



**Victorian Department of Human
Services**

**The Contemporary Disability
Service System
Summary Report**

Disclaimer

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This report has been prepared as outlined in the Scope Section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

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The findings in this report have been formed on the above basis.

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This report provides a summary of KPMG's findings during the course of the work undertaken for the Victorian Department of Human Services' under the terms of the DHS Agreement for Provision of Goods or Services dated 23 December 2008.

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1 Project overview

1.1 Background

The Victorian Department of Human Services (DHS), as secretariat of the Disability Policy and Research Working Group (DPRWG), engaged KPMG to develop a report that provides a descriptive analysis of the contemporary best practice disability service system. The report is intended to inform the DPRWG in providing advice to Disability Services Ministers in relation to key components of a modern disability service system.

The scope of the project includes:

- an analysis of the reform directions and perceived positives and limitations of existing disability service systems in Australia;
- desktop review of international best practice service delivery;
- analysis of the elements of contemporary disability service systems that enhance sustainability, innovation and maximise opportunities for equity, access and effectiveness of service delivery.

This project is not intended to drive the implementation of the reforms and initiatives under the National Disability Agreement, and also did not include the identification of proposals or actions for national reform, which are being progressed through other processes including the development of the National Disability Strategy. This project is intended to consider the components of contemporary best practice from a broad perspective based on evidence of good practice from Australian and international jurisdictions, rather than being guided or directed by existing reform commitments.

1.2 Methodology

Work for this project centred on three activities:

- 1 *consultation* – with Government officials from each jurisdiction and peak disability organisations;
- 2 *desktop review* – of disability service systems in Australia and internationally; and
- 3 *reporting* – includes the preparation of this report and presenting findings to the DPRWG at a number of stages.

An analytical approach was taken to ensure the effective collection and analysis of information. This included determination and confirmation with stakeholders of the components of the disability service system.

2 Australia's disability service systems

2.1 Current situation

Overall, the strengths of Australia's disability service systems include their strong human rights emphasis, the focus on implementing individual and person centred approaches, robust quality management systems and good local response structures. However, many of these changes and reform directions across Australia are yet to make a significant impact on the lives of people with a disability and on the delivery of disability services at the 'coal face'. Australia's disability service systems currently face a number of significant challenges, many of which are not specific to the disability services sector. However, limited resources coupled with the perception that the disability service system should be the sole or main source of support for people with a disability, their families and carers, has put stress on the service system.

Other challenges facing current disability service systems include:

- focusing service delivery on the person with a disability, and measuring effectiveness and the achievement of outcomes;
- addressing workforce limitations;
- addressing service system constraints, including by considering alternative sources of funding for disability supports;
- increasing complexity of clients;
- building the capacity of the service sector to implement the reforms and directions identified in new policy documents; and
- improving the quality of services.

In response to these challenges, many jurisdictions are currently undertaking reforms which are at the forefront of contemporary practice in a number of areas. On the issue of service capacity, a key reform goal across most disability service systems in Australia is to move away from primary reliance on specialist disability service systems, towards establishing greater connections and pathways between a broader range of human services for people with disabilities and their families. This requires building partnerships between disability and other human services and significantly enhancing the capacity of all human services to meet the needs of people with a disability. It has also triggered consideration of alternative funding levers to increase the capacity of service systems to meet the support needs of people with a disability and their families and carers, including social insurance, taxation and income support mechanisms. These reform directions require a shift from seeing the disability service system as the source of all support for person with a disability, to seeing the disability service system as one part of a broader service response that complements other informal and formal supports (including health, education, housing, employment and income support). This shift towards more inclusive mainstream services and a greater emphasis on informal supports is in line with progressive thinking that is at an early stage internationally.

Recent reform initiatives at the national level have also instigated significant change in the policy settings for disability services in Australia and instilled a commitment by jurisdictions to work towards common outcomes and reform activities. This includes the ratification of the UN Convention on the Rights of Persons with Disabilities, Social Inclusion Agenda, Productivity Agenda, National Disability Agreement and National Disability Strategy (which is under development).

Similarly, current reforms across many jurisdictions are based on contemporary thinking and reflect elements of a best practice service system, including person centred approaches, supporting families and carers, and improving quality management and workforce capacity. There are many commonalities across jurisdictions in their disability service systems, although each has its own strengths and weaknesses, priorities and is engaged in various processes of reform:

- the Australian Government has identified that significant change is required in its disability employment, income support and advocacy services, and as such is in the process of identifying the best way forward;
- Victoria and Western Australia are further along the path of implementing many elements of the contemporary best practice disability service system, particularly person centred planning and individualised funding and quality management;
- NSW has a strong early intervention approach, models of shared care, regionalised service planning and is working to refocus its services on a person centred approach and implement individualised funding;
- Queensland, SA and the ACT have a number of contemporary programs and a strong policy base, however have identified the need to continue to refocus their service system to better meet consumer needs, through person centred planning, improved quality systems that focus on consumer outcomes, and improved evaluation and information provision;
- Tasmania and the NT have recently undergone significant reviews, and are currently implementing the recommended system changes.

2.2 Priority reform areas

While many jurisdictions are progressing reform in areas that are consistent with contemporary practice internationally, it is clear that there is much to be done to achieve improved outcomes for people with a disability, their family and carers.

Some high priority areas for attention include:

- rejecting traditional notions of supports being provided to people with a disability from a 'specialist' disability service system – and instead re-framing the support system to focus on accessible and responsive services that are provided by a range of human service systems (such as housing, health, and education), which are supplemented by additional supports

provided by the disability service system (for higher intensity or specialised support needs) and from informal care networks;

- examining alternative funding levers to increase the capacity of disability and other human services to meet the needs of people with a disability and their families and carers. This includes considering innovative funding options such as: social insurance to provide equitable access to supports for people with a disability; mechanisms to boost private sector contributions; and taxation and income support measures that enable people with a disability and their families to better meet the costs of supports;
- increasing participation for people with a disability in employment, with a particular focus on improving: transitions from school to employment and from day programs to open employment; the pathways between Commonwealth and state and territory services; and partnerships with the private and not-for-profit sectors;
- extension of person centred approaches such as individualised funding, to enable greater choice and control of a person's formal supports, and supporting and strengthening each person's informal support networks;
- increasing investment in early intervention, which links people with a disability, their families and carers to low intensity supports at the earliest effective time (often in other human services like the health, education and housing systems). This includes developing robust analytical tools to identify the economic benefits of early intervention over time, and therefore support the move to additional investment;
- improve the evidence base to inform policy and resource allocation decisions, including population and local area planning and robust program evaluation and research;
- facilitate partnerships with people with a disability, their family and carers, through greater consumer leadership and involvement in the delivery of supports and advocacy services; and
- continue to implement and extend outcomes based quality frameworks including efforts to build industry and workforce capacity.

3 The contemporary disability service system

This report analyses and makes observations about the features of a contemporary, best practice disability service system in the Australian context with the aim of informing efforts by governments to address the key priority issues that are outlined above.

This analysis of good practice is not intended to prescribe approaches that should be applied uniformly in each Australian jurisdiction. Rather it points to elements of disability service systems that are considered to be effective in achieving the desired outcomes for people with a disability and their families and carers. The application of certain approaches in each jurisdiction will need to be considered in light of a range of factors including: current service arrangements, available resources, the capacity of the service sector and the individual capacities of people with a disability, their families and their carers. Not all approaches will always be appropriate for all locations, with some requiring adaptation to fit local circumstances.

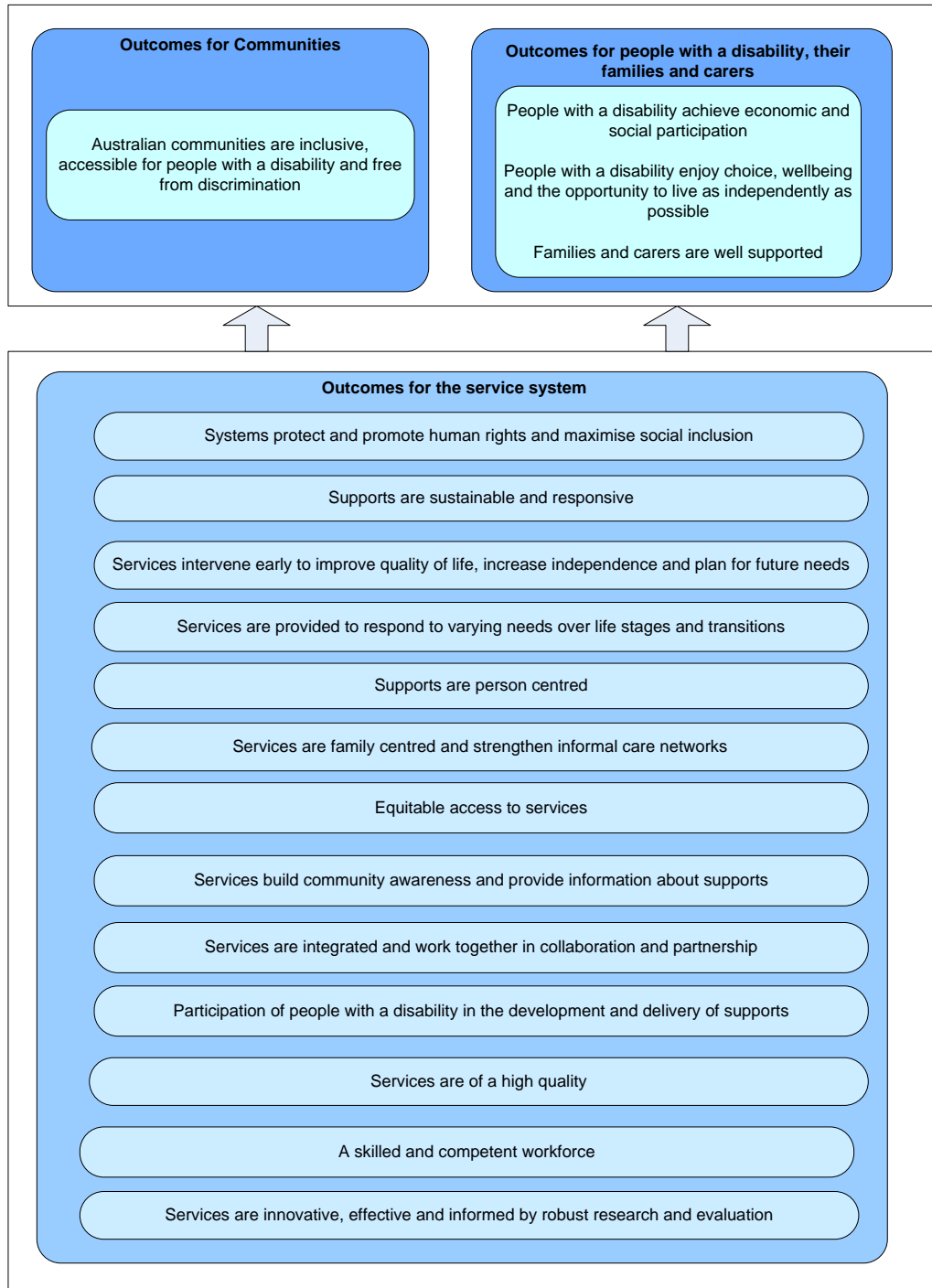
The evidence for these observations is derived from a combination of research and evaluation material, government policies and reports, and input provided by government officials and stakeholders that were consulted as part of this project. It is constrained by the limited availability of robust evaluation of existing policies and programs for disability services in Australia and internationally, which is common to many human service systems. The research base for contemporary practice is therefore patchy and as a result this report is also reliant on expert opinion and the experience of practitioners and stakeholders.

3.1 Outcomes for a contemporary, best practice service system

A robust strategic policy framework that provides a clear statement of the outcomes that the system aims to achieve is a fundamental aspect of contemporary best practice for human services systems within Australia and internationally.

Proposed key outcomes for a contemporary disability service system have been drawn from a range of examples of effective service system elements in Australia and international jurisdictions that were identified through the literature review and consultations undertaken for this project. The key outcomes of a contemporary disability service system are described, at three levels: for communities; people with a disability, their families and carers; and the disability service and support system. Where these key outcomes are consistent with the intent and content of the National Disability Agreement, the same language is used to avoid creating a multiplicity of outcomes and any confusion about meaning. These proposed key outcomes are presented in the following *Figure 1*.

Figure 1: Outcomes for a contemporary best practice service system¹



¹ The outcomes for people with a disability, their family and carers are sourced from the National Disability Agreement 2008. The outcomes for communities and for disability service systems are sourced from KPMG, and derived from an adaptation of existing outcomes in jurisdictional plans and the reflection of stakeholder views.

It is important that each element of the contemporary disability service system is focused on achieving the system outcomes identified above. For each outcome area, this report:

- provides a high-level description of the outcome;
- analyses the degree to which each key element has been implemented in Australian jurisdictions;
- details a small number of case studies from Australian and international jurisdictions that demonstrate how some features of contemporary best practice are being implemented; and
- draws out the key attributes of the contemporary practice examples that can form the basis of system reform activities.

3.2 Systems protect and promote human rights

Legislation and policy which embodies and implements the human rights principles of the United Nations Convention on the Rights of Persons with Disabilities ('UN Convention') are widely considered by disability groups, government officials and the literature to be a feature of best practice system responses.

Many Australian jurisdictions have recently revised their disability services legislation to further emphasise the rights of people with a disability – e.g. *Disability Act 2006 (Vic)*, *Disability Services Act 2004 (WA)* and *Disability Services Act 2006 (Qld)*. Victoria is the only jurisdiction to have the *Victorian Charter of Human Rights and Responsibilities 2006*, which is a legislative framework based on the Universal Declaration of Human Rights guaranteeing civil, political, social and cultural rights to all people in Victoria.

The consultations conducted for this project suggest that stakeholders in Australia have an expectation that there will be further reform to ensure that these human rights translate into everyday experiences for people with a disability in Australia. This requires increased effort to raise the awareness of the rights of people with a disability among service providers and the broader community and ensure that these rights are protected.

The UN Convention stipulates that countries that are signatories to the Convention are obliged to promote, protect and ensure these rights by adopting a number of measures. In being a signatory to the Convention, Australia is obliged to ensure its systems include the following measures, which therefore can be considered as international contemporary practice:

- adopting legislation and administrative measures to promote the human rights of people with a disability;
- adopting legislative and other measures to abolish discrimination;
- protecting and promoting the rights of people with disabilities in all policies and programmes;

- stopping any practice that breaches the rights of people with a disability;
- ensuring that the public sector respects the rights of people with a disability;
- ensuring that the private sector and individuals respect the rights of people with a disability;
- undertaking research and the development of accessible goods, services and technology for people with a disability and encouraging others to undertake such research;
- providing accessible information about assistive technology to people with a disability;
- promoting training on the rights of the Convention to professionals and staff who work with people with a disability; and
- consulting with and involving people with a disability in developing and implementing legislation and policies and in decision-making processes that concern them.

3.3 Systems maximise social inclusion

For people with a disability, social inclusion means that they have access to services that provide the skills and opportunities to enable education and labour market participation, and enable participation in the community. It also encompasses the principle that generic services are inclusive of, and accessible to, people with a disability, with specialist disability services complementing generic services rather than replacing them. Services should be provided such that they build the capacity and independence of individuals, with a focus on removing the barriers affecting people with a disability from being fully included in society.

Social inclusion is a key commitment of the recently signed National Disability Agreement, which replaces the third Commonwealth, State and Territory Disability Agreement (CSTDA). It is also a key outcome of the Commonwealth's *Productivity Agenda*, which aims to pursue reform in the areas of education, skills, training and early childhood development to foster human capital outcomes for Australians.

All Australian jurisdictions reflect the social inclusion agenda and acknowledge the need to increase the accessibility and responsiveness of generic services in their disability strategic or future plans. However, while all Australian jurisdictions have established social inclusion as a goal, there is a gap between this and the current reality for many people with a disability in Australia.

Achieving social inclusion will require practical and tangible measures which increase rates of employment and income support for people with a disability, as well as drive marked change in community attitudes. It also requires re-thinking and re-orienting traditional ways of delivering services to people with a disability which has seen them captured within a specialist disability service system and isolated from other human services and community life.

Some international jurisdictions are also grappling with similar challenges and are similarly focusing on community awareness, employment outcomes and social participation of people

with a disability. While no jurisdiction has appeared to have solved the issue, there are examples of contemporary practice that have achieved some success. These include the New Zealand Disability Strategy which has been found to have achieved a marked change in community attitudes and inclusiveness, and the European Union's Action Plan for Equal Opportunities for People with Disabilities 2004-2010, which has achieved some success in increasing employment of people with a disability.

Some of the key attributes of contemporary practice in social inclusion that may usefully inform future reform efforts in Australia are as follows.

- human services are inclusive and accessible to people with a disability and provide appropriate and responsive supports;
- employment programs create incentives for the employment of people with a disability and the creation of partnerships between government, the private and non-government sectors to create social firms that employ people with a disability;
- services intervene early to support early childhood development, the education of young people with a disability and foster partnerships between education and employment agencies to support the school to work transition;
- community awareness raising activities are conducted at a scale that is able to achieve marked change in attitudes across the community; and
- support for organisations, led and staffed by people with a disability, to provide supports and advocacy services.

3.4 Supports are sustainable and responsive

A key outcome for contemporary disability service systems must be that the supports they provide are sustainable and responsive. This can be a particular challenge for service systems that have limited resources and must therefore be based on prioritisation of need. Some aspects of responsiveness also relate to the outcomes of quality service and early intervention which are dealt with below.

Investment patterns in disability service systems have historically been driven by the location of particular services and ongoing investment in those services (particularly where services are fixed, for example accommodation facilities). In contemporary disability service systems, resource allocation and service planning are based on a robust understanding of service demand or need at an individual, local, jurisdictional and national level. This is a particularly important element given the increasing demand pressures on the system, which are being driven by changing demographic trends, improvements in medical technology that are prolonging human life, the ageing of carers and decline in informal support networks.

A direction of contemporary best practice disability service systems is to undertake needs assessment and service planning at the system and local levels using a population-planning based approach to estimate demand and plan resource allocation. A contemporary example of

this is the feasibility testing of micro-simulation modelling for disability services planning in Victoria. This approach uses multiple sources of data about individual and household characteristics like demographic, socio-economic, health and disability status, and living arrangements of the person with a disability, their family, carer or household to model and estimate service need in that locality.

An alternative approach is to estimate need at a jurisdictional or system level based on population wide averages or aggregated local needs data (which may be arrived at through micro-simulation). NSW has already used population modelling at the State wide level to support its resource allocation processes. Queensland is also developing a needs-based planning framework to be based at the local level. The National Disability Agreement includes as a priority area the 'Better Measurement of Need', which commits jurisdictions to developing a national model to estimate demand by mid 2010. This is to incorporate population data that is collected at the national level as well as unmet demand data held by individual jurisdictions.

The key attribute of contemporary practice in this area is the basing of investment decisions on reliable data of actual need, which can enable services to be more responsive and adaptive to need in the short, medium and longer term.

3.5 Services intervene early to improve quality of life, increase independence and plan for future needs

An important element of contemporary best practice disability service systems is placing a higher priority on early intervention, through increasing investment into services and activities that can support people with a disability to live as independently as possible and to build the resilience of informal care networks. Early intervention within the context of a disability service system, involves building, at an early stage, the capacity of people with a disability, their families and carers such that it prevents the number and severity of crisis presentations. This involves directing people with a disability and their families and carers to a range supports from across the broader human service system and within informal care networks at an early stage, which may reduce, delay or avoid the need for more intensive supports that are provided by the specialist disability service system.

The earlier that systems can build this capacity the better the outcomes for people with a disability and their families, the disability service system and society. Therefore, it is particularly important that effective interventions are offered at an early stage so that it has a preventative effect, for example, during early childhood, close to the time of an onset of a disability or at times of transition and change.

Early intervention has been recognised as a key focus for all of Australia's disability service systems. The challenge for governments providing early intervention services is how, in an environment constrained by limited resources, to divert funds from areas of high immediate need (i.e. crisis intervention services) to areas/programs targeting people with less immediate need, but which may save the system money and produce better outcomes in the long term. The design and implementation of programs to meet this goal and have positive long term outcomes requires budgetary tools and processes to support this re-orientation of investment and ongoing commitment.

This includes using robust program evaluation and cost benefit analysis of the longitudinal outcomes of early intervention activities to demonstrate the benefits. Although there has been convincing longitudinal research undertaken on the economic benefits of early childhood interventions in general,² there has not been specific work undertaken for children with a disability or developmental delay. It is however likely that similar benefits would be achieved for children with a disability or developmental delay and their families³. It would be desirable for any existing study in the Australian context to include children with a disability or developmental delay as a cohort.

The key attributes of contemporary practice in early intervention include a strong focus on increasing early intervention effort; evaluating the longitudinal outcomes from early intervention and assessing the economic benefits; and developing budgetary tools that assist with re-orienting investment towards early intervention approaches.

3.6 Services are provided to respond to varying needs over life stages and key transition points

A further element of contemporary best practice disability service systems is a system wide focus on improving support for people with a disability through key transition points in their lives (e.g. beginning school, leaving education and entering the workforce, beginning work, retiring and ageing).

The social model of disability services supports the concept that a person's support needs change over time, particularly during key transition points. The move of Australia's disability service system towards a social model of support has identified that people with a disability require stronger support during these key transition points.

Australian jurisdictions have identified transition points as an important area of focus. It appears however, that most effort is directed at two transitions – the transition from home to school and the transition from school to work. The stakeholder consultations identified that support for the transition from school to work is a high priority. Some jurisdictions acknowledged that this is a limitation of current systems that should be the focus for improvement.

The management of transitions in a contemporary disability service system generally occurs through early childhood interventions and through person centred planning. Early childhood intervention services need to be made easily accessible, based locally and affordable for children with a disability and their families. They need to focus on both the child with a disability and their carers and family, and assist them to access health services and to manage the key transitions through early childhood and to school.⁴ Person-centred planning should then focus on the longer term plan for the person with a disability which identifies their support needs and is reviewed and adapted over time at key transition points and as these needs change.

² For example, see the Perry Preschool Project evaluated by Heckman, J and Masterov, D. "The Productivity Argument for Investing in Young Children", Working Paper No. 5, *Invest in Kids Working Group*, October 2004.

³ Barnett, W. Economics of early childhood intervention. In J. Shonkoff and S. Meisels (Eds.) *Handbook of Early Childhood Intervention*. (2nd Ed.), 2000, Cambridge, UK: Cambridge University Press.

⁴ Batchelor, D. and Taylor, H. 'Social inclusion-the next step: user friendly strategies to promote social interaction and acceptance between children with disabilities and their peers', *Australian Journal of Early Childhood*, 2005, 30 (4), 10-18.

A further aspect of contemporary practice is to ensure person centred planning coordinates the range of supports that are available for key transitions, particularly between Commonwealth, state and territory agencies and non-government service providers.

3.7 Supports are person centred

The most significant shift in disability support in recent years has been the heightened focus on 'the individual' person with a disability, in recognition of their human rights and responsibilities. This is also known as 'person centred', 'individualised' or 'self directed' approaches. This moves away from traditional models of support that were program based and 'one-size fits all', with responsibility left to the person with a disability, their family and carers to identify and obtain access to various programs.

The core elements of the person centred approach involve:

- *person centred planning*: planning that is personalised and directed by the person, with support if needed, or, in the case of children, is child and family centred;
- *individualised funding*: resources that are allocated based on needs which are identified through the planning process, to support the design and identification of supports that are flexible and responsive to individual needs; and
- *individualised support*: support approaches that involve a combination of formal and informal, public and privately provided services coordinated to deliver the best outcomes in response to the individual's circumstances.

All jurisdictions are implementing reforms to make their disability service systems more person centred, however all are currently at various stages of change. Many have developed key policy and strategy documents with a particular focus on the individual. Examples include the National Disability Agreement; and strategic policy statements in Western Australia, Queensland, ACT, and NSW. Individualised funding is being implemented in many jurisdictions to varying extents: Victoria, Western Australia, NSW, Queensland, Tasmania, ACT, and NT. Further implementing person centred approaches and direct funding models is identified by a number of jurisdictions (Victoria, NSW, Tasmania, ACT) as one of their current reform priorities. Direct payments to people with a disability (or self-managed funding) have been in place in Western Australia for more than 20 years, and are currently being trialled in Victoria.

Internationally, person centred approaches are a strong feature of disability service systems in the United Kingdom, USA and Canada, where there has been a strong move towards individualised funding and direct payments to people with a disability to choose and purchase their supports.

A further element of person centred planning in Australia is its connection with local area planning which assists in the identification of available supports in the person's local area. Local area coordination is being implemented across several Australian jurisdictions including WA, NSW, ACT and Queensland.

Contemporary practice in Australia and internationally therefore has a strong emphasis on moving away from program driven service provision to a system based on people with a disability accessing the range of general community supports that fit their needs and aspirations, and maximise the use of informal supports. Where disability supports are required, they are tailored to and directed by the individual. The central concept is that people with a disability should be able to identify, design and oversee the support and resources they require thereby increasing their self determination and independence.

3.8 Services are family centred and strengthen informal care networks

A current trend in the provision of contemporary disability services is increasing support for families and carers of people with a disability. This flows from the respect for the rights of people with a disability to live in the community and their home and family; the social inclusion agenda and the emerging focus on the individual as a unique person with family and social relationships.

Person centred planning takes account of the existing supports, formal and informal, in the life of a person with a disability. Governments in Australia have been moving to invest in strengthening the capacity of families and carers to care for people with a disability through provision of flexible respite, funding and caring arrangements to better support carers.

An emerging 'best practice' approach for supports to families with children with disability which is evident in the literature is the family-centred approach. Similar to the person-centred approach discussed above, the family-centred approach requires services to:

- respect and support families as experts in their children's or relative's care;
- respond to global needs, not just the disability;
- encourage the participation of all family members, rather than designating one individual (usually the mother) as the family expert and decision-maker;
- take account of family demands and schedules;
- encourage collaboration between practitioners and families so that families have access to latest available and unbiased information to feel confident in making decisions;
- identify the strengths or factors of resilience in the family and build supports on these;⁵
- support the person with a disability and the family as a whole, including siblings;
- consider how disability interventions interact with other interventions; and

⁵ Muir, K., Tudball, J. & Robinson, S. *Family resilience where families have a child (0-8 years) with disability: Final report*, SPRC Report 10/08, report prepared for the Disability Policy and Research Working Group (DPRWG), 2008, Commonwealth State/Territory Disability Agreement Australian Government, Social Policy Research Centre, UNSW, June 2007.

- allow parents to be parents, not case managers or service coordinators.⁶

Models of support suggested in the literature include: flexible funding that is tailored to the needs of the family as a whole; effective communicators who can inform families about the services they can access, offer some emotional support and help co-ordinate the range of supports and services they use; and coordinated services with a single point of contact at family services such as family centres. The central focus however must always be on the person with a disability and their needs and desires, particularly as children with a disability grow into adults.

A further emerging area of contemporary practice internationally and within Australia is the building and strengthening of informal care networks around a person with a disability with the goal of increasing their capacity for independent living. Examples include the establishment of 'key ring networks' around people with a disability which are focussed on building relationships and connecting them to their community based on their interests and contributions. A variation on this approach is the creation of 'microboards' which involve building a support network around a person with a disability and formalising this network as a not-for-profit organisation. Funding mechanisms like direct payment of support packages for individuals are then used to complement this approach – the payment is made to the 'micro board' in order to organise and purchase supports. The microboard combines the benefit of a structured personal network with a technical and legal capacity to receive funding, take out insurance and employ staff.

The key attributes of contemporary supports that are family centred and strengthen informal care networks are that they focus on the needs of the whole family that is caring for a child or adult with a disability, are strengths based, aim to maintain and increase family resilience, and build informal care networks around people with a disability that connects people with their neighbours and local community.

3.9 Equitable access to services

Facilitating access to services is a critical component of all service systems which has numerous dimensions, including: ensuring equity of access for all potential service users (at individual, group, cultural and geographic level); ensuring information is provided in accessible ways; that access points are clearly identifiable and pathways into services are smooth and transparent; referral procedures and linkages exist between the service system and other relevant service systems; and that service models and approaches are appropriate to a range of different client groups.

Generally all jurisdictions within Australia utilise programs and initiatives to enable people with a disability to access available services. Mechanisms used to support access have included:

- centralised access points providing information, support, referrals and assessment which are being implemented in a number of jurisdictions (e.g. SA, NT, WA), with others looking to implement similar models (Tasmania, NSW); and

⁶ Moore, T. & Larkin, H. *More Than My Child's Disability: A comprehensive literature review about family-centred practice and family experiences of childhood intervention services*, 2005, Scope: Melbourne

- various entry points into the disability service system – for example, the Australian Government utilises a number of different entry points into employment services (e.g. JobAccess, Disability Employment Network, Commonwealth Carelink Centres).

The NDA commits governments to the development of a National Framework for Service Planning and Access to be developed, which will focus on simplifying access to specialist disability services.

There has also been an emphasis on improving access by:

- people with a disability to all human services through government access and inclusion plans which are developed by all government agencies in WA, NSW, Tasmania and SA; and
- special groups, including Aboriginal and Torres Strait Islander Australians and people from cultural and linguistically diverse backgrounds.

However, increasing access for special groups is a continuing challenge for a number of jurisdictions. The NDA identified the need for the development of a National Indigenous Access Framework to ensure that the needs of Aboriginal and Torres Strait Islander Australians with a disability are addressed through appropriate service delivery arrangements. Contemporary approaches to achieving this objective include developing culturally appropriate models of supports, embedding strong partnerships between specialist service organisations for these groups and the broader service system, access to translation services where required, and the development of culturally appropriate information about supports.

As a person with a disability may require access to multiple supports, there may also be multiple assessment processes in place. A key element of contemporary, best practice disability service systems is therefore ensuring that access points are easily identifiable, provide clear information and have straightforward and consistent assessment processes. Lastly, new ways of increasing the capacity of human services to respond to the needs of people with a disability is required. This is a relative new area of contemporary practice in Australia and internationally, however approaches include establishing joint programs and partnerships between disability and other human services and examining new funding levers to expand the capacity of human services to meet the needs of people with a disability, such as through increased income support and social insurance schemes.

3.10 Services build community awareness and provide information about supports

The provision of information is a pivotal part of an effective disability service system. It supports and empowers people with a disability, their families and carers to make choices about their supports and to live as independently as possible.

Information and communication is also a powerful mechanism to raise awareness and influence attitudes and behaviours within the broader community in order to increase the inclusion of people with a disability in the social and economic fabric of our society. It is essential that these programs be informed by evidence of effective and accessible communication methods and

expanded to achieve a broader level of awareness of the value and contribution of people with a disability in our community. It also requires understanding of and allocating resources to new methods to facilitate accessibility through the utilisation of technology.

Most of the information supports provided to people with a disability in Australia are provided by the Australian Government – e.g. Print Disability Services (the NDA commits to modernise this service), Postal Concessions for the Blind Program, National Auslan Interpreter Service, National Information and Captioning Services.

However, most jurisdictions have also implemented mechanisms to provide information to people with a disability through websites, advocacy organisations, print disability services and information access points. In connection with implementing person centred reforms, a number of jurisdictions have identified the provision of accessible, timely and accurate information as a key reform priority. There have also been some community awareness campaigns on the rights of people with a disability.

The key attributes of contemporary practice in information provision and communication include:

- community awareness campaigns promote the rights of people with a disability, their families and carers;
- provision of information about supports and services in accessible formats; and
- participation of people with a disability in all aspects of service development and delivery.

3.11 Services are integrated and work together in collaboration and partnership

Increasingly integration, partnership and collaboration are seen as a key component of contemporary disability service systems. This approach is important at several levels:

- between government agencies in developing strategic policy and making resource allocation decisions;
- between disability and other human services in order to improve the capacity of human services to provide support to people with a disability and to smooth the pathways between them; and
- between government and non-government service providers in improving the coordination and integration of service delivery.

The increased reliance on partnerships and coordination between government agencies and service providers is a current theme for reform of disability services in Australia, which aims to improve the integration, coordination and responsiveness and accessibility of all human services and enables better targeting of disability services.

As a consequence of significant disability service reviews, Tasmania and the NT are currently undertaking collaborative work to integrate disability services with other human services. 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.

NT has committed to implement an integrated generic and disability service model within five years. This model will enable people with a disability to receive appropriate information, assessment, support and services through the generic delivery arms of health, education and community services sectors. Other states and territories also have in place examples of greater collaboration across government services through memoranda of understanding, protocols and joint programs.

However, the need for increased coordination and integration of government services is recognised across the human services sector, and is a current trend in the delivery of disability services. Successful coordination and integration relies on purposeful partnerships, shared infrastructure and linked processes between jurisdictions, government agencies and service providers. It requires cooperation and removing barriers within and between government jurisdictions and having clear, efficient and justifiable allocation of roles and responsibilities between the different human service sectors like disability services, housing, aged care, mental health and community health care.

Contemporary disability service systems include range of approaches by service providers to use more 'joined up' ways of working, such as networking and cooperation, through to coordination and, lastly, higher intensity forms of working together such as collaboration and partnership. A key objective of this partnership approach must be to increase access to human services and smooth pathways between the disability and human service systems.

3.12 Participation of people with a disability in the development and delivery of supports

Consistent with the principles of participation and self determination, an observable trend in Australian and international disability service systems is an increasing role played by people with a disability, their families and carers in the design and delivery of support programs and services at a local level.

All jurisdictions have processes in place to ensure the participation of people with a disability – through disability advisory councils; reference groups; public submission processes to inform evaluations or policy development; and advocacy groups.

Emerging contemporary best practice internationally includes the direct involvement of people with a disability, their families and carers in providing information, advocacy and support to other people with a disability, assisting them to exercise choice and to determine their individual supports. The approach also fosters the participation and empowerment of people with a disability both in terms of those delivering the service as well as those receiving it, thereby increasing social participation and inclusion. Examples of this approach are the User-led Action and Learning sites in the United Kingdom, and Independent Living Centres in Canada, which

are controlled and staffed by people with a disability, and offer advocacy, information and support for people with a disability in their local area.

An element of best practice in contemporary disability service systems, and a key priority for the disability organisations consulted as part of this project, is to ensure that people with a disability and their family/carer are involved at all levels of the disability service system including research, policy and program development, service delivery and evaluation. This requires the establishment of governance mechanisms that enable and facilitate the participation of people with a disability and their representatives in key decision making processes, and enable the direct involvement of people with a disability in the delivery of support services.

3.13 Services are of a high quality

A quality culture within the disability services sector is essential to achieving the intended outcomes for people with a disability, their families and support networks.

These key elements of 'quality' include:⁷

- *Quality assurance* - which focuses on measuring the extent to which services demonstrate performance against agreed best practice standards. Best practice standards can refer to the way in which services are provided to individuals (and are developed to respond to client need), or may relate to elements of organisational governance and can be framed to measure performance against outcomes for people with a disability and their families and carers.
- *Risk management* - involving a focus on continually identifying, monitoring and responding to the risks associated with the individual and the delivery of services.
- *Quality improvement* – which aims to enhance service quality through a continuous process that identifies problems, develops solutions to those problems, and regularly monitors action taken to support improved performance. In the context of support provision for people with a disability, a focus is the effectiveness of services in terms of supporting the achievement of the individual's goals.
- *Capacity building* – which focuses on supporting the abilities and potential of both individuals and organisations to achieve positive outcomes.

There is considerable variation in the nature and shape of quality systems in place for disability services across Australia, with various jurisdictions at different points of reform in the move away from a solely compliance and standards-based approach towards a greater emphasis on quality assurance, quality improvement and assessing the achievement of outcomes. Particular examples of contemporary practice include the quality systems in Victoria and Western Australia which incorporate measurement of outcomes, a focus on quality improvement and capacity building. Queensland's quality management system requires service providers to coordinate client assessments of their service provision (via 'audit trained service users'), therefore ensuring that the services are responsive to the needs of people with a disability.

⁷ This section has been adapted from the findings of a desktop review completed by KPMG in developing a quality and outcomes framework for Disability Services in Western Australia.

The attributes of contemporary quality systems in the disability sector include:

- a focus on achieving meaningful outcomes for an individual with a disability, their families and support networks;
- clearly articulated standards against which service performance is measured;
- robust approaches to performance measurement and quality assurance (including compliance with the standards);
- a focus on continuous quality improvement; and
- a focus on capacity building, at the individual, service and system levels.

3.14 A skilled and competent workforce

A skilled and competent workforce is an essential component of good practice disability service system.

Disability services policy directions have changed many aspects of the way disability services are delivered in Australia, which have had significant impacts on the disability services workforce. The key policy directions include the shift to community-based care, greater focus on person-centred planning and support, a greater focus on risk management, and a changing context of care provision.

Changes in the disability services workforce have also occurred, and a number of factors are predicted to impact on the disability services workforce in future years, including: the ageing of the population and the workforce in general, leading to declining rates of labour force participation and a more competitive labour market, a decline in the traditional disability workforce pool (that is, women aged over 35 years), an increasing casualisation of the workforce, and the need for increasing flexibility in work arrangements.

Most jurisdictions are currently working to improve their disability workforce. Key developments in Australia include:

- the National Productivity Agenda,
- the development of a national workforce strategy to address issues in qualifications, training and cross sector career mapping. It aims to establish the disability sector as an 'industry of choice' by the end of 2010;
- industry plans for the disability workforce (Western Australia and Victoria) - focussing on the achievement of strategic objectives for disability services and long term actions;
- National Disability Services (NDS) National workforce project; and

- disability workforce development strategies in Victoria, Tasmania, Queensland, ACT and South Australia.

There are several components to workforce development in contemporary disability service systems including: workforce planning; attraction, retention and recruitment strategies; employment models; pre-service education and learning and development. Some key attributes of contemporary practice are:

- strategic workforce planning is undertaken at the system and organisational levels;
- capability, values and behavioural frameworks for the workforce are developed, linked to outcomes for people with a disability and their families and carers, and incorporated into organisational systems; and
- initiatives are implemented to attract, recruit and train employees.

3.15 Services are innovative, effective and informed by robust research and evaluation

Generating knowledge that can lead to improved outcomes for people with a disability and their families through improvements in the effectiveness or efficiency of services and responses, or through the development of new models of support improvements to existing approaches, is a component of all best practice service systems, including the contemporary disability service system.

Most jurisdictions in Australia have recently undertaken evaluations of their disability service systems, which form the basis of their current reform directions. This includes:

- Australian Government's *Review of Disability Employment Services*;
- ACT has recently undertaken reviews of the Future Directions framework, local area coordination in the ACT and of the role of government as a service provider;
- disability service system reviews in the NT and Tasmania;
- Victoria's *Evaluation of the Direct Payments Project* and development of a strategic framework for disability services; and
- WA's disability services sector health check.

However, generally it is apparent that there is a gap in the extent of program evaluation that focuses on the achievement of outcomes for people with a disability and their families and carers. This makes the development of evidence based interventions more difficult and limits the capacity of jurisdictions to share learning from particular programs.

Within a contemporary best practice disability service system, research and evaluation should be essential processes for building an evidence base to support the development of programs

and service approaches that will achieve the outcomes desired by the system, and to ensure that government funding is directed to those activities that are best able to deliver the outcomes in an efficient manner.

As such, research and evaluation are closely related to quality processes and share a common aim of improving disability service system and program effectiveness. Best practice approaches to research and program are characterised by:

- a focus on outcomes and effectiveness;
- participation of people with disability, their families and carers; and
- identification and sharing of best practice.

4 Implications

This analysis of contemporary best practice in disability service systems across Australia and internationally is intended to be a source of advice and input for jurisdictions in considering future reform directions.

It provides an ‘as-is’ analysis of current disability service systems which provides a solid baseline for thinking about future reform directions and the potential implications for different jurisdictions.

The high level outcomes are intended guide future thinking about priorities for national reform. Some of these outcomes, for example those for people with a disability, their families and carers, are sourced from the new National Disability Agreement and therefore have already been agreed. Further consideration may be given to system level outcomes as the next level of detail for how the existing outcomes could be achieved.

The identified elements of contemporary best practice summarised in this report are intended to be an input into decision making at the national and jurisdictional level about particular approaches that may be appropriate for adoption or adaptation. They are not intended to be a prescription for reform.⁸ Many of these will not be appropriate for all circumstances and therefore flexibility for local adaptation should provided. Consequently, the report has sought to draw out the key attributes of these contemporary examples which have the potential to impact on the achievement of the identified outcomes.

⁸ It should be noted that the evidence on effectiveness of particular interventions is limited in Australia and internationally, as program evaluation is patchy and often does not explicitly consider the impact of the program on outcomes for people with a disability, their family and carers.