2011

THE LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

ACT GOVERNMENT RESPONSE TO THE STANDING COMMITTEE ON HEALTH, COMMUNITY AND SOCIAL SERVICES

LOVE HAS ITS LIMITS: RESPITE CARE SERVICES IN THE ACT

APRIL 2011

Presented by
Joy Burch MLA
Minister for Disability, Housing and Community Services

5 - 4 - 2011

Government Response Overview

Recommendation	Government View
1. The Committee recommends that the Department of Disability, Housing and Community Services (DHCS) and ACT Health develop a common definition of respite that includes the role, purpose and benefits of respite care for the carer and care recipient and promote the information on their websites and in relevant policy documents.	Agreed
2. The Committee recommends that the ACT Government provide more information about how the aims and objectives of all ACT Government policies, strategies and action plans relating to carers and respite care services will be met, and to ensure that there are adequate services to fulfil the intended goals of all such documents.	Noted
3. The Committee recommends that Disability ACT conduct a review of the programs and activities at the four ACT Government centre based respite houses with a view to engaging external expertise to provide therapeutic and creative outlets for the residents.	Agreed in Part
4. The Committee recommends that the ACT Government seek to establish after-school care programs at the four ACT Government special schools, The Woden School, Black Mountain School, Cranleigh School and Malkara School to ease the pressure on respite care services and working carers.	Agreed in Part
5. The Committee recommends that the ACT Government determine the level of need for young carers and provide additional funding as required to young carers programs to ensure that young carers have access to appropriate support when required.	Noted
6. The Committee recommends that the ACT Government determine the number	Agreed in Part

of older carers, over the age of 60, providing primary care for an adult child with a disability and/or a mental illness in the ACT, and based on the findings increase the capacity of the Stepping Stones for Life Program or establish a similar service.	
7. The Committee recommends that the Minister for Disability, Housing and Community Services table, in the Assembly, by March 2011, the Government's response to the recommendations made by The Echidna Group in its Feasibility Study for Respite Care for Aboriginal & Torres Strait Islander Peoples and state the Government's intention in relation to an Aboriginal and Torres Strait Islander specific respite facility in the ACT and the timeframe intended to complete this.	Agreed in part
8. The Committee recommends that the ACT Government develop bilingual programs for new and emerging communities in the ACT aimed at de-stigmatising disability and mental illness and raising awareness about respite care services and other support services, with a particular emphasis on the benefits for both carer and care recipient.	Agreed in Principle
9. The Committee recommends that the ACT Government continue to support Tandem to ensure that the provision of weekend respite for people with a disability and those living with a mental illness is sustainable in the long term.	Noted
10. The Committee recommends that the ACT Government give serious consideration to organisations such as the Community Living Project's proposed 'urban village' model of supported accommodation for people with a disability, given the shortage of supported accommodation options in the ACT and the significant support this model has among families caring for a child/adult with a disability.	Noted
11. The Committee recommends that the ACT Government identify the number of people that require supported	Agreed

accommodation and take appropriate action to meet the current and future housing needs for people with a disability and/or mental illness including the identification of alternative housing models.	
12. The Committee recommends that the ACT Government investigate flexible respite options to meet the diversity of needs, with a view to establishing new models of respite services in the ACT that are truly responsive to the needs of carers and care recipients.	Agreed in Part
13. The Committee recommends that the Minister for Disability, Housing and Community Services table in the Assembly, by the last sitting day in March 2011: 1) the outcomes of the internal review assessing Disability ACT services compliance with the National Disability Service Standards (particularly the respite care houses); and 2) details of the communication and compliance strategy for community service providers.	Agreed
14. The Committee recommends that DHCS increase its current capacity of conducting five service audits per year, by engaging an external auditor to review all ACT Government funded organisations providing respite care services by the end of 2011, to ensure they are in compliance with the National Disability Service Standards, as many services have not had an external review since 2006.	Agreed in Principle
15. The Committee recommends that the Minister for Disability, Housing and Community Services report to the Assembly how the external monitoring for compliance against the National Quality Framework for Disability Services in Australia will be conducted and what additional resources will be required and the timeframe for implementation.	Noted
16. The Committee recommends that the ACT Government establish an Official Visitor Scheme for disability services located within the Office of the Public Advocate of the ACT.	Noted
17. The Committee recommends that the	Agreed

ACT Government promote the role of the Commissioner for Disability and Community Services in handling complaints through websites and community outlets.	
18. The Committee recommends that community organisations funded by the ACT Government to provide respite care services be required to promote their complaints policy and procedures on their websites with a direct link to the Department of Disability, Housing and Community Service's Compliments and Complaints webpage.	Agreed
19. The Committee recommends that the ACT Government expands its funding program to enable a greater number of government and non-government workers to complete the Certificate IV in Disability Work and to include Certificate III in Community Studies for mental health workers.	Noted
20. The Committee recommends that the ACT Government work with the disability sector to establish a minimum mandatory qualification for all paid disability support workers in government and non-government services; and Develop a framework to ensure that all volunteers be appropriately trained.	Noted
21. The Committee recommends that the ACT Government factor the cost of the Portable Long Service Leave Scheme into service funding agreements to ensure that community organisations are not financially disadvantaged.	Noted
22. The Committee recommends that the ACT Government conduct an education campaign detailing the provisions and requirements of the Portable Long Service Leave Scheme for the community sector to ensure that community services are aware of their obligations under the scheme.	Noted
23. The Committee recommends that DHCS work with ACT Health to extend its disability marketing and communication plan to promote	Agreed

information access points in the community sector, to people with a mental illness and the frail aged and their carers.	
24. The Committee recommends that the ACT Government increase its capacity to provide case management and/or case coordination for people of all ages whose needs require them to access and negotiate a complex range of health and other services.	Agreed in Principle
25. The Committee recommends that the ACT Government examine the community partnership model developed by Dr Leanne Craze as part of the Building Capacity in Community Mental Health Family Support and Carer Recognition project with a view to supporting its implementation across government and non-government service providers.	Noted
26. The Committee recommends that the Minister for Health, table in the Assembly, by the last sitting day in March 2011, the results of the community sector mental health services review.	Agreed
27. The Committee recommends that the ACT Government ensure that the development of the 'no wrong door' model of service delivery is well planned and fully resourced and extends across the disability and mental health sectors.	Noted
28. The Committee recommends that a formula for growth funding be developed for disability services, as per health funding, and that this formula be applied to the 2011–2012 Budget process, as recommended by the Select Committee on Estimates 2010–2011.	Noted

Government Response to the Standing Committee on Health, Community and Social Services

Introduction

The ACT Government welcomes the report from the Standing Committee. The ACT Government Response agrees to seven recommendations, agrees in principle to three recommendations, agrees in part to five recommendations and notes 13 recommendations, many of which have already been considered or addressed.

Recommendation 1

The Committee recommends that the Department of Disability, Housing and Community Services (DHCS) and ACT Health develop a common definition of respite that includes the role, purpose and benefits of respite care for the carer and care recipient and promote the information on their websites and in relevant policy documents.

Agreed

The Respite Services Stakeholder Group (detailed at recommendation 3) will progress work on a plain English description of the purpose and benefits of respite services for the person assisted and for their family or carer.

It is noted that there are nationally agreed definitions of *respite* for the purposes of the allocation of funding and data collection under the National Disability Program and Home and Community Care Program. These formal definitions are slightly different. ACT Health is required to work to the National Data Dictionary definitions for defining service delivery.

Services funded under the National Disability Agreement define respite as:

Respite services provide a short-term and time-limited break for families and other voluntary care givers of people with disability, to assist in supporting and maintaining the primary care giving relationship, while providing a positive experience for the person with a disability (National Minimum Data Set 2009-10)

The National Home and Community Care program defines respite as:

Assistance received by a carer from a substitute carer who provides supervision and assistance to their care recipient (even though the carer may still be present).

For people assisted by a respite service the intent of the programs are ostensibly the same. Respite services provide a break to a person in a caring role and provide a meaningful and appropriate support service to the person with the disability; or who is elderly or who has a mental health issue.

Recommendation 2

The Committee recommends that the ACT Government provide more information about how the aims and objectives of all ACT Government policies, strategies and action plans relating to carers and respite care services will be met, and to ensure that there are adequate services to fulfil the intended goals of all such documents.

Noted

The ACT Government acknowledges the need to engage with carers, people receiving care, and carer support services. While the ACT has a range of policies and legislation that support carers, the ACT Government proposes an *ACT Carers Charter* to provide further recognition for carers and renew existing commitments to support carers in the ACT. The carers charter discussion paper highlights how the charter would be upheld. The carers charter discussion paper is located at: http://www.dhcs.act.gov.au/__data/assets/pdf_file/0005/162752/ACT_Carers_Charter_Discussion_Paper.pdf

ACT Government policies and strategic plans are intended to outline the overarching aims of the government and the key priority actions and milestones to achieve those aims. In working towards the strategic aims in its core strategic platforms (including The Canberra Plan and the Canberra Social Plan) the ACT Government will prioritise resources with consideration of the range of priority needs across the ACT. The response to need is not necessarily reliant upon services.

Disability ACT will continue to report quarterly to the Strategic Governance Group (SGG) on the implementation process and progress against the 22 actions in the *Implementation Plan 2010-2014 - Future Direction: Towards Challenge 2014.*

The Strategic Governance Group has a key leadership role to ensure that the outcomes envisaged by *Future Directions: Towards Challenge 2014* are achieved. The Group is comprised of people with a disability, the families or carers of people with disabilities, a representative of the ACT community sector and a senior officer from ACT Health. The SGG is jointly chaired by the Chief Executive of DHCS and a community representative.

Recommendation 3

The Committee recommends that Disability ACT conduct a review of the programs and activities at the four ACT Government centre based respite houses with a view to engaging external expertise to provide therapeutic and creative outlets for the residents.

Agreed in part

Disability ACT has established a Respite Services Stakeholder Group (Stakeholders Group) to inform the Feasibility Study into the four respite houses. This work will inform the development and enhancement of the built form to best meet the safety and service needs of people using the services.

This work will also take into account the needs and concerns of people who are seeking a service of this type but have elected to not use the Disability ACT respite services.

Disability ACT already has current information related to the types of programs and activities that constitute a contemporary respite service and as much as possible implement these programs and activities within existing services and resources. The redesign of the Disability ACT respite service will enable the agency to enhance the suit of service options within current resources.

In addition, the Stakeholder Group will consider the service model features needed to ensure optimum opportunities are available for service users to experience appropriate:

- skill development,
- social and community engagement; and
- support and assistance.

Recommendation 4

The Committee recommends that the ACT Government seek to establish after-school care programs at the four ACT Government special schools, The Woden School, Black Mountain School, Cranleigh School and Malkara School to ease the pressure on respite care services and working carers.

Agreed in part

DHCS is commissioning work to establish after-school care and holiday programs for children over the age of 12 with a disability.

This work will include stakeholder consultation and seek to identify options and the extent of any likely demand. Current research supports the benefits of an integrated approach for students of differing abilities and support needs. This work will seek to identify the extent to which specialist provision would be more appropriate.

Options resulting from this study will include identifying any resource implications related to transport and support provision. The location of any resulting provision will be considered by Government in the context of available resources and existing priorities.

Recommendation 5

The Committee recommends that the ACT Government determine the level of need for young carers and provide additional funding as required to young carers programs to ensure that young carers have access to appropriate support when required.

Noted

The Australian Bureau of Statistics (ABS) data is used to inform future service planning for young carers in the ACT. According to the 2003 ABS Survey of Disability, Ageing and Carers (SDAC), the ACT figures indicate there may be 2700

carers between the ages of 18-24 which is approximately 7% of all the young people in the ACT in that age range.

There is difficulty in accurately determining the numbers of children and young people undertaking caring responsibilities. Carers of any age do not necessarily identify as being a carer. In responding to the needs of children and young people who do have a role in caring for a family member, the ACT Government has a range of services and supports in place. These include specific carers support services and also generic responses to support children and young people in domains where they may feel more comfortable – through school supports and youth service and centres.

The ACT Government provides annual funding to support numerous programs including:

- Anglicare - Cyclops Program $312,271 (DHCS)
- Carers Advocacy Service $79, 739 (DHCS)
- St Vincent De Paul's – St Nick's Program $12,294 (DHCS); and
- Kincare – Young Carers Respite $276,950 (ACT Health).

In addition, Carers ACT receive Federal Government funding of $135,687 for its Young Carers Program (Department of Health and Ageing and Department of Families, Housing, Community Services and Indigenous Affairs). The Federal Government also funds Litmus (run by Anglicare and co-located with CYCLOPS) a program which works directly with young carers, caring for a parent (or other family member) with a mental illness.

Recommendation 6

The Committee recommends that the ACT Government determine the number of older carers, over the age of 60, providing primary care for an adult child with a disability and/or a mental illness in the ACT, and based on the findings increase the capacity of the Stepping Stones for Life Program or establish a similar service.

Agreed in Part

The National Minimum Data Set, completed by agencies receiving disability program funding under the National Disability Agreement, collects data on the age of carers of service users who have a disability. This data includes people aged 65 years and over.

Population projections are used to determine the number of people potentially within a target population who may need to, or be eligible to receive, formal support services.

The national data collection enables government to determine the proportion of people in the population group who are accessing the formal support services.

Disability ACT provides $2 534 596 per annum in funding specifically to programs to support mature carers over the age of 65:

- CatholicCare $909,345
- Koomarri $750,081
- Carers ACT $875,169

Disability ACT notes the work of Stepping Stones for Life which receives annual funding of $108,235 to assist ten older carers to plan for and move towards sustainable long term accommodation and support arrangements for their family member with a disability. As one of many different support services and models it provides useful learnings for future development. Disability ACT will continue to prioritise the needs of ageing carers within the resources available and fund within existing resources a range of planning and co-ordination options which are acceptable to the people seeking support.

Recommendation 7

The Committee recommends that the Minister for Disability, Housing and Community Services table, in the Assembly, by March 2011, the Government's response to the recommendations made by The Echidna Group in its Feasibility Study for Respite Care for Aboriginal & Torres Strait Islander Peoples and state the Government's intention in relation to an Aboriginal and Torres Strait Islander specific respite facility in the ACT and the timeframe intended to complete this.

Agreed in part

In 2008, the Department of Disability, Housing and Community Services engaged The Echidna Group to undertake a feasibility study for respite care for Aboriginal and Torres Strait Islander peoples. The report of this study is largely academic and provides a valuable outline of available literature, research and practice particularly in NSW. The Echidna report did not recommend the development of a specific respite facility. The study was published online as an academic resource and the ACT Government does not plan to formally respond to the findings.

The information in the study is informing Disability ACT's current work to develop a *Policy Framework for Aboriginal and Torres Strait Islander Peoples with a Disability and their Families.* This framework will improve the agency's response to the needs of Aboriginal and Torres Strait Islander peoples with disability, their families and communities. A senior policy officer for Aboriginal and Torres Strait Islander service provision was engaged in November 2010 and has been engaging with people in the local community as to how best proceed. This framework builds on the Department of Disability, Housing and Community Services' Reconciliation Action Plan and is being developed alongside work on a National Indigenous Access Framework (under the National Disability Agreement). The ACT framework will be developed during 2011.

Recommendation 8

The Committee recommends that the ACT Government develop bilingual programs for new and emerging communities in the ACT aimed at de-stigmatising disability and mental illness and raising awareness about respite care services and other support services, with a particular emphasis on the benefits for both carer and care recipient.

Agreed in principle

The ACT Government employs a range of strategies to increase the presence and participation of people with disability in the ACT community and to promote the

range of support services which are available across all community and government services.

The ACT Government agrees that the information about support services needs to be available in a range of accessible formats; but does not agree that the most effective way of responding to any unmet need is by developing new bilingual programs.

The Business Leaders, Innovative Thoughts and Solutions (BLITS) is an ACT Government initiative which engages people with disability as customers, suppliers, employees and employers in business, the arts and sport. BLITS has undertaken an oversight role over Disability ACT's Awareness Program which is a three year program aimed at increasing the participation, presence and respect for people with disabilities in the cultural, economic and social life of the ACT community. This is also a key action in the *Future Directions: Towards Challenge 2014.*

The ACT Government acknowledges the need for a range of culturally appropriate support services to respond to the diversity of need, circumstance and past experience of both new and established members of the ACT community. The Standing Committee Report refers to a number of the government funded community support providers responding to the needs of people from culturally and linguistically diverse (CALD) backgrounds. These services are well placed to provide information about the role of the existing suite of services and offer information to address potential perceptions of stigma associated with disability, mental health issues and other circumstances.

Disability ACT funds Baptist Community Services $0.241million per annum through a three year contract for in-home respite (care in service users own home). The target population is people who are from CALD backgrounds and with disabilities; the ages of people assisted range from five years to the elderly.

ACT Health currently provides funding that supports numerous programs that include education, activities or components that are directly aimed at de-stigmatising mental illness and raising awareness about ACT mental health services to all CALD communities within the ACT. Initiatives include:

- Mental Health Literacy and De-stigmatisation Program through the Mental Health Community Coalition ACT – entitled 'Transforming Perceptions;
- ACT Women and Mental Health Working Group;
- The Transcultural Mental Health Network;
- The Mental Health Transcultural Liaison Officer position within Mental Health ACT; and
- Companion House – Assisting Survivors of Trauma and Torture.

Recommendation 9

The Committee recommends that the ACT Government continue to support Tandem to ensure that the provision of weekend respite for people with a disability and those living with a mental illness is sustainable in the long term.

Noted

The Government has an ongoing commitment to enhance respite services and will be informed by the Respite Service Stakeholder Group and a range of other mechanisms

to continue this work. A range of models and providers may be the most flexible and responsive way of meeting needs.

In addition to the Mature Carers funding outlined at Recommendation six above, Disability ACT provides approximately $2 million dollars per annum for respite services; this includes annual funding to CatholicCare - $203 678, Carers ACT - $875 169, Tandem - $708 497 and Hartley Lifecare - $243 308.

In addition, ACT Health provides funding of $560, 925 per annum to Carers ACT, Community Options and Community Connections to provide flexible family support services.

Recommendation 10

The Committee recommends that the ACT Government give serious consideration to organisations such as the Community Living Project's proposed 'urban village' model of supported accommodation for people with a disability, given the shortage of supported accommodation options in the ACT and the significant support this model has among families caring for a child/adult with a disability.

Noted

The ACT Government acknowledges the concern of families in the ACT to obtain at the appropriate life stage, safe and secure accommodation and support for their children with a disability; and is therefore committed to provide an appropriate range of accommodation support and supported accommodation options for Canberrans with disability.

From House to Home (www.dhcs.act.gov.au/disablity_act/sgg) outlines the range of housing, tenancy and support options that promote the safety, independence and inclusion of people with disability which may be available in the ACT. The ACT Government has recently announced plans to construct a $9 million Intentional Community in Phillip which will provide supported accommodation for young people with a disability.

The ACT Government also directly provides or funds supported accommodation for people with mental illness. The range of accommodation includes long term extended hours and lodge accommodation (with meals facilities), and supported group houses. ACT Health, Housing ACT and the Community Sector Mental Health Services are working collaboratively on the implementation of the ACT Housing and Accommodation Support Initiative (ACT HASI) for people with serious mental illness.

Resources available for the support of people within the ACT community will continue to be allocated on an equitable and transparent basis and in manner which enables the available resource capacity to reach the most people.

The Community Living Project intends to develop a business case in support of the urban village design and the Government will consider that case when it is presented.

Recommendation 11

The Committee recommends that the ACT Government identify the number of people that require supported accommodation and take appropriate action to meet the current and future housing needs for people with a disability and/or mental illness including the identification of alternative housing models.

Agreed

ACT Government allocates resources on the basis of empirical evidence and in consideration of the full range of ACT priorities.

To manage current and projected demand for accommodation support and supported accommodation services Disability ACT has:

- Developed a Futures Planning Framework to enhance community information about the value of planning and how to access planning services. The planning framework is available from **www.dhcs.act.gov.au/disability_act/sgg**; and

- completed a study into housing, tenancy and support options for people with high and complex needs. The project identified different adapted or specifically designed properties for people who, because of their disability, cannot access the general public and/or private market housing stock. Disability ACT is working with Housing ACT to incorporate the outcomes of the study in the planning for future public housing purchases and capital works projects The paper *From House to Home* is available from **www.dhcs.act.gov.au/disability_act/sgg**.

At the national level, a project has commenced to better measure need. This work should deliver a more accurate picture of the current level of demand for services, more refined estimates of potential demand and enhance capacity to monitor demand for services. The ACT will participate in this project as one of the eight reform priorities under the National Disability Agreement.

Recommendation 12

The Committee recommends that the ACT Government investigate flexible respite options to meet the diversity of needs, with a view to establishing new models of respite services in the ACT that are truly responsive to the needs of carers and care recipients.

Agreed in Part

This recommendation is consistent with the ACT Government's commitment reflected in the *Implementation Plan 2010-2014 - Future Directions: Towards Challenge 2014* Strategic Priority 1 action 1.

To ensure a range of flexible respite options are available Disability ACT has:

- established a Respite Service Stakeholders group to inform further model development suited to the ACT context,

- commenced a *Feasibility Study* into the current four respite houses managed by Disability ACT to explore ways to ensure the built form and model associated meet a range of different needs,
- commenced work with members of the local Aboriginal and Torres Strait Islander community to develop an *Aboriginal and Torres Strait Islander Policy Framework.* This framework will enhance the responsiveness of supports and services including respite services available to Aboriginal and Torres Strait Islander people with disability and the communities who care for them,
- established new respite and support models suited to the individual needs of families caring for children with high and complex needs related to a disability. This includes share care and foster care arrangements; and
- continued to allocate annual Quality of Life grants which are able to fund different activities that provide families with a break for their caring role including holidays and camps.

Any new services would be developed in consideration of available resources and whole of government priorities.

Recommendation 13

The Committee recommends that the Minister for Disability, Housing and Community Services table in the Assembly, by the last sitting day in March 2011: 1) the outcomes of the internal review assessing Disability ACT services compliance with the National Disability Service Standards (particularly the respite care houses); and 2) details of the communication and compliance strategy for community service providers.

Agreed

1) Disability ACT undertook an internal review of its services as part of its quality framework. The Internal Self-Assessment report is an internal working document which is used for ongoing monitoring of those service areas identified for improvement.

The internal self- assessment provided Disability ACT with a baseline self-assessment of the operational support areas of Individual Support Services (comprising Accommodation Support Services and Respite Services), the Intensive Treatment and Support (ITAS) service and Business Support related to those areas. Each business area was assessed against the National Disability Service Standards and key legislative and governance requirements.

Overall, Disability ACT met the practical aspects of the majority of the Standards with some areas identified for improvement.

The findings and recommendations of the report are provided at Attachment A.

2) The Quality Framework aims to have a positive impact on outcomes for people with a disability, their family members and carers through systemic processes to assure and continuously improve service quality. It also addresses the recommendations in the Auditor-General performance Audit report No.3 of 2009, *Management of Government*

Respite Services. Disability ACT's communication and compliance strategy has been incorporated into the agency's Quality Framework.

There are a range of communication processes for funded agencies which allows for monitoring and performance of funded community service providers as follows:

- Relationship Manager – who act as a conduit between service providers and Disability ACT;
- Central email - DisabilityACT@act.gov.au, to ensure queries are dealt with in a timely fashion;
- Disability Service Providers Forum - held quarterly with all funded providers to discuss for example innovations, service and policy changes and opportunities, service gaps and unmet need;
- Chief Executive forums - held bi-annually with funded agencies and hosted by the Chief Executive DHCS to discuss strategic topics of interest to the disability sector;
- Site visits - by Disability ACT to funded providers occur twice a year and provide an opportunity to discuss current issues related to service provision;
- Reporting – the Service Funding Agreement outlines the reporting requirement on funded agencies;
- Newsletter - every quarter an e-newsletter is released with information relevant to the disability sector; and
- Information Service- provides a central contact point and information for people with disability, their families and carers and other members of the community; and
- External audits - undertaken to monitor qualitative measures in the Service Funding Agreements.

Recommendation 14

The Committee recommends that DHCS increase its current capacity of conducting five service audits per year, by engaging an external auditor to review all ACT Government funded organisations providing respite care services by the end of 2011, to ensure they are in compliance with the National Disability Service Standards, as many services have not had an external review since 2006.

Agreed in principle

As the majority of respite services are funded from both DHCS and ACT Health it is not appropriate for the DHCS to review all ACT Government funded agencies. This function sits within the managing area of the relevant department.

In relation to Disability ACT:

Disability ACT, in addition to an annual self audit process, has an external audit program which has increased the number of external audits from five to 15 external audits per financial year. In 2010-11, 14 funded community agencies and one non-funded agency have been audited. These audits included all services funded by Disability ACT to provide respite services with one exception. An independent audit of that service will commence in early 2011.

The Audit report outlines the achievement of these agencies against the qualitative measures in the Service Funding Agreement, including the National Disability Service

Standards. Recommendations for improvements identified through this process will be reflected in the Service Funding Agreement as appropriate and monitored by Disability ACT contract management processes.

Disability ACT will audit another 15 funded agencies in 2011-12.

Recommendation 15

The Committee recommends that the Minister for Disability, Housing and Community Services report to the Assembly how the external monitoring for compliance against the National Quality Framework for Disability Services in Australia will be conducted and what additional resources will be required and the timeframe for implementation.

Noted

The National Quality Framework is due to be developed and implemented by 2013.

The additional resources required across Australia will depend on the existing processes and systems in each jurisdiction and by the mechanisms each jurisdiction develops to comply with the new National Framework.

In the ACT, the quality framework will include a prequalification process which is now being developed. The prequalification will secure the necessary assurances about the quality, capability and eligibility of potential providers of human services funded by DHCS.

In relation to services that are provided to vulnerable people, but which are not funded by the department, complaints about service quality are able to be received and appropriately investigated by:

- The Disability and Community Services Commissioner
- The ACT Human Rights and Discrimination Commissioner
- The ACT Ombudsman
- The Public Advocate of the ACT

All agencies funded under the Home and Community Care program are externally assessed against the programs national quality standards. In the ACT these assessments are completed for each organisation every three years.

Recommendation 16

The Committee recommends that the ACT Government establish an Official Visitor Scheme for disability services located within the Office of the Public Advocate of the ACT.

Noted

The ACT Government agrees to the need to strengthen the current oversight and review mechanisms to protect the quality of service for vulnerable people, and reduce barriers which discourage families, carers and guardians from formally raising

concerns in relation to service quality. This issue has been referred to the Stakeholder Group for consideration and advice.

The Official Visitors Scheme in the ACT is appropriately targeted to institutions and treatment facilities where the majority of clients are receiving care under a legislative and/ or administrative arrangement. The recommendation to establish an Official Visitors Scheme for disability services does not take into account that the majority of disability support services are provided to people in their own home or shared accommodation and are not subject to these arrangements.

There are a range of statutory oversight bodies and services in the ACT:

- The Disability and Community Services Commissioner which considers complaints about services provided in the ACT, including respite services, for people with disabilities and their carers. The Commissioner also has the role of promoting the rights of users of services and encouraging improvements in the provision of services.

- The Human Rights and Discrimination Commissioner considers complaints about unlawful discrimination in the ACT that occur in specific areas of public life, such as employment, accommodation and access to premises. The Commissioner also considers complaints from friends, relatives and others that have been discriminated against because of their association with someone with a disability or that they have been victimised because they made or supported a discrimination complaint. The Commissioner provides community education and information about the rights protected in the ACT *Human Rights Act 2004* and the *ACT Discrimination ACT 1991*.

- The ACT Ombudsman investigates complaints about the administrative actions of the ACT Government agencies. These can lead to changes in process and practice. The Ombudsman does not however, have jurisdiction to investigate matters that come under the jurisdiction of the Disability and Community Services Commissioner or the Human Rights and Discrimination Commissioner.

- The Public Advocate of the ACT – *The Public Advocate ACT 2005* defines ACT Public Advocate clients as being children, young people and adults in the community who suffer from a condition or situation that makes them potentially vulnerable to abuse, exploitation or neglect. This includes people 'in care' such as in a mental health facility or supported community accommodation, children living out of home or people in custody. The *Act* further legislates for the ACT Public Advocate to be appointed as Guardian, in line with the *Guardianship and Management of Property Act 1991*, for those people who have 'impaired capacity' and for whom there is no-one else suitable or available to act as their guardian and make substitute decisions on their behalf.

In DHCS, the Consumer Advocacy and Quality Service takes compliments and complaints from the community. This allows DHCS to identify areas of strength in its services and opportunities for improvement.

Disability ACT actively promotes client feedback mechanisms by:

- Funding 12 community agencies to provide information and training and systemic advocacy for example - ACT Deafness Resource Centre, Canberra Blind Society, Citizens Advice Bureau ACT, National Brain Injury Foundation, People with Disabilities ACT, Print Handicapped Radio of ACT Inc, Self Help Organisation United Together, Sexual Health and Family Planning ACT.
- Providing additional resources to Advocacy for Inclusion to develop self advocacy training.
- Providing resources to Women with Disabilities in the ACT to develop their information and advocacy capacity.
- Funding the new Carers Advocacy Service through Carers ACT to provide advocacy to improve individual and systemic outcomes and to ensure carers in the ACT are not disadvantaged by their caring role.

Disability ACT is currently exploring a range of initiatives to assist people who have limited access to natural and formal advocacy to provide feedback on the quality of the services they receive and to raise their concerns within a safe environment. This will include working closer with the current advocacy agencies in the ACT.

Recommendation 17

The Committee recommends that the ACT Government promote the role of the Commissioner for Disability and Community Services in handling complaints through websites and community outlets.

Agreed

The Government agrees that the right to lodge complaints with the Disability and Community Services Commissioner about services provided to people with a disability and/or their carers, should be public knowledge. Disability ACT worked with the Commissioner in 2010 to ensure that departmental information about complaints processes, which was to be distributed to all community services providers and made available to all consumers, was up-to-date and accurate in relation to the role of the Commissioner. The Government will continue to work with the Commissioner in relation to more broadly promoting her role to people with a disability, and to the other target groups (providers of aged care services and mental health services) noted in the Committee's report.

Section 95 of the *Human Rights Commission Act 2005* requires service providers to promote information at their premises about the right to complain to the Commission. The Government will consider progressing amendments to the Act to require that service providers promote the right to complain to the Commission on their websites, as well as at premises where services are delivered.

The role of the Commissioner for Disability and Community Services in handling complaints is outlined on the DHCS website and specifically on the Disability ACT page along with other information about complaints and feedback management processes and policies.

Complaints in relation to ACT Health funded services are directed to the Health Services Commissioner.

Recommendation 18

The Committee recommends that community organisations funded by the ACT Government to provide respite care services be required to promote their complaints policy and procedures on their websites with a direct link to the Department of Disability, Housing and Community Service's Compliments and Complaints webpage.

Agreed

It is a requirement of the National Disability Service Standards that agencies promote their Complaints Policy and Procedures (Standard 7) to service users.

The legislative amendments foreshadowed in the response to Recommendation 17 above, would apply to all services providing respite care, not just those funded by the ACT Government. The legislation applies to all disability services, health services, services for older people and services for children and young people.

Disability ACT has written to all funded agencies and will continue to work with them in relation to promoting the role of the Disability Commissioner, establishing a direct link to the DHCS Consumer Advocacy and Quality Service along with information about their own agency Complaint and Feedback processes. This will be monitored through the external audit program for Disability ACT funded agencies.

Recommendation 19

The Committee recommends that the ACT Government expands its funding program to enable a greater number of government and non-government workers to complete the Certificate IV in Disability Work and to include Certificate III in Community Studies for mental health workers.

Noted

The commitment to a professional and stable workforce across the government and community providers is supported in both policy and operation. The *Workforce Directions 2010-2014 Strategy* for the disability sector was developed by the Disability Workforce Working Group to position the ACT disability sector well into the future by ensuring a developed and sustainable, skilled, valued and committed workforce.

Disability ACT either funds or supports a range of workforce development activities including:

- Funding five community sector employees each year to undertake Certificate IV in Disability Studies along with a number of places for Disability ACT support workers (seven were funded to attend in 2010). Each place costs $1887.

- Reimbursing community agencies' costs to back fill their worker's attendance on the course throughout the year. In 2010 Disability ACT spent $43 700 on community agency back fill.

- Engaging the Council of Quality and Leadership to enhance approaches towards individual planning, Disability ACT will pilot a personal outcome measures framework developed by the Council on Quality and Leadership.

- Supporting the Disability Professional Learning Network to provide disability support workers in the ACT opportunities to meet, learn from and support one another. This network also promotes the profile of disability support work as a profession of choice. Workshops for government and community agency support workers are held on various topics (i.e mental health first aid, working with families, disability and sexuality, staff self- care) to improve the quality of care for people with disability.

- Supportng the Annual ACT Disability Support Worker Awards which recognise the achievements and acknowledge the valued role of disability support workers in the ACT.

In relation to mental health workers, the minimum standard will be the Certificate IV in Community Studies (in Mental Health, Drug and Alcohol, Youth Health, or Aged Care). ACT Health will work with the Mental Health Community Coalition ACT to assist the sector to implement the minimum standard in 2011 – 2012.

ACT Health is working in collaboration with the Mental Health Community Coalition ACT which is the mental health sector community peak body, to enable a greater number of community mental health sector workers to meet minimum mandatory qualifications. ACT Health funded community organisations are required through the Service Funding Agreements, to meet responsibilities for quality assurance, and staff development activities.

Recommendation 20

The Committee recommends that the ACT Government work with the disability sector to establish a minimum mandatory qualification for all paid disability support workers in government and non-government services; and
Develop a framework to ensure that all volunteers be appropriately trained.

Noted

As part of the Workforce Strategy for the ACT Disability Sector Implementation Plan 2007- 2010, Disability ACT will be undertaking a follow up study of the Disability Workforce survey undertaken in 2004. The study will examine the characteristics and working patterns of the disability workforce and will include consideration of minimum mandatory qualification for paid disability support workers. The ACT Government will consider its options once the study is complete.

Clause 5.5 of the Service Funding Agreement for human services between the Territory and community agencies requires that from the Funding amount, the agency ensures all employees and volunteers are appropriately skilled and qualified, trained, supervised and debriefed to enable them to effectively perform their duties. Further consideration of the support of volunteers across the sector will be referred to the Disability Service Providers forum.

Recommendation 21

The Committee recommends that the ACT Government factor the cost of the Portable Long Service Leave Scheme into service funding agreements to ensure that community organisations are not financially disadvantaged.

Noted

The ACT Government established a Portable Long Service Leave Transition Fund in the 2010-11 financial year to assist community organisations with the costs of fulfilling their obligations under the Scheme. All ACT community sector organisations with an ACT Government Service Funding Agreement have been notified of the Transition Fund and provided with an application form. An evaluation panel will assess the applications against the criteria and allocate funding prior to 30 June 2011.

Recommendation 22

The Committee recommends that the ACT Government conduct an education campaign detailing the provisions and requirements of the Portable Long Service Leave Scheme for the community sector to ensure that community services are aware of their obligations under the scheme.

Noted

The Portable Long Service Leave Authority has conducted an extensive information and education campaign among community sector organisations, detailing both the Scheme and practical issues such as the process for submitting forms. This campaign is listed in the Authority's annual report.

Recommendation 23

The Committee recommends that DHCS work with ACT Health to extend its disability marketing and communication plan to promote information access points in the community sector, to people with a mental illness and the frail aged and their carers.

Agreed

Disability ACT will add links to ACT Health service information portals on its information pages.

ACT Health will include links to DHCS on the ACT Health Internet page.

Recommendation 24

The Committee recommends that the ACT Government increase its capacity to provide case management and/or case coordination for people of all ages whose needs require them to access and negotiate a complex range of health and other services.

Agreed in principle

The Government's commitment to make available a range case coordination models is identified in the *Implementation Plan 2010-14 of Future Directions: Towards Challenge 2014.* This includes a commitment to increase the capability of existing services within the current resources.

To build the range of providers able to deliver case management services particularly for people with complexity of need, Disability ACT is establishing a panel of pre-qualified services. A procurement process is underway to settle on a panel of providers.

In 2010-11, the ACT Government committed $424,000 over four years to Carers ACT for a new Carers Advocacy Service. The service is being established as a result of a request from the caring community and is intended to improve individual and systemic outcomes and to ensure carers in the ACT are not disadvantaged by their caring role.

Disability ACT funds the A Family-centred Flexible Intensive Response Model (AFFIRM) program $231, 163 to provide intensive, flexible support to families of children and young people aged 0-20 years with disabilities, complex needs and where there is a risk of family breakdown.

Under the *Children and Young People with a Disability and their Families Policy Framework,* Disability ACT has responsibility for funding or providing coordination of services and supports for children with a disability and their families in the community. Therapy ACT is responsible for the provision of professional case management for children, young people and families with intensive needs requiring the development, implementation and monitoring of an individual plan and the coordination of services across agencies.

The Intensive Treatment and Support (ITAS) Service in Disability ACT works in coordination with Mental Health ACT to meet the needs of people who have a dual disability with high and complex needs. Dual disability means having an intellectual disability, combined with a mental disorder or dysfunction. ITAS was established to provide the range of service responses including high and complex needs. This service is provided to those 17 years or older. Service delivery and co-ordination is provided by a specialised team of professionals, comprising psychologists, social workers, direct support officers, and a training / professional development officer.

Care coordination is also embedded into clinical practice protocols across Mental Health ACT. ACT Health is working in collaboration to expand care coordination across the mental health community sector to better align the services of community organisations and Mental Health ACT. Case management and client care coordination is also provided through the Home and Community Care program for clients with complex care needs across all age ranges.

Recommendation 25

The Committee recommends that the ACT Government examine the community partnership model developed by Dr Leanne Craze as part of the Building Capacity in Community Mental Health Family Support and Carer Recognition project with a view to supporting its implementation across government and non-government service providers.

Noted

The Government will consider the community partnership model developed by Dr Leanne Craze in the context of the *Implementation Plan 2010-14 Future Direction: Towards Challenge 2014* Strategic Priority 5: *I want to tell my story once* and will report on its findings to the Strategic Governance Group.

Since publication of the report on the Building Capacity in Community Mental Health Family Support and Carer Recognition project, in 2001, the ACT Government has increased spending across Mental Health Services by 183%, from $27.4 million in 2001-02 to $77.8 million in 2010-11.

The Mental Health Community Coalition's submission to the Standing Committee on Health, Community and Social Services included the issues that were highlighted in the report on Building Capacity in Community Mental Health Family Support and carer Recognition regarding respite services. The ACT Government is committed to work incrementally with the community sector mental health services to address mental health issues including but not limited to: quality of service, housing, supported accommodation options, respite, vocational and employment support, and education.

Recommendation 26

The Committee recommends that the Minister for Health, table in the Assembly, by the last sitting day in March 2011, the results of the community sector mental health services review.

Agreed

The progress of the review of community sector mental health services is drawing to a conclusion. ACT Health supports the tabling of the report in the Legislative Assembly by the Minister for Health Ms Katy Gallagher when it is finalised.

Recommendation 27

The Committee recommends that the ACT Government ensure that the development of the 'no wrong door' model of service delivery is well planned and fully resourced and extends across the disability and mental health sectors.

Noted

The Government supports a 'no wrong door approach' to service delivery in the mental health and the disability sector.

Mental Health ACT aims to support all people making contact with Mental Health ACT services. To meet this expectation, any contact will be responded to as an opportunity to assist the individual by either providing a response or a service directly, or by linking them to another service deemed better suited to the person's needs. Mental Health ACT is in the final stages of developing a Screening Guideline to identify the most appropriate services to support consumers who access services.

The 'no wrong door' approach is also in line with Disability ACT's strategic priority 5 in *Future Directions: Towards Challenge 2014,* of *'I want to tell my story once'.* In November 2010 Disability ACT released a draft concept paper *No Wrong Door'* which is available at **www.dhcs.act.gov.au/disability_act/sgg.** The 'no wrong door' approach is about building a commitment across all formal services in the ACT, to provide people with the right information at the right time and at the right place. It understands that even in a city as small as Canberra, finding formal supports and services when you don't know what you are looking for, presents challenges.

The concept papers notes that there is a need to develop resources in the areas of: information resources; an agency help desk function; agency education and information and potentially developing an information sharing network. In addition, the need to better resource people with disabilities themselves and their families is also included in the concept paper by identifying strategies to assist them to find information, manage their own information and to advocate for their own needs.

It is noted that funded agencies have also been working to promote and centralise their intake mechanisms to make access more streamlined for service users. This work is iterative but reflects the commitment across ACT human service agencies to make sure that service access is simplified and streamlined. By way of example, Housing ACT has developed a centralised intake system and Therapy ACT has a centralised intake line.

Recommendation 28

The Committee recommends that a formula for growth funding be developed for disability services, as per health funding, and that this formula be applied to the 2011–2012 Budget process, as recommended by the Select Committee on Estimates 2010–2011.

Noted

The ACT Government is committed to providing an appropriate level of resources for disability services.

Over the period 2002-03 to 2010-11, the ACT and Commonwealth Governments have increased funding for disability services from $41.52m to $74.14m, an increase of 78.6% and an average of 9.8% per annum.

In responding to the 2010-11 Select Committee on Estimates Report, the Government noted the Committee's recommendation that growth funding be developed for disability services. Funding allocations for disability services will need to be considered in the context of competing priorities across the spectrum of other government services as well as a number of national initiatives that have funding implications, not least of which is the current consideration by the Productivity Commission into the development of the long term care and support scheme.

Attachment A 1

Disability ACT Internal Self-Assessment report

Overall Key Findings

Overall, the Assessment has determined that Disability ACT meets the NDSS with areas for improvement in the areas of:

- operational policy and procedures development;
- ensuring consistency in practice;
- understanding and consistently applying record management practice;
- understanding of some roles and responsibilities; and
- the finalisation of implementation plans from other key audits and assessments.

Key Finding 1 - Importantly, the Assessment finds that when compared to better practice, Disability ACT's policies are not consistently accessible to all clients and potential clients. The accessible documents do not consistently take into consideration alternative formats for people with disability, and culturally and linguistically diverse background. Translations into community languages are not created or available other than by request. There are also inconsistencies in proactively providing alternative communication formats for both clients and their families, i.e. translations and pictorial examples.

Key Finding 2 - A number of operational policies, procedures and guidelines are still in development, for example 'Client Individual Plans', 'Client Information and Record Management' and 'Incident Reporting and Management' with no timeframe on completion. A number of procedures also exist under the same topics with no overarching policies. Gaps between practice and understanding were identified where policies were not available.

Key Finding 3 - There is confusion between the terms 'Eligibility' and 'Priority of Access to Services'.

Key Finding 4 - Concepts of record management are not clearly understood by all staff. Poor quality record management could lead to decisions being based on insufficient or inaccurate information, delays in time sensitive activities. Central file management is also difficult due to the storage capacity within the office environment.

Key Finding 5 - There is a general confusion of paper and electronic official records. Time taken to file a signed copy of record depends on individual time management practices and workload capacity.

Key Finding 6 - There is inconsistent application of defined practices e.g. when asked for evidence of policy rollout discussions, a number of people could not provide anything, while others provided detailed records of who had attended.

Key Finding 7 - There is a strong commitment to individual planning. However, while the Individual Plan is the cornerstone of Disability ACT operational services in one form or another, the manual has not been revised since its introduction in 1998. Individual planning encompasses support planning, implementation of agreed goals, plan/support review and a basic level support agreement. The rights of persons with disability to make choices (depending on their level of ability), live as independently as possible and realise their capacities are regarded highly.

Key Finding 8 - The roles and responsibilities of the guardian, advocate and property manager not clearly understood.

Overall Recommendations

Disability ACT should:

1. Develop a 'Priority of Access to Services' policy and implementation guidelines on across Disability ACT.
2. Provide opportunity to clients and staff in the review of policies and procedures under the Disability ACT Quality Management Framework.
3. Develop overarching policy on individual planning.
4. Develop an implementation plan for the Disability ACT Service Agreement developed under the Assessment titled 'Group House Expenditure Assessment'.
5. Develop timetable for Policy Review under the Disability ACT Quality Management Framework.
6. Hold discussions and training with the Office of Public Advocate on providing guidance and information sessions to guardians on their role.
7. Develop further flexible support options to enhance support arrangements available to families under the respite services.
8. Reinforce the implementation of the specific actions commenced under the Auditor-General Report No 3 of 2009 – *Management of Respite Care Services* to be fully implemented and embedded across Respite Services and rolled out to remainder of Disability ACT operational areas.
9. Transfer current operational policies, procedures and guidelines to the new template format using a prioritised implementation rollout.
10. Make all operational policies accessible on the Disability ACT internet.
11. Strengthen understanding of the role of guardians and advocates.
12. Develop a schedule and suite of training options on record management for Disability ACT operational support staff.
13. Improve the level of participation and integration of supported clients into local community organisations.

14. Further promulgate social role valorisation into general individual planning processes.
15. Embed process of analysing trends and performance indicators in Client Feedback System data.
16. Improve client satisfaction with handling of complaints and other feedback.
17. Embed process for reviewing policies under the Disability ACT Quality Management Framework.
18. Finalise the implementation of the recommendations from the Workplace Health and Safety GAP Analysis 2009.
19. Embed the process of service review against the NDSS into the Disability ACT Quality Management Framework.
20. Define the role of all key meetings and roles and responsibilities of attendees.
21. Ensure consistency in all training provided to Disability ACT staff members with clearly established links to relevant legislation and governance.
22. A Relationship Manager be appointed to Disability ACT Operational Services.