Submission
No 70

INQUIRY INTO SERVICES PROVIDED OR FUNDED BY THE DEPARTMENT OF AGEING, DISABILITY AND HOME CARE

Organisation: Northcott Disability Services

Date received: 6/08/2010

northcott
disability services

Patron Her Excellency Prof. Marie Bashir AC CVO, Governor of NSW
ACN 000 022 971 • **ABN** 87 302 064 152

6 August 2010

The Director
Social Issues
Legislative Council
Parliament House
Macquarie Street
Sydney NSW 2000

Re: Inquiry into services provided or funded by the Department of Ageing, Disability and Home Care

Thank you for providing Northcott Disability Services with the opportunity to provide a submission for the inquiry into services provided or funded by the Department of Ageing, Disability and Home Care.

About Northcott

Northcott Disability Services was established as The NSW Society for Crippled Children in 1929 by the Rotary Club of Sydney. Northcott's purpose is to build an inclusive society. This is achieved by assisting people with disabilities to develop their skills and achieve their goals - including their potential for independence and ability to participate in their community. Northcott supports over 8,000 people with disabilities and their families across NSW and the ACT. Northcott employs over 400 staff state-wide, providing more than 80 services from more than 30 sites and offices across NSW and the ACT.

Northcott provides services to people with a broad range of disabilities including physical, intellectual, sensory, acquired and degenerative disabilities, as well as challenging behaviours. Some of the services Northcott provides include accommodation, case management, individual and family support, early childhood support services, computer assistive technology, equipment, transition to work and community participation programs, employment, recreation, respite, therapy and specialist services.

The majority of Northcott's services and programs funded by Ageing Disability and Home Care (ADHC). Northcott also receives state government funding from Department of Community Services (DoCS), Department of Education & Training (DET) and NSW Health; and receives federal government funding through Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), and Department of Education, Employment & Workplace Relations (DEEWR). Northcott also supplements the costs of services through corporate and community fundraising.

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Introduction

Northcott has been a disability service provider in NSW for over 80 years. Throughout this time there have been many changes in the disability sector, and we have experienced a range of differences in the quality, effectiveness and delivery of services provided and funded by ADHC. Northcott welcomes the significant improvements in the disability sector that have resulted from the *Stronger Together* initiative. This funding has seen a dramatic increase in services for people with a disability. It has also produced many innovative, flexible and client focused service models that are working to achieve positive outcomes, and provide greater control for people with a disability over the services and supports they receive. The focus on providing strengths based and family focused models of service have been positive in terms of supporting the whole family, and helping to build individual and family capacity and resilience. ADHC's support for person centred planning, and local ADHC initiatives to implement this approach in practice, are a welcomed development in the move towards personalisation in disability services. Although the disability sector is experiencing positive, exciting and beneficial changes, there do remain some ongoing issues with regard to equity, consistency, effectiveness, flexibility and transparency for ADHC funded and provided services.

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Terms of Reference

1. The historical and current level of funding and extent of unmet need

a. Historical funding

As an experienced service provider, Northcott has both historical funding for programs that were initially funded decades ago, and also is a provider for newly funded services under the final funding roll-out for the first stage of *Stronger Together*. Northcott's experience of historical versus current levels of funding is that our older programs reply more on organisational subsidy, whereas our newer programs have been better funded to cover the full wage cost of providing services. As a result, some of our older programs have more difficulty meeting the required outputs based on level of funding provided. This means that when the organisation can no longer provide funding to supplement these programs, either staffing has to be cut and/or level of service must be reduced. It is our experience that there is certainly the demand for these services, and reducing the capacity of these programs is not in the interest of people with a disability and their families. The main issue that Northcott experiences here is that there is no transparent mechanism for which to review the level of funding for these programs in relation to the level of need. That is, there is no mechanism for the organisation to obtain increased funding when high levels of need are evidenced.

Recommendation 1: ADHC develops a transparent mechanism for existing programs to review level of funding, and obtain increase in funding when high levels of need are evidenced.

b. Outputs and unit costs

Related to the need for a transparent mechanism to review funding levels, as discussed above, is the issue of outputs for services and the unit costs that determine funding levels required to meet these outputs. Even within the same service type (in a comparable location) there can be inconsistencies in levels of funding based on differing unit costs. Northcott supports more transparency in ADHC funding and in the output formula that ADHC uses to determine unit cost and subsequent levels of funding for different service types (eg. therapy, case management, day programs etc). This would also assist organisations to benchmark their unit costs for services and encourage efficiencies across the system. With this, there also needs to be a consistent

mechanism whereby services can review outputs; this could mean organisations are able to then negotiate either reduced outputs or increased funding.

Recommendation 2: ADHC provides more transparent information about funding and the output formula used to determine unit cost and subsequent levels of funding for different service types.
Recommendation 3: ADHC develops a mechanism for reviewing outputs for services.

c. Non-government vs. government funding
In the disability system, ADHC is both the funding body and a provider of some direct services, for example: centre based respite, case management, therapy. However, non-government organisations (NGOs) are often funded at a lower rate than ADHC services for providing the same service. As a result of this, staff working in NGOs received lower rates of pay than those working in ADHC services. This can serve as a barrier to attracting skilled staff to the NGO sector. As such, Northcott supports consistency in levels of funding for government and NGO provided services. Alternatively, ADHC could cease to provide those services which are able to be provided more efficiently and effectively by the NGO sector, and use the savings realised to increase services.

Recommendation 4: NGOs and ADHC receive the same level of funding for providing the same services, where ADHC supplies the same type of services as the NGO sector.

d. Regional and rural services
There are additional costs associated with providing services in regional and rural areas, including:
• Large areas for service coverage resulting in increased travel, accommodation and infrastructure costs for service delivery. This also impacts upon ability to meet service outputs as more time in spent on travel (indirect time) in order to deliver the same number of hours of service (outputs).
• Difficulty in recruitment of qualified staff – due to smaller pool of suitable workers and competition with other services. This can often mean employing less qualified staff who have additional training needs to meet the requirements of role.
As a state-wide provider of disability services, Northcott sees the need for a review of the funding distributed for services covering regional and rural areas. Northcott also supports that additional funding (in the form of higher unit costs) should be built into funding models for service delivery in regional and rural areas, to allow for the additional cost to provide service.

Recommendation 5: Regional and rural services receive levels of funding based on higher unit costs.

e. Areas of unmet need
Despite the increased funding through *Stronger* Together, there is still unmet need in the disability sector. State and Federal government information on this can point to many areas that require additional funding and service capacity. The current Productivity Commission inquiry into a national disability long-term care and support scheme arose out of the acknowledgement of the significant amount of unmet need for people with a disability. The following are important areas of unmet need that Northcott has identified:

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i. Assistive technology:

For children who cannot speak, effective use of technology can greatly enhance their communication and thereby their participation. Increased therapy services are needed to enable appropriate equipment and technology prescription to be done. There is also a need for funding to be put into technology to enable rural and regional families to be given better access. It is also difficult to justify the purchase of expensive assistive technology for individuals which they are not able to use outside the class room. It would be desirable for technology to be provided to the individual in a way that can be used for all communication needs, and this to be coordinated with classroom technology that can benefit all students with communication difficulties.

ii. Case management and futures planning:

Families with a child with a disability have to navigate a complex and confusing funding system, often while experiencing high-levels of stress. Northcott believes that more funding needs to be allocated for case management and family support services that can help families navigate the system, coordinate their support needs, and assist them to develop their informal support networks and their capacity and resilience to be a parent of a child with a disability. There is also an ageing population of carers who also need specific support to help them plan for the future of their adult child with a disability. Northcott supports additional funding for futures planning services, and capacity for these services to work with carers at younger ages, to help them start planning for the future earlier.

iii. Low/Moderate support needs:

Currently, funding for people with a disability is structured around a system prioritising those with the highest needs and those who are in crisis. People with high support needs have access to more funding and are prioritised for services. As such, there are many people with a disability who have low to moderate support needs who often miss out on services. Better access to services for people with lower and moderate support needs at the time they need the support, might actually serve to decrease the escalation of their needs and reduce their future need for services. More funding for early intervention services available to people with low to moderate support needs is also required.

iv. Recreation:

Opportunities for social engagement and fun recreational activities are experiences which are fundamental to a person's development of friendships, self-esteem and quality of life. There should be a far greater emphasis on funding recreation programs that enable children and adults to actively participate, and there should be consideration of including recreation as an important respite service for families. ADHC has already flagged the issue of recreation in their *New Directions in Respite* initiative, and Northcott encourages ADHC to include recreation services as part of the suite of respite options available to people with a disability.

v. Regional and rural areas:

There are high levels of unmet need in regional and rural areas. This is because there is a lack of available services for people with a disability, especially centre based respite and therapy and specialist health support services. Access to services is also limited for people in regional and rural areas due to inadequate transport facilities and the inability to use funding to cover the cost of accessing disability support services. As a

state-wide provider of disability services, Northcott supports increased capacity for service provision in regional and rural NSW as a priority area for ADHC funding. This should include an increase in overall services and programs, specifically in the areas of therapy and respite. There also needs to be greater flexibility built into regional and rural service models, to allow to organisations to meet the needs of their local communities and be innovative and creative in providing services to people spread across large geographical areas.

vi. Respite:

The increased capacity in respite services as part of *Stronger Together* notwithstanding, there is still unmet need in centred based and flexible respite services. Centred based respite is particularly an issue for families living in regional and rural areas, who can easily travel between one and six hours to access a centred based respite facility. Similarly, the number of respite packages is not enough to match the number of people requesting flexible respite. Although flexible respite packages do vary slightly, they all require service providers to subtract administration fees to cover coordination costs. This means that the actual funding left to provide the hours of respite is not always adequate. It is particularly hard to meet people's ongoing respite needs when they require one-on-one respite services. In addition, respite packages can not cover both the cost of staff and the cost of activities. Therefore, in order to provide quality respite, families usually pay for clients to participate in meaningful activities. For some families it is financially impossible to cover these costs.

2. Variations in service delivery, waiting lists and program quality between:

a. Services provided, or funded, by ADHC

There are certainly variations in service delivery, waiting lists and program quality between ADHC services. Some services will have higher levels of funding and/or lower outputs, meaning they are able to provide more and/or better quality services. There are also great variations in eligibility criteria for the same service type.

i. ADHC Eligibility:

The criteria for accessing ADHC services, such as case management or therapy through ADHC's Community Support Teams, is an intellectual disability (with an IQ of less than 70). Clients with a primary physical disability are often disadvantaged in trying to access ADHC services as they don't meet the eligibility criteria. Not only are people with a physical disability unable to access ADHC services, they are also rarely prioritised for ADHC funded services and supports (for example, in the accommodation placement system). Given the varying funding levels for ADHC provided services compared to NGO services for people with a disability, and the potential impact this funding has on service delivery, eligibility for ADHC services should be expanded to include people with a physical disability. The distinction between access to government versus non-government services based on disability type is arbitrary and inequitable.

Recommendation 6: Eligibility for ADHC services should be expanded to people with any disability (as defined under the Disability Services Act).

ii. Day Programs:

Currently ADHC funded services posses large variations in unit costs, even when the programs provided are near identical. This is particularly apparent in the area of day programs where there are several streams of funding, including Post School Programs (PSO), Community Participation Programs (CPP), Life Choices, Active Ageing, as well as a plethora of individual agreements across the state. Each one of these streams has a different unit cost despite the fact that the service provided is the same. For example, a PSO client born in 1980 is not eligible for CPP funding; however, a person born in 1981 would be eligible and as a result receives between 25% and 210% extra funding (depending on the person's needs). Unit costs should be equitable and fair across all ADHC funded services and the reasoning and calculations behind funding levels should be made public resulting in greater transparency.

iii. Therapy Services:

Although there has been increased capacity in the system, waiting lists for therapy services are still long and parents often have to wait for around a year before they receive any service. Long waitlists often mean that the client's needs may have changed from the point of referral to the point of commencement of services. Northcott's experience is that sometimes a person's needs are more complex at the point of commencement of services, than when they were at the point of referral.

As an NGO provider of therapy services, Northcott often receives referrals for clients with complex situations, where there is no case manager involved. This means therapists initially spend therapy time making referrals for case management services. It is also our experience that some families cannot focus on occupational therapy or speech pathology goals if they have more pressing needs like mental health needs, carer support needs or basic housing needs that must be met. In situations where the client's needs cannot be holistically assessed and address at the point of referral, and the lack of clear information about therapy interventions provided to families, both contribute to variations in the quality of the service provided. Northcott believes these issues could be addressed by providing social worker / case manager positions as a core part of any therapy team, and assigning clients a case worker at the point of referral.

Recommendation 7: All ADHC funded therapy teams have a social worker/case manager position.

iv. Behaviour Support:

ADHC's Community Support Team's have psychologists who can provide behaviour support for people with a disability and their families. Recently ADHC has put more resources into providing regional behaviour intervention support teams. ADHC's commitment to increased resources in behaviour support services is welcome and should be further expanded. ADHC's provision of behaviour support training for NGO Community Participation Program staff has also been useful in expanding the sector's capacity to meet the needs of clients with challenging behaviours. Further training in the NGO sector for staff providing other ADHC funded programs would be highly useful. While these initiatives in behaviour support services are welcome, there are some variations in terms of access to behaviour support. ADHC's regional behaviour intervention services are only available for clients in receipt of ADHC's direct services. Northcott supports that ADHC expands the eligibility for these services, and enable

these resources to be used by clients accessing NGO services as well. In addition, not all ADHC funded therapy teams have been funded to provide psychology support. Existing multidisciplinary therapy teams would benefit from additional funding for psychology positions who could provide behaviour support services. Building the capacity of NGOs to provide positive behaviour support services will enable better outcomes for all people with a disability.

Recommendation 8: All ADHC funded therapy teams have a psychology position.
Recommendation 9: ADHC Behaviour Support Teams should be expanded and eligibility for services extended to include people with a disability accessing service through the NGO sector.

v. Regional and rural services:
The issue of regional and rural services has already been raised as a source of variation in terms of funding levels, unmet need and access to services. As there are simply less services available, the waitlist for a service can be much higher; there also is not the choice of providers and services available. Moreover, as ADHC funding for regional and rural services does not take into account the increased cost of providing quality services in these areas, service providers are required to do more with the funding they receive in order to meet the outputs required (e.g. large case loads for single staff members). This can compromise service quality and result in high staff turnover. Reduced outputs and extra financial support for regional and rural service delivery will work to ensure appropriate levels of quality service is available to clients, this is especially relevant to outlying satellite towns and remote areas.

vi. Differences at life-stages:
Clients can experiences variations in the service available to them, waitlist times and the quality of services provided as they move through different life-stages. Many carers and families of a person with a disability find the transition from childhood into young adulthood, and the change in the system and level and type of services, as an anxious time and the process difficult to navigate. When people should be exiting services due to age limits, they often have no where to go to receive the support they need – for example, some families still access children's respite services because the adult support available insufficient to meet the family's needs. Increased flexibility around exiting services, better transition planning and increased capacity in the system would assist with this. Specialist services that support the transitions between 'life change' points (and systems) would also improve outcomes for people with a disability and help facilitate communication between services and systems.

Northcott's Spina Bifida Adult Resource Team is an example of such a specialist service that supports transition from children's services to adult services: Funded by NSW Health, this outreach service provides clinical consultation, education, support and preventative health strategies to adults with spina bifida, to support their transition from specialist spina bifida paediatric services to mainstream adult health services. This service not only provides people with spina bifida the information and support they need to understand and navigate through a new health and support system, but it also helps facilitate communication across paediatric and adult services, and mainstream health and disability service systems. Similar specialist services that provide targeted support at key points of transition (paediatric to adult and adult to aged care systems) would be beneficial for people with all disability types.

Recommendation 10: ADHC fund specialist transitional services that support people with a disability to move between paediatric to adult services, and adult services to the aged care system.

b. ADHC Regional Areas

i. Regional vs. Metropolitan:

As a state-wide provider of ADHC funded disability services, Northcott works across ADHC regional areas. Our experience is that there is sometimes inconsistency in the flexibility within service models, in the processes for accessing services, and variations in the types of services available for clients (some services are not even funded or provided in some ADHC regional areas). There can also be variations in service delivery, waitlist and program quality between ADHC regional and metropolitan areas. As raised earlier, ADHC funds services in regional areas the same as those in metropolitan areas. For example, Northcott is a provider for the EarlyStart Diagnosis Support Program in ADHC's Metropolitan North, Hunter and Northern regions. For this program, ADHC has funded $100,000 per position in each Local Planning Area (LPA) in each of these regions. This means that all positions have the same amount of funding, but the geographical coverage of the role differs greatly. Moreover, the outputs for the program are the same, whether in a metropolitan or regional area. Not only is there generally an increased cost of providing the same service in a regional area, but meeting the same outputs is not feasible when the geographical coverage of the role is significantly larger.

ii. Service access and allocation:

Northcott's experience is that single points of access and allocation panels for services (including respite coordination processes and allocation panels, Intensive Family Support Panel, joint therapy allocation panels etc.) have worked well in some areas and demonstrate the development of effective partnerships between organisations. These have enabled streamlined service access for individuals and families, more equitable and transparent allocation processes, and better coordination across services (thereby reduced duplication of forms, process etc. for individuals and families accessing multiple services). However, there are variations in service access and allocation that affect service delivery in different ADHC regional areas. For example, while all regions use an allocation panel process for respite, the referral systems and processes vary a great deal across different regions. Moving across the regions might cause the carers to loose their way around services, get lost in the system, and fall through gaps, as there is no consistency in either services available or the referral system. A single access point to all ADHC funded and provided services, would make navigating the system easier for clients, and enable a streamlined approach to eligibility, allocation and prioritisation of resources and funding.

Recommendation 11: A single point of access for ADHC funded and provided services across all ADHC regions.

iii. Relationships with non-government organisations:

Northcott has found that the investment of ADHC funding in the NGO sector has been a positive outcome of the first phase of *Stronger Together*. In addition, there has been improved communication with ADHC staff and a more collaborative approach from ADHC to working with NGO sector. A positive working relationship with, and support from ADHC, can often affect a service provider's ability to deliver services and provide

quality programs to people with a disability. There have been local ADHC initiatives for building relationships with and supporting NGOs that could be implemented across all ADHC regions. For example, in the Clarence area in Northern NSW, ADHC plays a role in facilitating interagency meetings for local early intervention providers, which encourages interdisciplinary and trans-disciplinary approaches to practice. Another example is again from ADHC Northern region, where ADHC funds case management workshops for NGO and ADHC services. Bringing together case managers from all ADHC funded and provided case management services provides a forum for discussion of pertinent issues and exploring approaches to best practice. These workshops are extremely valuable and are found to be very beneficial for improving case management service delivery in the region and across the different providers. Having these same supports available across all ADHC regions would help all service providers deliver quality programs.

3. Flexibility in client funding arrangements and client focused service delivery

Northcott believes that there has been a considerable increase in services available to people with a disability as a result of the *Stronger Together* funding. This initiative has seen increased flexibility within and across services, and new programs that provide flexible service delivery. Innovative pilot projects (including individualised funding pilots) and new, innovative services (including Intensive Family Support, Leisure Links, EarlyStart Diagnosis Support and EarlyStart Early Intervention, Leaving Care Program) that have been part of *Stronger Together,* have provided flexibility in funding arrangements and client focussed service delivery models. These have been positive outcomes that have provided flexible client focussed service delivery, and further expansion of these services is recommended. The brokerage components of service models (such as in the Intensive Family Support program and in Community Options case management services) allows for greater flexibility and resources for families in meeting their needs, enabling services to provide flexible client focussed services. Again, further expansion of these types of services would be welcomed. ADHC's support for person centred planning, and local ADHC initiatives to implement this approach in practice, are also a clear demonstration of ADHC's commitment to flexibility in funding and client focussed services.

However, there are also some barriers to flexibility in client funding arrangements and client focussed service delivery for ADHC funded and provided services, including:

- Set eligibility criteria – based on age, location, disability type etc.
- Inflexible service models
- Fixed funding models

Northcott advocates that the wide-spread availability of individualised funding packages would provide flexible service delivery, enabling people with a disability to access the programs and supports they need and move between services as their needs change. Increased availability of portable funding (like current day program funding models) in more programs would also aid flexibility in service delivery and across regions.

a. Accommodation

The *Stronger Together* initiative has seen an increase in resources for accommodation for people with a disability, and the greater choice of accommodation options of people with a disability as a result of this has been a welcomed development. However, not all

current accommodation options are sufficient to meet the needs of all people with a disability. For people with high support needs who require more than drop in support, a group home placement is the only other option through ADHC. For families who have innovative accommodation models (which often bring in a range of informal supports and that work to keep the person with a disability connected to their family and community), ADHC is yet to embrace flexible forms of accommodation funding to support these arrangements. Northcott has endorsed and is an active supporter of Family Advocacy's proposed concept of a *Supported Living Fund for NSW* (information attached in Appendix 1), and encourages ADHC to consider funding this innovative, flexible and individualised accommodation model for people with a disability. The current vacancy management system in ADHC funded accommodation also needs re-development. Re-development of this system must ensure that accommodation vacancy management processes place decision-making power with people with a disability needing accommodation support (and their families and carers), any residents currently living in the proposed accommodation placement, and the services that support these people.

Recommendation 12: ADHC provides funding for a *Supported Living Fund* to encourage innovative, flexible and individualised accommodation models for people with a disability.

b. Day Programs

ADHC is moving towards individualised funding and empowering clients with greater control, particularly in funding for day programs. Access to portable and self-managed day program funding enables greater flexibility in delivering client focussed service, and places greater control in the hands of people with a disability and their carers. Northcott supports these funding models in day programs, and would like to see them expanded to further service types. There are however, some aspects of the funding contracts and guidelines that can be a barrier to flexible service delivery. For example, the Community Participation Self Managed program allows clients to design their program and supports how they choose. However, clients are still required to record between 24 and 30 hours of direct support each week. In many cases clients wish to participate in activities that incur a higher hourly rate and are happy to reduce their hours of support as a result. Under the current system, this is not allowed. Instead, clients are restricted to a specific hourly rate, are required to participate in some activities independently or to access voluntary support in order to reach their contract hours. Unfortunately client needs are often too high to participate in activities independently or they are unable to access voluntary support.

Another example is where individuals are only eligible to access ADHC's Transition to Work (TTW) or Community Participation Program (CPP)) if they attend school until Year 12. While this works to serve as an incentive for people to remain in school, there is a need for flexibility with granting funding for students who are unable to complete year 12. There should be greater flexibility in the eligibility for day program funding, to enable all young people access to services which will assist them to develop their strengths and skill set for employment or appropriate further education. In addition, the funding for TTW and CPP commences at the beginning of each calendar year. Many young people with a disability, particularly those with mental health issues, may leave school earlier in the school year (that is, prior to the end of the Higher School Certificate) but are unable to access TTW or CPP services until January of the following year. A more positive

outcome would be for them to be able commence in a service immediately on leaving school.

Another example is in the TTW program, which is able to support a client for up to 3 months after they have obtained a job. These clients, due to the nature of their disability, often require ongoing support from an employment service. Under the current regulations, Disability Employment Network services are unable to assist any person who already has a job for 8 hours a week or more. It may have taken two years for a young person to become job ready and they often require additional support to maintain their job. Northcott recommends that Disability Employment Network services are able to offer a service to young people who have been in a TTW program, are employed, and require additional support to maintain their employment. This would require an Agreement between the Federal Government (funding body for Disability Employment Network services) and ADHC.

Recommendation 13: An agreement between ADHC and the federal government that allow Disability Employment Network services to provide a service to young people who have been in a TTW Program, are employed and require additional support to maintain their employment.

c. Respite

Flexible respite packages are designed to be highly client focused and deliver the type of respite the person requires. Northcott welcomes ADHC's commitment to flexible, individual respite funding packages. However, there are some restrictions in funding guidelines that impact upon the ability of services to provide a quality client focused service. For example:

- Not using respite packages for transport of the clients: Most of Northcott's carers are either older carers on a pension or younger carers who left the workforce to care for the individual with a disability. As a result, they are not financially equipped to pay for transport to the respite venues. The fees charged for different programs that the individual with disability receives also make it hard for carers to pay for transport on top of all other expenses. Due to these costs, at times carers are inclined to reject a three to four our respite service when it involves an hour of transport to the venue and an hour for pick up.
- Not using respite packages to pay for day programs: Some families access a particular day program and, due to individual circumstances and the nature of the disability they are dealing with, prefer to just have an extra day of the day program as their respite service.
- Respite should provide rest to the carer, and carer can not provide any care for the individual during the respite hours: This requirement is difficult for some of our older carers who are hesitant to trust in services. This restriction also does not take into account individual interpretations of what "having a break" from caring actually means in the daily life of a carer. It also doesn't allow for unique and innovative respite services that actually meet the individual circumstances. Some culturally and linguistically diverse and indigenous communities also require more flexibility in services to match with their cultural values.

d. Therapy Services

The current ADHC service model is set out to provide short blocks of therapy. This goal oriented short-term therapy model can be useful for people with a set, isolated area of

need. In fact, short-term, targeted, goal oriented therapy can be useful in building family capacity and resilience. However, some clients have several complex needs that cannot all be addressed during the therapy service blocks provided. In order to receive therapy to address other areas of need, people then need to be referred back to ADHC and again must sit on the wait-list to receive further services. This can result in families feeling frustrated; it also results in people with a disability having their support needs and therapy related issues left unattended for extended periods of time. It can also be difficult to engage these families again after they've been in the system for an extended period of time, as they feel disenfranchised because they have not been able to access the services they need. Northcott supports that ADHC provide more flexibility in funding for therapy services, in order to meet people's ongoing needs.

Recommendation 14: ADHC provides flexible funding for ongoing therapy for people with complex needs.

5. Internal and external program evaluation including program auditing and achievement of program performance indicators review

ADHC funded programs have output requirements as an indicator of contractual compliance and program performance. These requirements relate to hours of service provided to the client group, and do not benchmark the outcomes that these services should provide or the quality of service required in a program. Northcott believes that in measuring performance and setting performance indicators, the focus should be on *outcomes* for clients, not just output hours of service. Northcott also supports a national accreditation process for disability services (in-line with the National Quality Framework), carried out by an external body.

Recommendation 15: ADHC funded services should have output and outcome requirements.
Recommendation 16: Disability service providers should be nationally accredited through an external accreditation process.

6. Any other matters

a. Inter-governmental collaboration and coordination
There needs to be a collaborative framework that provides for cross-government support for people with a disability. In particular, there needs to be improved coordination between ADHC and Department of Education & Training (DET) for school aged children with a disability. In addition, there needs to be better communication strategies developed when ADHC funded programs work with other government departments such as Community Services, NSW Health and Department of Housing. Inter-governmental collaboration also needs to happen across jurisdictions; in particular, ADHC needs to develop closer collaborative working relationships and service intersections between the federal Aged Care sector and employment services. A collaborative framework that provides for cross-government support for people with a disability, and initiatives that encourage and support collaboration between and across government departments, would facilitate better outcomes for people with a disability

and help improve communication and service planning around upcoming 'life change' points.

Conclusion

There has been a lot of change in ADHC funded and provided services in recent years. The increased capacity in the system as a result of the *Stronger Together* initiative has seen vast improvements in the amount and availability of services available for people with a disability. The current trend in ADHC funded and provided services for person centred, personalised, flexible and strengths based services is providing a solid basis for better outcomes and more control for people with a disability. Further expansion of these service models, and improvements to consistency, transparency and equity across ADHC funded and provided services, will work to continue to build a positive future for the disability service sector.

Summary of Recommendations – Attached

Should you require any clarification or further information on this submission please contact Liz Forsyth on or

This submission has been prepared by Liz Forsyth (Manager, Service Development & Government Relations) and has been endorsed by Northcott's CEO Kerry Stubbs.

Northcott Disability Services – Summary of Recommendations

Recommendation 1: ADHC develops a transparent mechanism for existing programs to review level of funding based, and obtain increase in funding when high levels of need are evidenced

Recommendation 2: ADHC provides more transparent information about funding and the output formula used to determine unit cost and subsequent levels of funding for different service types.

Recommendation 3: ADHC develops a mechanism for reviewing outputs for services.

Recommendation 4: NGOs and ADHC receive the same level of funding for providing the same services, where ADHC supplies the same type of services as the NGO sector.

Recommendation 5: Regional and rural services receive levels of funding based on higher unit costs.

Recommendation 6: Eligibility for ADHC services should be expanded to people with any disability (as defined under the Disability Services Act).

Recommendation 7: All ADHC funded therapy teams have a social worker/case manager position.

Recommendation 8: All ADHC funded therapy teams have a psychology position.

Recommendation 9: ADHC Behaviour Intervention Support Teams should be expanded and eligibility for services extended to include people with a disability accessing service through the NGO sector.

Recommendation 10: ADHC fund specialist transitional services that support people with a disability to move between paediatric to adult services, and adult services to the aged care system.

Recommendation 11: A single point of access for ADHC funded and provided services across all ADHC regions.

Recommendation 12: ADHC provides funding for a *Supported Living Fund* to encourage innovative, flexible and individualised accommodation models for people with a disability.

Recommendation 13: An agreement between ADHC and the federal government that allow Disability Employment Network services to provide a service to young people who have been in a TTW Program, are employed and require additional support to maintain their employment.

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Recommendation 14: ADHC provides flexible funding for ongoing therapy for people with complex needs.

Recommendation 15: ADHC funded services should have output and outcome requirements.

Recommendation 16: Disability service providers should be nationally accredited through an external accreditation process.

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