

FUTURECOMMUNITIES



OPERATIONAL FRAMEWORK FOR DISABILITY SERVICES

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I 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 Disability Services indicated that the service system is in urgent need of reform, with substantial change required to achieve a holistic focus on individual needs and inclusion, to ensure access to appropriate services, and prioritise resources to target the most vulnerable.

The *Operational Framework for Disability Services* will create the basis to reorient the Disability Services System to support greater responsiveness to the needs of people with disabilities, and stronger alignment with contemporary practice.

Purpose of the Framework

The *Operational Framework for Disability Services* represents a significant shift in Disability Services within Tasmania, underpinned by stronger partnerships with people with a disability, their families and carers and the non-government sector.

The Framework is intended to:

- provide a clear direction for Disability Services, including a vision for the future. This highlights what the Disability Services system will look like in three to five years time and how the experiences, supports and outcomes for people with a disability and their carers will be different from that experienced today;
- articulate a set of clear principles which will underpin the reform process. These principles reflect contemporary practice in Disability Services, and should be applied to enable change;
- conceptualise, in broad terms, the future operational model for Disability Services including the establishment of systems governance and integrated planning mechanisms, as well as a graduated range of service options;
- specify the operational relationships between Disability Services and other universal, specialist and secondary 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.

Current challenges for Disability Services

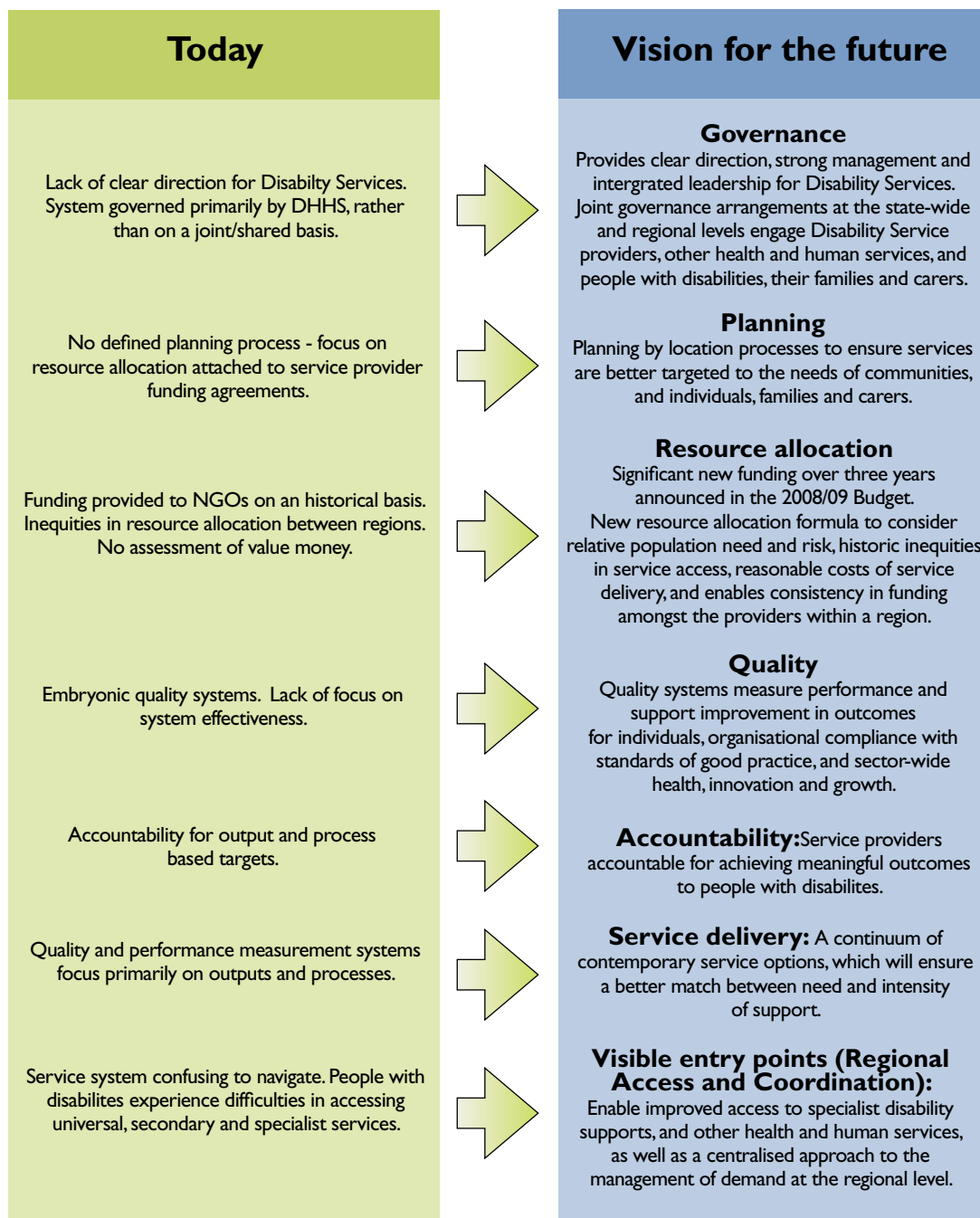
The review highlighted a number of core challenges for Disability Services, including:

- the lack of a clear and shared vision for the future of Disability Services;
- a requirement for a stronger partnership between the Government, peak bodies, the community sector and people with disabilities, their families and carers;
- a reasonable level of unmet demand, which is only likely to increase given the trend towards ageing of the population in general, and of informal carers;
- service types are traditional in nature with a significant proportion of funding allocated to more resource intensive models of accommodation (i.e. institutions, hostels and group homes) with insufficient resources allocated to more flexible accommodation support models, the system navigation function, and community-based models of support, such as new models which strengthen families, and promote independence and reflect the interests of people with disabilities. There are also significant gaps in terms of appropriate accommodation for children living with severe disabilities and services that are early intervention focussed, enable capacity building and life skills development;
- service system navigation is problematic, with a lack of information about the services and supports available to people with disabilities and their families. The onus was generally perceived to be on the individual/family to determine the relevant service options, understand the differing roles of service providers/service types and gain referrals;
- access to universal and other specialist support service can be limited, which results in Disability Services becoming the default service response;
- inconsistency in the assessment and prioritisation of need, as well as inequities in terms of access to support;
- historically-based funding arrangements, with limited understanding about whether funding reflects the cost of service provision or the degree of equity between providers; and
- quality systems focussed on output based measurement, rather than creating an accountability for meaningful outcomes to people with disabilities.

Vision for the future

Over the next three years, the emphasis will be on creating a more contemporary Disability Services system; that is, a service system which is more responsive to the needs of people with disabilities, delivers high quality services and that, through partnerships with other services, supports and communities, can enable access and inclusion. As highlighted in Figure 1, this will involve a significant shift from the challenges of today, to the vision for the future.

Figure 1: Creating the vision for the future of Disability Services (Source KPMG)



Structure of the framework

The framework is structured into the following sections

- Section two provides the context for Disability Services in Tasmania, including an overview of the key policy and legislation and contemporary directions in Disability Services provision nationally and internationally;
- Section three provides an overview of the elements of the new Disability Services framework;
- Section four outlines the approach to service provision, the population-based model of service delivery and the continuum of specialist disability supports that will be developed and refined over time;
- Section five focuses on quality and creating accountability for outcomes;
- Section six highlights the importance of embedding a culture of evaluation and innovation into the way the framework is rolled-out; and
- Section seven addresses the points of integration with the related Child and Family Services reforms.

2 Context for Disability Services

This section considers the context for Disability Services within Tasmania including policy and legislation, contemporary directions in Disability Services provision nationally and internationally, and the evidence base for partnerships, integration and collaboration in order to improve outcomes for people with disabilities, their families and support networks.

Policy and legislative context

Within the Tasmanian context, services to people with a disability are guided by a range of legislation, government priorities, budget priorities, strategic plans, policies and agreements. These include:

- *The Disability Services Act 1992* (the Act), which provides the legislative basis for Disability Service provision in Tasmania. The Act serves to define disability and eligibility for services, and includes people with intellectual, psychiatric, sensory or physical impairments, as well as individuals with cognitive impairments who fall within the equivalent Commonwealth legislation. The Act is closely aligned with the equivalent Commonwealth legislation - *Disability Services Act (1986)*. Other legislation relevant to Disability Services in Tasmania include: *Anti-Discrimination Act 1998 (Tas)*, *Guardianship and Administration Act 1996 (Tas)* and *Disability Discrimination Act 1992 (Cth)*.
- The Tasmania *Together* Policy aims to achieve a more inclusive and equitable society for all people through the development of long-term goals and benchmarks. Many of the goals and benchmarks are particularly relevant to the work of Disability Services as they require governments, industry and the community to focus on the value, respect and acknowledgment given to diverse groups in our society.
- The Tasmanian Government's *Disability Framework for Action 2005-2010* promotes a vision of a Tasmanian society that values the contributions of people with a disability and continually enhances their participation in all aspects of community life. The framework is structured around: fostering human rights, providing access to high quality services, increasing safeguards and advocacy and working collaboratively. Underpinning the framework's implementation is the Premier's Disability Advisory Council (PDAC) which has been established to work with Government and the broader community to promote inclusiveness, enhance community participation and reduce barriers for people with a disability.
- The Commonwealth State/Territory Disability Agreement (CSTDA) provides a national framework to support the provision of specialist Disability Services across Australia. Amongst its roles, the CSTDA outlines the respective and collective roles and responsibilities of governments, provides for accountability to funders, and provides for funds to address key national and strategic research, development and innovation priorities.

Contemporary practice in Disability Services

Disability systems – both nationally and internationally – have undergone significant change, underpinned by a more inclusive philosophy and approach to working with people with disabilities, as well as an emphasis on growing the capacity of the sector and the wider community.

This section describes the key directions of contemporary Disability Services and highlights recent trends of importance. These trends include:

- an emphasis on the human rights approach and the importance of citizenship;
- the goal of social inclusion as a key driver for change;
- increasing accessibility and responsiveness of mainstream health and human services;
- a focus on the individual;
- early intervention;
- prioritisation of need; and
- quality improvement.

Emphasis on human rights and enabling citizenship

The emphasis on recognising and achieving human rights for people with disabilities has created the basis for a change in the way Disability Services are provided both nationally and internationally.

The United Nations Convention on the Rights of Persons with Disabilities ('UN Convention'¹) was entered into force in May 2008, and is the first legally binding international convention on the rights of people with disabilities. The Convention reiterates the right of citizenship, dignity, individual autonomy and other fundamental freedoms and describes a vision of full and effective participation and inclusion in society. The Convention also advocates a respect for difference and acceptance of persons with disabilities as part of human diversity and humanity.

The UN Convention is supported by eight underlying principles. They are:

- respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- non-discrimination;
- full and effective participation and inclusion in society;
- respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- equality of opportunity;
- accessibility;
- equality between men and women; and
- respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

The philosophy outlined in the UN Convention is shared and embedded in Australian legislative frameworks at both a state and national level.

Importantly, the promotion of the rights of people with a disability as equal to the rights of all citizens is integral to the practice of Disability Services in Tasmania. This encompasses an individual's equal right to:

- access mainstream health and human services;
- choose the types of specialist Disability Services and supports that best match their assessed need; and
- participate and actively engage with their community.

Social inclusion

The social inclusion agenda is emerging as a major reform strategy to address disadvantage in the Australian community and is a key priority of the Council on Australian Governments (COAG). Social inclusion reflects an emphasis on ensuring individuals are "given the opportunity to secure a job; access services; connect with family, friends, work, personal interests and local community; deal with personal crisis; and have their voices heard"².

Recent policy directions have encouraged investment in human capital³, with a recognition that, by addressing the marginalisation of groups excluded from the workforce as a result of poverty, low educational attainment, inadequate skills or disability, there is the capacity to achieve both economic growth and support wellbeing of formerly disadvantaged individuals and communities.⁴

This broad policy direction supports the approach in Disability Services which seek ways to increase inclusion and participation in all aspects of community life for people with disabilities. Strategies to meet this goal include:

- an increased emphasis on community based support – wherever possible, supports are provided in the person's local community to support participation, and to mirror that which occurs in mainstream services; and
- recognition of the need to nurture and develop informal and formal support networks for people with disabilities. This reflects the experience of all people who rely on family friends and their community to meet some of their physical, and attempts to shift the culture that people with disabilities receive most of the supports they require from specialist disability providers.

Services and supports promote social inclusion through developing strong local communities that are welcoming and accessible for people with disabilities and that aim to address attitudinal barriers that will enable people with disabilities to participate fully in community life.

Increasing the accessibility and responsiveness of generic services

Closely aligned to the goal of social inclusion and linked to the human rights and citizenship agenda for people with disabilities is the emphasis in increasing access to generic services for individuals or groups who may be marginalised or disadvantaged, including those excluded due to their disability.

This approach aims to align the experience of people with disabilities to that of all other members of the community, ensuring real access to universal services, such as generic health, education, family services and housing. These services are supplemented by specialist advice and supports that complement the generic services.

The approach is important as it reduces the requirement for specialist Disability Services to duplicate universally available services and may provide opportunities for people with disabilities to participate more fully in their community and to receive a broader range of services that will benefit their health, wellbeing and quality of life.

A focus on the individual

The most significant shift in disability support in recent years has been the heightened focus on 'the individual'. The emphasis is on working with people with disabilities as partners and placing them at the centre of the service delivery process. In this manner, people with disabilities are supported to identify, plan and oversee the full range of supports and resources they require. Where specialist Disability Services are required, these are tailored flexibly and responsively to individual needs.

This is a significant direction being pursued within the United Kingdom, as well as within Victoria, Western Australia, Queensland, Northern Territory and the ACT.

Early intervention

A greater focus on timely early intervention and prevention is a focus of contemporary Disability Services worldwide.

In relation to *children with disabilities*, early intervention means "professionals working in partnership with parents of children with special needs to help their children develop their knowledge and skills to reach their potential. Research and practice have proven that early Intervention produces immediate and long term benefits for children with disabilities, their families, and society"⁵.

Key goals of early intervention include to:

- support families in supporting their children's development;
- promote children's development in key domains (cognitive, social, physical, emotional, linguistic) via early years curriculum and learning opportunities;
- promote children's coping confidence; and
- prevent the emergence of future problems⁶.

This approach also applies to individuals with disabilities more broadly, with a focus on maintaining (wherever possible) wellbeing and independence, through pre-planning for service needs (intervening early), putting in place lower level supports before a crisis situation occurs, or offering one-off or small amounts of supports which strengthen the family, or the individual's community networking ability. Such early intervention may include providing information and links to appropriate universal services or offering one-off respite on the first identification of carer strain.

Key benefits that may be realised from the early intervention or prevention approach include:

- developing and maintaining independence, enabling people with disabilities to manage within their own homes and informal networks;
- the building of individual and family capacity through education and strategies which focus on personal/family resilience to withstand challenges;
- the maintenance of the health and wellbeing of individuals to assist them to maintain independence and interact in their community thereby enhancing social and economic opportunities; and
- the capacity for cost savings, with less extensive use of tertiary care services or more expensive 24-hour accommodation and support models.

Supporting families and informal support networks

Enabling support for families and informal support networks recognises that families play a key role in supporting children/adults with a disability to realise their potential. However, supporting a child/individual with a disability can place considerable pressure on families and informal support networks.

Forgotten Families – Raising Children with a disabilities in Tasmania Report, recently released by Anglicare, indicates that, while most families who have children with disabilities 'cope', there is a great impact on the quality of family life – including financial disadvantage, strains on relationships, deterioration in terms of primary carers' health status, as well as the negative impact on siblings⁷.

This is confirmed in *'Listen to Us'*⁸ and *'Social Dimensions of Disability'*⁹ which indicate that: families of individuals with disabilities experience high levels of stress; that adapting to care for a child with a disability can be a life long process; and having a child with a disability can restrict social life and mothers' return to paid work.

Within this environment, appropriate support for families and informal support networks is critical:

- Children and young people with a disability are more likely to develop their potential if they can remain in a stable, nurturing and stimulating family environment.
- Concurrently, adults with a disability are often being cared for by ageing parents who require appropriate support (and breaks from their caring responsibility) if they are to continue in this important role.

For this reason, there is an emerging emphasis on the 'family-centred approach' in Disability Services, which emphasises:

- appropriate consideration of the needs of the individual or child with a disability within the context of their family;
- the importance of family participation in self-directed planning;
- collaboration between the family and professionals to support the individual/child with a disability to achieve their goals and aspirations; and
- the importance of building upon the existing strengths within families¹⁰.

As a reflection of this, Governments in Australia have been moving to invest in strengthening the capacity of families and carers to care for persons with a disability.

Prioritisation of need

The literature reveals that in all Australian jurisdictions demand outstrips resources for the provision of Disability Services. In responding to that, mechanisms to prioritise where resources are targeted are established. Disability services respond to prioritisation in a number of ways through:

- targeting services to the greatest need;
- improving demand management systems;
- encouraging and supporting access to mainstream services;
- strengthening informal supports and networks; and
- maintaining fair and transparent access to specialist services.

Although there is a view that those with the greatest needs and risks (and decreased capacity of informal supports) should be prioritised for access to services, it is important that the need to focus on early intervention is not lost. Preventative measures may result in long term savings for funding bodies through increasing the health and capacity of individuals, if managed proactively.

Quality improvement

Changes in national and international practice describe the implementation of quality approaches that shift the traditional focus from 'outputs' to the contemporary approach - 'outcomes'.

Outcomes may be described at an individual level and defined by an individual's goals and priorities, or at a systems level linked to compliance activities and aligned with disability standards. The measurement of outputs (e.g. number of interventions, time to service, etc.) in isolation is no longer considered contemporary practice as it does not allow an accurate assessment of the impact of an intervention on the quality of life, health and wellbeing of people receiving services. Information gained through measuring outputs needs to be supplemented with information about outcomes generated from supports and services implemented.

In adopting an outcome focus, people with a disability are able to identify issues of importance to them as at an individual level, and service outcomes will be informed by their priorities, values, culture and lifestyle.

The outcomes approach is strongly aligned to the focus on the individual and reorients the system to place the person with a disability, their families and informal support network's needs and aspirations in accessing services and supports at the centre of service design and implementation.

1 United Nations (2008) *Convention on the Rights of Persons with Disabilities*: <http://www.un.org/disabilities/default.asp?navid=12&pid=150> accessed on 1 August 2008

2 Australian Social Inclusion Board website accessed 20 August at <http://www.socialinclusion.gov.au/> accessed on 1 August 2008

3 Council of Australian Governments (COAG) Meeting Adelaide 26 March 2008 – Communiqué: http://www.coag.gov.au/coag_meeting_outcomes/2008-03-26/docs/communique20080326.pdf Accessed on 1 August 2008

4 Julia Gillard, Minister for Social Inclusion, Speech to the Australian Council of Social Services national conference 10 April 2008: <http://mediacentre.dewr.gov.au/mediacentre/Gillard/Releases/ACOSSNationalConference.htm> Accessed on 1 August 2008

5 Carpenter, B. (2001) *Families in Context: Emerging Trends in Early Intervention and Family Support*. London: David Fulton.

6 Wolfendale (S), 2000, *Special Needs in the Early Years: Snapshots of Practice*. Questia: London.

7 Anglicare Tasmania (2007), *Forgotten Families: Raising Children with disabilities in Tasmania*.

8 School of Social Work, Latrobe University (2002), *Listen to us – Supporting Families with Children with Disabilities – Identifying Service Responses that impact on the risk of family breakdown*.

9 Centre for Community Child Health (2003), *A framework that addresses the social dimensions of disability*. A project funded by the Potter Foundation for Noah's Ark.

10 Wagstaff, M (2008), *Review and redevelopment of Support for Children with a Disability and their Families – Final Report*. Department of Human Services: Victoria.

Partnerships, collaboration and coordination of services

In order to support the development of a more contemporary Disability Service system, there is a need for:

- partnerships with people with a disability, their families and carers;
- collaboration with the community sector; and
- a greater emphasis on coordinated and integrated responses.

Partnerships with people with disabilities, their families and carers

Creation of partnerships with people with disabilities, their families and carers, recognises the value of the 'lived experience' in influencing policy development, quality systems and service provision. Individuals, their families and carers also understand the social environment which underpins disability discrimination and disadvantage, and have the capacity to contribute to the dialogue about the goals and aspirations of people with disabilities, and the potential barriers (within Disability Services and the broader community) to achieving key goals and aspirations.

As such, there is a need to invest the time in building partnerships with individuals, families and carers. Concurrently, there should be a focus on capacity building – people must be well informed about what the new service system is aiming to achieve, and of their responsibilities in terms of contributing to the change process.

Collaboration with the community sector

Within Tasmania, the community sector has the primary role in terms of Disability Services provision, providing over 70 per cent of services to people with disabilities. With the increasing emphasis on devolving service delivery responsibility from the Government sector to NGOs, this will only increase over the next few years.

In recognition of this, there will need to be fundamental changes in terms of how these parties work together in order to create a 'new vision' for Disability Services.

Through working strategically and within a partnership-based framework with these organisations, there is the opportunity to strengthen Government capacity, and improve the outcomes of service system planning and development, regulation, contracting arrangements and other functions.

Coordination and integration

As citizens of Tasmania, people with disabilities have an equal right to participate meaningfully in society, and to access a broad range of services and supports from health, to education and employment.

While some individuals will require specialist Disability Services, there is also a need to take a person-centred approach, looking beyond the specialist system to address an individual's underlying needs, recognising that individuals with a disability may benefit from either specialist Disability Services alone, or a package providing a mix of service responses (including informal supports, universal, secondary and specialist options).

Within this context, people with disabilities can benefit from coordinated and integrated approaches to care. When providers work together, it is easier to navigate the service system, and there is greater capacity for care continuity and effective transition between the various services required. Agencies and networks of service providers that develop these collaborative ways of working will also benefit in terms of increasing efficiencies which will enable additional supports and services to be provided.

Models used to improve coordination and integration generally have one or more of the following characteristics:

- a community-based, multi-agency team that is responsible for designing, implementing, and managing the program across a given local area;
- use of formal multi-agency agreements/Memoranda of Understanding (MOU) that outlines how the partnership will work on the ground;
- the introduction of community based service networks to build stronger linkages between services;
- co-location of services to improve communication and information sharing; and
- common frameworks for assessment and prioritisation to minimise the need for individuals to repeat their story, and to improve needs identification and matching of appropriate services.

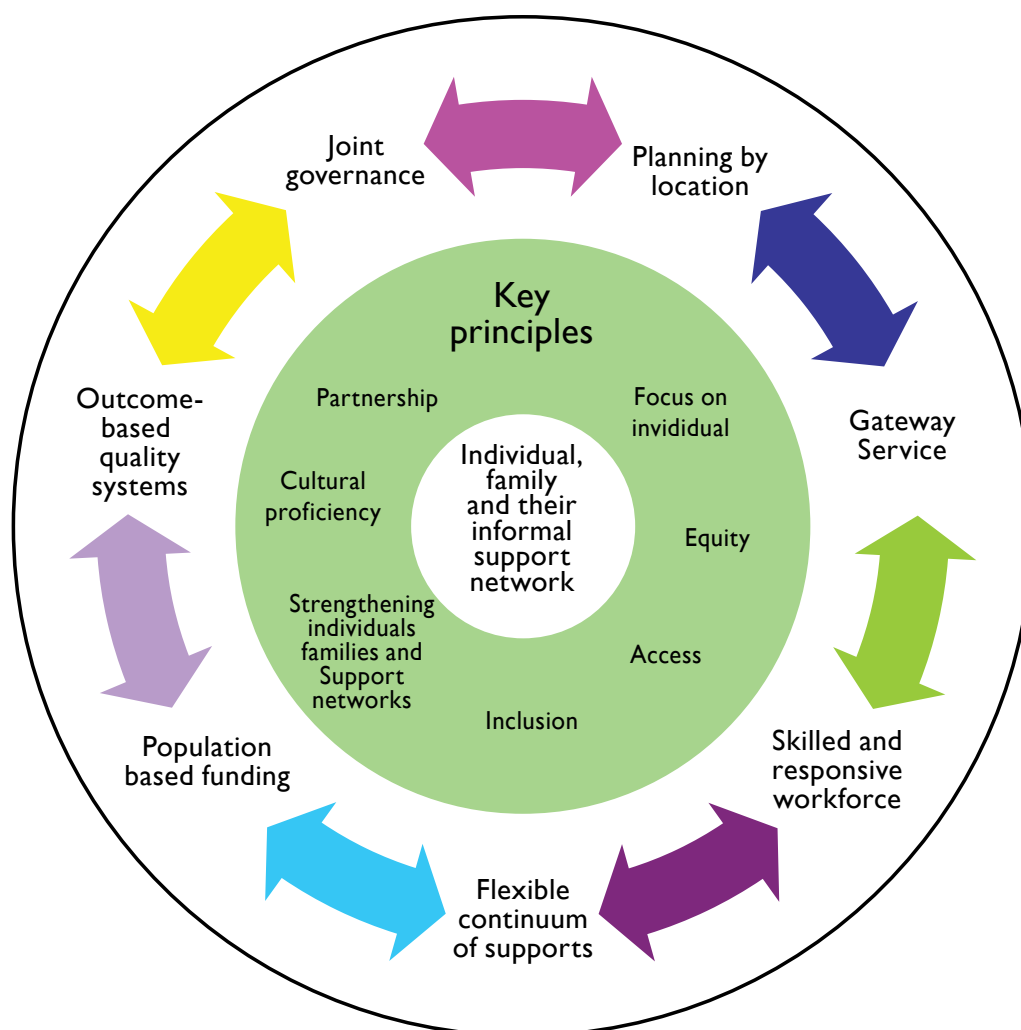
3 The new Disability Services framework

The new framework for Disability Services represents a significant shift in Disability Services within Tasmania, underpinned by stronger partnerships with people with a disability, their families and carers and the non-government sector. This section articulates the new Disability Services framework including the following components:

- the key principles that will guide the change, and be embedded into the way Disability Services operates;
- governance arrangements;
- planning;
- establishment of the Gateway Service;
- resource allocation and funding; and
- workforce.

Other core elements of the new framework for Disability Services – including the service delivery continuum and related practice approaches, quality systems and the outcomes framework - are discussed in the latter sections. Figure 2 below, depicts all the elements of the new Disability Services framework.

Figure 2: Elements of the new Disability Framework (Source KPMG)



Underpinning principles

Implementation of the Framework for Disability Services 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.

Each of these principles have been embedded into the way the Disability Services will operate and provide services to individuals, their families and informal support networks. As such, by encouraging common application of these principles, this will enable the change process.

The principles include:

- **A focus on the individual**

Disability services are flexible and responsive to the needs of people with disabilities, their families and informal support networks, placing them at the centre of service delivery. Supports should reflect the individual needs, goals and aspirations of people with a disability.

- **Partnership**

People with disabilities are partners at all points in the journey - in policy development, planning, service delivery, workforce training and in evaluating effectiveness. Individuals, their families and informal support networks actively participate in decisions which affect their lives.

- **Equity**

People with disabilities have the same rights as other citizens to participate in all aspects of the community and life. Universal services, such as generic education, health, family services and early childhood services, provide access to people with disabilities, their families and support networks, to support quality of life and build potential.

- **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, and whose needs cannot be met through universal services and informal supports.

- **Inclusion**

People with a disability, their family and support networks are embraced as belonging, sharing responsibility, and contributing and adding value to the Tasmanian community. There is a strong emphasis on building the knowledge, understanding and capacity of the wider 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.

- **Cultural proficiency**

Improving the access to Disability Services for Aboriginal and culturally and linguistically diverse (CALD) people with disabilities, their families and carers, through tailoring services to the particular needs of Aboriginal and CALD populations.

Governance

Entrepreneurial governments...focus not simply on providing public services but on catalysing all sectors – public, private and voluntary – into action to solve their community's problems. Osborne and Gaebler, 1992

There is a strong recognition that DHHS cannot support the required level of change to the Disability Service system alone - both NGO providers and people with disabilities, their families and informal support networks have an important role to play in shaping Disability Services.

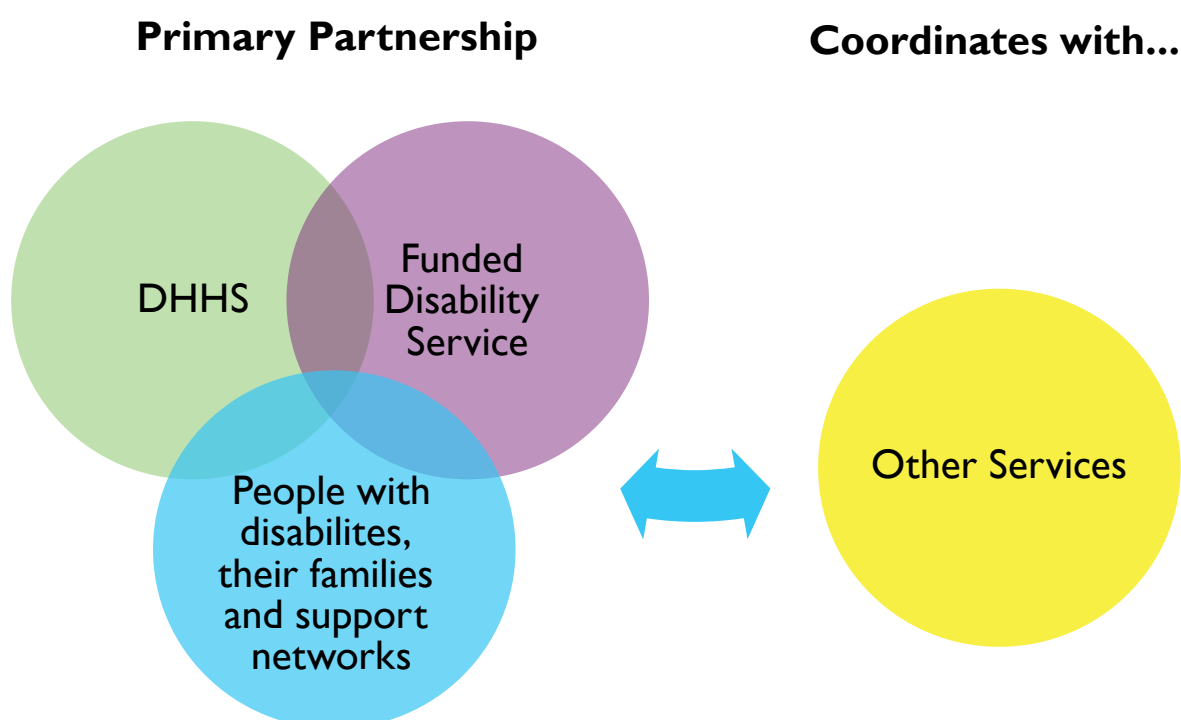
Under the new Disability Services operating model, DHHS, NGO providers and individuals with disabilities will share governance responsibility, working jointly to identify and implement policies, systems and solutions which have the potential to improve outcomes for people with disabilities.

Joint governance will comprise the establishment of:

- **partnerships arrangements at the state-wide level (state-wide governance arrangements)**, led by DHHS in conjunction with key advisory groups (e.g. Minister's Disability Advisory Council), people with disabilities, sector stakeholders and peak bodies and specialist disability and mainstream providers; and
- **partnerships at a regional level (Regional Advisory Groups)** responsible for supporting the coordinated delivery of services, enabling an holistic response to the individual and their family, the provision of a flexible continuum of services locally, and opportunities to make best use of resources at the regional level to improve responsiveness to community needs.

Regional Advisory Groups will bring together representatives from funded Disability Services, advocacy organisations, people with disabilities, their families and informal support networks 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, HACC, child and family and aged care) may also be engaged to support the capacity of other universal, secondary and specialist health and human services to respond to people with disabilities.

Figure 3: Joint governance of Disability Services (Source KPMG)



State-wide activities

State-wide governance will *enable consistency* across regions - creating the broad parameters for regional governance and planning, ensuring a focus on equity in resource allocation and funding decisions between regions, and embedding an emphasis on outcomes for people with disabilities into all decision-making.

The state-wide governance group will have an advisory role in relation to policy setting, service system development and planning and regulation, with key responsibilities in terms of:

- developing and monitoring the DHHS strategic plan for Disability Services;
- monitoring and reporting DHHS and NGO progress to achieving 'A Framework for Action';
- developing state-wide plans for 'growing' service system capacity, including a consistent approach that specifies how service provider capacities will be rolled out on a per region basis;
- facilitating planning at a state-wide level and supporting an integrated approach, including providing data and analysis to support community-based service configuration planning and population health planning; and
- developing the capacity to more effectively identify trends in Disability Services at a state-wide level, and to evaluate outcomes.

Regional Advisory Groups

To support coordination and oversight of Disability Services at the regional level, advisory groups will be established on a regional basis, in each of the South East, South West and North and North West.

Regional Advisory Groups will complement the state-wide role by ensuring a localised response to the needs of people with disabilities based on an understanding of community needs.

Core functions include:

- providing strategic advice to DHHS on key issues for people with disabilities, within their region (and local area);
- providing a key means for communication and consultation between DHHS, the NGO sector; and people with disabilities, their families and informal support networks;
- promoting the needs of people with disabilities in local and regional strategy development, community strengthening activity and government policy. i.e. closeness to the community will provide the capacity to reflect community needs in service system development and planning;
- engaging people with disabilities in decision-making or consolidating information from engagement activity across the region; and
- promoting information sharing and collaboration amongst disability service providers.

How will the Regional Advisory Groups work?

Advisory Groups will adopt a practical approach, supporting DHHS to make decisions about policy, planning and service delivery issues that impact on people with disabilities, their families and informal support networks.

Through local consultation and knowledge of regional conditions, they will identify gaps in existing services, which they will seek to address directly or by engaging with local government or other universal services.

They will provide people with disabilities, their families and informal support networks with more direct input into the way some policies are developed and resources allocated.

Advisory Groups will introduce 'new ways of thinking and working' amongst DHHS and NGO providers – enabling a culture that is more responsive to individual and local circumstances.

Advisory Groups will undertake the following key functions:

- leadership and oversight of Disability Services at the regional level;
- planning by location; and
- supporting partnerships between disability providers and other relevant universal, secondary and specialist services.

Shared leadership and management

To facilitate shared leadership and management, there will be a requirement to develop and implement a MOU/Partnership Agreement, which will articulate 'how the various parties will work together'. This will include details in relation to:

- core partnership based principles which create the rules of engagement;
- a statement of the roles and responsibilities of each of the parties to the agreement;
- defined outcomes and performance measures;
- protocols in relation to effective communication and consultation;
- how people with disabilities, their families and support networks will be supported to participate;
- the best means to engage other health and human services providers in the reform agenda; and
- mutual accountability between regional partners – including a commitment to monitor and report on outcomes for people with disabilities in the short, medium and longer term.

Members of the Regional Advisory Groups must have the appropriate seniority to bind their agency to the agreement, creating a shared commitment to implementing the new model. In addition, to best facilitate shared leadership and management, there will be a requirement to identify the agency best positioned to act as the network facilitator (responsible for taking on the coordination role).

Leadership and management functions will include:

- development and implementation of the regional plan;
- monitoring and reporting on the effectiveness of the partnership to the state-wide governance group;

- monitoring the performance of agencies in the region from a responsiveness and individual outcomes perspective. This will ensure each agency is meeting its requirements as a member of the regional network;
- identifying opportunities for organisational capacity building, the transfer of skills, knowledge, experience, as well as best practice and innovation in service delivery between agencies, to build the sustainability of the sector into the future; and
- identifying workforce skill gaps and opportunities for workforce development

Planning by location

Planning will be conducted within each region collaboratively - engaging DHHS regional offices, funded disability providers, and people with disabilities (effectively the members of the Regional Advisory Groups), with the involvement of other mainstream services. This will inform state-wide planning processes. Core elements of the regional plan will be consistent across the State, while importantly reflecting regional and (where required) local conditions/priorities.

The purpose of regional planning will be to enhance well-being and quality of life for people with disabilities by applying the following key principles:

- Planning will support better matching of service development to community needs and priorities.
- The emphasis will be on strengthening pathways between specialist Disability Services and other universal/secondary service options.
- Planning will support effective demand management, and responsiveness to the requirements, goals and aspirations of people with disabilities.
- Planning will support equity in the distribution of resources/services, based on the identified characteristics and needs of regional populations.
- There will be a strong focus on developing and consolidating a continuum of services, as well as improving the range, flexibility and quality of services delivered.
- Planning will enable ease of access to services, undertaking service development based on population needs analysis, starting from the preferred options of community based services.

Each region will be required (as a minimum) to identify:

- community needs of people with disabilities (for specialist disability, generic and informal support services);
- the profile of existing services within the region;
- priority areas for service system development;
- proposed strategies to address key issues in relation to the current service continuum, i.e. the need for new service types, a requirement to re-deploy existing resources to better meet community needs and preferences; and
- requirements in terms of capacity building to support services in the region (both specialist Disability Services and generic services) to respond to the particular needs of people with disabilities.

How will the planning by location work?

In order to develop the plan, the regional network will build upon:

- **the experiences and perspectives of the local community** - input from people with a disability, their families and carers themselves, based on their lived experience and intimate familiarity with the service system. This will create a shared understanding of the needs and preferences of the regional population, and the extent to which the existing services and supports respond to these;
- **an understanding of population needs and the community** profile, i.e. core demographic data; national and state-wide studies which provide insight into the needs of people with disabilities, local government planning data, and other related data; and
- **an understanding of the local service system** - the characteristics of the existing services within each region, including the mix of services available to address the needs of people with disabilities, level of service utilisation, service gaps, waiting lists and other indicators of unmet demand, and areas of duplication/overlap.

This will form the basis for regional planning priorities to be identified. Plans will then be forwarded to the state-wide governance group for consideration and to inform decision making on service growth, capital, and required new funding.

Decision-making will consider the following factors:

- defined budget for the region, as determined through the population based resource allocation formula. This should include considerations of cost effectiveness;
- outcomes of community consultation, which highlight the needs and preferences of people with disabilities, their families and carers;
- current capacities of providers within the region; and
- what constitutes evidence based practice in service delivery to people with disabilities

Exemplar 1: Local Strategic Partnerships – United Kingdom¹¹

Local Strategic Partnerships (LSPs) bring together (at a local level) the different parts of the public, private, community and voluntary sectors. The emphasis is on enabling programs and services to work together more effectively, with each party adapting the way it works.

Local Area Agreements (LAAs) provide the planning framework, and outline the key priorities for a local area agreed between central government and a local area (the local authority and Local Strategic Partnership) and other key partners at the local level.

LAAs streamline central funding, help to integrate public services and allow greater flexibility for local solutions to local circumstances.

Through this process, LAAs are assisting to devolve decision making to a localised level. LAAs provide local priorities to improve services. This includes:

- recognising that local services should reflect what local people want;
- supporting flexibility in the way services are provided;
- increasing accountability to clients at the local level; and
- supporting high levels of local community participation.

¹¹ Local Strategic Partnerships and Local Area Agreements. Accessed 25 July 2008 at <http://www.communities.gov.uk>.

Coordination and linkages

Enhancing the integration of services and coordination is a key element of contemporary practice in Disability Services. The range of universal, secondary and specialist services relevant to persons with a disability is coordinated and/or integrated through purposeful partnerships between different tiers and of governments, service sectors and providers and community groups.

Regional Advisory Groups will identify team members to take the lead in developing linkages within the disability sector, and with other sectors as a basis to promote both social inclusion and access for people with disabilities, their families and support networks. This will focus on:

- creating a more integrated and coordinated service system;
- strengthening referral pathways;
- monitoring availability of disability services;
- monitoring agency capacity;
- identifying service gaps (in relation to disability and generic services); and
- identifying issues impacting on regional service delivery.

Regional Gateway Services

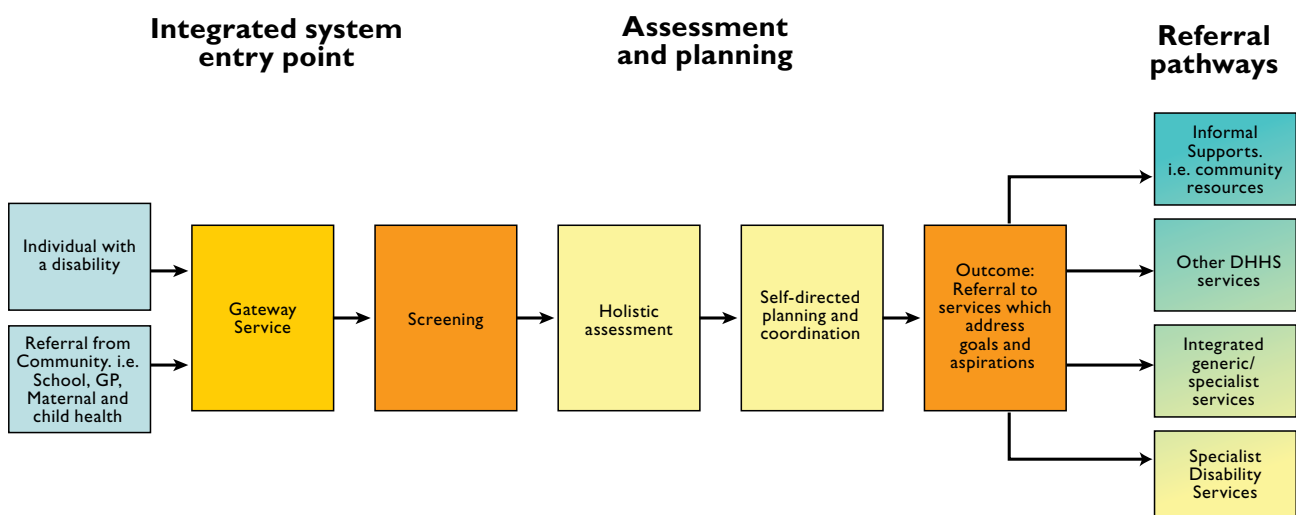
Many people with disabilities, their carers, service providers and professionals have difficulty in navigating the disability service system, and in accessing other generic service options. Whilst information is available from individual services, there is no sector-wide communication strategy to support user access to information. As a result, individuals may reach a crisis point before becoming aware of appropriate support services.

A single, visible point of access to services on a regional/local basis can overcome these issues, providing an initial gateway to the disability system, and to other universal and secondary services for those with a disability.

Operation of Regional Gateway Services

The primary purpose of the Gateway Service is to enable system navigation and coordination at the regional level. The intent is that people with disabilities, their families and support networks can contact the Regional Gateway directly or be referred by health or other professionals (i.e. GPs, teachers).

Figure 4: Regional Gateway Services



A single agency within each region (or a consortia of agencies) will take responsibility for managing the Gateway Service.

The Gateway Service will provide the following functions:

- a visible and transparent point of entry to Disability Services;
- information and advice, including:
 - informing individuals and referring agencies about the range of programs, program eligibility and referral processes; and
 - providing information about other universal and specialist services within the region;
- intake, including at the broad level:
 - undertaking an assessment within reasonable timeframes;
 - asking referring agencies to provide (with consent) relevant information which may assist the assessment; and
 - consulting with other professionals regarding needs and risks and the appropriate responses;
- facilitating demand management. As indicated in the Review of Disability Services, there are currently a range of methods used by agencies to manage demand. There will need to be a collaborative approach to the management of demand in order to maintain the flexibility to respond to the needs of people with disabilities seeking support;
- referral to other agencies which can best meet the individual's support needs and individual goals and aspirations;
- providing a short term response, where the individual, their family and/or support network have immediate needs, which the broader Disability Service system is unable to meet;
- data collection, including key information to support:
 - CSTDA reporting requirements; and
 - regional planning, i.e. difficulties experienced in terms of referral/access – such as system capacity issues (e.g. waiting lists for services) and system gaps (e.g. lack of early intervention services);
- service coordination;
- self-directed planning of services; and
- early intervention, monitoring and follow-up for individuals who are generally self managing.

What does this mean?

Each region will develop their own model for the Gateway Services, which fulfils the broad functions described above, but may be adapted to meet the needs of its own local community. In other jurisdictions, programs have used one or more of the following models:

- **creation of a single point of entry** characterised by: a single toll-free telephone number; managed by a single funded Disability Services agency, responsible for initial needs identification, assessment and self-directed planning that undertakes joint allocation involving other Disability Services within the regional network;
- **creation of a virtual point of entry** characterised by: a single toll-free telephone number, with calls transferred directly to the relevant LGA and initial needs identification, assessment and self-directed planning conducted on an LGA basis. Joint allocation would involve Disability Services across the region to support appropriate matching of services to needs; and
- **creation of multiple common entry points across the regional area** with the capacity for: clients, professionals, community to choose their preferred entry point to the system; consistent response provided at each point of entry; individual entry points conduct initial needs identification, assessment and self-directed planning; joint allocation involving all points of entry; and allocation made to the most appropriate range of Disability Services providers and/or universal services/community networks.

Importantly, the appropriateness of each of these models will need to be considered, in relation to the unique characteristics of Tasmania (including its small relative population size), and the community needs within each region.

Eligibility assessment and prioritisation

To support equity of access to Disability Services, each Gateway Service will be required to implement consistent processes of eligibility determination and prioritisation.

Under this process, an individual's eligibility and priority of access for support will determine the nature and level of support to be provided. The focus should be on considering the availability and appropriateness of other universal service options and informal supports in the first instance, before considering specialist disability alternatives.

As the focus of the specialist disability support system is to protect the most vulnerable, access to the specialist disability support system is based on a determination of the individual's relative need.

Eligibility for specialist disability support occurs at two levels, with the third level determining a person's priority of access. This includes:

- Tier 1 – screening to determine eligibility for entry to the specialist disability support system. In all instances, the legislative framework that underpins the specialist disability support system in Tasmania determines the potential population that can access the specialist disability support system. As an outcome, an individual may progress to a holistic assessment or alternatively be referred to other generic services;
- Tier 2 – an holistic assessment (of a more in-depth nature) to determine the nature of risks, needs and functional impacts (and therefore, the most appropriate range of responses including informal supports, generic services or specialist disability services); and
- Tier 3 – priority of access to determine who, of those eligible, should receive specialist disability support. Priority of access is based on the level of functional impact, need, risk and benefit¹².

The outcome of assessment will be:

- referral and linkage with appropriate services/supports;
- planning and coordination that addresses identified needs; and
- the development and implementation of a self-directed plan that may involve any or a number of services along the service continuum.

Self-directed planning is discussed in some depth in Section 4.

Demand management

At the person level, key principles of demand management will apply across the Regional Advisory Groups. The focus will be on:

- ensuring that referrals are acted upon based on priority of need;
- actively engaging people with disabilities and their families at the point of referral and, if appropriate, providing initial brief interventions which address immediate needs (potentially preventing a crisis situation from occurring); and
- joint allocation. This takes into account both the preferences of individuals with a disability (promoting choice), as well as each agency's current service capacity.

From a planning perspective, demand management will focus on identifying areas of unmet demand, including:

- needs unable to be met by the existing services (either generic or disability specific);
- areas where existing systems (including funding or policy guidelines or the lack of shared responsibility for client care) is preventing access for those with a defined need;
- system capacity issues, such as waiting lists for services; and
- system gaps, such as a lack of early intervention services or employment options.

There should then be the capacity to build this information into the regional planning process, re-deploying existing resources appropriately or developing a case for additional funds to enable new service development and innovation.

Resource allocation

Under the new operating model, allocation of resources to regions will be based on relative population risk and need to take into account differences in terms of service delivery costs between regions. Implementation of this approach will assist in addressing the issues of funding inequities between regions, and ensure that service system development is promoted in regions that are relatively under-serviced or have experienced rapid/unexpected population growth. As such, over a three to five year period, this should enable comparable access to services across the State.

The emphasis will also be on re-orienting the service system to most closely align with the requirements of a contemporary model of service provision, through increasing the investment in community based supports.

Planning undertaken by the Regional Advisory Groups will provide another core source of information for DHHS to make decisions about funding allocation at a regional level. This planning mechanism will become an important means for DHHS (in collaboration with funded agencies) to determine resource allocation for new initiatives and growth funding, to respond to changing and emerging population needs.

Underpinning this, more transparent methods will be developed and implemented to allocate funding amongst funded disability providers. This will commence with the development of a *unit price* for each disability service type. As an outcome, funding will be allocated to providers on the basis of a 'price' per hour of delivering each service type (considering salaries, infrastructure, brokerage and other operational costs).

Other funding mechanisms, such as individualised funding¹³ and individually tied funding¹⁴, will also be developed to support current directions in terms of a person-centred/self-directed approach, and enable growth in the use of Individual Support Packages over time.

Exemplar 2 – New Zealand District Health Boards

Within New Zealand, District Health Boards (DHBs) either directly provide or fund the provision of health or Disability Services for the population of a specific geographical area. There are 21 DHBs within New Zealand.

The intent of DHBs is to:

- improve, promote and protect the health of communities;
- promote coordination and integration of services; and
- ensure effective support of those in need of personal health services or Disability Services.

Another core objective includes promoting the inclusion and participation of people with disabilities in community life.

Board members are responsible for the governance of the DHB. Governance, as carried out by the DHB board, is strategic oversight of the DHB's management. Each Board's planning and funding division is responsible for area based planning and resource allocation including:

- analysing and understanding the health and disability needs of the local population;
- using the needs analysis to assist the Board develop a District Plan;
- supporting equitable spending of scarce health funds; and
- working in partnership with providers to ensure the effective delivery of quality healthcare services within available funding.

Workforce

The skills and competencies of the Tasmanian Disability Workforce are critical to achieving a focus on individual needs, inclusion and partnership for people with disabilities. In the short to medium term, there is a requirement to prepare the existing workforce to adopt a new outcomes based approach to service provision. This will involve considering the 'broad competencies and skill requirements' of the workforce in the context of the new policy emphasis.

The disability workforce will need to be equipped with:

- an understanding of the needs of people with a disability, and of the elements of contemporary practice;
- a capacity to assist people with disabilities to identify their goals and aspirations;
- a focus on working holistically, helping to assemble the full range of supports (whether formal, informal, voluntary or privately available);
- a capacity to take a partnership based approach to working with individuals, their families and informal support networks; and
- a capacity to be flexible and adaptable, responding to varying needs.

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.

Concurrently, Regional Advisory Groups will need to consider the best means to support generic workforce skill development, as a means to improve the appropriateness and quality of support.

¹² This section builds on work KPMG has completed in relation to the development of a National Resource Allocation Framework.

¹³ Individualised funding allocates funds to a particular service, based on the relative needs of individuals within the service. The service manages the funds, but resources are allocated on an individual client basis, based on an agreed plan. This method of resource allocation provides flexibility for the service provider allowing the application of resources to the best effect at the individual level. The service provider is required to establish local protocols to guide decisions on who (from the identified population) receives a service and how much each receives.

¹⁴ Individually tied funding allocates funds to a particular person for a particular service(s). The allocation of that service is preserved for the person, and there is an ongoing option for the funds/service to be transferred to another service provider (the principle of portability) if, and when, that person chooses.

4 Service delivery approaches

This section provides an overview of service delivery with Disability Services and includes a discussion of:

- approaches for working in partnership with individuals with disabilities, with an emphasis on self-directed planning;
- the population-based service delivery model, with its emphasis on enabling access to supports of an informal, generic and specialist nature; and
- the continuum of specialist disability supports that will be developed and refined over time, in response to changing and emerging regional needs.

Case studies which demonstrate the new approach to providing supports to people with disabilities are provided throughout the section.

Working with people with disabilities, their families and informal support networks

Service providers will adopt a more person-centred and self-directed approach to working with people with disabilities, providing supports which are reflective of individual strengths, needs, goals and aspirations. Services will be both responsive and flexible, placing people with disabilities, their families and carers in the centre of the assessment, planning and delivery of services. The emphasis will be on inclusion, through supporting access to generic services such as health, early childhood, housing, education and family services and building the community's responsiveness to people with disabilities, enabling greater participation in the local community.

Assessment

Effective assessment is fundamental to enable the most appropriate services and supports to be put in place for people with disabilities. Assessment engages with individuals (together with their families and support networks) as partners, to:

- identify the individual's risks, needs, and strengths in the context of their family, support network and carers;
- consider the functional impact of the disability;
- understand their individual experiences of disability, including the factors which influence this experience;
- consider those issues that need to be addressed in order to support quality of life for the individual and their family; and
- how the individual currently engages in the community and life.

This forms the basis to develop a self-directed plan.

Planning

Disability Services will apply a self-directed approach to planning, to enable people with disabilities to guide/actively participate in the planning process, make choices, and influence decisions about the way they wish to live their lives. This will ensure that services and supports align with their goals and aspirations.

Key principles

The following key principles should underpin the approach to self-directed planning:

- **The person is at the centre and should be supported to 'guide' the planning process.** The individual around whom planning is conducted and his or her wishes are the key point of reference for planning. Where the individual chooses, they may have the support of an advocate in this process.
- **Family members and friends are key partners in planning.** The quality of planning and the outcomes achieved are dependent on all participants (family, friends, informal support networks) being effectively engaged in and committed to the process. Again, advocates may also be present, to support the individual.
- **Self-directed planning takes into consideration all the supports and resources available to the individual, rather than focusing on specialist services.** Planning should actively explore the individual's own resources, informal networks, generic services available to all members of the community and what is available from Disability Services. The emphasis should be on inclusion and enabling independence.
- **Planning should assist the individual to identify their goals and aspirations and should reflect 'what is important to the person', their capacities and the support they require.**
- **Child-centred, family-focused practice is used for children and their families.** This ensures that children's best interest is core to the way providers work with children with disabilities and their families. The emphasis is on the child's safety, stability and development, while concurrently strengthening and building capacity within families, so that they are able to care for children with disabilities.
- **Planning should enable the coordination of support.** Regional coordinators should coordinate (where required) the delivery of Disability Services, and other related supports where multiple providers are involved.

Approach

The approach to planning should consider the following elements:

- information about the individual and their preferences;
- their goals and aspirations – what individuals would like to achieve in the near future;
- the full range of supports that may assist the individual to achieve their goals – informal networks, and generic supports as well as funded Disability Services - should be considered;
- a range of alternative strategies to achieve the individual's goals and how these strategies will be put in place; and
- potential performance measures, which can be used to assess when and/or the extent to which the individual's goals have been achieved.

The plan should be developed in a format that is accessible to the individual, with ownership of the plan instilled through an inclusive development process, and a joint accountability (from individuals and service providers) for achieving the goals identified.

Case study 1 – Anne

Anne is 10 years old and lives with her dad Jo, younger sisters Jess and Kerry, and her grandmother. Jo works full-time, with Anne's grandmother supporting him to look after Anne.

Anne loves school, visiting the local playground, watching cartoons and hanging out with her sisters. She has a significant intellectual disability and hearing loss. Anne also has a range of challenging behaviours, which include pushing and biting. Her two younger sisters have sustained a number of injuries.

Anne's grandmother and father need some assistance – as both are exhausted. They contact the Gateway Service in the North to seek help.

The Regional Coordinator starts by determining Anne's eligibility for Disability Services and then assesses Anne's daily routines, social and functional competencies, and health status. As part of this process, the Regional Coordinator talks to Anne, her grandmother and other members of the family about their expectations, goals and aspirations in response to Anne's disability. The Regional Coordinator seeks to understand their beliefs, values and the context of disability in relation to their family and community.

Having completed the assessment phase, a Self-directed Plan is developed for Anne including goals, strategies and support resources. This includes:

- professional services to develop a behaviour intervention and support plan with the family. This will assist Anne's family to develop skills and strategies to better manage Anne's behaviour;
- flexible respite – hours that can be used in-home or residentially to give Anne's family a break; and
- Service Coordination – with the Regional Coordination, supporting the family to build relationships with their extended family and local community, enhancing their informal support networks.

Outcome measures and success indicators are put in place against the plan, and Anne and her family's progress are regularly monitored.

Service delivery

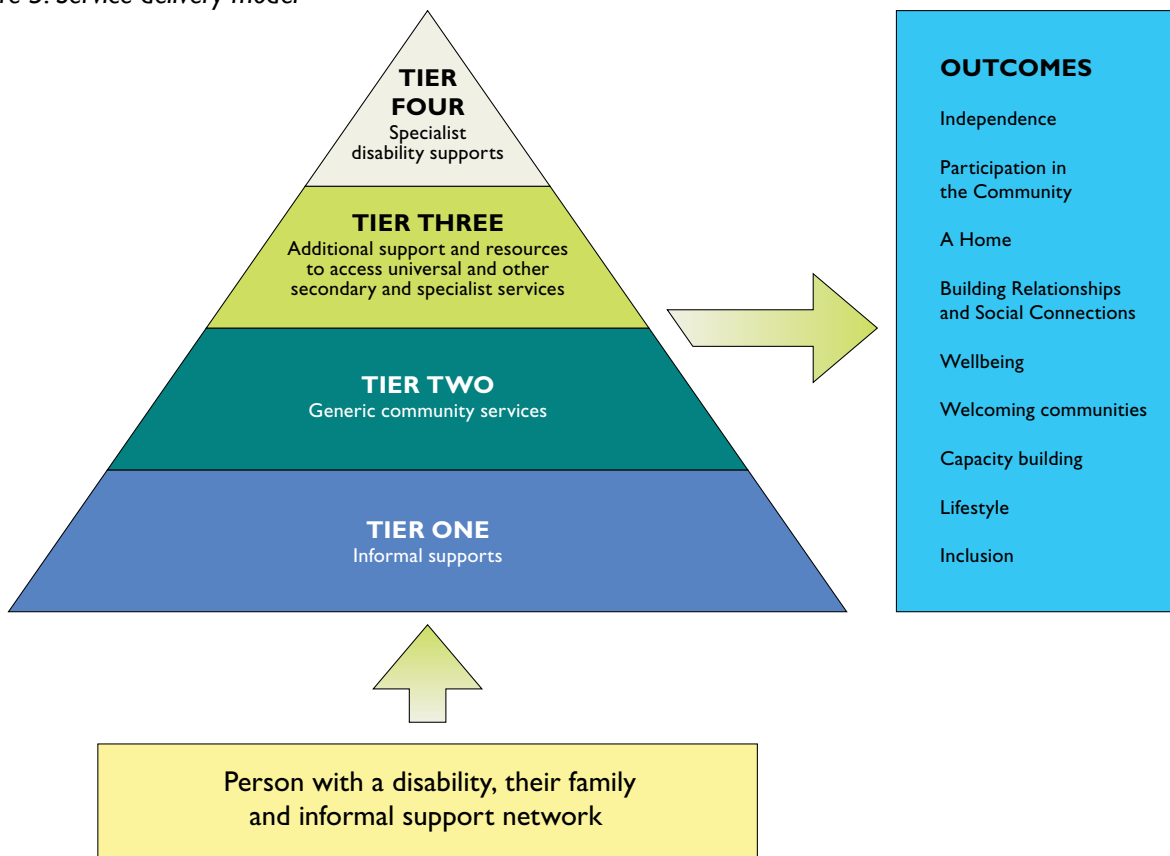
As citizens of Tasmania, people with disabilities have an equal right to participate meaningfully in society, and to access a broad range of services and supports from health, to education and employment.

While some individuals will require specialist Disability Services, there is also a need to take a person-centred approach, looking beyond the specialist system to address an individual's underlying needs, recognising that individuals with a disability may benefit either from universal services alone, or a package providing both universal, secondary and specialist disability options.

The *population-based model of service delivery* (see Figure 5) will provide:

- integrated service delivery, whereby people with disabilities can access and receive appropriate universal, secondary and specialist services;
- the capacity to build the universal service response. Service providers with specialist skills in the provision of disability support services will work in partnership with the universal service system to strengthen the level of responsiveness to needs;
- a continuum of flexible service delivery options, with a focus on 'supporting outcomes for people with disability' in ways which are responsive to individual needs and that are strongly evidence based;
- transition planning, overcoming the 'gap' between early intervention, child, adolescent, and adult services, through adopting a 'life course approach' to service eligibility and provision. In practice, this may include providing services across the life span or, alternatively, where life stage specific services are operating, longer periods of transition and collaborative provision of service; and
- person-centred approach, with a focus on inclusion, enhancing resilience and the way people move through the service system.

Figure 5: Service delivery model



Tier one – Informal supports

These are the supports that a person with a disability may access through links with family, friends and participation in their community. Informal networks may provide personal supports, housing, transport, childcare, and emotional support to a person with a disability.

Within Tasmania, such informal supports provide an important role, with less than 20 per cent of the population with a severe or profound disability accessing specialist services.

Tier two – Generic community resources

The range of services available in the generic service system for people with disabilities are the same services available to all Australian residents. Services are not specifically designed for people with disabilities, Rather, they are services that have been designed to meet the needs of all people, including people with disabilities.

Access to generic services are determined by the nature of the services offered and the specific characteristics of the individual seeking assistance. Some of the generic community and healthcare resources that may be accessed include:

- primary health;
- education;
- child care;
- employment;
- housing;
- transport; and
- local government and federally funded services, e.g. HACC, Residential Aged Care.

Regional Coordinators (based in the Gateway Service) can contribute to inclusion, through facilitating referrals to these services.

Tier three – Integrated generic and specialist supports

Evidence suggests that people with a range of different support needs (be that disability, mental health or medical conditions) can be effectively supported in more generic settings, so long as the settings are appropriately resourced and that staff have the capacity to work in an interdisciplinary team manner (sharing their knowledge of the needs of people with a disability, and enhancing the capacity for others to respond).

As such, tier three includes a range of 'integrated and generic supports'; that is, services that perform a generic function (such as providing accommodation), but will require collaboration with specialist Disability Services or the use of interdisciplinary teams, with expertise across multiple disciplines (e.g. disability, early childhood and family services).

In this manner, economies of scale are promoted, allowing providers to cater to a wider group of people with disabilities. This approach also encourages inclusion for people with disabilities.

Integrated and generic supports include services which can address:

- accommodation needs - provide a home environment for individuals;
- personal care;
- need for respite – providing support for informal networks and building the capacity of families;
- support employment or other occupational options; and
- create opportunities for leisure and recreational activities.

The large majority of people with disabilities could benefit from the inclusive approach, with Disability Services undertaking joint work with generic services to ensure they have the skills, knowledge and understanding to effectively support people with disabilities.

Tier four – Specialist Disability Services

The aim of the Specialist Disability Services system is to protect the most vulnerable. Services are generally targeted at people with profound or severe disability and aim to increase the level of independence.

Individuals requiring access to specialist Disability Services, or more intensive community supports, undergo eligibility determination and prioritisation.

Disability Service types

Underpinning the self-directed planning approach is a requirement for Disability Services to be responsive and flexible to needs.

This requires funded providers to operate in a different way:

- Using regional planning (and an understanding of the community profile and needs) to frame the 'broad range' of service types to be offered.
- Commencing with an understanding of the individual's goals and aspirations (the outcomes that services should deliver for people with disabilities, their families and informal support networks).
- Redesigning services to meet individual preferences.

For this reason, each of the following broad service types are described in relation to the key outcomes that they aim to achieve for the person with a disability. In describing them in this manner, there is an opportunity for:

- innovative program design;
- development of flexible options to meet individual needs; and
- achieving outcomes which are meaningful for individuals.

Note: The following key service types represent those offerings generally available within contemporary Disability Service systems. Offerings are likely to vary between regions, and will be further refined, developed and extended dependent on the findings of the regional planning process (and the needs of regional communities). Outcomes will also be further refined and developed through consultation with people with disabilities, their families and informal support networks.

Key categories of services include:

Early intervention (Outcomes = maintaining well-being, independence, and capacity building)

Currently, some individuals with disabilities may not gain access to the supports they need until their situation has reached a crisis point. By then, individuals, families and informal support networks may require more intensive support.

Under the new Disability Services operating model, support will be made available to individuals before their needs become critical, supporting wellbeing and independence to be maintained.

Disability Services will also 'plan' for the emerging and changing needs of people with disabilities – this recognises that the most successful support is provided within a service system that offers continuity and enables smooth transition between services as the needs of people with disabilities change.

Depending on regional and individual client needs, services may focus on:

Active monitoring and follow-up: This involves support for people with disabilities who are generally self-managing, lack an ongoing relationship with a funded Disability Services provider but may be at-risk if their current situation changes, i.e. concern about the sustainability of care arrangements.

This could occur in the form of a regular (fortnightly/monthly) telephone call to touch base and ensure that all is well with the individual.

Key functions of monitoring and support include:

- monitoring of self-management;
- identifying changing needs and emerging risks;
- facilitating skills for coping with changes in circumstances; and
- facilitating access and referral to appropriate services to address need.

Transition planning: Transition planning will be a key function of the Gateway Service. This recognises the importance of a developmental approach in terms of disability, which uses life phases to distinguish one period of life from another. Each life phase involves a transition, which will require new developmental tasks for individuals.

As people with a disability approach key transition points in their lives (i.e. school to post-school options/work) or their goals/aspirations change, proactive planning should occur to provide seamless service delivery and transition. Transition planning requires interagency collaboration and cooperation, i.e. transition from high school requires collaboration between education, disability, and potentially employment services.

Early Childhood Intervention Services: Early childhood intervention services support children and the families of children with a disability from birth to school entry. They provide special education, therapy, counselling, service planning and coordination services, as well as supporting families to access universal services, such as preschool and child care.

One-off or short-term service response: Sometimes individuals have lower-level needs and will require short-term or one-off supports to address these. In other cases, individuals may be in crisis and require a short term goal focussed intervention. As part of the regional planning process, there will be a need to identify appropriate agencies capable of offering one-off or short-term response.

Service system navigation and coordination (Outcomes = inclusion and social participation)

Navigating the service system can be a confusing experience for many people with disabilities, their families and carers - many report feeling lost and frustrated. Depending on the particular needs of people with disabilities, navigation and coordination may include:

Information: This involves providing accurate information and advice, when individuals, their families and informal support networks need assistance to meet their needs. The emphasis is on enabling informed decision-making.

Advocacy: Advocacy plays a role in protecting the rights and interests of people with a disability. The emphasis is on enabling people with a disability to make their own decisions, speak on their own behalf, understand their rights and acquire new skills.

Service Coordination: Coordination will assist people with disabilities to access informal supports, community based resources and universal services, such as health and education.

Secondary consultation: Secondary consultancy can play an important part in improving access for people with a disability to a broad range of services. This will involve Disability Services providing advice/consultation to professionals (in universal, secondary or specialist services) to facilitate the delivery of supports to individuals, without the Disability Services provider being directly involved.

Case study 2 - Elizabeth

Elizabeth is 41 years old and is currently living in a large Government run Disability facility (where she has been living for over 10 years). She has no family and limited language skills.

Elizabeth is about to complete a vocational education course at TAFE which her Regional Coordinator helped to access, and is keen to gain part-time work. She would also be interested in transitioning to more independent living and building her friendship group.

Elizabeth talks to her Regional Coordinator about how she is feeling during her regular review. During the conversation, her Regional Coordinator assists her to articulate her goals and expectations, so that her self-directed plan may be updated. Together they consider the strategies and resources required to assist her to achieve her goals – identifying opportunities available to all members of the community through generic services, as well as the need for specialist Disability Services.

Elizabeth and her Regional Coordinator work together to update her self-directed plan to include new goals, strategies and resources. This includes:

- supporting Elizabeth to transition to independent living – a public housing leased flat;
- linking Elizabeth into a generic employment service, and working with the service to find Elizabeth a part-time job; and
- supporting Elizabeth to link into her local community club, so she can build her social network and participate in a range of sporting and other recreational activities.

Twelve months later, with the assistance of her Regional Coordinator, Elizabeth is living in a public housing leased flat, which she shares with one other person. Disability Services provides some outreach support and case management. She has made a number of new friends through her local community club, and enjoys playing tennis. The community club hosts dinner once a month, which Elizabeth attends, getting there by bus or taxi, just like any other community member.

Support for families and informal support networks (Outcomes = Capacity building, maintaining well-being)

Research into the day to day experiences of caring for a child/individual with a disability indicates that families and informal support networks can benefit from a wide range of supports. These include:

- a break or more breaks, or more flexible breaks from caring;
- help and support from other families;
- emotional support or counselling;
- support for siblings of children with disabilities, in the form of peer support, or family holidays;
- practical help at home;
- information about the child / individual's disability and available supports; and
- informal support from family, friends and neighbours^{15 16}.

In line with these findings, families/informal support networks within Tasmania could benefit from a continuum of supports (provided in partnership with Child and Family Services, where the individual with a disability is a child or young person). This includes:

Flexible respite: Regular respite care either in-home or out of home is critical to alleviate the pressure associated with caring and to strengthen the resilience of families and informal support networks. A continuum of respite options will be facilitated under the new Disability Services operating model, including:

- integrated generic and specialist service options – with Disability Services providing support for children with disabilities to access and thrive in generic leisure, child care, after-school and holiday programs;
- in-home respite options, whereby a support worker comes into the family home on a regular/planned basis;
- residential respite for short term weekend or holiday support;
- camps, holidays or weekends away;
- family based models of intensive out-of-home respite, providing regular weekend or school holiday support. The emphasis is on matching the child/individual with an appropriate family/carer; with the birth family gaining from consistent interaction with another family/carer who values their child¹⁷; and
- short-term full-time family based placements for children with high or exceptionally high support needs. Placements may last for three to six months, with children returning to their parents at the end of this period¹⁸.

Parent education programs: Parent education programs help families by increasing their knowledge and understanding of their child's disability, and assisting them to improve their capacity to care. Programs generally have a broad based focus teaching behavioural intervention skills, physical care requirements (i.e. lifting) and problem solving.

Group support: Support groups (engaging parents, siblings and others) can provide an opportunity for family members and carers to forge links and gain ongoing support from others living with/caring for a family member with a disability. Groups can be run in a structured manner with an education/skills focus or be run more informally, with a focus on sharing experiences. Importantly, group support can be an effective means of maximising the availability of services, within the context of limited resources.

Practical support: Practical support may involve coming into the family home, to provide hands on assistance with parenting/caring. The disability support worker will model appropriate behaviours, strategies and approaches to build caring capacity.

Community participation and inclusion (Outcomes = inclusion, relationships and connections, social participation, and lifestyle)

Supports focused on community participation and inclusion aim to strengthen community capacity to 'welcome' people with disabilities, and the ability of people with disabilities to actively participate in community life. The emphasis is also on transition from school to post-school alternatives (such as work), creating opportunities to build independence and life skills, and to pursue meaningful life goals.

Community connection and social inclusion: This will involve offering innovation grant funding to increase community awareness of the needs and aspirations of people with disabilities and develop local projects to strengthen community capacity to support people with disabilities. This may include jointly funding local playgrounds to make these facilities more accessible for children and parents with disabilities, working with the Department of Education and local schools to provide leadership opportunities for students with disabilities, working with local government to increase the representation of people with disabilities on the local council.

Therapy: Therapy includes a range of allied health programs, such as physiotherapy and occupational therapy, to assist people with disabilities to live as independently as possible in the community.

Lifestyle choices: Lifestyle choices provide individuals with high support needs (who require an alternative to work) a range of opportunities to develop skills, independence and to participate in community life. Programs are developed based on individual needs and goals and may involve vocational courses such as TAFE, skills development programs, voluntary work, participating social clubs or visiting community facilities and friends.

Transition from school: Support to transition from school enables young people leaving the school environment to successfully transition to employment, training or further education. Working in conjunction with school career teachers and families ensures that young people with a disability receive additional support (where required) to explore a range of post school options, and to make informed decisions about their future.

Supporting people in their home (Outcomes = ‘a home’, independence)

Many people with a disability require services to maximise their capacity to live independently (or with family/friends) in their own home. As everyone's needs are different, careful planning will occur to make sure the type and mix of services provided match the priorities set by the person with a disability, their family and carers.

Alternatively, where people with disabilities lack the capacity to live independently, they will be assisted to establish a home in a setting appropriate to their needs and wishes. People with a disability should be able to choose where they want to live, who they want to live with and in what configuration. This setting will become their home, and they should enjoy all associated rights to privacy and sense of dominion.

In determining ways to support people at home, consideration will be given to resources that are available to the individual through accessing informal networks, generic services and specialist disability supports.

Home based support options include:

Support for independent living: This represents an integrated generic and specialist support option, whereby people with a disability access the same independent living options available to other members of the community, receiving less intensive in-home support from Disability Services to complete activities of daily living (including self-care, household management, and other related tasks). Regional coordinators may explore a wide range of independent living options with individuals, their families and informal support networks to meet their specific needs including remaining within their own home, private rental accommodation, public housing or other housing types.

Shared supported accommodation: The emphasis is on providing supported housing in the community, accommodating up to six people with disabilities on a shared basis. Staff are present 24 hours a day to provide support with managing household tasks, personal care, self-care and to assist participation in the local community. All efforts should be made to appropriately match individuals who will be sharing accommodation (in terms of age, interests and other relevant factors), and ensure that the support provided can meet self-directed needs and preferences (i.e. preferences to engage in cooking or go to bed at a particular time).

Support family arrangements: Often families with children with severe disabilities find they are unable to provide care on a full-time basis. A support family model enables a child to benefit from a nurturing and supportive family environment when their birth family is unable to provide it or unable to provide it full-time. Children can be placed with a support family and yet remain a core part of their birth family's life. Support family arrangements can apply:

- full-time, with birth families choosing (on a voluntary basis) to use a support family without giving up their rights; or
- part-time, with an alternate family recruited and trained to provide a home part-time to help a birth family in caring for their child with a disability. This shared care can provide a similar role to extended family and friends, with the alternate family providing a home for the child when help is required. The amount of time and conditions under which care is shared between two families can vary depending on families' circumstances and preferences. Best practice shared parenting arrangements include negotiated agreements between a birth family and alternate family describing the arrangements and their mutual agreement about how to share care.

Behavioural interventions: Behavioural interventions provide support for individuals with challenging behaviour. Support focuses on support (including training, strategies and advice) to family and support networks, in order to assist individuals with disability develop appropriate skills and behaviours which will enable them to fit into family life/the home environment.

Grants for innovative accommodation options: Regional Advisory Groups will also be encouraged to explore innovative and affordable housing alternatives that offer greater choice for people with disabilities. Proposed models will be included within regional plans, with one-off grant funding provided to pilot the most viable alternatives. All models will be evaluated, where effective and cost efficient, and will be considered for recurrent funding.

Case study 3 - Erica

Erica is 9 years old and has a severe physical and intellectual disability. She is unable to walk, and requires assistance with feeding and showering. She also has difficulty in communicating. She is one of a family of five children, and her parents are struggling to meet her needs in the family home, with the support of in-home care and a few days assistance each month.

Realising that the care arrangements are not sustainable, and that they cannot possibly care for both Erica and her four siblings, her parents have sought urgent help.

Erica's parents contact the Gateway Service and are seen by the Regional Coordinator:

The Regional Coordinator assesses Erica's daily routines, social and functional competencies, and health status. As part of this process, the Regional Coordinator talks to Erica, and her parents about their expectations, goals and aspirations in response to Erica's disability. The Regional Coordinator seeks to understand the context of disability in relation to their family so she can highlight the range of options that may be available to better support Erica and her family.

Recognising that the family is also under pressure, and may benefit from generic supports, the Regional Coordinator engages Family Services as part of this process.

Having completed the assessment phase, a self-directed plan is collaboratively developed with Erica and her family including goals, strategies and support resources. This includes:

- access to appropriate Support Family Arrangements for Erica, recognising that her family is unable to provide full-time care; and
- support options for the family, including supports available from generic family services (such as counselling), as well as access to a support group for parents of children with disabilities.

As an outcome, Erica and her family are matched to an appropriate Support Family, who will share the parenting of Erica. An agreement has been negotiated between the two families whereby the Support Family provides care during the week, and Erica's birth family provides care on weekends.

Erica's parents are also now participating in a parents group, which has allowed them to build a support network.

¹⁵ Contact a Family (2004) *'Relationships No time for us'* from a survey of over 2000 parents in the UK who have a disabled child. Accessed 1 July 2008, at <http://www.cafamily.org.uk/relationships.html>. Accessed on 1 August 2008

¹⁶ School of Social Work, Latrobe University (2002), Listen to us – Supporting Families with Children with Disabilities – Identifying Service Responses that impact on the risk of family breakdown.

¹⁷ Based on the "Recharge program" offered by OzChild Victoria.

¹⁸ Based on the Interim Placement Program offered by OzChild Victoria.

Individualised support

Over time, it is likely that a growing proportion of Tasmanians with a disability will access Individual Support Packages. Such packages comprise Disability Services funds that are allocated to an individual to meet their disability related support needs. The funds may be used to buy a range of supports chosen by the person and their family to enable achievement of their goals and aspirations. This funding is designed to complement existing informal support arrangements from family and friends and generic services available to all members of the Tasmanian community.

Individual Support Packages may be provided in a range of ways to reflect the circumstances of the individual and their family and the supports required:

- **Individually Tied Funding** allows individuals to make day-to-day decisions about the types of services they purchase and provides portability between agencies. Individuals may purchase from either Disability Services funded agencies or other private providers.
- **Individualised Funding** allows individuals to select an agency to provide services, and negotiate the type and nature of services they will receive.

Working with children

Placing children first and ensuring the best interests of the child are paramount in the way that Disability Services providers work with children with a disability and their families. Disability Services should adopt child-centred family-focused practice to strengthen and build capacity within families so that they are able to care for children with a disability.

Disability Services will work closely with Child and Family Services to ensure that the needs of children and families are met.

Cultural proficiency

In order to ensure both access to services and that services are responsive to individual requirements, there is a need to embed cultural proficiency into service delivery practice.

Working with Aboriginal people

Aboriginal people tend to be under-represented in terms of their use of Disability Services. For this reason, it is critical that DHHS and Disability Services providers collaborate with Aboriginal communities to support a culturally competent practice which can support Aboriginal access to Disability Services. Aboriginal services should become active participants in Regional Advisory Groups to improve the availability of appropriate service system responses.

Cultural competence reflects the set of consistent “behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable effective work in cross-cultural situations”¹⁹. It is about significantly more than awareness of cultural differences, focusing on the capacity to improve health and wellbeing by integrating culture into the development and delivery of services. As such, cultural competence is an important means by which to increase access to services for Aboriginal people, by tailoring delivery to meet social and cultural needs²⁰.

In seeking to build collaborative relationships with Aboriginal communities, it is important to understand and acknowledge past government practices which impact on these relationships. The history of Aboriginal people in Tasmania has been characterised by the following:

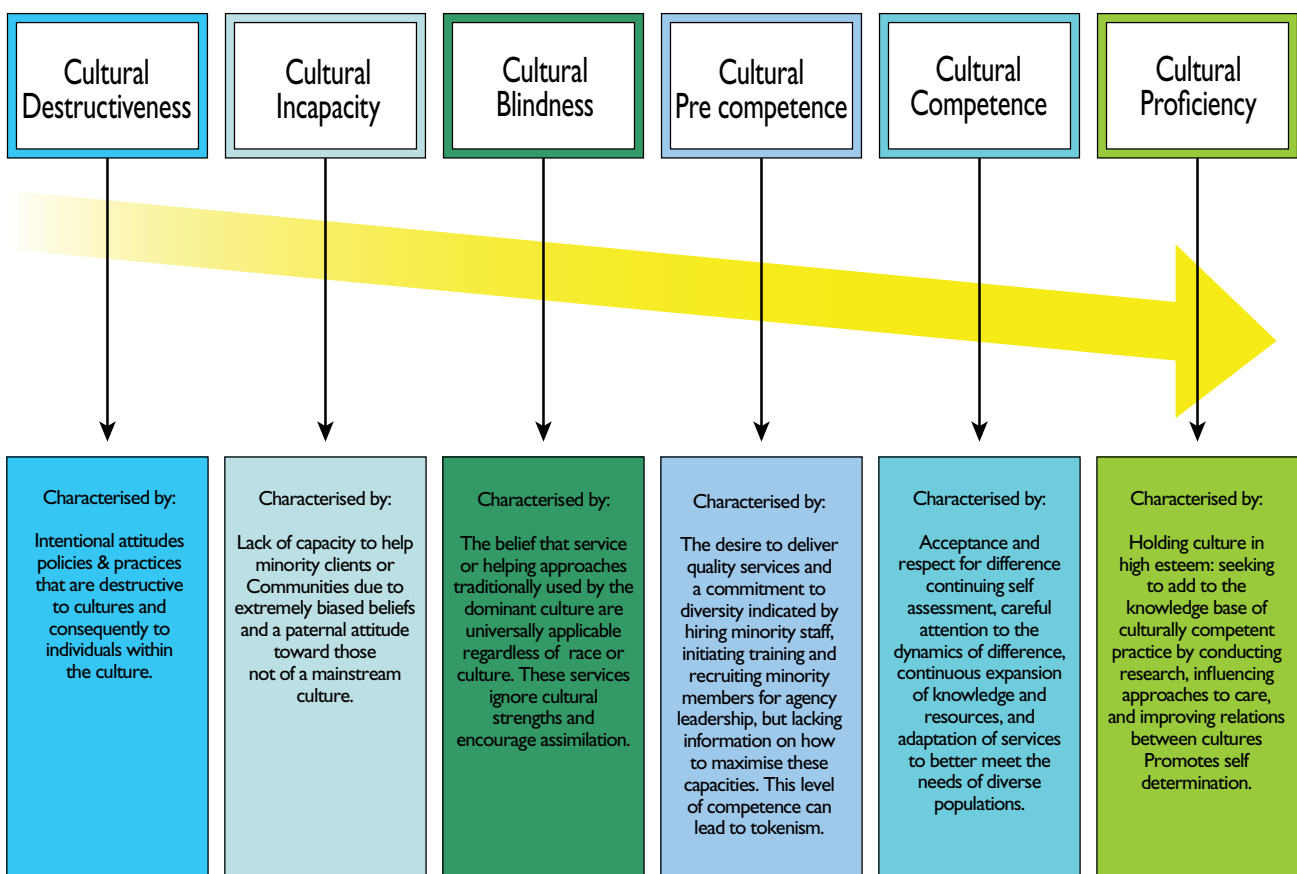
- mass killings during white settlement resulting in vast numbers of Aboriginal deaths;
- forcible removal of Aboriginal women to the Cape Barren whaling settlement in the 19th century; and
- assimilation policies that endorsed the removal of Aboriginal children from their families from 1940 to 1970.

As such, a culturally competent approach to working with Aboriginal organisations and communities is underpinned by:

- an understanding of the importance of Aboriginal empowerment, as both a fundamental right and best practice for overcoming disadvantage;
- recognition that culture and connection to the community is in the best interest of Aboriginal people;
- positive and mutually respectful engagement;
- a strengths-based approach, addressing the underlying issues by promoting a positive and culturally sensitive approach;
- structures that enable cultural safety; and
- respect and understanding of Aboriginal culture and history, including how land dispossession, the stolen generation, social exclusion and policies of protection assimilation of the past continue to impact on Aboriginal people. This should be embedded into organisational structure and practice²¹.

Figure 6 below, demonstrates the range of cultural approaches that may be found in government agencies and generic services. Cultural competence and proficiency are viewed as the optimal approach, whereby Aboriginal culture is viewed with high regard and seen as a positive.

Figure 6: Continuum of cultural competence



Source: Victorian Aboriginal Child Care Agency (2008), *Building the Bridge: Making partnerships real between Aboriginal and mainstream services*, Presentation provided by CEO Muriel Bamblett.

Working with culturally and linguistically diverse communities

Individuals and families from diverse communities also need to receive a service that demonstrates cultural understanding and an awareness of social norms in different cultures. Work with clients from culturally and diverse backgrounds should be supported through the use of cultural/community advocates and interpreters. Organisations providing culturally specific support should also become active participants in Regional Advisory Groups.

Case study 4: Thomas

Thomas is a 38 year old man living at home with his parents. He has a moderate intellectual disability and a number of other conditions including mild sight impairment. He would like to move out of home and be more independent, but he is not sure what support is available to him. He also loves the outdoors and likes to be physically active. He is mad about sports and particularly loves AFL. He would like to look at extending his social network, making a range of new friends.

Thomas and his parents approach the Gateway Service within the North West for advice.

The Regional Coordinator starts by reviewing Thomas's daily routines, social and functional competencies, and health status. As part of this process, the Regional Coordinator talks to Thomas and his family about their expectations, goals and aspirations. This includes understanding from Thomas why he wants to move into alternative accommodation and the sort of support he thinks he requires, as well as understanding his interests and recreational preferences.

The Regional Coordinator also talks to him about the types of accommodation available and together he and his parents decide that Supported Accommodation would be appropriate, with a Disability Services worker providing support for self-care and household tasks.

To assist him build his social networks and become more involved in the local community, his Regional Coordinator consults with Thomas and his family to create an engagement strategy. The emphasis is on supporting Thomas to develop new relationships focused on his love of sport, as well as engaging in lifestyle activities which focus on the outdoors.

Each of these strategies and resources are included within Thomas's self-directed plan, which will be monitored and reviewed on an ongoing basis.

Overall, Thomas is happy with the outcome – Shared Supported Accommodation has provided him with newfound independence. He has also recently sought access to a day program that will teach him other life skills, such as cooking. He looks forward to inviting his parents to dinner!

19 Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a culturally competent system of care, volume I. Washington, D.C.: Georgetown University Child Development Center; CASSP Technical Assistance Center. Cited in Royal Australian College of Physicians (2004), *An introduction to cultural competency*, accessed on 12 July 2008 at racp.edu.au.

20 King, Mark A, Sims, Anthony & Osher, David, *How is cultural competence integrated in education?*, Centre for Effective Collaboration and Practice, American Institutes for Research. Accessed 15 July 2008 at http://www.air-dc.org/cecp/cultural/Q_integrated.htm#def.

21 Victorian Aboriginal Child Care Agency (2008), *Building the Bridge: Making partnerships real between Aboriginal and mainstream services*, Presentation provided by CEO Muriel Bamblett.

5 Creating accountability for outcomes

The Tasmanian Government's *Disability Framework for Action 2005-2010* sets out the vision for Tasmania as an inclusive and caring community and provides a direction for action by Government. The framework seeks to remove barriers and enable people with disabilities to enjoy the same rights and opportunities as all other Tasmanians.

Within this framework, there is a strong emphasis on quality and achieving outcomes for people with disabilities – developing and providing innovative, responsive and flexible services, underpinned by an emphasis on continuous quality improvement.

In the new operating model, Disability Services will build on this emphasis, improving the capacity to achieve meaningful outcomes for individuals, families and informal support networks. Measuring and reporting on individuals' experiences of Disability Services will play a central role in efforts to improve outcomes in terms of wellbeing, participation, social connectedness, independence and other factors which are important to people with disabilities.

Creating an outcomes focus

A focus on outcomes and effectiveness is one of the key enablers of change to the Disability Services system. Currently, providers have accountability for achieving output based measures (i.e. delivering services to a minimum number of clients), with limited accountability for achieving meaningful outcomes for people with disabilities, their families and carers.

Under the new operating model, this will change, with a strong emphasis on accountability to the individual, the community and Government in terms of the effectiveness of individual services and the broader service system, in achieving 'benefits' for people with disabilities and their families.

The development of appropriate outcome measures will commence with an understanding of the goals and aspirations of people with a disability. This recognises that to plan, develop and deliver the types of services required to support and strengthen the capacity of individuals (and communities), there is a need to understand 'what's important' to people with disabilities.

Once developed, outcome measurement will be embedded into all levels of the service system. Within the service delivery model, there is the capacity to describe service options with an outcomes focus, thereby enabling greater flexibility, innovation and responsiveness. Agreed outcomes can also be clearly specified in service agreements, encouraging agencies to reorient their quality systems and performance monitoring frameworks to consider 'what is being achieved from an individual's perspective'.

An outcomes based performance management framework will create the capacity for funded providers to perform at the highest level, by focusing on the intended benefits of service provision. This will also create the capacity for continuous improvement - based with greater clarity about the outcomes achieved, agencies can set priorities for the year that are consistent with results and learning.

Achieving a quality culture

A quality culture is essential in promoting outcomes for people with disabilities, their families and support networks. The research into quality provided strong guidance on the contemporary elements of effective quality systems, identifying that quality is now viewed with an emphasis not only on quality assurance but also on effective risk management, quality improvement and capacity building. As such, the key elements of 'quality' are defined as follows²²:

- **Quality assurance**, ensuring a focus on ensuring service quality in relation to agreed best practice standards. Best practice standards can focus on the way in which services are provided to individuals (and are developed to respond to client need), or may relate to elements of organisational governance.
- **Risk management**, with a focus on continually identifying, monitoring and responding to the risks associated with the individual and the delivery of services. In this context, there is a need to recognise the vulnerability of people with a disability and ensure staff have been deemed appropriate, and effective complaints management systems are in place to respond to complaints and allegations of misconduct.

There is also a requirement to ensure that current and potential new providers are suited to, and have the required skills and competencies to work in the Child and Family Services/ Disability sector. This should emphasise processes of pre-qualification to attain preferred provider status, key performance criteria in service agreements which create accountability for achieving agreed output and outcome based targets.

- **Quality improvement**, a continuous process that monitors problems, examines key solutions to those problems, and regularly monitors the action taken to support improved performance. Quality improvement aims to enhance service quality.

In the context of support provision for people with disabilities, a focus is the effectiveness in terms of supporting the achievement of the individual's goals.

- **Capacity building**, with an emphasis on supporting the abilities and potential of both individuals and organisations to achieve positive outcomes.

Outcomes /quality monitoring will occur at the following levels²³:

- The person with a disability – focusing on the benefits an individual gains from receiving Disability Services and their level of satisfaction with the support received. In addition, a quality approach ensures that risks associated with the service provision process are appropriately managed.
- The organisational level – focusing on embedding best practice, responding to non compliance to established standards and poor practice and embedding quality into organisational management processes.
- The system level – focusing on informing the “systemic health” of the sector. The focus is on informing system wide improvement strategies through developing an evidence base of best practice approaches, to inform sector sustainability, innovation and growth.

Due to the inter-relationships and inter-dependencies across the three levels, for a quality management framework to be effective, it must operate and deliver outcomes at all three levels. It is only when these three elements are working together that it will deliver benefits associated with disability support provision that meet the needs and expectations of people with disabilities, while concurrently supporting collaboration, innovation and inclusive practices.

A new quality management system

A new quality management system will be developed to comprise the following core elements:

- key standards:
 - outcome standards for people with disabilities (which reflect what is important to individuals);
 - governance standards of service providers, which reflect the systems, structures and processes which 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.

Establishment of quality monitoring systems

The quality monitoring system for Disability Services will be modelled on best practice within other jurisdictions nationally and internationally and will comprise the following components:

- 1 Self-assessment, enabling providers to determine 'how well they are performing against the standards' including areas of strong performance and areas for improvement. As such, there will be a requirement to establish systems for provider self-assessment on an annual basis.
- 2 External review, designed to ascertain that service providers are performing to expectations, as per the standards. Importantly, external review will also identify:
 - areas of compliance with the standards;
 - key areas of non-compliance, establishing action plans to address core gaps in service delivery processes and operational management;
 - emerging best practice and innovation, which can be disseminated within the broader sector; and
 - requirements for sector capacity building.

External review is likely to involve the engagement of external parties (by DHHS) to conduct Quality Assurance Reviews. These reviewers will be required to demonstrate the capacity to assess both operational performance and effectiveness of services to people with disabilities, their families and carers.

- 3 Provider registration, as a basis to ensure that only those service providers that have the capacity to provide Disability Services in a safe and effective manner are involved in disability support provision. Many other sectors and jurisdictions have implemented registration processes which include the requirement that:
 - individuals may only receive support from registered providers;
 - providers must establish compliance with the standards through an external review process; and
 - graduated sanctions are imposed where agencies fail to comply with the standards - including the implementation of an action plan, the placement of conditions on registration or, in more extreme cases, the revocation of registration and the appointment of an administrator.

²²This section has been adapted from work completed by KPMG to develop a quality and outcomes framework for Disability Services in Western Australia.

6 Evaluation and innovation

A culture of ongoing learning, collaboration, 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, including the development of new models of support;
- increased flexibility and responsiveness to needs;
- new ways of working across agency boundaries;
- sector capacity building; and
- ultimately, outcomes for individuals.

This will require strong leadership for change – both from DHHS and funded Disability providers – in terms of role-modelling the value of partnerships, shared responsibility and a quality culture.

Facilitating partnerships

Regional Advisory Groups will draw together DHHS, funded providers and people with disabilities, their families and informal networks to support outcomes for people with disabilities.

In its initial stages, this process of facilitating partnership and collaboration is likely to be challenging. Achieving a strong and sustainable relationship will require partners to recognise and acknowledge that they have different views of what a successful outcome looks like, different operational rules and procedures, and varying ways of communicating²⁴.

As such, working in Regional Advisory Groups requires partners to demonstrate an openness to sharing/shifting power and learning. All partners should be willing to work differently, with DHHS considering how best to adapt government processes to reflect community need and funded providers appreciating the government culture, and the constraints which DHHS representatives face.

Partnership also reflects a commitment to genuine collaboration, despite the underlying conflicts or divergence of viewpoints between partners and/or funded agencies. Learning to work together will entail time, trust, effort and the establishment of norms of flexibility and reciprocity. There will also be a requirement for mutual accountability²⁵.

Leadership for change

Effective partnerships will be underpinned by 'leadership for change' - building relationships and capitalising on them in ways that increase commitment to the Disability agenda and encourage partners to 'share in leadership'. As such, the emphasis will be on 'shared leadership to taken action'.

For success, this will require what is termed 'netiquette' (network etiquette) that focuses on²⁶:

- respect for the autonomy of others;
- effective communication;
- sharing of resources;

- give and take and negotiation;
- an open dialogue; and
- clear agreed processes for conflict resolution.

Recognising the critical importance of learning, an action research approach will be applied to the roll-out of the new Disability Services operating model, enabling ongoing reflection and critique in relation to:

- the effectiveness of regional network structures;
- capacity to undertake regional planning and the usefulness of the planning process in identifying service gaps and opportunities;
- level of buy-in achieved amongst service providers and people with disabilities, children and families; and
- outcomes in terms of emerging partnerships in service delivery and new models/practice approaches.

Creating a learning culture

Creation of a learning culture will be central to the process of change, enabling the development of effective partnership-based approaches to working.

The emphasis should be on **learning** to²⁷:

- establish and review a shared vision and goals for Disability Services into the future;
- modify and update strategies, as an outcome of emerging experience;
- build long-term and sustainable relationships – amongst the funded Disability sector; and between DHHS, funded providers and people with disabilities;
- create a shared responsibility for Disability Services, avoiding a culture of blame and shame; and
- manage dual responsibility - that partners within the regional network will have a sponsoring agency (be it DHHS, a funded Disability provider or as a consumer representative), but also an important role as a collaborator within the regional governance structure.

24 NCVER (2008), *Sustaining effective social partnerships*, Australian Government: Canberra.

25 Mandell, M 2006, 'Do networks matter: The ideals and realities', *Governments and communities in partnership conference*, Centre for Public Policy, University of Melbourne.

26 Mandell, M 2006, 'Do networks matter: The ideals and realities', *Governments and communities in partnership conference*, Centre for Public Policy, University of Melbourne.

27 Adapted from Head, Brian (2006), *Network-based governance – How effective*, accessed at <http://www.public-policy.unimelb.edu.au/conference06/> on 2 August 2008.

7 Integration with the Child Family Services reforms

During 2007, a comprehensive review was undertaken of the Tasmanian Child and Family Service System (including Family Services, Out of Home Care and Child Protection). This highlighted a requirement for significant and sustained reform across the Family Service System, in order to support high quality services and effective outcomes for vulnerable children, young people and families.

Importantly, a number of the opportunities for change mirrored that within the Disability sector; with a common need for:

- clear shared governance arrangements – 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 to ensure services are better targeted to community needs;
- appropriate outcomes and measures of effectiveness which are meaningful;
- quality systems to focus on monitoring of performance and quality improvement in terms of outcomes, organisational compliance with standards of good practice, and sector-wide health, innovation and growth;
- workforce capacity building across DHHS and the non-government sector to give effect to the forward directions for both sectors;
- an integrated approach to training across the DHHS and non-government workforce;
- active engagement of peak bodies and advocacy groups to drive consumer input into the reforms;
- 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 services (focusing on those who are most vulnerable);
- visible system entry points to enable improved access to services and a centralised approach to the management of demand at the regional level; and
- comprehensive communication strategies.

These areas of commonality provide the basis for an integrated approach to the implementation of the reforms and will offer tangible benefits to DHHS, service providers, and children, young people and families, as well as people with disabilities, their families and support networks.

Rationale for integration

Both Child and Family Services and Disability Services share the common goal of working to improve the well-being, quality of life and outcomes for the individuals and families they serve. They also share a core of common clients with 28 per cent of the disability population of Tasmania, children and young people aged 0-14 years.

This group may also experience exclusion and marginalisation in relation to other government services, with capacity to use the social inclusion agenda to support reach and accessibility of universal services, such as generic education, health and community services that can provide real participation for persons with a disability and their families, as well as vulnerable children and young people so that they, like all members of the community, have access to services that support quality of life.

A first step in this regard may involve creating greater collaboration and integration amongst Child and Family Services and Disability Services. This recognises that, with increasing interdependence amongst different health and human services program areas, there is a strong potential for benefit for children and families, as well as individuals with a disability, their families and support networks. Such benefits include: the capacity to create shared responsibility for outcomes (ensuring vulnerable children and young people with disabilities receive appropriate and responsive services, rather than 'falling through the cracks'); an opportunity to improve the services offered within regions and local communities; easier access to services – child and family services, disability and other universal, secondary and specialist service options; increased satisfaction as needs are identified and responded to in a consistent and timely manner; and consistent prioritisation processes focusing on the needs of individuals and families, rather than by the services that are perceived to be available.

Elements of integration

Disability Services and Child and Family Services will share and work jointly through the following mechanisms:

- **State-wide governance arrangements** – governance will be led by DHHS but draw on cross-sector representation from both Disability Services and Child and Family Services. The emphasis will be on creating a shared vision for how the two sectors will work together – evolving from working in parallel to working collaboratively with each other (and other related health and human services) to achieve shared outcomes.
- **Regional Advisory Groups** – at the local level, Regional Advisory Groups will enable coordinated delivery of services, supporting a holistic response to individuals with disabilities, and children young people and families. Regional Advisory Groups will again comprise cross-sector representation.
- **Gateway Service** – at the service delivery level, the Gateway Service will provide a visible point of entry to Child and Family Services and Disability Services at a regional level. Both sectors will be engaged in developing and implementing the function.
- **Resource allocation** – funding allocated to regions will reflect population need and risk, as this relates to the disability and child and families target groups. Measures such as shared innovative funding and flexible funding approaches will be considered to enable joint action on priorities for vulnerable or at risk children/families with disabilities. This will be underpinned by consistent service pricing mechanisms, which will apply equally to both sectors.
- **Planning** – joint planning will address the holistic needs of people with disabilities and children, young people and families.

- **Assessment** - Assessment for Disability Services and Child and Family Services will be managed by the Gateway Services and will be responsive to the needs, risks, goals and aspirations people with a disability and children and families seeking or requiring support. This will involve implementation of standardised assessment, prioritisation and referral practices, and the development of local protocols to guide the journey through the service system.
- **Outcomes** – a focus on meaningful outcomes will be embedded into all aspects of service delivery, and provide the basis for accountability within service and funding agreements. This will focus on the evidence of 'what works' with children, young people and families, 'what people with a disability want', as well as a subset of outcomes that Child and Family Services and Disability Services will work towards jointly.
- **Quality** – quality assurance systems for Child and Family Services and Disability Services will comprise a set of common elements – standards, quality processes, evidence indicators, monitoring systems, risk management practices and incident reporting, and financial reporting requirements. Differences between the two sectors will be taken into account in outcome standards and evidence indicators, which will reflect the specific requirements in working with people with disabilities and children, young people and families;
- **Workforce** – the emphasis in the short-term will be on building workforce capacity to support 'outcomes' for people with a disability, and children, young people and families. This reflects that both the Child and Family Services workforce and the Disability workforce will need to build their skills and competencies to better respond to the needs of their client groups. In the longer term, the emphasis will be on developing an evidence based workforce strategy, to develop 'human services' in Tasmania as an industry of choice, and support workforce sustainability.
- **Reform implementation structures** – a joint approach to implementation and monitoring of the reforms will be enabled through the use of a shared reform unit. Based in DHHS Central Office, this unit will enable developments to be planned and implemented in an integrated manner, taking the needs of both sectors into account.

Importantly, encouraging a genuine partnership based approach to planning, service system development and service delivery of Child and Family Services and Disability Services will set the framework for a broader, integrated health and human services program into the future; that is, the integration of all health and human services provided by DHHS including primary health, mental health, alcohol and drug treatment services, housing, aged care, youth services and other related program areas.

