



NDS NSW Submission to the Legislative Council Standing Committee on Social Issues Inquiry into services provided or funded by Ageing, Disability and Home Care

Response to Questions on Notice



August 2010

On page 29 of your submission you examine the adequacy of ADHC funded advocacy services. Can you please briefly tell us about the concerns you raised in your submission including the need for a peak advocacy body.

In principle, advocacy plays a key role in enhancing the participation and inclusion of many people with disability. Within this space, a number of types of advocacy exist – systemic, individual and self advocacy. Just as in the disability services system, the key principle underpinning the design and function of advocacy services should be one of choice. A well functioning advocacy system is integral to achieving quality outcomes and enhancing the participation and inclusion of people with disability.

In NSW, a multitude of advocacy services are currently in operation, however there remains a need for an overarching advocacy peak to take a greater leading role in ensuring that the system as a whole functions effectively and efficiently enhance the participation and inclusion of people with disability in NSW – whether that be in specialist disability services, mainstream services or within the bounds of natural supports and the community.

ADHC often engages with the sector for the purpose of evaluating programs and reviewing policies and procedures. This engagement involves both service providers and service users. NDS sits on most evaluation and review reference groups and it is frequently clear that engaging with people with disability, their families and carers in a coordinated, representative and cohesive way is difficult to achieve because there is not one key advocacy peak to coordinate the effort and establish strong consultative networks.

A recent examples is the review of the National Standards for Disability Services, conducted in NSW by consultants on behalf of ADHC and overseen by the Australian Government. The purpose of this review is to assess the applicability of the standards in an effort to reach national consistency. The current Disability Services Standards (Commonwealth and NSW Standards) aim to articulate and protect the rights of people with disability accessing funded disability services across all jurisdictions. At a roundtable held by ADHC to develop the consultation framework for NSW, NSW and most advocacy peaks were present. In terms of consulting with disability service providers, NDS was able to offer its quarterly regional forums as a logical way to engage with the sector. However, when developing a representative and consistent framework to consult with people with disability, their families and carers it was difficult to find one single mechanism to do so. NDS believes this is because of the lack of an overarching advocacy peak to establish and facilitate such networks across the state to include people with all types of disability. As a result, ADHC engaged TAFE NSW to conduct the consultations with service users. This example is representative of other occasions where it has been difficult to consult with and get consensus from the advocacy sector on key issues.

NDS is the peak body for disability service providers in NSW, enabling streamlined, consistent negotiations with government and representative, coherent consultations with the sector founded on the principle of "one strong voice".

Your submission notes that parents, carers, people with disability and service providers often find it difficult to navigate the disability services system (page 34). What actions do you recommend to make the system easier to navigate for all parties?

Navigation of the complex disability services system in NSW continues to be cited by parents, carers, people with disability and service providers as a major issue. NDS recommends that proactive engagement strategies be developed with the purpose of engaging all families and carers – most importantly, those who are hard to reach or in most need of support. Many families and carers are simply unaware of the specialist disability services system and are fearful of its strict, rigid and complex bureaucratic structure. As a result, many NGOs report supporting people with disability, their families and carers outside the bounds of ADHC funding and more through goodwill, fundraising and donations.

The provision of information and navigation support is critical to empowering and strengthening families. Further to this, access to the disability services system – including eligibility, assessment, prioritisation and intake processes – should be transparent, easy to understand and equitable. Relevant desired outcomes for the purpose of *Stronger Together II* include fairer and clearer eligibility and priority of access guidelines to the disability service system.

NDS recommends that eligibility and intake processes have the following features:

- a standard approach to entry screening, regardless of disability;
- immediate notification of eligibility (and at times, entitlement) for ADHCfunded services;
- ease of transition (and information) to other Departments for those who are not eligible for ADHC-funded services and support;
- single, visible point of access;

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- access based on the level of functional need in the context of a person's environment, regardless of disability type;
- a reduction in the need for repetitive provision of information;
- fast, efficient referrals to providers, with all relevant information shared;
- appropriate case management mechanisms and options for families that are long term, consistent and well resourced.

Supporting families to be resilient, sustainable and happy requires greater investment under *Stronger Together II*, through the expansion of flexible respite service models that focus on strengthening the family/carer's ability to care, diagnosis support services to assist with counselling and service access and peer support groups for families, carers and siblings to share information, approaches and experiences. In addition, greater emphasis over the next five years should be placed on accommodation services and supports that are not 24/7-type care options – such as drop in and in home support options. Preliminary evidence suggests that these service models are strengthening families, building independence of the person with disability and prolonging the ability for the family unit to remain together and continue in their caring role.

Another important consideration going forward is how to best balance flexibility and individualised service responses with ease of navigation of the system as a whole.

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As articulated in the NSW Disability Services Sector: Directions for Industry Development Final Report, one of the six key strategies moving forward is that "people with disability have access to the information and range of supports they need to live the lives they choose". At the heart of this is a commitment to creating a disability services system that is easier to navigate and understand with the ultimate goal of ensuring that people with disability, their families and carers receive the right services and supports at the right time.

The following text from the NSW Disability Services Sector: Directions for Industry Development Final Report outlines the proposed strategies to be considered for investment under the \$17 million Industry Development Fund. (Please note: the NSW Disability Services Sector: Directions for Industry Development Final Report is attached as Appendix A to NDS' original submission).

<u>People with disability have access to the information and range of supports they need to live the lives they choose</u>

The Australian Government's Social Inclusion Agenda foresees a future in which 'no Australian is excluded from meaningful participation in the mainstream economic and social life of the community'. This agenda is driving reform in human service delivery by demanding an improved reach, impact and accountability of government and non-government services for individuals and communities who are excluded or marginalised, including people with disability.

For people with disability, social inclusion and community connectedness implies having access to a range of supports and services that provide the skills and opportunities to enable education and labour market participation, as well as participation in the full range of social opportunities that are available to other members of the community. These supports and services include:

- informal supports e.g. families, carers, friends;
- community programs e.g. social clubs, community colleges;
- mainstream services e.g. health, housing, transport, education; and
- targeted programs provided within mainstream services e.g. *Disability Housing and Support Initiative (DHASI)*.

Many NGO service providers have the advantage of having greater knowledge of and closer contact with local communities, enabling NGO's to provide better access to services for some targeted groups in the community. The NGO sector is therefore well positioned to leverage these linkages with local communities to enhance services that better reflect the diversity of the communities they service, and enhance the inclusion of diverse cultural groups within the community.

Some people with disability and their families and carers will require access to a level of support that cannot be obtained through informal, community or mainstream supports. When this occurs, specialist disability service responses should be available and provided in a way that builds the capacity and independence of individuals, with a focus on removing the barriers to full inclusion in society.

The continuum of supports and services that may be required to enable people with disability to live the lives they choose and achieve full social inclusion is represented in the diagram below. People with disability may access services at different points along the continuum at the same time – for example, mainstream services as well as some specialist disability services.





For people with disability requiring services (both mainstream and disabilityspecific), having accessible information about the options available, being able to access and navigate the system, and being able to exercise choice about the service responses they are seeking, are critical to achieving the outcomes they are seeking.

Intake, assessment and referral processes that support access to the full range of informal and community supports, mainstream and specialist services are consistent with contemporary leading edge practice in Australia and internationally. Such approaches move away from program-driven service responses to a system based on assisting people with disability to obtain information about and access the range of supports that fit their needs and aspirations.

This requires:

- well-defined, clear entry points into the service system;
- consistent and streamlined intake and assessment processes which are person-centred;
- a service system which is easy to navigate, where people with disability and their families and carers are provided with clear information about community, mainstream and specialist service options, and know where to go to get support when needed;

- · clear referral pathways to both mainstream and specialist services; and
- an understanding of system capacity and a resource planning process linked to need.

Objectives

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Achieving better outcomes for people with disability and their families in terms of full social and economic participation requires a fully integrated approach to providing supports and services and is best achieved through partnership between Government, NGOs, the community and people with disability. It is also important that the service system is easy to navigate for people with disability and their families and carers, that they are able to easily access the information and services they require, and that individuals are directed to the most appropriate services for their needs.

Building an integrated system that works together to achieve the social inclusion of people with disability and their families will mean that by 2015:

- People with disability have access to a range of services and supports that provide the skills and opportunities to enable education and labour market participation, as well as participation in the community.
- The sector will provide people with disability, their families and carers access to information on what services are available and how these services can be accessed (both specialist and mainstream) from any point in the service system that they initially contact.
- Information for different parts of the service system is readily available through *collaborative 'hubs'*. Hubs also provide the platform for sharing information between different parts of the service system.
- Services are more visible to people with disability and their families and carers, and to the general population, so that people know where to go to access information and services.
- There is a single intake point ("one door") for specialist disability services people with disability who need to access services go through this single point. This single door acts as a gatekeeper, determines eligibility, and assesses for need.
- People are screened for eligibility only once using a common screening tool, though their needs are reassessed at key life stages or as their needs change.
- The approach for accessing services is:
 - Planned reflecting key life stages and transition points
 - Facilitated to assist people with disability access the services they need, where this facilitation is needed. This facilitation can be independent of service provision, or located within service providers.
 - Integrated the sector shall seek to identify the gaps, cracks and overlaps in the service system, and shall seek to influence other community and mainstream services to work collaboratively to develop an integrated service system.

- The disability service system is easy to navigate for people with disability and their families and carers. This is particularly apparent at key transition points – such as leaving school – when people with disability need to access new services.
- Aboriginal people and other communities including culturally and linguistically diverse groups and people with specific communication needs are aware of what services are available and are assisted to access the services they need by utilising a *proactive outreach approach*.
- Disability service providers have strong linkages to communities, local government, the for-profit sector and mainstream services, as well as other disability service providers, and use these connections to ensure that people with disability have access to the full range of supports available in the local community.
- NGOs are encouraged and supported to be *innovative in building capacity in the community*. This includes allowing organisations to make mistakes, with the learnings from such mistakes shared across the sector. The responsibility of NGOs in community capacity building is reflected in funding agreements.
- *IT systems support access to and sharing of information* and the transfer of an individual's information to facilitate access to services.

Current situation

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Across Australia, the provision of information is a pivotal part of an effective disability service system. It supports and empowers people with disability, their families and carers to make choices about their supports and to live as independently as possible. It is also an important mechanism for raising awareness and influencing attitudes and behaviours within the broader community in order to increase the social and economic inclusion of people with disability in society.

Additionally, the National Disability Agreement includes commitments to:

- develop a National Framework for Service Planning and Access, focusing on providing a person-centred approach to service delivery and to simplify access to specialist disability services;
- consider single access points and nationally consistent assessment processes in line with nationally agreed principles by the end 2011;
- develop a National Disability Priorities Framework to assist Governments to target services to more vulnerable population groups based on relative need (including older carers and Aboriginal and Torres Strait Islander people with disability); and
- develop a National Indigenous Access Framework to ensure that the needs of Aboriginal and Torres Strait Islander Australians with disability are addressed through appropriate service delivery arrangements.

Improving access to and navigation of the service system, and ensuring that people with disability are able to get the supports that they require, has highlighted the need for collaboration between service providers – including

mainstream services as well as Government and NGO disability service providers.

The increased reliance on partnerships and coordination between government agencies and NGO service providers is a current trend in the delivery of disability services, which improves the integration, coordination, responsiveness and accessibility of generic services and enables better targeting of specialist disability services.

Tasmania provides an example of jurisdictions undertaking work to improve collaboration and integrate specialist disability services with other government services.¹ Tasmania is developing a combined implementation plan for its disability services and family services reforms. Once implemented, access to these services will be through a common point of access within each region, with a combined local area coordination service. Implementation of these reforms is a key reform priority for Tasmania.

The *NSW State Plan* sets out goals and priorities to improve government service delivery for the benefit of the people of NSW. Within one of its five areas of activity – Fairness and Opportunity – is a priority to increase "employment and community participation for people with disability". This is reinforced in the objectives of *Stronger Together* and *Better Together*. The NSW Government has made a commitment to the development of Disability Action Plans for all government departments. In addition, the NSW Government has made changes to government procurement regulations to enhance government procurement from Australian Disability Enterprises.

Strengths of the current disability service system include the commitment between Government and NGOs to work together to improve outcomes for people with disability and their families. In addition, many NGOs have strong linkages with their local communities, and there is scope to build on this connectedness to and strengthen the role of the community in supporting and including people with disability.

For people requiring access to specialist disability services, the system can be difficult to navigate and it can be difficult to obtain information to support informed choice about services. This is particularly apparent at key transition points – such as leaving school – when people with disability need to access new services.

One way of addressing this is to consider the concept of an individual's pathways. By looking at the key transition points across an individual's life it is possible to estimate the array of supports that an individual may need. This provides a useful method for assessing the capacity of the local service system to respond to such needs while concurrently highlighting areas requiring further enhancement and development. A focus on an individual's pathways does not negate the need to tailor services and take an individualised approach, rather it is complementary and provides a useful framework for assessing needs.

¹ Department of Health and Human Services, Future Communities, Operational Framework for Disability Services <u>http://www.dhhs.tas.gov.au/future_communities/reform_implementation_unit/disability_services_reform/operational_fra</u> <u>mework_for_disability_services</u>

Currently, there are a range of strengths and initiatives that can be built on:

- ADHC's regional Information, Referral and Intake teams currently provide a single point of contact for disability support for each region and referral to mainstream and NGO disability supports.
- the Service Provider Portal is an internet-based broadcast communication tool, which could be enhanced. Human Services Net (HSNet) is an internetbased portal which contains information and service directories on a range of services – both specialist and mainstream – which organisations can access to ensure they have the best information on services available when making referrals. HSNet also has the functionality to transfer referral information between providers electronically.
- a single entry point for Home and Community Care (HACC) services is also currently being trialled in the Hunter region. This access point means that clients who need HACC services contact a single point, have their needs assessed, and be referred to one or a number of services. Clients are able to contact one place rather than potentially multiple service providers and give their personal information once only (with information stored and transferred electronically). The single access point has enabled more consistent assessment of needs and eligibility, and aims to ensure that clients reach the services that are most appropriate for their needs. Wider roll-out of the access point model is currently being examined.

Strategies and actions for consideration

Supporting people with disability and families to achieve social inclusion and live the lives they choose requires a number of actions on the part of ADHC, NGOs and mainstream service providers as well as greater leveraging of community capacity. Strategies to achieve this should focus on:

Building communities that are inclusive and have the capacity to support people with disability and their families

This involves leveraging the linkages that NGOs have with communities and building on the capacity of communities to support people with disability and their families and carers. This should encompass:

- raising community awareness about people with disability;
- providing NGOs with the resources, tools and training to engage in community capacity building; and
- recognising the diversity within communities and developing evidence based culturally appropriate approaches to community development for Aboriginal communities and among communities of people from different cultural and linguistic backgrounds.

Working with mainstream services to better respond to the individual needs of people with disability

The focus of this strategy should be on strengthening mainstream services so that they are better equipped to cater to the individual needs of people with disability. Building this capacity will require ADHC and NGOs to adopt a collaborative approach to:

developing joint training for specialist disability services and mainstream services;

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- up-skilling mainstream services through formal partnerships, secondments of staff or mentoring;
- local, regional and state-wide planning to proactively target capacity building in mainstream providers; and
- supporting the NGO sector to leverage its capacity to work with mainstream services to improve outcomes for people with disability and their families.

Improving navigation of the service system for people with disability and their families and carers particularly at key transition points

To improve navigation of the service system for people with disability and their families and carers, NGOs, ADHC and mainstream services providers need to work together to improve information, coordination and integration within the system so that people with disability and their families are to make informed decisions about the supports and services they wish to access, are able to access these supports and services and move through the system as needs change.

This will require information to be accessible, not only to people with disability and their families, but also to service providers and the wider community to build a shared understanding of options available. This should involve exploring the potential for easily accessible information "hubs" or portals to provide information for people with disability, disability services, mainstream services, families, and community members.

Consideration should also be given to improving the ease of navigation of the system through establishing local coordinators/ facilitators to assist people with disability to access information about the range of supports and services available in the community and within the disability services system, and to access these supports.

Using the concept of 'individual pathways' and identifying the key transition points across an individual's life, it is possible to identify the array of supports that an individual may need. This will provide a useful method for assessing the capacity of the local service system to respond to such needs while concurrently highlighting areas requiring further enhancement and development.

<u>Creating consistent and streamlined intake and assessment process for accessing specialist disability services</u>

The focus should be on ADHC and NGOs working together to build on work currently underway in NSW to improve intake and assessment processes, and information sharing to promote ease of access to supports and services (including community and mainstream services) and reduce the burden on people with disability and their families associated with multiple assessments, particularly for people who require multiple supports or services.

A particular focus should be improving current approaches to establishing eligibility, and consideration should be given to agreeing its purpose and when it occurs so as to reduce the need for re-establishing eligibility at multiple points in a person's life or when accessing more than one service.

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Building communities that are inclusive and have the capacity to support people with disability and their families	
2A.	Support the sector to build capacity and social capital within the community by assisting them to:
	 undertake specific capacity building activities, utilising and leveraging organisations' existing resources and volunteer-base.
	 develop and implement approaches to raise community awareness about disability, including establishing community champions/ambassadors, and identifying other key people in community to connect with (business people, childcare, education, health) developing resources, tools and training to support NGOs to engage in community capacity building.
	 develop an information sharing process so that good practice examples and success stories can be shared and encourage learning across the sector.
	 develop an evidence base to support culturally appropriate approaches to community development in Aboriginal communities and among communities of people from different cultural and linguistic backgrounds.
2B.	Support the sector to further leverage the capacity of the community to support people with disability and their families.
Working with mainstream services to better respond to the individual needs of people with disability	
2C.	Engage with mainstream services to develop a range of strategies to build capacity to respond to people with disability and their families. These may include:
	 joint training with the specialist and mainstream services. up-skilling mainstream services through formal partnerships, secondments of staff or mentoring.
	 developing a series of plans at local, regional and state-wide levels to proactively target capacity building in mainstream providers. These plans should link to other relevant human services capacity building strategies e.g. the Keep Them Safe strategy.
2D.	Support the sector to leverage its capacity to work with mainstream services.

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Improving navigation of the service system for people with disability and their families and carers particularly at key transition points		
2E.	Improving access to information through exploring the potential for online information "hub(s)" or portal(s) to provide information for people with disability, disability services, mainstream services, families, and community members. Information should emphasise life choices, and may include:	
	 links to information about resources, supports and services 	
	 positive stories about the experiences of people with disability and families 	
	 potential pathways across all life stages highlighting supports available links to local community information (geographical, cultural etc) services and capacity referral, assessment, and intake processes 	
	Consideration should be given to leveraging off HSNet and the use of potential interactive functions e.g. blogs to provide a forum for information exchange between site users.	
	As part of this project, a service capacity database will need to be developed. Management of the database would be an ADHC responsibility.	
2F.	Improve navigation of the service system for people with disability and their families through promoting a 'no wrong door' approach, where the sector has a responsibility to ensure people with disability are referred to the right supports at the right time, and explore the better use of existing systems to assist organisations to make the right referral decisions (such as HSNet and referralLink).	
Creating consistent and streamlined intake and assessment process for accessing specialist disability services		
2G.	Review the existing evidence base to examine different models of intake to both ADHC and NGO provided services, as well as the intake processes of other agencies (such as Health, Aged Care) e.g. the centralised intake and assessment model with either a single entry point or multiple entry points.	
2H.	Review current approaches to priority of access for specialist services and explore the potential for introducing a single set of priority of access criteria which are consistently applied.	

ABOUT NATIONAL DISABILITY SERVICES (NDS)

NDS is the national industry association for disability services, representing over 650 not-for-profit organisations. Collectively, our members operate several thousand services for Australians with all types of disability. NDS's members range in size from small support groups to large multi-service organisations, and are located in every State and Territory across Australia.

CONTACT

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