



Australian Government

Department of Social Services

Integrated Carer Support Service: Carer Gateway Regional Delivery Partner Operating Model

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Purpose: This document describes the operating logic of a Regional Delivery Partner in terms of the Department of Social Service's requirements on how it creates and achieves client outcomes.

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Regional Delivery Partner Operating Model

Foreword

This Operating Model forms part of the grant agreement between the Commonwealth and the organisations funded to perform the role of RDP.

This is a living document and will be updated as required. Feedback on the Operating Model can be sent to the carersupport@dss.gov.au inbox.

Introduction

Purpose and structure of this manual

The Integrated Carer Support Service (ICSS) Carer Gateway regional delivery partner (RDP) Operating Model is a representation of the operating components required to support the creation and achievement of positive outcomes for Australia's unpaid carers.

It has been developed to provide guidance to those organisations engaged by the Department of Social Services (DSS) to perform the role of RDP under the Australian Government's Integrated Carer Support Service. Specifically, the RDP Operating Model defines –

1. **HOW** RDPs are required to operate;
2. **WHAT** activities RDPs are required to deliver;
3. **WHO** activities are intended for;
4. **WHY** activities are being delivered; and
5. **HOW** success will be measured.

Background

The vision for the Integrated Carer Support Service

Caring can be stressful and can impact on the relationship between the carer and the person they care for. It can also impact carers' ability to participate in everyday activities such as education, employment and social interaction. Through its commissioning of the ICSS, the Australian Government's objective is to –

Improve carer wellbeing, increase their capacity and support their participation, socially and economically.

Achieving this vision depends on the contribution of commissioned organisations to the following outcomes:

- Awareness – Carers and their family and friends along with the general community are aware of carers and the support and services available;
- Knowledge – Carers are better informed about the caring role and the associated stresses.
- Skills – Carers gain skills to manage stress associated with the caring role;
- Policy – Prioritise investment towards carers most in need, and low-cost, preventative, services;
- Support – Carers are able to access crisis services; and
- Economic – Improve the effectiveness of supports and services available to carers.

The role of RDPs

At the core of the ICSS, are those organisations commissioned to perform the role of RDP.

By undertaking the activities specified in this Operating Model and the Commonwealth Standard Grant Agreement – Terms and Conditions (Grant Agreement), RDPs are expected to make the greatest contribution to the ICSS outcomes.

Organisations performing the role of RDP will engaged through an open, competitive grant opportunity undertaken in November 2018.

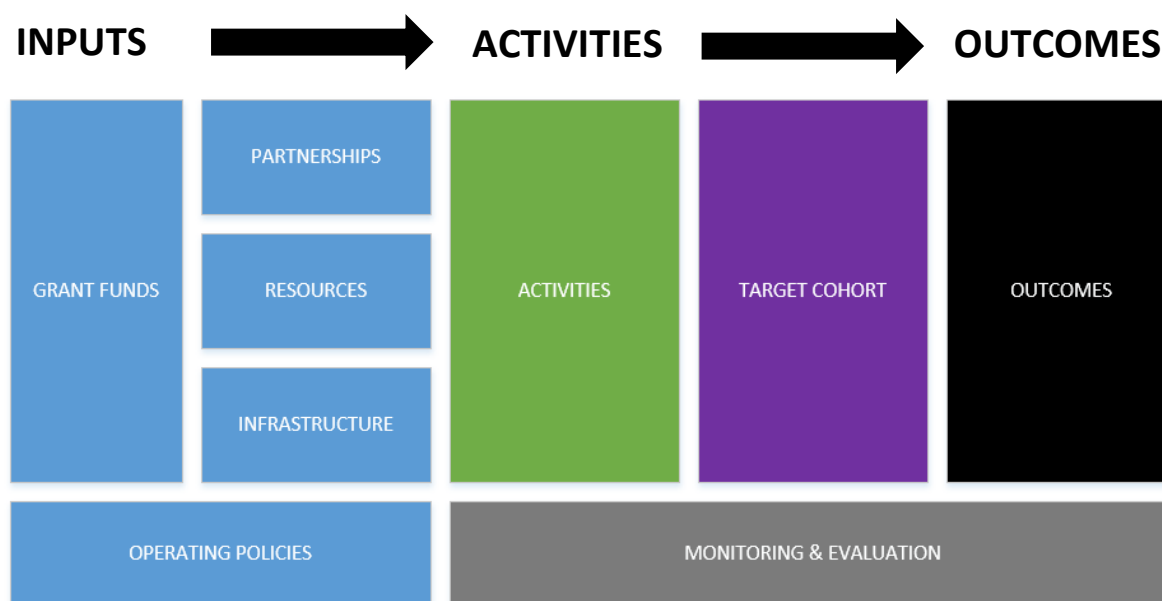
Through this grant opportunity, successful organisations (who may represent larger consortia) will receive Commonwealth funding to:

- Ensure that they have the organisational readiness, capability and capacity to deliver the operational activities described in the Grant Opportunity Guidelines and this Operating Model;
- Deliver activities in accordance with the requirements and processes specified in the Grant Agreement and this Operating Model; and
- Ensure that the delivery of activities is appropriately managed, monitored and evaluated.

The RDP Operating Model

The purpose of the RDP Operating Model

The RDP Operating Model provides a framework that takes an input (Commonwealth funding) and describes how it is converted, through activities, into client outcomes.



Through this framework, DSS has categorised its operating requirements for RDPs, specifically –

1. **HOW** RDPs are required to operate;
2. **WHAT** activities RDPs are required to deliver;
3. **WHO** activities are intended for (target cohort);
4. **WHY** activities are being delivered (outcomes); and
5. **HOW** success will be measured.

It is important to note that the RDP Operating Model is not intended to provide organisations with a prescriptive model of a RDP's operations. Instead it is designed to identify the core operational elements (and the Department's associated requirements) considered essential to the essence and purpose of the RDPs.

The RDP Operating Model should be read in conjunction with the Grant Opportunity Guidelines and Grant Agreement.

Regional Delivery Partner Operating Model

The RDP Operating Model components

The RDP Operating model is made up of the following operating components. Within each component, DSS has specified its operating requirements for RDPs.

| Purpose | Component | Building Block Description |
|--|-------------------------|--|
| Define HOW RDPs are required to operate | Grant Funds | Describes how Grants must be managed, including spending and accounting for Grants. |
| | Partnerships | Describes the network of organisations essential to the successful operations of the RDP. |
| | Resources | Describes the human resources required to be in place to support the delivery of activities. |
| | Infrastructure | Describes the basic physical facilities and installations required to be in place to support the delivery of activities e.g. offices, IT systems, transportation, and service delivery channels. |
| | Operating Policies | Describes the business rules and procedures essential to the successful operations of the RDP. |
| Define WHAT activities RDPs are required to deliver | Activities | Describes the activities RDPs are required to deliver to support carers in their allocated Service Areas. |
| Define WHO activities are intended for | Target Cohort | Defines the cohort of carers that RDP should target. |
| Define WHY activities are being delivered | Outcomes | Defines the results the Australian Government is seeking to achieve through its investment in RDPs. |
| Define HOW success will be measured | Monitoring & Evaluation | Describes the data collection and reporting mechanisms the Department will use to determine the degree to which ICSS outcomes have been achieved. |

This document is structured around the operating components that comprise the RDP Operating Model, these components have been grouped into 5 categories (as in the above diagram):

- A. RDP Operations (including Grant Funds, Partnerships, Resources, Infrastructure, and Operating Policies);
- B. RDP Activities;
- C. Target Cohort;
- D. Outcomes; and
- E. Monitoring & Evaluation.

A. RDP OPERATIONS

GRANT FUNDS

Describes how Grants must be managed, including spending and accounting for Grants.

Grants paid to RDPs must only be used for delivering the activities described in this Operating Model and the Grant Agreement.

Prior to the commencement of each financial year (June), RDPs must submit an **Activity Work Plan** to DSS for approval. This document will be used by DSS to obtain a clear understanding of the activities to be undertaken by the RDP in the coming financial year. An Activity Work Plan template is provided at Appendix 1 - Activity Work Plan Template.

As part of the Activity Work Plan, RDPs must submit a **Budget** to DSS for approval.

RDPs should refer to the Grant Agreement for instructions on the spending and accounting for the Grant.

Advice on the appropriate use of Grant Funds

Some activities that may contribute to carer outcomes are outside the parameters of this Operating Model and the Grant Agreement.

If a RDP is unsure whether a proposed use of a Grant is appropriate, it should contact DSS via carersupport@dss.gov.au for clarification.

PARTNERSHIPS

Describes the network of suppliers and partners essential to the successful operations of the RDP.

RDPs may enter into two types of formal partnership arrangements:

1. **Memorandum of Understanding** (supported by subcontract arrangements) for those RDPs operated by a consortium¹;
2. **Subcontract arrangements** where the RDP seeks to contract other organisations to deliver core services, for example in-person counselling services.

Use of Subcontractors

At all times, RDPs are responsible for the quality of the activities they are funded to provide including those provided by subcontractors. In accordance with the terms of the Commonwealth Standard Grant Agreement, RDPs are responsible for the performance of any tasks undertaken by subcontractors.

¹ A consortium is defined as two or more organisations who work together formally (through subcontracting arrangements) to combine their capabilities perform the role of RDP. Only the lead organisation will enter into a DSS Grant Agreement with the Commonwealth and will be responsible for the Grant.

Memorandum of Understanding

The Memorandum of Understanding defines how an RDP's consortium shall work together, and must include:

- The date of the MOU and the period for which it is to operate;
- The purpose of the consortia, its scope and key objectives;
- The management structure in place including frequency of meetings and process for communication of decisions;
- An outline of the relevant experience and/or expertise of the consortium members;
- The roles/responsibilities of consortium members and the resources they will contribute (if any);
- An outline of the dispute resolution mechanisms which will be put in place;
- A disclaimer statement indicating that all activities that take place under the MOU must be in compliance with the Grant Guidelines;
- Confirmation that subcontract arrangements are in place between the lead organisation and each of the consortia partners where the consortia partners are delivering services; and
- Details of a nominated management level contact officer (for each of the consortium members).

Monitoring Activities provided by Subcontractors

It is the RDPs responsibility to ensure that its subcontractor arrangements require that the subcontractor operates in accordance with the Grant Agreement.

RDPs must have processes in place to monitor that the subcontractor is delivering activities in accordance with the Grant Agreement. This could be through regular communication or reporting processes which monitor key requirements such as police checks for staff providing care, or that staff have relevant qualifications. Feedback from clients receiving services should also form part of the RDPs monitoring processes. RDPs should also monitor other aspects of their agreements e.g. that the subcontractor does not subcontract service to another organisation / provider.

The contribution the subcontractor is making to the overall ICSS outcomes should also be monitored by the RDP.

If at any time a RDP is not satisfied that the subcontractor is operating within the terms of the Grant Agreement, it is the RDP's responsibility to hold the subcontractor to the terms of the Grant Agreement, including consideration of whether it would be appropriate to discontinue use of that subcontractor.

Subcontracting services from the RDP's organisation

In general, where RDPs need to broker services (through subcontracting arrangements) they should do so from organisations other than those managed by their own funding body. However, in limited circumstances, the Department may provide permission for the RDP to broker services from organisations managed by their own funded organisation. RDPs need to provide an explanation of the circumstances underpinning the request and details of:

- why this is the most appropriate service for the Client;
- why the brokerage of services is needed if the organisation is already receiving Government funding; and
- if there would there be any community perception of bias.

RESOURCES

Describes the human resources required to be in place to support the delivery of activities.

The RDPs must engage the human resources necessary to deliver the Activities in accordance with the Grant Agreement, including:

- **Front-line staff** i.e. those staff engaged directly with clients in the delivery of Activities e.g. managing incoming calls from the national 1800 Carer Gateway number or delivering the carer coaching program;
- **Supervisors** responsible for managing the quality of activities performed by front-line staff; and
- **In-house counsellors** to provide specialised support to clients.

The RDP is responsible for all recruiting and training for their staff.

The RDP is responsible for ensuring that staff understand, and agree to abide by, all policies and guidelines relating to the provision of activities under the Grant Agreement.

Vulnerable people, police checks and criminal offences

The RDP is responsible for ensuring that all staff, volunteers and executive decision makers are suitable for the roles they are performing, and should undertake thorough background checks to select staff in accordance with their levels of access to vulnerable people. RDPs must ensure they are compliant with state-based legislation in regards to vulnerable people, young people and any other relevant cohorts.

Commonwealth Child Safety Framework

The Royal Commission into Institutional Responses to Child Sexual Abuse highlighted the need for organisations to adopt child safe practices including appropriate screening of staff, mandatory reporting and adoption of the National Principles for Child Safe Organisations. The Australian Government committed to a new Commonwealth-wide framework to protect children and young people it is responsible for – the Commonwealth Child Safe Framework (CCSF).

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The Australian Government is considering appropriate ways to apply the requirements of the CCSF to grant recipients. A child safety clause is likely to be included in a grant agreement where the Commonwealth considers the grant is for:

- services directly to children; or
- activities that involve contact with children that is a usual part of, and more than incidental to, the grant activity.

A child safety clause may also be included in the grant agreement if the Commonwealth considers the grant activity involves children more broadly.

The successful applicant will be required to comply with all child safety obligations included in the grant agreement published with this grant opportunity or notified to the successful applicant prior to execution of the grant agreement. Irrespective of the child safety obligations in the grant agreement you must always comply with your state and territory legislative requirements for working with children and mandatory reporting.

Staff training

RDPs are responsible for ensuring staff and volunteers have appropriate skills, knowledge and supervision, and receive adequate training with an emphasis on quality service provision. RDPs are responsible for ensuring staff members act in accordance with the organisations code of conduct and applicable laws and will respect the privacy and dignity of clients.

RDPs must be aware of any registration; accreditation or licensing requirements for the professions from which they draw their workforce and must ensure their personnel (and any subcontractors) comply with these requirements.

RDPs must also be aware of relevant accreditation frameworks and requirements associated with particular service types

All RDPs should encourage staff to undertake vocational and other formal education and training to enhance the skill base of the service provision workforce.

Volunteers

RDPs may use volunteers in the delivery of the RDP activities. If volunteers are used, RDPs must ensure that volunteers have the necessary knowledge and skills to undertake their duties. RDPs who use volunteers must have policies and procedures in place regarding management of their volunteer workforce. Volunteer management policies and procedures must include any policy relating to volunteer reimbursement. Policies should reflect the circumstances of the RDP, such as remoteness, isolation, and other regional differences that can affect their capacity to attract and retain volunteers.

INFRASTRUCTURE

Describes the basic physical facilities and installations required to be in place to support the delivery of activities e.g. offices, IT systems, transportation, and service delivery channels.

Department of Social Services provided infrastructure

To support the delivery of activities by the RDPs, DSS will provide the following infrastructure:

- [Carer Gateway Website](#) - providing a recognisable source of clear, consistent and reliable information that helps carers navigate the system of support and services available.
- An **online form** (hosted on the [Carer Gateway Website](#)) that enables a person to request a call-back from their local RDP.
- The Carer Gateway national 1800 number for the RDPs (1800 422 737). RDPs are to note this number is to be used only to route incoming Carer Gateway national 1800 calls to the appropriate RDP. All other call types, including transferring calls to other RDPs, calls to other RDPs on behalf of carers who require information about other regions, outbound calls or retrieval of messages, must be made from the RDP's telephone system (See RDP Provided Specialised Infrastructure). DSS will pay for the Carer Gateway national 1800 number setup to a suitable existing phone line, service charges (of the Carer Gateway national 1800 number component) and any subsequent relocation (of the Carer Gateway national 1800 number component) at the end of the grant agreement.
- Access to Translating and Interpreting Services (TIS) and relay access.
- The Data Exchange to support the reporting and analysis of service data. The Data Exchange provides RDPs with access to a suite of infographic partnership reports.
- GovGPS and the Grant Recipient Portal

RDP provided infrastructure

To support the delivery of activities, RDPs must provide the following infrastructure:

- Office space (including high-speed internet access) for those RDP staff that need to be co-located e.g. staff managing incoming calls from the national 1800 number;
- Telephones;
- Desktop computers;
- Laptops (equipped with access to the RDP's IT systems) and mobile phones for RDP staff working under flexible work arrangements e.g. work from home;
- Software to support basic office functions (e.g. word processing, email, internet browsing);
- Software to support the management of the RDP's finances, human resources and Activity delivery (e.g. scheduling of staff performing client in-home visits);
- Software and hardware to provide appropriate information security and privacy;
- Service delivery outlet accommodation (which may take any appropriate form for the client(s) and the Services being performed); and
- Transportation arrangements (either through RDP managed vehicles or on a vehicle reimbursement basis) for those RDP staff required to travel in the delivery of activities.

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RDP provided specialised infrastructure

In addition to the general infrastructure RDPs must also provide the following infrastructure:

Client Relationship Management system

The RDPs must supply their own Client Relationship Management system (CRM) to support the capture, retention and reporting of their interactions with clients (and prospective clients e.g. callers to the national 1800 number).

The CRM must be:

- secure, appropriate to the data and Personal Information collected, used, transferred and stored by the RDP;
- able to be used in accordance with the RDP's approved policies;
- able to prepare and/or submit accurate data to the Data Exchange in a timely manner; and
- designed and implemented appropriately for the RDP's consortium partners, if any are required to use it; and accessible to required RDP staff, regardless of their location.

Telephony system

The RDPs must supply their own telephony system to manage incoming Carer Gateway national 1800 number calls. The telephony system must:

- have a caller menu system (i.e. Automated Attendant or Interactive Voice Response) that enables identification, segmentation and routing of callers to the most appropriate staff member within the RDP;
- have customisable greetings, messages and prompts;
- be able to forward calls based on configurable business rules (e.g. calls received after 6pm are forwarded to the RDP's after-hours number);
- offer callers who would like to avoid the waiting queue the option to have an agent call them back instead; and
- offer callers the option to leave a voicemail message when all staff are busy and the queues are full.
- RDPs are responsible for providing a suitable phone system to manage incoming calls routed from the Carer Gateway national 1800 number.

Insurance

RDPs are required under the Grant Agreement to undertake a risk assessment of their operations to identify the risks associated with undertaking the Activity. This risk assessment is best undertaken at/or prior to establishment of Activity and then periodically during the course of the Grant Agreement.

The onus is on the RDPs to purchase and maintain appropriate insurance to mitigate risks they have identified from the risk assessment of the Activity.

DSS may from time to time request, by giving notice a copy of the risk assessment and insurance policies.

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Infrastructure not required

RDPs are not required to provide the following infrastructure:

- **Shopfronts** i.e. a physical location that clients and potential clients can access²; and
- **Individual websites** - [Carer Gateway](#) is the Department's preferred entry point for carers seeking access to the supports and services available through the RDPs.

OPERATING POLICIES

Describes the business rules and procedures essential to the successful operations of the RDP.

RDPs responsibility

RDPs must develop internal policies and procedures to support quality service provision.

At a minimum, RDPs would be expected to have documented operational policies that address the following:

- operating in accordance with the Carer Recognition Act 2010;
- operating in accordance with the Charter of Rights and Responsibilities for Community Care;
- protocols, and processes for the management of client records, and handling personal information;
- protocols and processes for the management of obtaining consent to handle and store personal information about carers and care recipients;
- transferring personal data outside of the RDP organisation;
- performance reviews of subcontractors arrangements to ensure quality subcontracted services;
- managing all phone calls, including after hours and transferring to emergency services;
- concerns about client welfare or suspected abuse/neglect;
- complaints and feedback about the RDP's activities, including those delivered by subcontractors;
- fees and client contributions;
- work health and safety for staff, clients and visitors (including for flexible work arrangements, client in-home visits and emergency respite);
- reporting and data; and
- cross-border/cross Service Area issues (developed in consultation with neighbouring RDPs).

² Services with an in-person component (e.g. In-Person Peer Support and the Carer Coaching Service (Facilitated stream) could be delivered in the carer's home or in an easily accessible public location such as school, community meeting centre etc.

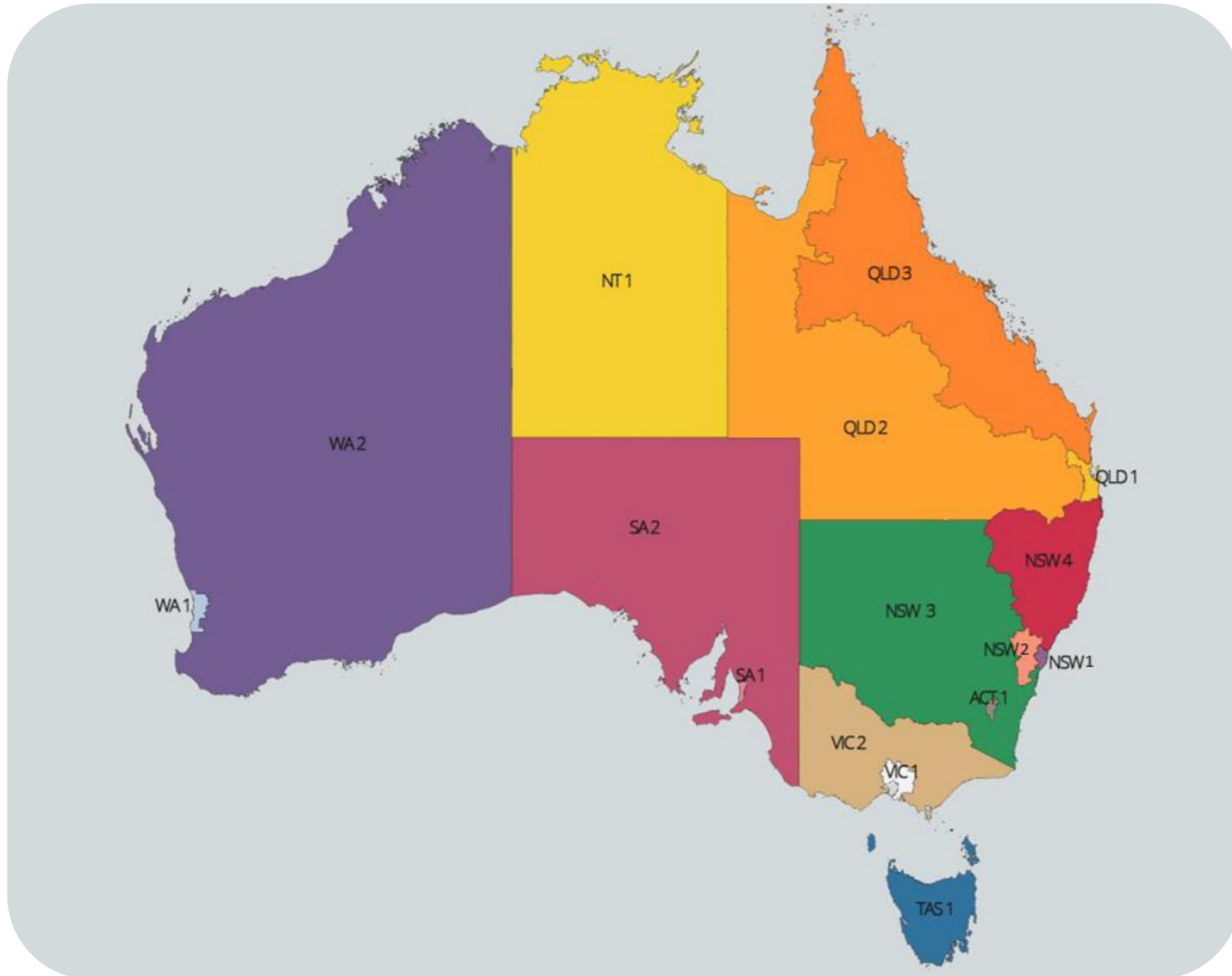
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RDPs should also ensure that when brokering services, they use services accredited within the relevant and appropriate framework. For example, the NDIS Quality and Safeguarding Framework (for emergency respite for people with a disability) and Aged Care accredited providers (for people over 65 years of age).

RDP Service Areas

RDPs must operate in their designated Service Areas. There are 16 Carer Gateway Service Areas under the ICSS; each Service Area is based on groupings of Primary Health Network (PHN) regions. The national distribution of Service Areas is provided below.

Carer Gateway Service Areas map



Carer Gateway Service Areas

| Service Area | Corresponding PHNs | Carer Population* |
|--------------|--|-------------------|
| ACT 1 | 31 – ACT | 44,700 |
| NSW 1 | 1 – Central and Eastern Sydney 2 – Northern Sydney 3 – Western Sydney | 345,054 |
| NSW 2 | 4 – Nepean Blue Mountains 5 – South Western Sydney | 175,074 |
| NSW 3 | 6 – South Eastern NSW 7 – Western NSW 10 – Murrumbidgee | 167,783 |
| NSW 4 | 8 – Hunter New England and Central Coast 9 – North Coast | 215,535 |
| QLD 1 | 17 – Brisbane North 18 – Brisbane South 19 – Gold Coast | 253,254 |
| QLD 2 | 20 – Darling Downs & West Moreton 21 – Western Queensland | 64,741 |
| QLD 3 | 22 – Central Queensland, Wide Bay, Sunshine Coast 23 – Northern Queensland | 163,130 |
| VIC 1 | 11 – North Western Melbourne 12 – Eastern Melbourne 13 – South Eastern Melbourne | 526,051 |
| VIC 2 | 14 – Gippsland 15 - Murray 16 – Western Victoria | 216,939 |
| SA 1 | 24 – Adelaide | 177,676 |
| SA 2 | 25 – Country SA | 66,116 |
| WA 1 | 26 – Perth North 27 – Perth South | 149,032 |
| WA 2 | 28 - Country WA | 54,570 |
| TAS 1 | 29 – TAS | 85,508 |
| NT 1 | 30 – NT | 11,520 |
| Total | | 2,716,683 |

* The carer population data is based on the Australian Bureau of Statistics, Survey Disability Ageing and Carers data 2015.

Each RDP is required to support the entire Service Area it has been allocated. RDPs will need to establish a regional presence throughout their respective Service Areas. This presence will likely be achieved through consortium partners, a mobile workforce and service outlets (for instance an outlet may be 2 to 3 staff co-located in a regional hospital) for the purposes of delivering those activities with an in-person component e.g. In-Person Peer Support, Counselling and Carer Coaching.

For ease of administration it is expected that the RDP's workforce will be supported by a central hub.

1800 number call routing

Calls to the national 1800 number will be routed by DSS' telephony provider:

- Fixed calls (i.e. calls from landlines) will be routed depending on call location. Call location will be determined using Census Collection Districts (CD)³. CDs are designed not to cross Statistical Area Level boundaries, maximising the accuracy of fixed call routing (particularly for those calls originating from locations near the boundaries of Service Areas).
- Mobile calls will be routed depending on call location with two caveats –
 - Call location will be determined by the Telstra's 208 catchment areas for mobile users (not a caller's location) – *in comparison there are 38,200 CDs throughout Australia*, and
 - Mobile calls originating from city catchment areas will be routed to the RDPs supporting that area.

All RDPs should report (to DSS) any anomalies identified in the direction of 1800 number calls noting date, time and location of caller.

If a caller is directed to a RDP that does not provide services in the caller's Service Area, the RDP must assist the caller by transferring the call to the correct RDP. The same approach should be taken if a RDP is contacted by a caller who requires information on behalf of a person living in another Service Area. If the person is close to the boundary between Service Areas, the RDP should determine which RDP is the most appropriate to support that person based on their knowledge of the service network.

If it is more appropriate that the caller is referred to the RDP in an adjoining Service Area, the RDP should offer to transfer the call without the carer having to hang up. To avoid confusion for callers – and for RDPs – RDPs should establish Service Area boundary procedures delineating who offers what to whom.

Telephony helpdesks

RDPs should contact their telephony service provider for problems with phone lines (e.g. outages), additional lines, relocation or other issues not related to the national 1800 number. If a RDP experiences problems with the phone line, they should contact their telephony service provider first, and then notify DSS as soon as possible.

For problems with 1800 call routing (e.g. a 1800 call should have been sent directly to another RDP), the RDP will need to provide Telstra Services (1800 651 375) with details of the town/suburb that the call originated from (if known), the caller's full telephone number, and the date and time of the call. Telstra will then investigate the 1800 call direction and advise the RDP (and DSS) about the cause of the problem.

³ The Census Collection District (CD) is the second smallest geographic area defined in the Australian Standard Geographical Classification (ASGC), the smallest being the Mesh Block. CDs are defined for each Census and are current only at Census time.

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If an RDP plans to relocate its office, or make other major changes to its telephony system, it should contact DSS in the first instance and then advise Telstra of their telephone requirements. The Telstra Helpdesk will need to obtain approval from DSS for any changes to the RDPs' 1800 phones. Several weeks' notice may be needed for Telstra to make the required changes to the telephone network.

Emergency call telephone instructions for police, fire or ambulance

RDPs must develop a procedure for handling emergency calls which come to the RDP via the national 1800 number.

RDPs may need to consult their telephony system provider about what instructions should be used to transfer calls to 000, and about Caller Line Identification (CLI). RDPs should develop a procedure for emergency calls to include:

- calling 000 and introduce yourself as a RDP and inform the operator that you have a caller on the line from another location who requires assistance;
- informing the operator of the state/territory, the town, and the emergency service required (i.e. Police, Fire or Ambulance); and
- if requested by 000 or emergency service personnel, providing the CLI.

Opening hours and after hours service

RDPs must be available to the public during normal business hours (8am – 5pm), with an after-hours service for callers who require respite care in emergency or unplanned situations.

Callers after business hours should always be able to reach someone who can assist them. While DSS acknowledges that RDPs may manage this differently from Service Area to Service Area, it expects RDPs to regularly review the effectiveness of after-hours service arrangements.

The options for after-hours service which RDPs may use include:

- diverting the national 1800 number after hours to a mobile phone held by an on-call RDP staff member; or
- using an agency to take after hours calls.

The following greeting should be used if there is an answering machine to direct people to after-hours care:

After Hours message (answering machine)

“You have called the Carer Gateway about carer support services. If you require emergency respite support, press 1. If you are calling for assistance with other carer support services, please leave your name and contact telephone number and your call will be returned as soon as possible.”

The use of an external provider to manage emergency respite may vary from provider to provider but it is expected that RDPs will communicate the need for consistent greetings to these organisations and agree on a greeting in line with the advice above.

Notifying the Department about serious incidents

RDPs are required to report any events that may affect the health, safety, and/or wellbeing of a client under the care of RDP staff, volunteers or subcontractors.

RDPs are required to report serious incidents (including allegations) arising in the context of RDP services and supports including (for example):

- The death of a person receiving services;
- Serious injury of a person receiving services; and
- Abuse or neglect of a person receiving services.

RDPs must report events within 24 hours of being made aware of the event, with a more detailed report about the incident and actions taken in response to be provided within five (5) business days to carersupport@dss.gov.au.

Notification of incidents provides an opportunity for DSS to be aware of and monitor the ongoing management of the incident.

Suspected abuse or neglect

RDPs should have a policy about how to respond if they suspect abuse is occurring or are concerned about a risk of harm to a client (or a client's care recipient).

Abuse and neglect

Abuse is never acceptable and is illegal. Abuse is the neglect or harm to a person that results in physical, emotional, sexual, or financial injury. Carers, families, care staff or health professionals may behave in an abusive way to a person receiving care. A person receiving care may also be abusive to a carer, family member, or care staff or health professionals. The demands of caring can lead to extreme stress and the risk that a carer may harm themselves or the person they care for. Families and carers of people who are elderly, have dementia or another disability, have to cope with difficult situations, often with limited support. Stress, frustration and/or resentment about the carer role and emotional problems may lead to abuse. Other issues such as family conflict, mental illness, drug use, domestic violence or financial difficulties may also contribute to the abuse of a carer, care recipient, family member or care staff or health professionals.

Suspected abuse

Key considerations that must be addressed in an RDP policy include:

- appropriate identification, reporting and risk assessment of the suspected risk of abuse or harm (this may include discussion with the carer and/or the person they care for to understand the situation so that appropriate intervention or assistance can be arranged);
- prompt provision of emergency respite care and linkage with other support services such as counselling, health services and social support; and
- if appropriate, contact with emergency services such as police, ambulance, crisis mental health team, or other relevant services.

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Risk of self-harm by a carer (or the person they care for)

RDP staff should report situations where they believe a client (or their care recipient) is at risk of self-harm or in instances of emergency call 000.

In situations where the RDP receives a call from an unidentified caller who threatens self-harm (or harm to another person), the RDP should call the police who will have procedures in place that authorise Telstra or the relevant phone provider to trace the call.

RDPs should contact their state/territory police service to formalise procedures for such situations.

Complaints

RDPs must establish and publicise the existence of a documented complaints process, which must be used to deal with any complaints received from clients. The following practices should be implemented:

- Create and maintain a Complaints Register which includes the following materials and information:
 - details of all complaints received directly by RDP;
 - details of all complaints referred to the RDP by, or through, the Department;
 - each record in the Complaints Register should include:
 - details of the parties to the complaint, including the name of the complainant (if provided) and if relevant, the name of the person being complained about;
 - any subcontractor parties involved in the complaint;
 - the name of the RDP staff member(s) handling the complaint;
 - the date upon which the complaint was made;
 - the nature of the complaint;
 - whether the complaint was referred to the RDP by DSS;
 - details of key contacts with the complainant and the action taken, including dates;
 - the outcome of any action taken (including any investigation);
 - the date of finalisation, or resolution of the complaint;
 - any follow-up action required; and
 - any changes to policies, or procedures, or other action to be taken, resulting from the complaint.
- Processes for subcontractors who are the primary point of contact for clients to manage complaints.

Fees and fee contributions

RDPs must have a policy about fees and assessment of a carer's capacity to pay for or contribute to the cost of some services (applicable only for the Emergency Respite Care and Carer Directed Support services).

RDPs should obtain information from carers to assess their capacity to pay. The information obtained should not be shared for any other purposes, except those data elements required for the Data Exchange.

Regional Delivery Partner Operating Model

The assessment of capacity to pay should be undertaken in respect of the person who benefits from the service provided. The person to be assessed could be either the carer or the person who is cared for, but not both. Allowances not treated as income for tax purposes (e.g. Carer Allowance) should not be taken into consideration by RDPs as income. Inability to pay cannot be used as a basis for refusing a service to carers who are assessed as requiring a service.

When developing a policy on fees, RDPs should consider the following issues:

- Determining how much the client is asked to pay could be based on the carer's financial situation and income;
- Procedures for the determination of fees, including assessment criteria, should be clearly documented, publicly available and proactively provided to carers;
- A carer contribution to the cost of services paid should be negotiated before the service is provided;
- The agreed contribution should be shown on the Emergency Action Plan and/or Carer Support Plan;
- If a carer's financial situation changes during the period of receiving services, the carer should be asked to contact the RDP to arrange a review of the contribution;
- A contribution can be empowering for carers in certain circumstances;
- Contributions from those who can afford to pay means that more funding is available for more carers;
- Each situation is different; the fees policy needs to be as fair as possible for all;
- If a carer refuses to pay or cancels at the last minute; and.
- If a carer refuses to pay a fee after receiving a service.

Record keeping

In accordance with the Commonwealth Standard Grant Agreement, RDPs must develop and implement systems, protocols, and processes for the management of client Records. The RDP must ensure the protection of all client Records from loss, damage or misuse.

B. RDP ACTIVITIES

The RDPs are responsible for delivering the following Services to support the carers in their designated Service Area. High-level service pathway descriptions for the Services are provided in the ICSS Service Blueprint.

CARER SERVICES

Carer Support Planning

The purpose of Carer Support Planning is for RDPs to plan support for carers. For many carers, the RDP will be the first point of contact with a person who can support them.

Carers can contact their RDP by:

- completing an online form (via Carer Gateway Website) and requesting a call back from their local RDP; or
- calling the Carer Gateway national 1800 number (which will automatically route the caller to their local RDP).

On first contact with a carer, RDPs are responsible for determining if the carer requires:

- Emergency Respite Care, as a matter of urgency;
- other Carer Gateway services (which may be accessed by following the Carer Support Planning Process to develop an Action Plan); or
- information only (e.g. how to apply for the Carer Payment).

The Carer Support Planning Process (refer to Carer Support Planning Framework, published online) is a defined process that includes the following stages: Intake, Registration, Needs Assessment, Support Planning, Coordination, Support (provision of services) and Monitoring. RDPs are expected to follow the Carer Support Planning Process.

The Carer Support Planning Process includes these activities, but it is not limited to:

- a. Performing the Intake stage to check eligibility and urgency.
- b. Determining whether the carer is in immediate need of Emergency Respite Care (and arranging and providing this if it is required).
- c. Registering a carer - collecting only the required details.
- d. Using Carers Star™ as the integrated tool to undertake the Needs Assessment stage and measure a carer's wellbeing to inform their support planning.
- e. Producing an Action Plan for the carer, which identifies the services that would benefit the carer, as well as the immediate practical steps the carer can undertake themselves.
- f. Coordinating and arranging the services identified in the Action Plan for the carer, as they are required.

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- g. Performing a review, after six weeks (or longer if appropriate) as part of the Monitoring stage.
- h. Updating the Action Plan and helping the carer toward further relevant services (if required).

The Action Plan will be attached to the Carer Record within the RDP's CRM system and should be made available to the carer either electronically or in a hardcopy form.

The carer's wellbeing and circumstances before and after services are reported by the RDP into the Data Exchange.

In-Person Peer Support

The In-Person Peer Support service is a free facilitated peer support forum specifically designed to assist carers to:

- connect with people in similar circumstances;
- learn from their peers through the sharing of lived experiences; and
- experience relief from carer stress through forming personal connections and sharing of personal stories and experiences.

It aims to empower carers by providing the facilitation, moderation and skills development to enable self-guided peer support sessions. It provides information on how to access other services and events.

RDPs have two roles in the delivery process:

- To act as a registration point for the service; and
- To coordinate and facilitate the peer support groups.

The groups are created to enable carers to (if they desire) form their own groups where a group lead can continue to facilitate sessions (with less frequent formal facilitation). In some cases, a peer support group may evolve into a self-organising community of carers that no longer rely on the RDP to schedule and facilitate meetings. RDPs may support informal groups by covering basic meeting costs e.g. venue hire.

RDPs will be responsible for ensuring there is maximum coverage across their Service Area to limit the need for long commuting and wherever possible, support carers to gain access to sessions.

RDPs may also refer carers to In-Person Peer Support Groups run by other organisations which they are aware of within their Service Areas

In-Person Counselling

The In-Person Counselling service is a free counselling service for carers who are experiencing difficulties with anxiety, stress, depression and low mood as a result of their caring role. The service will assist carers to manage their own health in order to remain effective in their caring role and avoid crisis events through in-person counselling sessions with a professional counsellor.

Carers can access the Service by registering for a call back online or by calling the Carer Gateway 1800 number, with the RDPs acting as the referral point for entry into the service. The Service can be delivered either by in-house RDP qualified counsellors, or by third-party counsellors brokered by the RDPs.

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To maximise consistency, modes of delivery will be articulated through the in-person counselling delivery guidelines developed by DSS. The flexible delivery guidelines will describe based on evidence, the different types of counselling that should be made available to carers through the service and set the expectations for service delivery with brokered counsellors. This will ensure that flexibility exists for counsellors to use different modes of counselling that are effective for carers where the Digital Counselling Service would either not be effective or there are barriers to access.

Carer Coaching

The Carer Coaching service is a free psycho-educational service specifically designed to assist carers to acquire the skills and resilience needed in their caring role.

The Service will be delivered in two formats:

- Through the facilitated format, carers will engage with a coach (a RDP staff member) across a defined period using a combination of in-person, telephone and online channels to build and develop skills identified during consultation with the coach; and
- The self-guided format (developed by DSS) is an online version accessible via [Carer Gateway](#) that enables a carer to undertake the service in their own time. A carer using the self-guided format may request ad-hoc support from the RDP via the online call-back function.

Priority access to the facilitated format of the Carer Coaching service is given to those carers experiencing the highest strain based on their Needs Assessment.

In conjunction with RDPs, DSS will pilot the Carer Coaching service before making it available nationally. DSS will provide RDPs with standardised business processes and tools (including online resources available via [Carer Gateway](#)) to support RDPs in the delivery of the Carer Coaching service.

Carer Directed Support

The Carer Directed Support service is a consumer directed approach to supporting carers in their caring role. It gives carers a greater say and more control over the design and delivery of the support provided to them and the person/s they care for. The Service will be delivered by the RDP.

The Service will be delivered in two formats:

- Through provision of **one-off practical support** (up to an amount of \$1,500) that enables carers, without the need for ongoing assistance and/or multiple supports, to access support. It is expected that support of this kind would take the form of a tangible item that directly contributes to supporting the client in their caring role or supporting the client to access education/employment. Carers who choose to access one-off support will not be eligible for a Carer Directed Package; and
- Through the provision of **Carer Directed Packages** that can be directed towards a range of practical supports to assist carers in their role (e.g. cleaning, respite, cooking, and assistance with transport). The total value of the package, to which each carer is entitled, is \$3,000 (over a 12-month period). It is expected that each carer would use the full package amount (i.e. \$3,000), however carers with fewer/simpler needs may only require a part-package (i.e. a package with a value less than \$3,000).

Regional Delivery Partner Operating Model

When choosing supports, carers will not be limited to those supports offered directly by the RDP; additional supports can be brokered on behalf of the carer by the RDP. However, the RDP is not to use funding for carer directed packages to support items such as holidays.

Priority access to the Carer Directed Support should be given to those carers experiencing the highest strain based on their Needs Assessment, and not currently accessing alternative sources of funding or services. Carers who receive this funding in one year, are not guaranteed funding in subsequent years.

Emergency Respite Care

The Emergency Respite Care service is designed to offer support to carers who are experiencing an urgent, unplanned and imminent event that temporarily restricts their ability to continue caring when no other services are available, for example:

- An unplanned situation that prevents the carer from providing care required by the care recipient;
- An unplanned event that threatens the health and safety of the care recipient; or,
- An unplanned event that threatens the health and safety of the carer (including extremely high levels of strain and anxiety).

The Service is delivered or brokered by the RDP (on behalf of the carer) to secure replacement care for the care recipient in circumstances where all other options have been exhausted. RDPs may use the funding to contribute the full cost of care or part of the cost where a carer can afford to make a contribution (wherever possible, carers are expected to contribute a portion of the cost of replacement care subject to the capacity of a carer to contribute). Funds used through the service are intended to be used in times of emergency only and all other types of planned respite care should be funded through other support services.

The funding available for Emergency Respite Care can be used to access services for either the care recipient or carer (e.g. adult day care, in-home care and residential care). After the event, RDPs will be expected to undertake the Carer Support Planning Process with the carer to determine if underlying issues can be addressed through other supports (such as the Carer Directed Support Service). It is also expected that the RDPs will coordinate with other carer service providers (such as Aged Care, NDIS) if a need is identified.

ADDITIONAL CARER SERVICES

DSS has commenced two online services to enable carers to access forms of support, without having to meet in-person. RDPs are responsible for actively promoting these services to clients.

Online Peer Support

A free online peer support forum (accessible via [Carer Gateway](#)) for carers specifically designed to assist carers to:

- Connect with people in similar circumstances;
- Learn from their peers through the sharing of lived experiences; and

Regional Delivery Partner Operating Model

- Aid in decreasing carer strain through the connection and sharing of personal circumstances and experiences.

The online peer support forum will be hosted by a specialist organisation contracted by DSS. Carers will have two options to participate in the online peer support forum; they can:

- Participate as a viewer or observer only; or
- Participate as a member and contribute to online discussion threads.

Digital Counselling

The Digital Counselling Service a free short-term counselling service for carers experiencing difficulties with anxiety, stress, depression and low mood. The service will assist carers to manage their own health in order to remain effective in their caring role and avoid crisis events.

In order to deliver high quality, therapeutic counselling specifically aimed at carers, the service will need to offer two types of interventions:

- An intervention designed to help carers over a longer period who require more intensive support to achieve the outcomes; and
- An intervention, delivered over a shorter period, for those carers who may not need as much support to achieve the outcomes.

Carers can access the service (using a combination of digital channels including telephone and online) directly via the [Carer Gateway website](#) or contacting the RDP (via the national 1800 number).

Carer Coaching (Self-Guided Format)

The Carer Coaching (Self-Guided Format) is an online coaching service that supports the In-Person Carer Coaching Service delivered by the RDP (see Carer Coaching Service above).

Carers can access this service directly via [Carer Gateway](#). Carers may be referred to the self-guided format by the RDP following the Carer Support Planning Process. Carers following the self-guided format may request a call back from the RDP.

ANCILLARY ACTIVITIES

In support of the client services, the RDP is responsible for the delivery of the following ancillary activities.

Service Area Mapping and Outreach

RDPs are required, on an annual basis, to undertake a Service Area mapping exercise of their Service Area. The purpose of this mapping is to identify organisations delivering services which may be of benefit to carers, and to develop relationships with these organisations for the purpose of referring carers to these services. It is expected that RDPs will need to utilise a wide range of existing service providers in order to meet the needs of carers.

RDPs will need to work with organisation such as the Primary Health Network (PHN) and NDIS Local Area Coordinator Partners, to understand the needs of carers within their area. Emerging trends and patterns will need to be identified and understood.

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RDPs are responsible for undertaking promotional and profile raising activities which aim to reduce the barriers which prevent disconnected or hidden potential service users and carers accessing the services they need.

RDPs are required to undertake outreach activities by engaging local communities through leaflets, newsletters, stalls and dedicated events (e.g. a presentation to a local school). The Department will provide RDPs with marketing collateral to support their outreach activities.

Establishment

A one-off activity performed by the RDP to ensure its operational readiness to deliver activities.

Establishment activities will include:

- Recruiting and training staff;
- Establishing the IT infrastructure required to support the delivery of activities; and
- Developing the policies to support the RDP's operations.

Prior to undertaking establishment activities, RDPs must submit an Establishment Plan to the Department for approval. The Establishment Plan must include, at a minimum:

- A description of how the RDP will use existing operational capabilities to deliver activities, including any resources, policies and infrastructure which the RDP is able to leverage (where possible, the grant recipient must seek to leverage existing operational capabilities);
- A description of the infrastructure required to be sourced or developed to support the delivery of activities, and the arrangements for sourcing or developing the infrastructure;
- The RDP's approach to engaging and mobilising the resources required to deliver activities;
- A project schedule setting out the establishment activities to be undertaken; and
- A description of the risks, issues and dependencies identified by the RDP, and proposed strategies for how these will be mitigated and managed.

Transition

A one-off activity performed by the RDP to support the transition of activities in the event of expiry or termination of the Grant Agreement.

Prior to undertaking transition activities, RDPs must submit a Transition Plan to DSS for approval. The aim of the Transition Plan is to ensure that the obligations of the RDP and DSS, upon termination or expiry of the Grant Agreement, are acknowledged and agreed, and that where applicable, there will be minimal disruption of service delivery to clients.

The Transition Plan should address issues that enable the orderly transition of the activities from the RDP to the Commonwealth or its nominated alternative. Guidelines to assist RDPs with the development of a Transition Plan are provided at Appendix 2 – Transition Plan Guidelines.

DEPARTMENT OF SOCIAL SERVICES ANCILLARY ACTIVITIES

National carer awareness communication activities.

In addition to the ancillary activities delivered by the RDP, DSS will develop and deliver national communications activities to raise awareness of carers, and the services and supports available through the ICSS (including the RDPs).

VARYING RDP ACTIVITIES

RDPs or DSS may propose additional activities for RDPs to deliver.

If new activities are funded by DSS and the new activities substantially alter the terms of the Grant Agreement, a Deed of Variation may be required.

RDPs are encouraged to seek additional funding from other sources to support their activities, as long as these additional services do not prevent the RDP's compliance with the Grant Agreement.

C. TARGET COHORT

TARGET COHORT

The target cohort for RDP services is carers, as defined in the *Carer Recognition Act 2010*, which states under Section 5, as follows:

(1) For the purpose of this Act, a carer is an individual who provides personal care, support and assistance to another individual who needs it because that other individual:

(a) has a disability; or

(b) has a medical condition (including a terminal or chronic illness); or

(c) has a mental illness; or

(d) is frail and aged.

(2) An individual is not a carer in respect of care, support and assistance he or she provides:

(a) under a contract of service or a contract for the provision of services; or

(b) in the course of doing voluntary work for a charitable, welfare or community organisation; or

(c) as part of the requirements of a course of education or training.

(3) To avoid doubt, an individual is not a carer merely because he or she:

(a) is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or

(b) lives with an individual who requires care.

Within the cohort of carers, RDPs should prioritise their activities (using the defined Carer Support Planning Process) towards those carers most at risk of not being able to continue in their caring role.

Within the target cohort, the following carer roles are considered important, and should be considered in the RDP's assessment of the carer's circumstances:

- The primary carer. The RDP should focus on supporting primary carers.
- Couples. RDPs can assist couples who both need support, where the roles of carer and person receiving care may shift over time. A couple may provide mutual support, and one may take a more active carer role at different times depending on the other person's needs.
- Multiple carers. RDPs can assist multiple carers. Sometimes in a family situation where two or more family members share the caring responsibilities, it might be difficult to consider carer arrangements separately. RDPs may need to tailor support services accordingly, taking care to preserve the integrity of the family unit and the existing caring relationships.

ELIGIBILITY CONSIDERATIONS

The RDP should consider eligibility to receive Carer Gateway services based on the carer conforming to the definition of carer in the *Carer Recognition Act 2010* (see above section 'Target Cohort').

In addition to considering the carer's role there are some specific eligibility rules that the RDP should also apply:

- Ongoing care. To be eligible for services, the carer's role must be ongoing, or likely to be ongoing, for at least six months. This expectation of six months or more does not apply to a carer of a person who needs palliative care.
- Overseas visitors, permanent residents and others who are not Australian citizens. There is no citizenship, residency or specific visa requirement to be eligible for Carer Gateway services .
- Carers who receive free board and lodging. A carer who is not paid or employed by the person who receives care and who receives free board and lodging in return for providing care, is eligible for assistance provided they meet the other eligibility requirements.

If the RDP is uncertain about eligibility, it should consult DSS for advice.

D. OUTCOMES

In providing RDPs with Grants, DSS is seeking to achieve benefits across three domains (see Outcomes Framework below).

1. **Improve carer wellbeing, increase their capacity and support their participation, socially and economically**

This benefit area is the central vision of the program. It aims to have more carers gain required skills, better understand the caring role they are in, and plan their life using available supports. Measures of outcomes relevant to RDPs may include:

- a. Number of carers registering;
- b. Carer satisfaction with matching support services to identified needs;
- c. Number of carers with formal Carer Support Plans;
- d. Carer satisfaction with outcomes from their Carer Support Plans;
- e. Number of services adopted by carers to aid their caring;
- f. Carer satisfaction with:
 - i. Coaching services
 - ii. Counselling services
 - iii. Peer-Support services
- g. Number of services adopted by carers to aid their participating in the workforce or education;
- h. Carer satisfaction with support to participate;
- i. Carers attaining qualifications from support services;
- j. Level of wellbeing reported by carers; and
- k. Level of self-confidence reported by carers.

2. **Reinforce carer resilience through effective preventative support services**

This benefit area aims to reach more carers, inform them of the new preventative support services available to them, and to deliver these services. Measures of outcomes relevant to RDPs may include:

- a. Number of carers reporting awareness of ICSS;
- b. Number of organisations reporting awareness of carers and their role;
- c. Percentage increase in carers reporting awareness of ICSS;
- d. Percentage decrease in carers accessing emergency respite care; and
- e. Time (days/weeks/months) between emergency respite care episodes per carer.

3. Restructure investment in carer support to increase cost effectiveness

This benefit area aims to ensure carers value the services provided to them and that the Government is facilitating those delivery of those services in the most cost-effective way.

Measures of outcomes relevant to RDPs may include:

- a. Geographical distribution of carers accessing services;
- b. Number of carers accessing services in regional/remote areas compared to metropolitan areas; and
- c. Cost of bundle of services delivered to carers.

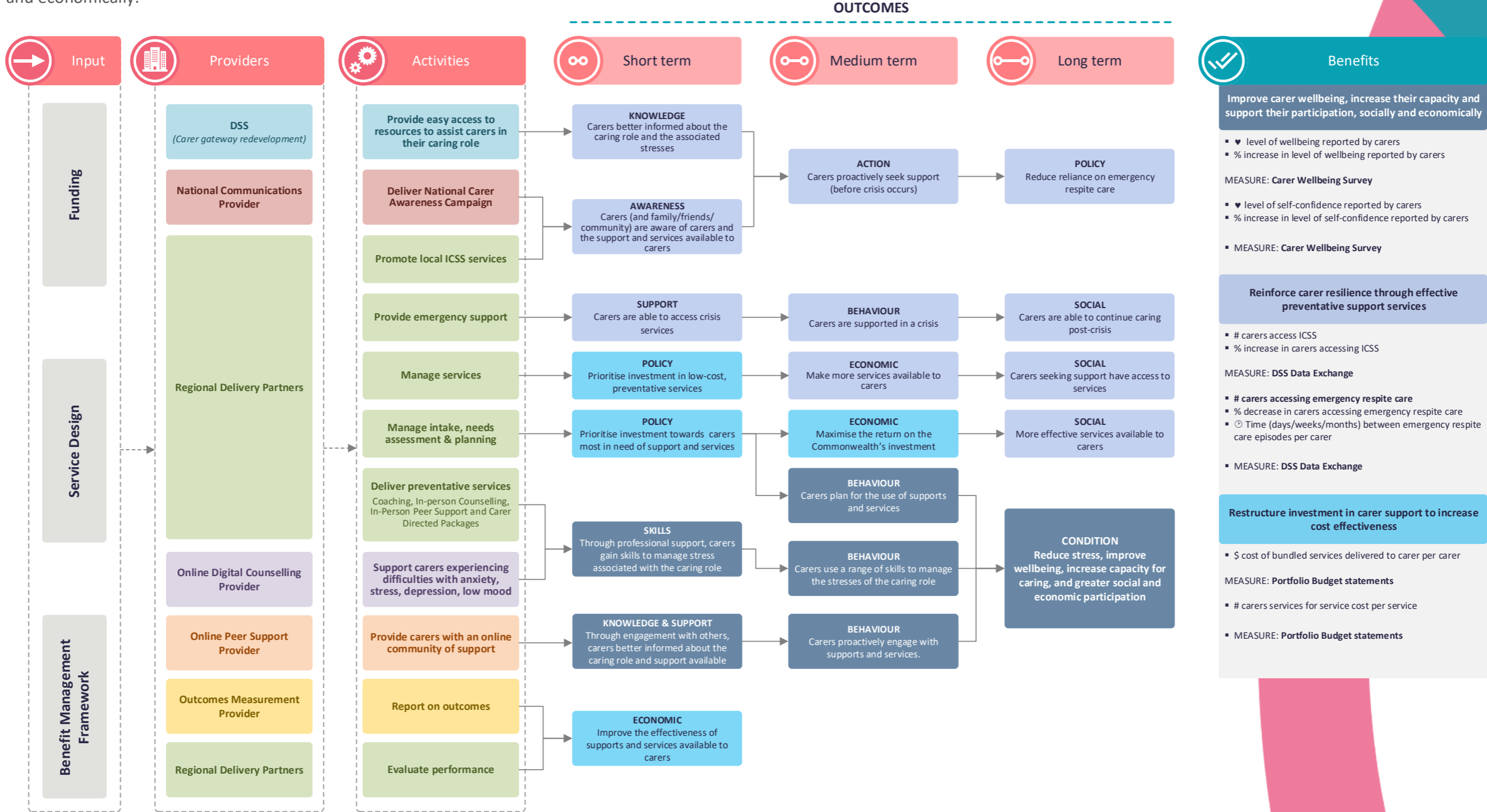
RDPs are responsible for ensuring the configuration of their operations maximises the achievement of these outcomes and reflects the principles underpinning the ICSS:

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

The diagram below shows the ICSS Outcomes framework.

Integrated Carer Support Service - Outcomes framework

Caring can be stressful and can impact on the relationship between the carer and the person they care for. It can also impact carers' ability to participate in everyday activities such as education and employment. The purpose of the ICSS is to improve carer wellbeing, increase their capacity and support their participation, socially and economically.



E. MONITORING & EVALUATION

RDPs are required to evaluate their performance in achieving the outcomes. RDPs are also required to contribute to monitoring and evaluation activities performed by DSS (or its contracted organisations). At a minimum, this will include:

- collecting client and service delivery data in a Client Relationship Management (CRM) system;
- supporting an organisation appointed by DSS to survey a sample of clients accessing services delivered by the RDP;
- contributing to a community of practice that will be established by DSS to improve the collective learning and outcomes achieved by the RDPs;
- providing reports and data as specified by DSS; and
- regular communication with DSS staff.

REPORTING FRAMEWORK

RDPs are required to submit reports in accordance with the following reporting framework:

| Report | Reporting Period | Report Due | Description |
|---------------------------------------|-------------------|------------|---|
| Financial acquittal | 1 July to 30 June | 31 October | A report which facilitates acquittal of funds expended, providing assurance and evidence that public funds have been spent for their intended purpose, as specified in the Grant Agreement. |
| Activity Work Plan (including Budget) | 1 July to 30 June | 30 June | <p>Template at Appendix 1 - Activity Work Plan Template.</p> <p>A report to assist the RDP to define the activities planned for the upcoming financial year, to be undertaken by the RDP to achieve the specified outcomes.</p> |
| Activity Report | 1 July to 30 June | 15 August | <p>Template at Appendix 3 – Activity Report Template.</p> <p>A report for the previous financial year indicating progress</p> |

Regional Delivery Partner Operating Model

| Report | Reporting Period | Report Due | Description |
|---|---|-----------------------|--|
| | | | against Activity Work Plan (for the financial year). |
| Carer service data via the <i>DSS Data Exchange</i> | 1 January to 30 June 1 July to 31 December | 30 July 30 January | Raw data on activities delivered and client/carers outcomes. |

DATA EXCHANGE

Performance information (e.g. client characteristics and service delivery information) will be required to be collected by service providers at the client level and entered directly into DSS' performance reporting solution, the Data Exchange.

The performance information reported through the Data Exchange includes:

- Client identity characteristics (given and family names, date of birth, gender and residential address);
- Client demographic characteristics (indigenous status, cultural and linguistic diversity, and disability status, impairment or condition);
- Service delivery information (outlets, cases, sessions); and
- Client outcomes

The Data Exchange has two standardised six monthly performance reporting periods each year, which run from 1 July to 31 December and 1 January to 30 June, with a 30 day close off period after each of these. Once the close-off period is completed no further changes can be made to the data.

Information must be provided in accordance with the Data Exchange Protocols available at the Data Exchange website.

For this activity, participation in the “partnership approach” is a requirement of funding. By participating, you agree to provide some additional information in exchange for the receipt of regular and relevant reports. The main focus of the partnership approach is collecting information about the outcomes achieved by clients as a result of service delivery. The partnership approach also includes some extended data items that provide additional information about client demographics, needs and circumstances.

The Data Exchange Technical Specifications are available on the [Data Exchange website](#). The Technical Specifications outline the requirements to meet DSS' data formats. Additionally, there is a range of other training and support material on the Data Exchange website to help RDPs use the Data Exchange.

A dedicated the Data Exchange helpdesk is available. RDPs can email dssdataexchange.helpdesk@dss.gov.au or phone 1800 020 283.

COMMUNICATIONS WITH THE DEPARTMENT OF SOCIAL SERVICES

Meetings

At a minimum, the RDP is required to participate in the following meetings:

- Operational meetings (as required) chaired and coordinated by DSS to review and discuss overall progress, performance management, and any issues and risks for escalation. These meetings are to occur on a bi-monthly basis;
- Annual bi-lateral contract meetings with DSS for the purposes of reviewing progress and trends against the RDP's Activity Work Plan; and
- Other meetings of an operational or strategic nature as identified from time to time by DSS or as requested by the RDP.

The RDP may participate in meetings with DSS by teleconference, video conference or in-person.

Liaison with Department of Social Services staff

Your Grant Agreement will be monitored on an on-going basis by the Funding Arrangement Manager assigned by DSS. The Funding Arrangement Manager will monitor your progress against the milestones to ensure all milestones shown in your Grant Agreement are met.

RDPs are expected to maintain regular contact with DSS. If there is a change in the name, title, location, address, phone number, email, or facsimile number, of the RDP's organisation, project, or finance contact you will need to advise DSS.

DSS staff may contact each RDP to discuss the RDP's Activity Work Plan and provide feedback on reports as required. The frequency of other contact will vary according to the need and/or issues that arise, and may be in the form of email, telephone contact or meetings.

Appendix 1 - Activity Work Plan Template

Note: RDPs may use this table structure or paste the questions into another document. The questions in **bold** are mandatory. The guidance in *italic* is suggested only. The budget section is mandatory.

| | | | | | |
|-------------------------|----------------|-------------------|----------------|-------------------------------|-----------|
| RDP Name: <insert name> | | | | Grant Activity ID XXX | |
| Activity Start Date | 01 July [year] | Activity End Date | 30 June [year] | Total Activity Funding (Year) | \$xxx,xxx |

| | |
|------------------------------|--|
| Activity Requirement: | As per: <ul style="list-style-type: none"> (a) Commonwealth Standard Grant Agreement; (b) the Supplementary Terms from the Clause Bank (if any); (c) the Standard Grant Conditions (Schedule 1); (d) the Grant Details; and (e) any other document referenced or incorporated in the Grant Details. |
|------------------------------|--|

| Theme | Research question | Planning question |
|--------------------|--|--|
| Groups and cohorts | <p>What groups of carers should be targeted for assistance in the RDP’s Service Area?</p> <p><i>Guidance</i> RDPs may like to:</p> <ul style="list-style-type: none"> • refer to data • describe how the data was collected • describe the length of time this need has existed • identify groups by whatever indicators are most appropriate to describe them accurately • describe the geographical location(s) of the groups • describe the nature of assistance that is needed <p><RDP answer here></p> | <p>How does the RDP plan to reach and help carers requiring assistance?</p> <p><i>Guidance</i> RDPs may like to:</p> <ul style="list-style-type: none"> • state the objective of this plan • explain in detail how this plan achieves the objective • state the funding arrangements for this plan • state the times/schedule of this plan, including when it starts and finishes • state the people responsible for this plan • explain the controls and management of the activities in this plan • explain the communications strategy for this plan <p><RDP answer here></p> |

Regional Delivery Partner Operating Model

| Theme | Research question | Planning question |
|------------------|---|--|
| Demand | <p>What carer services have experienced increased demand in the past year?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • refer to data • describe how the data was collected • use before and after statistics • explain how they worked out the answer <p><RDP answer here></p> | <p>How does the RDP plan to manage increased demand for carer services?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • state the objective of this plan • explain in detail how this plan achieves the objective • state the funding arrangements for this plan • state the times/schedule of this plan, including when it starts and finishes • state the people responsible for this plan • explain the controls and management of the activities in this plan • explain the communications strategy for this plan <p><RDP answer here></p> |
| Service coverage | <p>What geographical areas of the RDP's Service Area have limited coverage of support services for carers?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • refer to data • describe how the data was collected • describe the breakdown of the Service Area used • outline service scenarios or a similar idea • explain the geographical areas that have been identified in the answer <p><RDP answer here></p> | <p>How does the RDP plan to offer carers greater support services to geographical areas where there has been limited coverage of support services in the past?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • outline any innovative service delivery models • identify the use of technology to deliver support services • nominate any revised subcontractor arrangements to improve coverage <p><RDP answer here></p> |
| Outreach | <p>What is the level of awareness among carers about the support services on offer in the RDP's Service Area?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • refer to data • describe how the data was collected • explain the geographical areas that have been identified in the answer • describe the barriers to awareness • describe the places where awareness is greater and, if possible, explain why this is • describe the groups and cohorts who have greater awareness and, if possible, explain why this is <p><RDP answer here></p> | <p>How does the RDP plan to increase awareness of their services?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • outline proposed engagement and promotion strategy and associated activities. • detail resourcing, planning and timings for this plan. <p><RDP answer here></p> |

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| Theme | Research question | Planning question |
|---------|---|--|
| Process | <p>What are the experiences of carers in finding, researching, enquiring, being assessed, planning, booking, registering, arranging and reviewing RDP services?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • refer to data • describe how the data was collected • describe what works well and, if possible, why • describe what does not work well and, if possible, why <p><RDP answer here></p> | <p>How does the RDP plan to improve its carer-facing services?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • identify any process improvements • state the proposed implementation approach(es) • outline approach to training and educating staff on proposed improvements <p><RDP answer here></p> |

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Budget

Budget - specify amounts to be allocated using the budget template below (Total anticipated income should equal total estimated expenditure).

| Income <Insert Year> | |
|--|-----------------------------|
| Source | GST exclusive |
| RDP Funding –Department of Social Services | <Insert whole dollars only> |
| Anticipated interest received on Funds | <Insert whole dollars only> |
| Anticipated fees | <Insert whole dollars only> |
| Other | <Insert whole dollars only> |
| Total anticipated income | <Insert whole dollars only> |

| Expenditure <Insert Year> | |
|---|-----------------------------|
| Direct Costs | GST exclusive |
| Employee expenses | <Insert whole dollars only> |
| Subcontracting expenses | <Insert whole dollars only> |
| Insurance | <Insert whole dollars only> |
| Travel | <Insert whole dollars only> |
| Carer resources | <Insert whole dollars only> |
| Other | <Insert whole dollars only> |
| Total direct costs | <Insert whole dollars only> |
| Support and Administration Costs | GST exclusive |
| Employee expenses | <Insert whole dollars only> |
| Training costs | <Insert whole dollars only> |
| ICT and telephony costs | <Insert whole dollars only> |
| Premises and Accommodation costs | <Insert whole dollars only> |
| Depreciation (excluding Assets) | <Insert whole dollars only> |
| Promotion and advertising costs | <Insert whole dollars only> |
| Management fees | <Insert whole dollars only> |
| Other | <Insert whole dollars only> |
| Total administration costs | <Insert whole dollars only> |
| Total estimated expenditure | <Insert whole dollars only> |

Appendix 2 – Transition Plan Guidelines

Aim

The aim of the Transition Plan is to ensure that the obligations of both parties upon termination or expiry of the grant agreement are acknowledged and agreed.

The Transition Plan is intended to assist in a smooth transition of services and ensure minimal disruption of services to clients and carers upon termination or expiry of a Grant Agreement. In this regard, developing a Transition Plan is evidence of good management practice and organisational planning.

The Transition Plan should address issues that enable the orderly transition of the services from the participant to the Commonwealth or its nominee on termination or expiry of the Grant Agreement. Once the Transition Plan has been agreed upon, the RDP must comply with each element of the Transition Plan, unless DSS notifies the RDP that it is not obliged to comply with a particular element of the Transition Plan.

The following are matters that should be considered for inclusion in the Transition Plan; however, the matters are intended as guidance only. The list is neither exhaustive nor prescriptive and Transition Plans will depend on each organisation's individual arrangements and the outcome of any negotiations.

RDP contact information

Please provide relevant contact details for the RDP and identify to which program the contact relates. Please provide:

- Position
- Address
- Phone
- Email

Program descriptions

Briefly describe the program(s) and activities to which the Transition Plan relates. Include information about organisations and service providers with which the RDP has linkages, and their contact details (positions only and contact details for the positions including phone and email; do not include names as these are subject to change).

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Organisational arrangements

Please provide:

- information/description of organisation-specific administrative policies
- processes and procedures
- operational procedures

Timeframe for transition

Specify the transition out period (assume a period of one to three months before the date of termination or expiry of the Grant Agreements, to be negotiated and agreed with DSS at the time of termination/expiry).

Provide a timetable for the transition, including events and milestones. Set out what steps the RDP will undertake within days/weeks of notification of the Grant Agreement expiry/termination and contact details for certain steps/tasks.

Transition of clients

The Transition Plan is intended to assist in a smooth transition of services and ensure minimal disruption of services for clients and carers upon termination or expiry of the Grant Agreement. Provide an outline of how this transition process will be managed and communicated to clients, carers and/or representatives.

Notification

The RDP must inform relevant stakeholders of the termination/expiry of the Grant Agreement. Relevant stakeholders may include:

- advisory committees and/or
- regular forums/networks attended

Staffing arrangements

Include staffing details and the basis on which staff are employed (eg. full time, part-time, award levels) for the RDP and identify under which program the staff are employed. Specify arrangements for transition of staff to a new participant (subject to the agreement of the new participant).

While there is provision in Activity funding for staff entitlements, the Transition Plan should address conditions and arrangements for staff not wishing to transfer, eg. redeployment, redundancy.

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Organisation property/accommodation

Include information about what accommodation arrangements exist for premises currently occupied by the RDP.

Assets

Assets including any item of personal, real or intangible property, with a price or value of \$10,000 or more, inclusive of GST, and which has been created, acquired or leased wholly or in part with the Grant. RDPs must maintain and submit upon request an Asset register for Assets purchased in whole, or in part, with Commonwealth funds, and for Assets purchased with other funds that are used for the delivery RDP services for which the RDP claims depreciation.

- Asset Description
- Percentage of the Asset that is Commonwealth funded
- Serial number (if available)
- Whether the Asset is purchased or leased
- Acquisition date
- Estimated useful life of the Asset (or lease life)
- Total Asset value
- Total depreciation per financial year on non-Commonwealth share of the Asset
- Cumulative depreciation on the non-Commonwealth share of the Asset
- Depreciated value of the non-Commonwealth share of the Asset
- Disposal date (for Assets purchased in whole or part with Commonwealth funds).
- Residual/Sale Value of the Commonwealth share of the Asset

Appendix 3 – Activity Report Template

Note: RDPs may use this table structure or paste the questions into another document. The questions in **bold** are mandatory. The guidance in *italic* is suggested only.

| | | | | | |
|-------------------------|----------------|-------------------|----------------|-------------------------------|-----------|
| RDP Name: <insert name> | | | | Grant Activity ID XXX | |
| Activity Start Date | 01 July [year] | Activity End Date | 30 June [year] | Total Activity Funding (Year) | \$xxx,xxx |

| | |
|--|--|
| | <p>As per:</p> <ol style="list-style-type: none"> a) Commonwealth Standard Grant Agreement; b) the Supplementary Terms from the Clause Bank (if any); c) the Standard Grant Conditions (Schedule 1); d) the Grant Details; and e) any other document referenced or incorporated in the Grant Details. |
|--|--|

| Theme | Review question |
|--------------------|--|
| Groups and cohorts | <p>Review the plan that was developed in the Activity Work Plan prior to the last financial year for “How does the RDP plan to reach and help carers requiring assistance?”</p> <p>How effectively did the RDP achieve the objective of the plan?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • re-state the objective of this plan • explain the activities that were conducted • analyse the schedule and timeliness of the activities conducted under the plan • analyse the costs/budget/finding of this plan • analyse which controls and management were effective in following this plan • analyse how communications worked for this plan <p><RDP answer here></p> |
| Demand | <p>Review the plan that was developed in the Activity Work Plan prior to the last financial year for “How does the RDP plan to manage increased demand for carer services?”</p> <p>How effectively did the RDP achieve the objective of the plan?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • re-state the objective of this plan • explain the activities which were conducted • analyse the schedule and timeliness of the activities conducted under the plan • analyse the costs/budget/finding of this plan • analyse which controls and management were effective in following this plan • analyse how communications worked for this plan <p><RDP answer here></p> |

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| Theme | Review question |
|------------------|---|
| Service coverage | <p>Review the plan that was developed in the Activity Work Plan prior to the last financial year for “How does the RDP plan to offer carers greater support services to geographical areas where there has been limited coverage of support services in the past?”</p> <p>How effectively did the RDP achieve the objective of the plan?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • re-state the objective of this plan • explain the activities which were conducted • analyse the schedule and timeliness of the activities conducted under the plan • analyse the costs/budget/finding of this plan • analyse which controls and management were effective in following this plan • analyse how communications worked for this plan <p><RDP answer here></p> |
| Outreach | <p>Review the plan that was developed in the Activity Work Plan prior to the last financial year for “How does the RDP plan to increase awareness of their services?”</p> <p>How effectively did the RDP achieve the objective of the plan?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • re-state the objective of this plan • explain the activities which were conducted • analyse the schedule and timeliness of the activities conducted under the plan • analyse the costs/budget/finding of this plan • analyse which controls and management were effective in following this plan • analyse how communications worked for this plan <p><RDP answer here></p> |
| Process | <p>Review the plan that was developed in the Activity Work Plan prior to the last financial year for “How does the RDP plan to improve its carer-facing services?”</p> <p>How effectively did the RDP achieve the objective of the plan?</p> <p><u>Guidance</u> RDPs may like to:</p> <ul style="list-style-type: none"> • re-state the objective of this plan • explain the activities which were conducted • analyse the schedule and timeliness of the activities conducted under the plan • analyse the costs/budget/finding of this plan • analyse which controls and management were effective in following this plan • analyse how communications worked for this plan <p><RDP answer here></p> |