

Submission to Senate DES Tenders

- Small caseload numbers in rural and remote communities – viability/cost of servicing. Established relationships and inclusion through current servicing with considerations to social isolation and limited opportunities to access employment and services, these are not easily built and take time through consistency of engagement and the development of trust.
- Business share in ESA's that have low population numbers i.e. based on current Orana ESA DES ESS numbers it is viable for a single provider. If this were to change staff would be lost (some may go to new provider). Within the ESA the regional centre may be viable but this is only one city (Dubbo) what about all the other rural and remote locations which are currently just viable in some areas and not in others. Adding a provider reduces viability and may well thus impact on servicing. Some of these towns have as few as one client at any given time that requires servicing. Lack of transport infrastructure means provider must travel to them! The current average caseload for smaller towns is 6 clients at most times.
- Business share variances (numbers) from ESA to ESA. Small caseload numbers in remote communities....cost of servicing small numbers and consistency and cycle of visits. Poor players give poor service and if not locally based may well lack understanding of the unique barriers that impact on rural clients and their needs as well as employers and meeting the needs of the local labour market. Local people, local knowledge meeting local needs!
- Placement quality and considerations through holistic engagement and servicing of both clients and local employers. Developed ability of existing providers to find the balance between DSS recognition and compliance and meet performance requirements under DEEWR.
- All of the above somehow have nexuses and embrace this principle, consistency; reliability and stability are paramount for effective service provision to PWD.
- Client confusion and concern will be compounded/further exacerbated as they come to grips with changes to the structure of DSP programmed over the next 6 to 12 months let alone potentially losing their provider with whom they feel comfortable, safe and supported.