digital literacy and accessibility for isolated or remote carers, and for carers on low incomes who struggle to achieve or maintain a digital/online presence is an issue that is unlikely to be resolved without specific support”

Quote from a submission

6. Conclusion

The feedback provided in this public consultation process is a critical input into the Department’s approach to the future design and implementation of the ICSS program.

Specific feedback on the RDP service areas has been used by the Department to inform the final service area model for the ICSS and suggestions on service design and implementation will feed into activities occurring throughout the ICSS implementation program.

