



## **Response to consultation paper on the Integrated Carer Support Service. Regional Delivery Partners.**

### **Introduction:**

The proposed model/operating structure for the Regional Delivery Partners (RDPs) is a significant reduction in the number of primary entry points for carers to access services as compared to current approaches and the initial feedback provided via the Carer Support network on the proposed model and how it can be introduced in South Australia. It is essential for the South Australian perspective and current model to be addressed in the directions and decisions made about RDPs and how they are established in SA.

It is clear that the proposed ICSS model aims to streamline the service system with regard to how carers are supported within the 'bigger is better' scenario. It is difficult to provide a full level of feedback given the yet to be decided allocations of funding within tiers and an outline of how the successful RDP/s will relate to and form relationships with local providers. We believe the role of the local service provider to be the fundamental link in the successful implementation of the ICSS model.

Allocations of funding and resourcing of each level within the ICSS model and service type will be vital in determining the outcomes achievable within the transition period.

We note that, unlike the current approach in NDIS and the increasing focus in Aged Care, Consumer Directed funding contained within the paper is very limited. While CDC is included, it is worth expanding this approach to service delivery.

In South Australia either of the two options proposed can be delivered by the Carer Support Network SA within the streamlined approach the members of this Network have established, accepting the outcomes achieved for carers across the state over a 25+ year history. This unique Network is a model of good practice, is formalised in an MOU establishing a consortium between members and is best placed to deliver the outcomes of this new ICSS model for the state.

The balance of this document comprises feedback from Carer Support and Respite Centre Inc, a member of the Network.

## Discussion Points:

### 1. Key Issues

- 1.1 This model assumes carers will use the new RDP as the entry point rather than the known and trusted local agency. While the relationship with the local provider has been outlined for the RDP, and the 'no wrong door' scenario has been mentioned, what is of concern is the ability for these local agencies to continue to operate without the infrastructure funding to enable them to do just that. **Key elements of this that have to be addressed as a matter of urgency are:**
  - 1.1.1 To enable the introduction of a '*mobile*' workforce, other staff will be needed to continue undertaking work such as payroll functions, rostering, WHS matters and day-to-day management functions. We accept that, although some rationalisation of these functions will occur, they will be essential and therefore must be included.
  - 1.1.2 Support for day-to-day operations at the local level will be required to enable agencies to deliver the envisaged outcomes. Industrial obligations and conditions cannot be overlooked, and these significant HR implications must be addressed in the implementation phase.
  - 1.1.3 These day-to-day operational items will require resources and the relationship with the RDP right at the outset will be vital to ensure these aspects are considered and funded accordingly.

**In summary, while it is noted that infrastructure needs to be streamlined, a level of infrastructure must be accepted and funded accordingly.**

- 1.2 Significant stress on existing services introducing the new model: this will be a huge change for workers and providers. We are aware that we need to do a lot of preparation of our staff, carers, systems etc. to transition; and part of that is upscaling or downsizing. There are significant issues with the transition: it will not be a simple process and these issues will need to be acknowledged and considered comprehensively prior to its commencing.
- 1.3 Current providers all have various databases. Not all will be compatible; addressing this incompatibility will need considerable resources.
- 1.4 Marketing and promotions that are already in place must be linked with any new activities to ensure a comprehensive link between current and new services is established and communicated to all key stakeholders.
- 1.5 Community engagement and carer education: these simply will not happen to any meaningful levels in three – six months in all areas covered by each RDP. If local agencies reduce in number and/or capacity, this will be a significant issue to address.
- 1.6 Forging links with key stakeholders (eg, Centrelink) is a resource-intensive and ongoing task
- 1.7 One of the primary sources for getting people early in their caring journey is through their local GP, through ongoing community engagement. One of the primary key issues is the community engagement for RDPs.

- 1.8 Local carer services should not be co-located within a hospital system. Carers are not sick. It is not a health-related focus. This is a wrong placement. **Please note that this has been tried in SA and the local carer services all but ceased to be accessed, because of this location.** Once removed from the hospital, it took a long time to get carer services re-established in this region.
- 1.9 The RDPs should have ongoing links with the national communications provider.
- 1.10 We recommend that the term **carer support** replace the word **coaching**. In SA, all agencies have both received direct feedback about, and noted on social media platforms, high levels of concern and anger from carers who dislike this word, finding it patronising. We strongly recommend that it be replaced by more appropriate and accepted wording.
- 1.11 Will the pathway navigator include some kind of financial means testing?
- 1.12 Will there be a fee schedule established and what will be the relationship between a care recipient who has an approved Home Care package and a carer with a CDC Package?

## **2. Capacity and Capability: if Carer Support were nominated Lead Agency for the Network SA Consortium**

- 2.1 It is understood that the infrastructure for local agencies will need to be streamlined but local presence must be retained as a clear access point for carers. A mobile workforce can assist in this outcome with the required level of resources available to support its functioning.
- 2.2 To have a presence across the state, services will need to be mobile, innovative and responsive, but not located within hospitals. As previously advised, carers are not sick and therefore a focus on the health system with regard to co-locations in hospitals is inappropriate. In SA, many services are provided in local community venues as well as dedicated facilities. This is an ideal mix.
- 2.3 Carer Support currently provides the full suite of services of the RDP and it is truly integrated with state government funded carer services and the NDIS.
- 2.4 We have experienced and highly skilled staff in place to address all frontline, specialist services, all in-house day-to-day operations and subcontracted staff, via brokerage arrangements, which collectively address all aspects of the RDP functions, inclusive of preventative services.
- 2.5 Carer Support and Respite Centre Inc developed the Carer Support Model and supported its statewide introduction by agencies, all of which are now Carer Support Network SA member agencies. The Carer Support Model Fact Sheet, current at 2018, is included at the end of this document.
- 2.6 This agency has 28 years' experience as a one-stop shop for carers in metropolitan Adelaide, the Adelaide Hills and Murraylands.
- 2.7 We are a founding Member of the Carer Support Network SA.
- 2.8 This agency is recognised by both Federal and State Governments as a provider of excellence for carers of all ages, caring for family members across

- the spectrum of aged care, mental health and disability; and winning recognition awards for our work in both Aged Care and Mental Health.
- 2.9 The current CEO is recognised by both Federal and State governments and the Carer, Disability and Aged Care Sectors as an experienced and highly capable leader who was invited by the Federal Minister to be the only service provider representative for Carer services on the advisory committee for the development of the ICSS model.
  - 2.10 We have administered the South and East Metro Commonwealth Respite and Carelink Centre (CRCC) since 1997 and have firsthand experience as a founding member of the statewide Consortium in the collaborative administration of the CRCCs, which lasted until the funding for the administration of the Consortium was removed when the Carelink program funding ceased. This decade of collaboration and quality monitoring across the four state CRCCs afforded further deep understanding and experience of collaboration to benefit clients.
  - 2.11 For 20 years, we have been the Lead Agency for the Southern Collaborative Project, administering funding for this consortium arrangement of eight agencies. This experience and operational competence will support the Lead Agency's ability to operate a consortium network in a practical manner.
  - 2.12 We are a trusted agency with an unmatched reputation for working in partnership with all stakeholders to deliver flexible support to carers and their families.
  - 2.13 We have extensive, long-term SUBCONTRACTING arrangements in place with over 30 agencies.
  - 2.14 Carer Support has been a registered provider with the NDIS for Support Coordination and Plan Management services since its inception in 2014, so we understand how to deliver fee-for-service alongside our Federal and State funded carer services and services for older persons under the Commonwealth Home Support Program. As a result, we have developed a flexible, responsive innovative and agile approach to all our work. Our operational expertise and experience provide a full scope of support to carers, families and individuals.
  - 2.15 Carer Support has registered as a National entity and is registering as an NDIS provider in all states.
  - 2.16 We have the ability and infrastructure in place to offer Lead Agency support to the Network as defined within the ICSS model and the RDP requirements.

### **3. Breadth and reach**

- 3.1 Service mapping for the State: to be completed in conjunction with the Carer Support Network Members and already established local service provider networks.
- 3.2 Carer Support has an experienced Promotions and Marketing team able and ready to work collaboratively with the ICSS national promotions program.

- 3.3 The Network has over twenty-five years' experience in delivering quality carer support and a proven history of collaboration and partnership.
- 3.4 Of the options available in the consultation paper, **Option B** is preferred. This will provide more funding for Carer Services, and does allow for coordinated and timely statewide implementation.

#### **4. Alternative RDP Service Model**

The Carer Support Network SA has been successfully operating and providing quality carer support to carers for over 25 years. It is the RDP in practice now. It is effective and efficient in how it operates and with adequate levels of resources, can facilitate the enhanced service delivery model of an RDP as outlined in the consultation paper.



Peter Sparrow  
Chief Executive Officer

9 May 2018



## **FACT SHEET:**

### **Carer Support Model:**

#### **Philosophy:**

The carer support model is based on the recognition of the value of caring and the need for carers to maintain a balanced quality of life.

It recognises that carers are unique individuals capable of shaping their own destinies, and seeks to provide support by walking alongside carers to help them find the strength and information they need to maintain their caring roles and life styles.

#### **The key characteristics of the model are:**

- Aligned with social justice principles, and is directly linked with the SA Carers' Charter and the State Strategic Plan.
- Carers are partners in service provision.
- Carers form a majority of members on the Board of Directors or Steering Committee of member organisations, including executive positions (ie Chairperson/Vice Chairperson) within this structure.
- The focus is firmly on the carer and their health and wellbeing
- Support is designed to help overcome the isolation and disconnectedness that carers may feel within their role, and to ensure that carers are given the opportunity to link with other carers.
- The support provided is always carer-driven; carers are listened to and the role of the service provider is to facilitate meeting the identified need.
- The carer is supported to develop resilience in their caring role.
- Information is provided that is relevant to their caring role and which will help them to access the support, services, information, and/or skills training they need.
- The carer-driven support activities provided by member organisations are positive and encouraging, and designed to assist the carer to express their own personal interests, separate to their role as a carer.
- Carer Support organisations form strong partnerships with other service providers and community organisations for the benefit of carers. Such organisations are locally based, community owned and managed, and directed by carers.

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