

STANDING COMMITTEE ON SOCIAL ISSUES

Inquiry into transition support for students with additional or complex needs and their families

AGEING, DISABILITY AND HOME CARE, DEPARTMENT OF FAMILY AND COMMUNITY SERVICES

QUESTIONS ON NOTICE TAKEN DURING THE HEARING

The Hon. Greg Donnelly to ask

- 1. You said the priority is for those with the most significant disability. Do you have any sense of the numbers involved in the other groups annually? For example, are there many thousands coming to the department seeking assistance and not being able to receive assistance? Is there a way of gross the magnitude of what we are talking about?*

Answer

Ageing, Disability and Home Care (ADHC) provides services and support for older people, people with a disability and their families and carers to help them to live more independently. Some of these services are provided directly by ADHC however the greater proportion is provided by ADHC funded non government organisations. ADHC direct services are designed to meet the needs of people with significant disabilities and complex needs who have a primary intellectual disability. The non government organisations also provide services to people with an intellectual disability but their criteria is broader.

The ADHC operated and funded disability service system complements the supports and services offered to all residents of NSW including those offered by NSW Health and the Department of Education and Communities. All agencies have a responsibility to provide services and supports for people with a disability in mainstream settings.

The Australian Bureau of Statistics estimates that one in five people in NSW has a disability and that approximately 450,000 of these people have a severe or profound disability which impacts on their ability to communicate, to care for themselves or to move about the community. In 2009/10, nearly 12,000 contacts were made with ADHC's Information, Referral and Intake service about disability specific services. Of these, 5,300 people were assessed as requiring ADHC direct services. The remainder were referred to a more appropriate service to meet their individual needs, such as a mainstream or community based service for example NSW Health or an ADHC funded non government organisation.

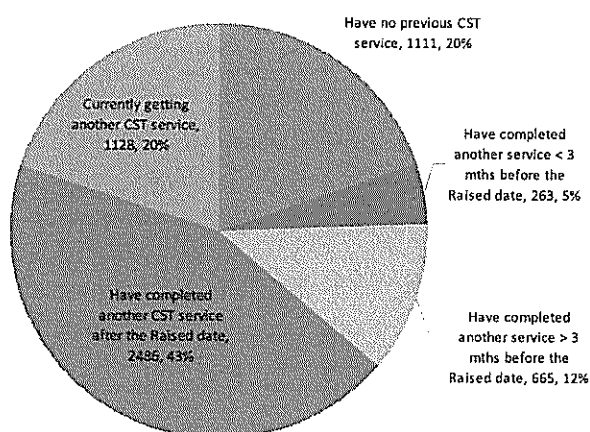
The following data includes information on registers of interest in ADHC operated therapy and case management services which are delivered by Community Support Teams (CSTs). ADHC does not have a consolidated figure on the number of people who contact ADHC funded non government organisations directly for assistance, as these organisations work directly with people with a disability.

As at 24 October 2011, there were 8,300 distinct requests for a CST service (case management, behaviour support, psychology, speech pathology, physiotherapy and occupational therapy) that had not yet been allocated in ADHC's Client Information System (CIS). Due to the complex and significant support needs of many people with a disability, an individual can have more than one request for service at any time. Consequently, a total of 5,653 individuals make up the 8,300 requests recorded in CIS. Information about the circumstances of these 5,653 clients is included in Figures 1 and 2¹.

Figure 1 – The Circumstances of Clients waiting for an ADHC CST service

Clients waiting for an ADHC CST service who:	No.
Have had no previous CST service	1,111
Currently receive another CST service	1,128
Have completed another CST service while waiting	2,486
Have completed another service < 3 mths before the current service request was made	263
Have completed another service > 3 mths before the current service request was made	665
Total	5,653

Figure 2 – The Circumstances of Clients waiting for an ADHC CST service



¹ When a person has requested more than one service, their circumstances and waiting times have been determined based on their oldest service request.

Of the 5,653 people whose request for assistance has not been allocated, 63% are currently receiving another CST service or have already received another service while waiting for this service. Only 32% of people waiting for a CST service have never received any ADHC CST services or have not received one for at least three months. It should be noted, however, that these people may be receiving other services from ADHC funded non government organisations or NSW Health.

Figure 3 provides a breakdown of the 1,111 clients who have never received a CST service by age and the time that they have waited for a service. More than one quarter of these people have been waiting less than three months for a service. Yet a significant proportion have been waiting more than 12 months for a service. This group typically reflects people who have been given a low priority during the intake process as their needs may be more appropriately met through a non government organisation or mainstream service.

Figure 3 – The Circumstances of Clients waiting for an ADHC CST service who are in receipt of no other ADHC CST services

People waiting for service who received no other services					
	Time since service was requested				Grand Total
	Less than 3 months	Less than 6 months	Less than 1 year	More than 1 year	
0–5 years	94	23	50	65	232
6–12 years	65	43	82	230	420
13–17 years	33	18	26	62	139
18–24 years	29	10	17	43	99
25–34 years	26	26	11	23	86
35–54 years	43	15	19	26	103
55–64 years	9	4	8	5	26
65+ years	1	1	2	2	6
Grand Total	300	140	215	456	1,111

The Hon. Cate Faehrmann to ask

- 2. Exploring the whole issue of case management a bit more, in the Government's submission there are some examples of what looks like pilot programs for case management. Could you just explain – I am sure you do case management that is not just the pilot programs in the submission – I am trying to get my head around how in the two examples of parents this morning, they both indicated they really could not get the support from the Department of Ageing, Disability and Home Care in the time they needed basically. In particular this young woman seemed to have a child of high need, I think she said something like 24 months or 18 months was going to be the waiting period in the end. What do you have in terms of case management? You said you dealt with children or supported families and children of very high need. What is the criteria there and how much in the way of resources do you have for this type of case management? Can I suggest one was somebody with a child with Down syndrome and who is deaf.**

Answer

ADHC provides case management through CSTs and funds non government organisations to provide case management. Case managers work with people with a disability, their families and carers to identify their support needs, develop support plans and find and access appropriate formal and informal supports and services. Case managers also assist families to access services and supports critical to enhancing their capacity and community connectedness so that they can continue to support their family members.

Case managers support people with complex needs across important life transitions, including diagnosis of a disability, transitioning to school, adolescence and adulthood. The majority of ADHC funded case management services provide time limited targeted interventions that address an individual's needs at a particular time.

ADHC also works closely with the Department of Education and Communities to provide more intensive case management services in the school environment for children and young people who have high or complex needs. For example, the *Case Management for Young People with Challenging Behaviour* program was designed to meet the case management needs of young people with autism or intellectual disability and serious challenging behaviours in the mainstream school setting.

Both national and international evidence indicates that the best outcomes for children and young people with a disability are obtained where access to everyday settings is supported appropriately by specialist services. Increasingly parents of children with a disability have an expectation that their children will access services in mainstream settings, allowing the development of friendships, between their children and children without a disability.

In 2010/11, ADHC invested \$49.7M in case management services which supported 11,500 people with a disability and their families and carers. Approximately half of these people were supported directly by CSTs while the other half were supported by non government organisations.

As at 31 August 2011, there were 301 employees providing case management and case work services in CSTs. In 2010/11, 58% of people referred to ADHC case managers were allocated a service within three months or less, and 73% of people were allocated a service within six months. ADHC does not have a consolidated picture of people who contact ADHC funded non government organisations for case management services as intake and prioritisation for these services is managed by each non government organisation.

ADHC is aware of the circumstances of the family referred to by the Hon. Cate Faehrmann. ADHC has been working with this family for a number of years to identify and arrange supports that will best meet the needs of the children through ADHC direct services, ADHC funded non government organisations and support to access mainstream services. The family recently contacted the ADHC Information, Referral and Intake service who discussed preschool options for one of the children. The Intake Officer did not realise that the family was seeking a case manager. ADHC will make contact with the family within two weeks to discuss whether an ADHC case manager is the most appropriate option to meet the family's needs.

SUPPLEMENTARY QUESTIONS FOR WITNESSES

1. How do families find out which ADHC services are available to them?

Answer

Information, Referral and Intake teams in each ADHC region provide a central point of contact for information about ADHC services. Other sources include:

- ADHC and non government organisation websites;
- disability specific and mainstream telephone lines;
- ADHC and non government organisation publications and booklets;
- regional community events and expo's;
- referrals from non government organisations, pediatricians, Diagnostic and Assessment services, other medical professionals;
- early diagnosis support workers;
- free access to the Translation and Interpreting Service;
- printed translated information in community languages; and
- an Aboriginal specific information and advocacy service.

In 2010/11, ADHC invested \$3.0M in 23 'information only' service providers, of which eight are statewide services. An additional \$3.0M was provided across 27 combined advocacy/information services.

Under *Stronger Together Two*, services will be enhanced, including:

- an additional 68 Diagnosis Support Workers across NSW;
- developing a single information and referral point for families and carers of children 0 – 6 years with a disability or developmental delay;
- \$3.1M for information, knowledge, advocacy and community capacity building;
- \$141.2M growth funding for Local Area Coordinators; and
- developing a therapy information resource for services across NSW Health, Department of Education and Communities, Community Services and ADHC.

The Government is leading a series of extensive consultations on the best way to implement person centred supports and individualised funding in NSW. More than 150 consultations have taken place at a range of locations across NSW with people with a disability, their families and carers and service providers. The Aboriginal Disability Network is also conducting consultations with Aboriginal communities in 23 locations until December 2011. The outcome of the current consultations will inform the approach to decision supports including the provision of information and supported decision making such as advocacy.

2. What role does ADHC play in NSW schools? Are you actively involved in transitions between stages of schools, and if so, in what way?

Answer

ADHC supports young people with a significant disability in schools through:

- ADHC funded early childhood intervention services;
- recreation, leisure and mentoring programs out of school hours;
- direct therapy and behaviour support services;
- information kits on school transitions;
- intensive support programs for families of young people with serious behaviour problems who were at risk of school suspension or expulsion through the *Helping Troubled Kids* initiative; and
- coordinating information and planning forums for people with a disability, their family and carers to help them explore a range of post school pathways.

ADHC also plays an integral role in the annual planning and assessment process for students with significant disabilities leaving school. ADHC works in partnership with the three education sectors (Department of Education and Communities; Catholic Education Commission; and Association of Independent Schools) and jointly delivers a two day training session for the Support Teachers Transition in application of the post school eligibility assessment, which determines a student's eligibility for either the Community Participation or Transition To Work Programs. The training also covers information about the multitude of post school pathways available to students with a disability – including transitioning directly to a Commonwealth employment service (supported and open); vocational education and training; TAFE or University.

Under *Stronger Together Two*, a new transition support project is being developed for secondary students to enhance transition planning and commence it earlier in Year 10. ADHC will also develop training packages which will provide support to mainstream providers designed to promote systematic planning required to enable children and young people with a disability and their families, and those who work with and support them, experience positive transitions throughout key life stages. The training and support approach will address key transitions at preschool to primary school, primary to secondary school, and secondary to post school options.

- 3. The submission from the National Disability Coordination Officer Program states that there is a lack of suitable NSW ADHC funded Community Participation Program settings in some areas, which needs to be addressed to ensure that adequate places are available (p.3). Do you agree with this statement?**

Answer

ADHC undertakes key measures to ensure the adequate supply of Community Participation service providers to facilitate individual choice. In 2006, ADHC conducted the first state-wide tender for Community Participation service providers. The numbers of approved providers were matched against current and projected demands in specific geographical locations. In 2009, a further tender was conducted to meet under-supply in select Local Planning Areas.

There is a panel of 112 service providers, approved to provide the Community Participation program across 513 outlets in NSW. ADHC currently provides funding to 106 providers to deliver the Community Participation program across a range of models, in 326 active outlets across NSW.

There is sufficient supply of Community Participation providers to meet the demands of current clients and the 2011 school leavers who will enter their Program in 2012.

In addition, individuals will have greater choice of service models from February 2012, as all day program providers will have the option to deliver the self managed model (SMM) (currently only offered by 23 service providers).

ADHC continues to plan at the local level to address service provider capacity issues. This includes working in partnership with the non government sector to increase provider capacity through tailoring or customising their programs and by sourcing new providers. As the Community Participation Program funding is individualised and portable, it is attached to the individual and follows them if they choose to move between service providers. This means that ADHC does not fund 'places'.

Through *Stronger Together Two*, ADHC is establishing a person-centred service system in NSW in which people with a disability, their families and carers are placed at the centre of decision-making and supported to live their life the way they want to. Choice implies that diverse supports and services exist for people with a disability to select from. ADHC is reforming how it engages with the non government service sector to focus on longer-term investment to support a thriving sector that meets the diverse needs and choices of people. This will include greater flexibility in the way services are provided and increasing the ability of service providers to expand services, innovate and leverage the social capital required to place people at the centre of decision-making processes.

Stakeholders may contact their local ADHC regional office to raise any issues about the Community Participation service provider panel.