

INQUIRY INTO POST SCHOOL DISABILITY PROGRAMS

Organisation: Macarthur Disability Services Ltd

Name: Ms Anne Thorn

Position: General Manager

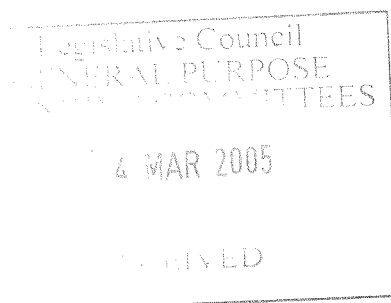
Telephone: 02 4621 8400

Date Received: 04/03/2005

Subject:

Summary

From:
To: <gpscno2@parliament.nsw.gov.au>
Date: Thu, Mar 3, 2005 3:13 pm
Subject: Response to inquiry into Changes to post school programs for young adults with disability



Please find attached a response to the inquiry into changes to post school programs for young adults with a disability.
Macarthur Disability Services operates in South Western Sydney predominantly in the Macarthur Region. Our main office is 138 Queen Street, Campbelltown and mailing address is MDS, PO Box 284 Campbelltown NSW 2560.

Phone 02 4621 8400

Fax 02 4628 4006

<<That General Purpose Standing Committee No 2 inquiry.doc>>

Anne Thorn

General Manager

Macarthur Disability Services Ltd

AnneT@mdservices.com.au <<mailto:AnneT@mdservices.com.au>>

Want a signature like this? <<http://www.plaxo.com/signature/>>

Legislat
GENERA
STANDING

4 MAR

RECE

Legislative Council
GENERAL PURPOSE
STANDING COMMITTEE

4 MAR 2005

RECEIVED

Legislative Council
GENERAL PURPOSE
STANDING COMMITTEES

4 MAR 2005

RECEIVED

Response to the
INQUIRY INTO CHANGES TO POST SCHOOL PROGRAMS FOR YOUNG
ADULTS WITH A DISABILITY

Introduction

Macarthur Disability Services Ltd (MDS) provides both State and Commonwealth funded services. This means that MDS is experienced in the provision of services in a continuum from community participation, vocational training (MDS is a Registered Training Organisation under license to Essentra), and employment; both supported and open employment. This allows MDS to provide a seamless pathway of service provision. To ensure that this occurs MDS has developed interservice protocols and assessments. If a person has identified employment as a goal they are assessed for work readiness by the employment service Macarthur Personnel (MP). MP has operated as a successful employment service since 1996. It is currently contracted to provide a minimum of eighty employment outcomes per year. An outcome is open employment at Award or a productivity-based wage, for more than eight hours per week for twenty-six weeks. MP has developed clear and structured processes to identify participant's needs and work towards a successful goal. MP meets all the Commonwealth Standards at the highest level.

Two and a half years ago MDS took over the auspice for KHS Complete Property Services. This Commonwealth funded business service now provides employment at award and productivity based wages for twenty-one people with psychiatric disabilities. This service must be a commercial success as well as providing support and employment for a workforce with a high level of need. In order to achieve this MDS has developed, and continues to refine, structured and detailed employment and support plans for all participants.

This places MDS in the position of having a proven track record in finding and maintaining employment in a wide range of settings for a broad range of disabilities. This experience has been utilised in our past and current Transition to Work program for ATLAS participants. By providing VETAB accredited training, individual vocational counselling, work trials, detailed service plans, job club and careful job matching MDS has been able to assist participants into successful employment.

1. The program structure and policy framework, including eligibility criteria, for the new Transition to Work and Community Participation Programs.

The ATLAS and PSO programs have always presented a difficult choice for participants and service providers. Access to the program was determined upon leaving school and to be a transitional program resulting in a supported or open employment outcome within the two-year program. No other specific outcomes were articulated and experience had shown that the funding would be extended due to lack of any other service provision.

For service participants and their families the continuance of funding and a structured program has always been highly important. The ATLAS program however has only one access point – leaving school at eighteen. If you accept an employment position there is only a three-month window to return to the program if the employment is unsuccessful. Experience has shown that successful long-term employment for people with a disability is difficult and dependent on long-term support. Many young people have insufficient experience to choose and find the right job first time. Any changes in the work place can also lead to jobs being lost etc. Many parents are unprepared to take this gamble without a guaranteed right to return to a service.

There have also been a large number of services approved as ATLAS providers that only service a small number of individuals. Moving into employment can become a viability issue. This is not to say that services actively promoted not finding employment but that the priorities of service provision may be affected.

Collectively this has resulted in a lack of motivation for families and a lack of clarity for service providers.

The review into the program was widely accepted by the service providers as necessary and a number of trials and assessments were conducted. Generally service providers and service participants gave full and enthusiastic cooperation.

The resulting program structure with funding provided on an annual basis and clear outcomes expressed will greatly enhance the program. The difficulty in fully endorsing the new structures is that Guidelines, Contracts and Key Performance Indicators have not been developed, no or very limited consultation has occurred and the very tight time frames has created enormous stress and angst within the sector.

2. *The adequacy and appropriateness of funding arrangements for the new programs.*

The Department of Ageing, Disability and Home Care commissioned the University of Wollongong to conduct a study to determine the cost of providing a quality service for people with a disability and the effect of varying support needs on this cost. The report had only just commenced when DADHC announced the funding changes. For a large number of people this has resulted in a reduction of their funding levels of thirty to fifty percent. Most services were already experience difficulties in providing services for people with very high support needs due to challenging behaviour and medical fragility and the resulting cost of additional and appropriately trained staff.

- Why has DADHC pushed through funding changes prior to this report being finalised?
- When will it be released?
- Will DADHC respond to any funding recommendation?

There was no consultation undertaken to establish funding levels or studies to determine how services would need to reconfigure. Again the incredibly short time frames, the misinformation from DADHC coupled with the need to develop an expression of interest to continue to provide services all added to concerns. And it must be remembered that clear guidelines and KPIs have yet to be developed. At no time has DADHC responded to requests from services regarding redundancy payments for staff or OH&S concerns around staff to client ratios.

3. *The role of advocates, both individual and peak groups in the consultation process.*

The issue is about what was included in the consultation process and what was not. Issues around the program disincentives; the need to identify people who could move through into employment and the need to offer a longer-term program for people who could not obtain an employment outcome were all discussed. This was an open and transparent process and involved many groups and organisations.

What was not discussed was the funding level changes and the suddenness with which these reforms were to be initiated.

Families feel strongly that they have not been considered in anyway. For families with a young person with very high support needs the importance of the service provided could be the difference between that family coping and maintaining the family unit or reaching crisis with the subsequent dislocation of the person with a

disability. The additional costs on the State with already high levels of unmet need are substantial.

4. *The impact of the exclusion of students enrolled or proposing to enrol in post secondary and higher education from eligibility for assistance under the new programs.*

For people with physical disabilities further education is there avenue for later employment and independence. The current systems are inadequate for their needs. Perhaps access to Transition To Work via higher education could be phased out as reforms to Universities and TAFE come into play.

5. *The appropriateness of the assessment methodology used to identify school leaver support needs and to stream school leavers into the new programs.*

The Wollongong University study showed some evidence for the use of a tool that had initially been designed as an aged assessment tool. There were strong correlations between the results on a number of questions to an earlier CRS assessment. The tool has been greatly simplified (reduced to nine questions that can than effect the course of a young person's life) and is filled out by teachers. Very limited training has been provided to teachers resulting in great discrepancies in results. This year MDS has challenged the results for a number of new service users, who had identified employment as a goal (and after discussion with the teacher was agreed to be an achievable goal), but were funded at Community Participation. MDS also has had the opposite situations with people granted Transition to Work funding needing reassessment.

While the Transition To Work participants are funded at a rate to recognise the high intensity of training and support they are overall a higher functioning group than Community Participation. CP participants require greater and ongoing support and this has to be achieved on \$2,000 less funding per person per annum.

The assessment also fails to identify people's support needs. This is a significant flaw, as all Community Participation clients now will receive the same limited level of funding regardless of support needs. While the Department has identified that some addition funding is required for people with very high support needs this is limited and the processes to access this money will be complicated and time consuming.

All service users who apply for Commonwealth supported employment services are assessed against two tools and level of funding is determined. The process has been developed with full consultation with employment services and a number of

trials and changes made. While I acknowledge that this is a different group and supports needs are higher it seems that an opportunity to utilise an established tool and process has been lost through jurisdictional issues rather than a commonsense and common need approach.

6. *The adequacy of complaints and appeals mechanisms established in relation to the implementation of the new programs, and particularly with respect to assessment decisions.*

There is no clear process and a difference in response (and information) from region to region or in fact from SSDO to SSDO.

The current grievance process being developed DADHC excludes all contract matters and assessment issues.

7. *Whether appropriate and sustainable further education and vocational training and employment outcomes for people with disability are likely to be achieved as a result of these changes.*

The program changes where needed and should be successful provided:

- The assessment tool is reassessed and redeveloped;
- The service user is able to re-enter the program if employment is unsuccessful in the first one to two years;
- A mechanism is developed to allow a move from Transition To Work to Community Participation and in reverse to ensure that people are not sidelined as "unemployable" if they are not initially successful;
- Funding levels are reviewed in line with OH&S requirements to ensure the safety of both service users and staff. Without this there is a strong disincentive to accommodate the needs of people with significant challenging behaviours. (Costs are not just about the number of staff either. Staff who work in this difficult area must be highly trained requiring regular staff development, increased supervision and management supports and other associated costs such as increased Worker's Compensation and Public Liability insurance;
- Clear guidelines are developed with realistic and meaningful KPIs;
- Regular reviews of funding levels to keep pace with real costs not 1% CPI increases; and
- Effective and ongoing monitoring of services involving all stakeholders – Management, Staff, Service Participants and families.