



RISK ADVISORY SERVICES

**DEPARTMENT OF
HEALTH AND HUMAN
SERVICES**

**Review of Tasmanian
Disability Services -
Implementation plan for
the reforms**

GOVERNMENT

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KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

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1 Introduction

The provision of effective support to people with disabilities is a critical part of supporting individuals to achieve meaningful life outcomes. The final report on the Review of Tasmanian Disability Services outlines the changes required to achieve a holistic focus on individual needs and inclusion, as well as to ensure access to appropriate services, and prioritise resources to target the most vulnerable.

The core changes to disability services will focus on:

- implementation of clear shared governance arrangements to oversight disability services - at a state-wide and a regional level;
- development of a resource allocation and funding model which considers relative population need and risk, historic inequities in service access, reasonable costs of service delivery, and consistency in funding amongst the providers within a region;
- planning by location processes to ensure services are better targeted to community needs;
- establishing appropriate outcomes and measures of effectiveness which are meaningful to individuals;
- refining the existing quality systems to focus on monitoring of performance and quality improvement in terms of outcomes for clients, organisational compliance with standards of good practice, and sector-wide health, innovation and growth;
- enhancing the capacity of the workforce, to give effect to the forward direction for disability services;
- the development of a continuum of service options, which will ensure a better match between need and intensity of support;
- implementation of consistent and transparent eligibility determination and prioritisation procedures for accessing disability services; and
- visible entry points to disability services to enable improved access to specialist disability supports for people with disabilities and a centralised approach to the management of demand at the regional level.

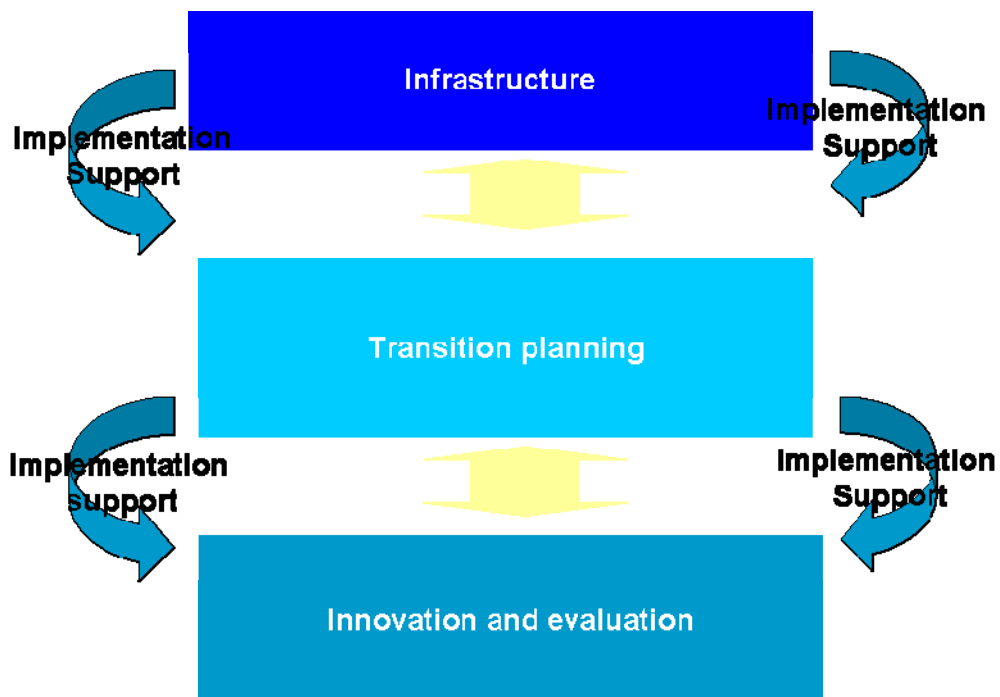
1.1 Implementing the vision for change

Implementation of the vision for change will require four core elements:

- the development of **infrastructure to underpin the reforms** - this includes a strategic policy framework, new governance arrangements, resource allocation, planning, quality systems, defined outcomes and workforce structures;
- **transition planning** - allowing for devolution of service delivery to non-government organisation (NGO) service providers, further development of the continuum of disability services and expansion of the service system;
- **innovation and evaluation** elements - this focuses on integrating action research and learning into the implementation process, supporting ongoing capacity building and assessing effectiveness; and
- clear **implementation support structures** - a Systems Establishment and Reform Implementation Unit (within central office DHHS), regional staffing structures, an overarching communication strategy, and updated legislation, as a basis to embed the reforms.

The relationship between these elements is depicted in figure 1 below.

Figure 1 - Implementing the vision for change

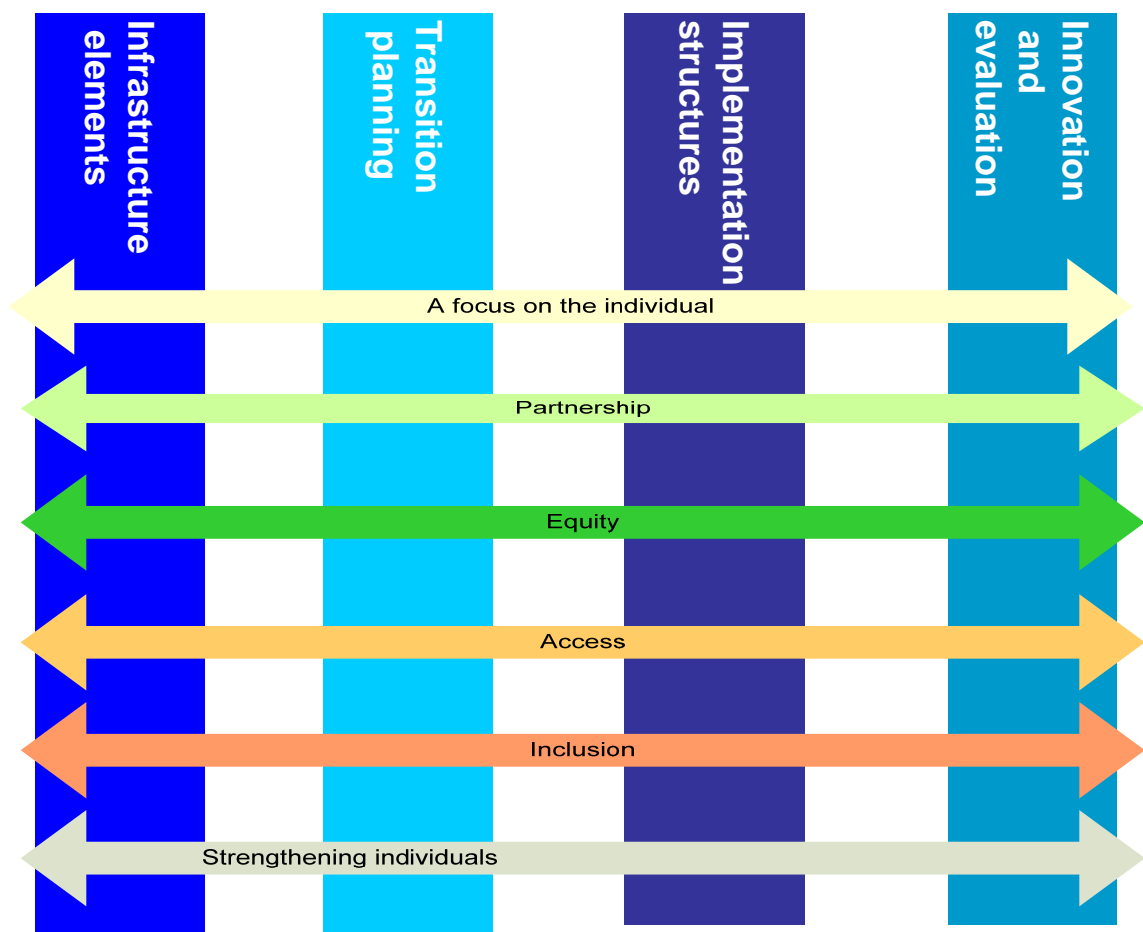


Importantly, the implementation process will commence with an Industry Roundtable, drawing together people with disabilities, their families and carers, service providers, DHHS and other relevant parties, to take the implementation forward.

1.2 Underpinning principles:

Implementation of the vision for change is underpinned by six key principles which reflect the Tasmanian Government's *Disability Framework for Action 2005-2010*, and the requirements of contemporary disability services practice.

Figure 2 - Embedding the key principles into the future vision for disability services



Details of these core principles are as follows:

- **a focus on the individual:** Supports should reflect the individual needs, goals and aspirations of people with a disability;
- **partnership:** Working with individuals as partners at all points in the journey - in policy development, planning, service delivery, workforce training and in evaluating effectiveness;

- **equity:** People with disabilities have the same rights as other citizens to participate in all aspects of the community and life;
- **access:** People with disabilities should be able to access a range of specialist disability services that are appropriate to their needs. Priority of access should be given to those who are most vulnerable;
- **inclusion:** Building the capacity of the mainstream service system to support people with disabilities;
- **strengthening individuals, families and informal support networks:** This recognises the benefits of service models that promote individual capacity, and build and maintain family and community resilience.

As illustrated in figure 2, these principles have been embedded into each element of the implementation plan.

1.3 Structure of the report

The implementation plan outlines the requirements to implement a contemporary disability services system within Tasmania. This details the requirements for:

- developing the core infrastructure elements, which will enable the reform process;
- the transition planning processes;
- embedding a focus on innovation and ongoing evaluation; and
- developing the implementation support structures.

This is followed by a schedule of implementation activities, which details how the reforms will be put into practice over the three year period 2008-09 to 2010-2011.

2 Infrastructure underpinning the reforms

There is a range of key infrastructure required to enable the implementation of a contemporary approach to disability services. This includes:

- a Strategic Policy Framework;
- new governance arrangements;
- resource allocation;
- planning;
- a framework for eligibility determination and assessment;
- structures for regional coordination and access;
- quality systems;
- defined outcomes; and
- workforce.

The requirement for developing each infrastructure element is described in the following sections.

2.1 A Strategic Policy Framework for Disability Services

There is a requirement to develop a Strategic Policy Framework based on the Government's review of Disability Services. This will:

- provide a clear strategic direction for disability services, including a vision for the future;
- articulate a set of clear principles which will underpin the reform process;
- conceptualise in broad terms, the model for disability services for the future. This will involve:
 - the establishment of systems governance and integrated planning mechanisms at the system-wide and regional levels, with DHHS, NGOs and people with disabilities, their families and carers working in partnership;
 - the development of a graduated range of service options which are flexible and responsive to the varying needs of the target group;
- specify the operational relationships between disability services and other mainstream health and human services which have a responsibility for supporting the needs of people with a disability; and

- develop a practice approach for disability services that focuses on the individual. This recognises that an understanding of individual needs, risks, goals and aspirations, should underpin all aspects of assessment, planning and service delivery process.

A draft framework will be developed, and refined following consultation with the people with disabilities, their families and carers, service providers, advocacy groups, DHHS representatives and other interested parties.

As an outcome, the Strategic Policy Framework will be finalised

Timeframes: This activity will occur in the first three months of 2008-09.

2.2 Governance

This will involve establishing clear governance arrangements - with a focus on clear leadership, defined roles and responsibilities and clear accountabilities - to oversight disability services, at both the system-wide and regional levels.

At the state-wide level, the governance arrangements should be lead by DHHS, in-conjunction with key advisory groups (e.g. Minister's Disability Advisory Council), sector stakeholders and peak bodies and specialist disability and mainstream providers. Wherever possible, membership will draw on existing arrangements but will be supplemented with key industry stakeholders, members of the National Disability Services (NDS), as well as people with disabilities, their families and carers, who have strong sectoral support and demonstrate the capacity for thought leadership. This will influence the success of the governance arrangements and broader sector buy-in.

At the regional level, the primary membership will comprise funded disability services in the region, people with disabilities, carers and their families and DHHS regional staff. DHHS staff and providers associated with related health and human services supports (e.g. health, primary and community health, mental health, housing, Home and Community Care (HACC), child and family and aged care) may also be engaged to support the capacity of mainstream services to respond to people with disabilities.

Development of the systems governance arrangements requires the following processes.

Action 1: Establishing the state-wide governance arrangements will involve determining the broad membership of the group, development of the Draft Terms of Reference, and a workshop (engaging all members) to agree to facilitate agreement on the roles and responsibilities and how they will work together to oversee disability services.

The new governance structures will be implemented post agreement at this workshop. This will also include a review of the effectiveness of implementation at the 12 month point.

Timeframes: This activity will occur within the first 3 months of 2008-09.

Action 2: Establishment of the regional governance arrangements. Workshops will be facilitated with stakeholders in each region to establish a partnership based approach to governance and planning.

As an outcome, a range of key governance tools will be developed including a Memorandum of Understanding (MOU) or formal partnership agreement, reporting templates to ensure consistent and regular reporting (to the state-wide governance group), planning templates and other required resources. Importantly, skills transfer and ongoing education and training will be offered to regional networks to facilitate effective governance.

Timeframes: This activity will occur within the first 6 months of 2008-09.

Action 4: Establishing partnerships with the mainstream services sector. Linkages with mainstream providers are required to facilitate inclusion for people with disabilities, and overcome the current situation, whereby disability services are often the default service response. To enable this, an interface group will be established within DHHS comprising high level representation from key health and human services program areas. This group will have responsibility for: identifying key issues at the interface of Disability Services and other health and human services program areas and actioning strategies to support better access to mainstream services for people with disabilities.

Timeframes: This activity will occur within the first 6 months of 2008-09.

2.3 Resource allocation and funding

There is a requirement to develop an equitable mechanism to distribute resources between regions, providers and individuals with disabilities.

At a regional level, use of a population-based approach will ensure that resource allocation is based on population need and risk, to support equity between regional locations. Disadvantaged populations should have comparable access to services, and service system development should be promoted in those regions that are relatively under-serviced such as the North-West.

At a service provider level, this should be underpinned by a range of standardised and transparent pricing formulas to distribute funding between providers based on the cost of service provision.

This will involve:

Action 1: Population-based resource allocation formula (PBRAF). This will enable equity in the distribution of funding between regions based upon relative population needs (i.e. prevalence of disability, socio-economic status, rurality and availability of service infrastructure) and the cost of providing disability support services to meet those needs. A policy paper and guidelines will be developed to accompany the PBRAF, to assist shared understanding and application.

Timeframes: This will occur during the first three months of 2008-09.

Action 2: Development of service pricing mechanisms. This will involve the development of new service pricing arrangements (comprising the unit price of cost per hour for service type). This will commence with the existing range of disability services and be extended to new service types as these are developed.

Timeframes: Development of a unit price for existing services will occur during 2008-09. Development of a unit price for new services will occur by the end of 2010-11.

2.4 Planning

Planning will occur at the state-wide, regional, service provider and individual level, with a high degree of alignment required between the different types and levels of planning. This will focus on the needs of people with disability holistically - that is, the need for informal supports, mainstream services and specialist disability services.

Over time, the capacity for joint planning will be developed, drawing together all the major programs within DHHS.

This will involve:

Action 1: Developing the planning framework to provide a consistent approach to strategic planning and priority setting in relation to disability services. This will describe:

- the nature of planning at the state-wide, regional, service provider and individual levels;
- the integration between the different levels of planning; the tools required to enable effective planning;
- how planning will guide investment; and
- desired outcomes of the planning process.

Timeframes: This activity will occur during the first three months of 2008-09.

Action 2: Establishing state-wide planning including the development of: a simple, implementation plan for the reform of Disability Services (based on this document); guidelines to support consistency of service delivery across the state; and investigation and development of new models of support.

Timeframes: This activity will occur by the mid 2008-09.

Action 2: Establishing regional planning, with each region supported to:

- undertake an analysis of their population needs (profile);
- map the current level and mix of services available to address the needs of people with disabilities; and

- develop priorities for service provision and service system change (including the services and supports required to improve outcomes for people with disabilities).

Timeframes: This activity will occur by end 2008-09.

Action 3: Service provider planning

To facilitate the implementation of regional based planning targets, individual service providers will be required to develop plans outlining how they will respond to the reforms. i.e. implement new initiatives, work in partnership with other providers, and meet the needs of people with disabilities.

This will be facilitated by appropriate education, training and skills transfer opportunities to build the skills of NGO providers in relation to aspects of the planning role.

Timeframes: This activity will occur on an ongoing basis.

Action 4: Individualised planning

Application of a framework for individualised planning will allow people with disabilities to actively participate in the planning process, make choices and influence decisions about the way they wish to live their lives, and ensure that services align with their goals and aspirations.

Individualised planning will be developed in partnership with people with disabilities, their families and carers, and will be piloted to ensure the proposed processes are understandable and easy to apply, enable better matching of need to services and support the achievement of meaningful outcomes for individuals.

In order to support effective implementation, education and training will be provided to regional access and coordination staff, and service providers on a regional basis. A component of the training will involve those involved in the pilot phase, sharing their insights, experiences and learnings.

Timeframes: This activity will occur by end 2008-09.

2.5 Assessment

An overarching framework for assessment will provide a consistent basis for eligibility determination, needs identification and prioritisation. This will articulate:

- the core functions involved in each process and how each fits together to determine outcomes (in terms of service access) for individuals;
- when a simple assessment as opposed to a more multi-disciplinary assessment, will be required;
- how assessment outcomes will guide the level and type of services required; and

- the use of ongoing assessment (or monitoring and review) to ensure that services continue to respond to changing and emerging needs over time.

To ensure robustness the assessment framework will be piloted, with feedback sought (from assessors, service providers and people with disabilities, their families and carers) as a basis to identify the effectiveness and appropriateness of the framework in its current format and key opportunities for improvement.

The framework will be modified as an outcome, and released for wider use by Regional Access and Coordination and service providers.

Timeframes: This activity will occur by end 2008-09.

2.6 Establishing the Regional Access and Coordination function

Regional Access and Coordination will enable system navigation and coordination at the regional level. A single agency within each region (or a consortia of agencies) will take responsibility for managing the Regional Access and Coordination function.

To enable effective collaboration, regional network partners including DHHS, and funded disability providers will identify staff to participate. Importantly, this will also engage other mainstream DHHS services including health, primary and community health, mental health, housing, HACC, child and family and aged care, as appropriate.

Partnership arrangements will enable a person-centred approach on the ground. This will include implementation of standardised referral practices, coordinated intake arrangements for community-based services, and the development of local protocols based on the journey through the service system.

As such, Regional Access and Coordination will act as a key means for improving effectiveness and efficiency of services and processes within regions.

This will entail a number of key steps:

Action 1: Development of an overarching model for the Regional Access and Coordination function.

The state-wide governance group will determine:

- the broad parameters of the model (i.e. how the model will work to create a visible access point to services);
- the broad functions that coordination and access should perform on a regional basis, and what these functions will involve; and
- core targets and key outcomes that the service should aim to achieve.

Once this has occurred, there will be a call for expressions of interest from agencies to run regional coordination and access

Action 2: Development of staged implementation plan. The first deliverable for the agency/consortia appointed will be a plan to guide the implementation of Regional Access and Coordination. Key milestones may include: establishing an operational group (potentially a subset of the governance group) to oversee the new function; developing the relevant processes, systems and structures for Regional Access and Coordination (i.e. for referral); staffing; and participation in the piloting of the new assessment tool and individualised planning mechanism.

This plan should be developed in collaboration with other providers of disability services within the region.

Action 3: Ongoing regional discussion (amongst operational group members) will be a requirement to appropriately adapt the 'state-wide' parameters and functions to the local needs and conditions of each of the regions.

Once all systems, structures and processes are in place, Access and Coordination will go-live. Ongoing monitoring will occur against the key targets and outcomes, established at a state-wide level.

Timeframes: Regional Access and Coordination will go-live at the beginning of 2009-10.

2.7 Outcomes

Currently, Disability Services has a strong focus on output and process measurement (the number and type of services delivered), with limited accountability for providing meaningful outcomes for people with disabilities, their families and carers. As such, there is a need to focus on embedding a focus on meaningful outcomes into all aspects of disability services.

Action 1: Developing an understanding of the aspirations of people with disability. This recognises that to plan, develop and deliver the types of services required to support and strengthen the capacity of individuals, there is a need to understand 'what's important' to people with disabilities. Initial consultation with people with disabilities, their families and carers will test this understanding.

This will be supplemented with focus groups engaging with advocacy organisations and services providers, to further explore systemic barriers and opportunities for change.

Action 2: Defining system-wide outcomes for individuals: This process will focus on building a set of measurable system outcomes - that is the benefits that Disability Services should provide to people with disabilities, their families and carers.

A number of core criteria will be used to guide the development process, including that outcomes should:

- be reflective of the aspirations of people with disabilities;
- recognise that people with disabilities have different needs, preferences and expectations and, therefore, services should provide for diversity;

- assist providers to focus on the life areas and interests that are important to individuals; and
- written in ways that people with disabilities can relate to and identify with.

A six week period will be allowed for feedback, at the end of which the document will be finalised and formally launched.

Action 3: Application of the outcomes. Importantly, this outcomes focus should be translated to all levels of the service system. This should include: as a guide in individualised planning; to describe the requirements of service provision, thereby enabling greater flexibility, innovation and responsiveness; within service agreements, encouraging agencies to reorient their performance monitoring frameworks; and within the Disability Services Standards.

Timeframes: Launch of the framework will occur by early 2009-10.

2.8 Quality systems

Quality management systems should support the achievement of outcomes at the person, organisational and system level. The emphasis is on a framework which embeds the elements of quality assurance, risk management, continuous improvement and capacity building into the way agencies work, both with people with a disability and from an operational perspective.

Action 1: Enhancement of the quality system will commence with a review of existing practice, including the Disability Services three tiered quality framework which is currently being implemented by DHHS, as well as other broadly applicable evidence based frameworks operating in other jurisdictions that could inform and guide the developmental process.

This will support an understanding of strengths and weaknesses of the current systems and sector capacity in terms of quality measurement.

Action 2: Develop the elements of new quality assurance system. A new quality assurance system will be developed, to comprise the following core elements:

- key standards:
 - outcome standards for people with disabilities (which reflect 'what's important to individuals as discussed in section 2.7);
 - governance standards of service providers, which reflect the systems, structures and processes that providers should have in place to support outcomes for people with disabilities. Importantly, this will include the requirements for partnerships at the regional level; and
 - system-wide standards, designed to support effectiveness and efficiency in service provision, partnerships, innovation, sharing of good practice and learnings and sector sustainability.
- clear quality processes, outlining how the standards can be put into day to day practice;
- evidence indicators which describe:

- the minimum expectations in terms of organisational systems and processes;
 - measurable elements of good practice, that can be used to describe how effectively services are meeting outcomes for individuals; and
 - opportunities for continuous quality improvement.
- monitoring systems, including self-assessment processes and external review;
 - risk management practices and incident reporting; and
 - financial reporting requirements.

Timeframes: This activity will occur by early 2009-10.

2.9 Workforce

Given Tasmania's ageing population, increasing demand for services and the intent to develop new models of service delivery, it will be important to refine the existing workforce planning strategy for the sector, to ensure that there is a skilled and competent workforce to support people with a disability.

This will involve both a short - medium term strategy and a longer term strategy.

Short-medium term

In the short-medium term, there is a requirement to prepare the existing workforce to adopt a new outcomes based approach to service provision. This will require:

Action 1: Developing a core set of skills and capacities required by disability support workers under the new system. This will involve considering the 'broad competencies and skill requirements' of the workforce in the context of the new policy emphasis. i.e. partnership based approaches, individualised support, focus on outcomes for people with disabilities and quality.

People with disabilities, their families and carers, will be actively involved in developing the required skills, competencies and approaches, to ensure workers are adequately equipped to meet needs and preferences. The profile will also be tested with employers.

Action 2: Taking a baseline of the skills, competencies and practice approaches used by the workforce. Baseline data, as to the skill and competency level of the workforce (as well as the approach taken to working with people with disabilities) will be collected through a range of targeted interviews with service providers and disability support workers across regions. This will be used as a basis to: assess the current workforce competency; identify skill gaps; and prioritise training needs.

Action 3: Establishing appropriate education and training. A range of targeted education and training programs will be developed, to respond to the priority staff training needs. This will support staff to re-

orient their approach to service delivery and the way they work with people with disabilities, their families and carers.

Timeframes: This activity will occur by mid 2009-10.

Long term

Action 1: Mapping the current disability workforce system. This will support an understanding of: current workforce profile; current workforce strategies (the employment model); and current challenges for the disability workforce.

This will be enabled through a workforce survey, engaging both DHHS staff and NGO providers, and where required, will be supplemented with focus groups and forums with employers and employees to gain qualitative data. i.e. workforce satisfaction, future intentions of the workforce and requirements to create the sector as an industry of choice.

Action 2: National and International Research will then be used as a basis to consider the complexity of issues facing the disability environment and best practice workforce strategies. i.e. the range of strategies used to support workforce attraction, recruitment and retention, and the components of best practice employment models.

Action 3: Development of options for a practical and evidence-based disability workforce strategy. This will consider opportunities to develop disability services as an industry of choice. That is, to differentiate Disability Services in terms of what it can offer, supporting potential employees to seek out the sector when presented with other career options. Becoming an industry of choice responds to the need to attract and retain skilled disability workers.

Timeframes: This activity will occur by end 2010-11.

3 Transition planning

Once the key infrastructure elements are in place, there is a requirement for transition planning, allowing for:

- devolution of service delivery to NGO service providers;
- further development of the continuum of disability services; and
- expanding service system capacity.

3.1 Devolution of service delivery to NGO providers

There is an intention to devolve all remaining direct service delivery responsibility - including service coordination - to the NGO sector over a three year period. This will require a staged process to ensure continuity of support for individuals, and that the NGO sector is best positioned to meet the additional demand for services. This will involve:

Action 1 - Communication with individuals and NGO providers. People with disabilities, their families and carers, are likely to express some concern about the process of transitioning their care arrangements from the government to the NGO sector. As such, there will be a need to provide clear and transparent information to individuals.

Timeframes: This activity will commence in 2008-09.

Action 2 - Review the needs of all government clients. The first task for the new regional access and coordination service, will be to review the needs of all current recipients of government provided accommodation, community support, community access and respite services, to ensure the type of services being provided and the level of support is appropriate.

A plan will be developed in collaboration with the individual highlighting the range, type and level of services required and the most appropriate service provider.

Timeframes: This activity will commence in 2009-10.

Action 2 - Enhancing NGO capacity to provide existing services. Negotiations will be conducted with existing NGO providers regarding the potential to extend their current service delivery capacity. This will include:

- seeking proposals from existing providers about how they could build capacity to meet the needs of additional clients;
- identifying any capacity building requirements, particularly for smaller agencies; and
- reviewing current funding agreements.

Timeframes: This activity will commence in 2009-10.

Action 3 - Transition clients to new arrangements

Clients will then be transitioned to their new service providers. This will involve (as a minimum):

- a variation to the existing funding agreement;
- a facilitated discussion with the individual about who their new support worker/provider will be, and how their individual needs, preferences have been considered in this process;
- a meeting between the new and outgoing support worker, to support sharing of information; and
- transition of client files.

Where an individual's particular needs are unable to be met by the non-government sector (i.e. they require a new service type which is under development), they will continue to be serviced by the government sector for up to three years. At the end of this point, all individuals should be receiving services from the NGO sector.

Notwithstanding this, capacity to provide a continuum of flexible services should be completed well before the expiry of the government transitional arrangements.

Timeframes: This activity will commence in early 2009-10.

3.2 Development of the service continuum

Development of the service continuum will ensure access to a more flexible range of specialist disability services, with a focus on 'supporting outcomes for people with disability' in ways which are responsive to individual needs and are strongly evidence based. Importantly, this will increase the range and types of services available beyond the current traditional offerings.

A range of information sources will inform the development of the service continuum:

Action 1: Consider the outcomes of the Review of Tasmanian Disability Services. This suggested (at the high level) a need for: more flexible models of accommodation support; a wider range of community-based services; and extending respite beyond the traditional, to consider models of care which better support families, and promote the health and wellbeing.

The level of need for these types of services should be tested during regional planning and the review of support needs of government clients.

Action 2: Consider the outcomes of a review of support needs of clients. As highlighted in section 3.1 above, a review of support needs of first government, and then NGO clients, will provide a valuable source of information to inform service system development. This will highlight the extent to which the current suite of services meets the needs of the client group.

Action 3: Consider information gathered through regional planning (as discussed in section 2.4).

Action 4: Developing specifications for new service types which provide clear shared expectations about the requirements of service delivery, including the aims and objectives of each service type and outcomes that should be achieved for individuals.

This will guide the tendering for services process, and the development of new funding agreements.

Action 6: Conduct request for tender process

An open tendering exercise will be conducted to identify and seek bids from providers to deliver new services. Key considerations in this process will include: demonstrated understanding of contemporary practice in disability services; agency capacity, from an effective governance and service delivery perspective; and capacity to develop and implement the new service types within a reasonable timeframe.

Timeframes: This activity will occur by end 2009-10.

4 Innovation and evaluation elements

A culture of ongoing learning, collaboration and openness to change and shared responsibility will be required to facilitate the reform process. DHHS and NGO providers will be required to work collectively with people with disabilities, their families and carers, to support: innovative practice in service delivery; increased flexibility and responsiveness to needs; new ways of working across agency boundaries; and outcomes for individuals.

This will be facilitated through:

4.1 Action research and learning

Each region will be supported to apply action research and learning. This will involve:

Action 1: Developing a suite of action learning tools to enable:

- regional partners to collect data, information, stories and ideas to report on performance measures required under the funding agreement;
- learning from the experience of 'doing'; and
- continuous improvement in service delivery to meet the needs of people with disabilities, their families and carers.

Action 2: Facilitation of action learning Workshops to encourage critical reflection on progress and performance to date and planning for the future. This will enable the identification of what's worked well, key priorities for change, and requirements in terms of organisational and regional capacity building.

Throughout the implementation period, a number of consolidated workshop reports will be prepared which comment on the operation of regional governance, planning and the access and coordination function.

Timeframes: This activity will occur on an ongoing basis throughout the implementation of the reforms.

4.2 Monitoring outcomes of the reforms

The quality reporting framework will be used as a basis to measure outcomes at the individual, service provider and system level. To enable this, the following action will be taken.

Action 1: Development of tools to collect data about: the extent to which disability services are contributing to meaningful outcomes for individuals; and service provider performance, including governance, service delivery structures, staffing, and other related indicators.

Tools will map directly to the outcome based standards and evidence indicators.

Action 2: Baseline data will then be collected to provide a profile of 'how well' disability service is working at the current time, and a reference for measuring the outcomes of the reform process.

Action 3: Routine collection of data through implementation of the quality framework will then support an understanding of how the reforms have contributed to improved outcomes at the individual, service provider and system-wide levels.

Timeframes: This activity will occur by end 2009-10.

4.3 Establish innovation grants

Establishment of innovation grants will provide the basis to reward innovative practice and excellence in service delivery / support to people with disabilities, with their families and carers. Guidelines will be developed to guide eligibility for innovation grants.

Timeframes: This activity will occur by end 2009-10.

5 Establishment of the implementation support structures

The Review of disability services highlighted a requirement for substantial change required in order to implement contemporary disability practice, which has the capacity to effectively address the needs, goals and aspirations of individuals with disabilities.

Given the magnitude of change proposed, a range of implementation structures are required including:

- a Systems Establishment and Reform Implementation Unit;
- regional staffing structures;
- an overarching communication strategy; and
- updated legislation, as a basis to embed the reforms.

5.1 Systems Establishment and Reform Implementation Unit

A Systems Establishment and Reform Implementation Unit (within Central Office) is required to oversight the reform process allowing:

- the DHHS disability services team to maintain their day to day business role;
- continuity in service delivery to people with disabilities, their families and carers; and
- the capacity for a strong and exclusive focus on the reforms, enabling developments to be planned, coordinated and implemented in a timely manner.

This team will require ongoing access and support from the DHHS Executive (at the Deputy Secretary level) in order to address issues and support the change process.

Timeframes: Planning for this unit, recruitment and communication of the unit's role will occur within the first three months of 2008-09.

5.2 Regional staffing structures

Currently, regions lack liaison officers, who have a defined responsibility of working in partnership with the NGO sector. As such, there will be a requirement to develop the regional liaison officer role in terms of implementation of the reforms and ongoing support to Disability Services at the regional level.

Regional liaison officers will play a key role in regional governance and planning, contract management, sector capacity building and liaison and other related responsibilities.

Timeframes: Planning for the staff roles, recruitment and communication of the unit's role will occur within the first three months of 2008-09.

5.3 Establish the reform communication strategy:

A clear communication strategy is required to: raise awareness and understanding of the planned changes; disseminate information to key stakeholders; help maintain the interest, enthusiasm, and commitment developed in the course of the Review; and to minimise potential apprehension (and associated resistance) about the changes.

This strategy should articulate:

- the rationale for the change;
- what the change will involve and the timeframes over which the process will be implemented;
- how stakeholders can contribute to the implementation process;
- the benefits for people with disabilities, their families and carers, service providers and DHHS staff; and
- next steps and opportunities for ongoing involvement in implementation planning.

As an outcome, a range of communication approaches will be used to effectively engage all parties in the change process. i.e. tailored fact sheets and progress updates, development of a disability reform website, opportunities to participate in forums, and more targeted approaches to engage people with disabilities, their families and carers.

Timeframes: Strong and effective communication about the reforms will commence in 2008-09 and occur on an ongoing basis throughout the implementation process.

5.4 Legislative review

A review of the the Disability Services Act 1992 will be required to ensure the Act is reflective of the changes to disability services and contemporary practice. The legislation will be designed to support the emphasis of inclusion and participation, consistent systems for service access, individualised planning to meet needs, goals and aspirations, continuous quality improvement and outcomes for individuals.

Timeframes: This activity will occur during 2010-11.

6 Schedule of implementation activities – 2008/09 -2010-11

Implementation Plan section	Implementation Activity	Year 1 - 2008-09	Year 2 - 2009-2010	Year 3 - 2010-2011
2.1	Development of a strategic policy framework for disability services	✓		
	• Desktop review	✓		
	• Development of draft framework	✓		
	• Consultation - initial and regional	✓		
	• Framework finalisation	✓		
2.2	Governance arrangements			
	• Clarify the relative roles and responsibilities of government, service providers and people with disabilities, their families and carers	✓		
	• Establish state-wide governance arrangements	✓		

Implementation Plan section	Implementation Activity	Year 1 - 2008-09	Year 2 - 2009-2010	Year 3 - 2010-2011
	<ul style="list-style-type: none"> Establish regional governance arrangements 	✓		
	<ul style="list-style-type: none"> Establishing partnerships with mainstream services - including the development of an interface group 	✓		
2.3	Resource allocation and funding	✓	✓	
	<ul style="list-style-type: none"> Develop population-based resource allocation formula 			
	<ul style="list-style-type: none"> Develop unit pricing structures for existing services 	✓		
	<ul style="list-style-type: none"> Develop unit pricing structures for new services 		✓	
2.4	Planning	✓	✓	
	<ul style="list-style-type: none"> Develop the planning framework 	✓		
	<ul style="list-style-type: none"> Establish state-wide planning 	✓		
	<ul style="list-style-type: none"> Establish region planning 	✓		

Implementation Plan section	Implementation Activity	Year 1 - 2008-09	Year 2 - 2009-2010	Year 3 - 2010-2011
	<ul style="list-style-type: none"> Establish individualised planning 	✓		
2.5	Assessment	✓		
	<ul style="list-style-type: none"> Review of good practice in assessment 	✓		
	<ul style="list-style-type: none"> Overarching framework for assessment developed 	✓		
	<ul style="list-style-type: none"> Targeted consultation 	✓		
	<ul style="list-style-type: none"> Operationalising the framework 	✓		
	<ul style="list-style-type: none"> Piloting 	✓		
	<ul style="list-style-type: none"> Finalisation of the framework 	✓		
2.6	Establish the Regional Access and Coordination function	✓	✓	
	<ul style="list-style-type: none"> Model development 	✓		

Implementation Plan section	Implementation Activity	Year 1 - 2008-09	Year 2 - 2009-2010	Year 3 - 2010-2011
	• Demand modelling	✓		
	• Expressions of interest	✓		
	• Development of staged implementation plan		✓	
	• Regional discussion		✓	
	• Go-live		✓	
2.7	Outcomes			
	a. Develop an understanding of the aspirations of people with a disability	✓		
	• Define system-wide outcomes	✓		
	• Release consultation document	✓		
	• Launch the formal framework	✓		
2.8	Quality systems	✓	✓	
	• Document scan	✓	✓	
	• Preliminary consultations	✓		

Implementation Plan section	Implementation Activity	Year 1 - 2008-09	Year 2 - 2009-2010	Year 3 - 2010-2011
	<ul style="list-style-type: none"> Develop the new elements of quality assurance 		✓	
2.9	Workforce			
	<ul style="list-style-type: none"> Short-medium term strategy 		✓	
	<ul style="list-style-type: none"> Long term strategy 			✓
3.1	Devolution of service delivery to NGO providers		✓	✓
	<ul style="list-style-type: none"> Communication with individuals and NGO providers 		✓	
	<ul style="list-style-type: none"> Review the needs of government clients 		✓	
	<ul style="list-style-type: none"> Enhancing NGO capacity to provide existing services 		✓	
	<ul style="list-style-type: none"> Transition clients to new arrangements 		✓	✓
3.2	Development of the service continuum	✓	✓	✓
	<ul style="list-style-type: none"> Triangulate the data collected 		✓	

Implementation Plan section	Implementation Activity	Year 1 - 2008-09	Year 2 - 2009-2010	Year 3 - 2010-2011
	through the Review of Tasmanian Disability Services, outcomes of the review of existing clients' support needs, and information gathered via regional planning			
	<ul style="list-style-type: none"> Develop specifications for new service types 		✓	
	<ul style="list-style-type: none"> Conduct request for tender process 		✓	
	<ul style="list-style-type: none"> New service types being delivered 		✓	✓
4.1	Action research and learning		✓	✓
	<ul style="list-style-type: none"> Develop suite of action learning tools 		✓	
	<ul style="list-style-type: none"> Facilitation of action learning workshops 		✓	✓
	<ul style="list-style-type: none"> Reporting 		✓	✓

Implementation Plan section	Implementation Activity	Year 1 - 2008-09	Year 2 - 2009-2010	Year 3 - 2010-2011
4.2	Monitoring outcomes of the reforms		✓	✓
	• Develop data collection tools		✓	
	• Collect baseline data		✓	
	• Routine data collection through the quality framework			✓
4.3	Establish innovation grants		✓	
5.1	Establish the systems implementation and reform unit	✓		
5.2	Establish regional staffing structures	✓		
5.3	Establish and implement the communication strategy	✓	✓	✓
5.4	Legislative review			✓