



**Office of the Public Advocate (OPA) submission to the Public  
Accounts and Estimates Committee follow-up review of the Auditor  
General's performance audit report no. 53 - Services for people with  
an intellectual disability (2000).**

**5<sup>th</sup> August 2004**

**In reviewing current service provision by the Department of Human Services (DHS), against the findings of the Auditor General, the Office would make the following comments:**

### **Eligibility assessments**

1. The Office is not aware of DHS measuring their performance in completing eligibility assessments. There still appear to be delays in eligibility assessments for case management. These delays can have a significant impact upon the individuals awaiting this assistance.

### **Case Management**

2. In addition to delays experienced obtaining case management assistance, the reactive nature of the current model of case management provision, means that individuals continue to face delays and sometimes high levels of risk whilst awaiting a response.
3. A more proactive model of case management was developed for DHS through the Disability Services Case Management Redevelopment Project by Chris Bigby. . To date we have not been advised of the recommendations of this project being implemented.
4. In the absence of a more proactive case management system issues of abuse or neglect are not being addressed any better by case management, accommodation and outreach services, as these services continue to operate on a crisis response model. This is further exacerbated by the risk aversion approach adopted by many services.
5. Our advice service continues to provide support to case managers, which at times reflects a lack of adequate support and supervision for DHS and Non government organisations case managers. Contact with the Manager of client services in DHS, Northern region confirmed that their support of case managers was an issue that they were seeking to address.

### **Assessment and planning processes**

6. DHS currently has a project on individualised planning and support. This project is exploring other ways to assess and plan for individual need which draws from the growing body of work on person centred planning.
7. However, it remains unclear whether this will overcome the difficulties continued to be experienced around poorly designed and implemented General Service Plans. The Community Visitors have repeatedly identified in successive Annual reports the inadequacies in Individual Program Plans (Community Visitors (Intellectual Disability) Annual Report, 2003). In the context of a Community Care Unit plans are often generalised for all the house residents rather than being specific to the individual. An example of this is where each person in a five person house may have a goal of visiting the library each week, yet not all the residents of the house may be able to read. This goal can be convenient for staff in that all the residents can be taken to the library as a group outing. In this case it may be more meaningful for the person who could read to be supported to borrow

books as a goal over a specific period. Other people may prefer to go to the lake to feed the ducks, go to the movies, etc.

The goals in these plans often revolve around issues to do with such issues as medication or duty of care. Goals that say a person needs to go to the toilet each day or visit a doctor regularly are not goals which are going to significantly add to the person's quality of life. Consequently the goals are often not personally achievable.

There are also anomalies in that clients who do not have an intellectual disability but have another type of disability and are supported by a non-government agency frequently have no personalised plans.

This failure to adequately develop and implement individual plans can result in not only a poorer quality of life, but also the need for crisis intervention in a person's life because a range of needs were not being addressed. The deficiencies in this process can also reflect a failure to seek the active participation of people with a disability, their family and others in the development of the plan.

### **Quality improvement Strategies**

8. The recent commencement by DHS, of the independent quality monitoring, personal outcome measures pilot project, is an important initiative in seeking to evaluate and improve quality from the perspective of the service user.
9. The community visitors program in collaboration with DHS is about to commence a project to consider how the current work of the community visitor program can benefit the quality monitoring personal outcomes measure framework.
10. The Community Visitors have found that that the incident reports are often not accessible when they visit houses. The reports are also often poorly completed with a lack of detail. In one DHS region there is now an awareness that staff need education about what to report in detail when incidents occur. The Office of the Public Advocate is unable to say if incident reports are continuing to be under-classified or indeed used by DHS for preventative action and monitoring of services. This issue arose in the investigation into the Kirinari service.
11. We understand that there has been an audit by DHS of services' governance policies and practices in an effort to improve the quality of services. To date we have not been advised of the outcome of this audit.
12. The Victorian Disability Services Standards are currently being reviewed, however there appear to have been difficulties with the consultation process used to review these standards. This has affected the level of input into the review process by a range of stakeholders including people with a disability and community visitors.
13. Where complaints have been raised in the Hume region about a particular service provider a report has been undertaken which has not been inclusive of this Office or other key stakeholders concerned about the service.
14. The area of service agreements still requires further work to ensure that these agreements can provide a basis for greater accountability of service providers. This may have implications for the skills and training of staff within partnerships and service planning areas in each region.

15. We are unable to say whether government service outlets have developed service agreements with the regions similar to the non-government agencies.

### **Review of legislation**

16. The review of the *Intellectually Disabled Persons Services Act* (1986) has commenced. We have yet to see a written indication of the proposed direction of the new legislation. OPA's submission (attached) to the review of the legislation highlighted the following:

- a. The need to have a clear set of principles upon which any new legislation is based.
- b. Eligibility for services should not be based purely on a medical model of disability.
- c. Certain principles should be applied to an individualised funding model.
- d. Tenancy rights should be extended to people living in Community Residential Units.
- e. The need for monitoring quality through an independent monitoring agency. The standards should not form part of the legislation so that they can change over time.
- f. The need to plan for the long term development of the service system.
- g. The need for an independent complaints mechanism.
- h. Maintain the independent role of Community Visitors and consider how their role could compliment any independent processes for monitoring quality.
- i. There should not be any extension of the person responsible model to areas beyond health care.
- j. The need for a clear process for the use and monitoring of restraint of people who have an intellectual disability.

17. The fact that the review of the legislation is still underway has meant that an independent complaints mechanism has not yet been developed.

18. Role of IDRPs continues to be limited given its recommending power (e.g. KRS).

### **Workforce issues**

19. The workforce issues concerning low pay rates and limited skill levels of direct care workers do not appear to have been addressed although the Public Advocate is aware that DHS has an industry planning project concerning this issue.
20. There is no clear evidence that we are closer to industry wide competency requirements for direct care staff. This will be a major contributing factor to the quality of the services provided. This issue was raised in the KPMG report into Kirinari which was taking funding for additional staff but just not employing any additional staff.

### **Service planning**

21. There appear to be inconsistencies in service planning processes to assist all disability groups such as people with physical and sensory disabilities and those with an acquired brain injury. This is despite the broad focus of the State Plan and

the consideration of combining the *Intellectually Disabled Persons Services Act* (1986) with the *Disability Services Act* (1986) in the review of legislation.

22. There is also concern that service planning still occurs in silos in relation to areas such as mental health, housing and drug and alcohol. This limited approach to service planning continues to disadvantage clients.
23. Following the release of the State Plan, a commitment was made in the implementation strategy accompanying the State Plan that DHS would provide regular reports and updates on achievements against the priority strategies in the State Plan. To date the Office has only seen one report on progress since the commencement of the State Plan.

### **Accountability**

24. DHS has yet to produce information that makes it more publicly accountable for the services it provides. An example of this is the continued difficulty this office has encountered in obtaining regular figures on those clients awaiting assistance on the Service Needs Register. These figures tend to only be provided as a result of a question raised in Parliament.
25. There is still fragmentation of the service-system between DHS client services, accommodation services, day programs, government and NGOs which makes for a poorly coordinated service system. This fragmentation of the service system also makes responding to the needs of clients with more complex needs difficult.

### **Person centred planning**

26. The current interest in person centred planning offers an important opportunity to renew the focus upon responding to individual needs that was the intention of the initial legislation through the general service planning process. We welcome this development, but to be effective it will require appropriate levels of staff training and support to help some services re-orientate the way they currently provide assistance.

### **Recognising better practice**

27. The innovation funding provided by DHS provided an important incentive to the service system to explore better ways of providing a service. . There appears to be limited opportunity to recognise better practice in the current service system. This may be because the performance outcome measures used for services do not always promote more innovative ways of practice.
28. DHS may be unaware of better services because it does not adequately monitor the services provided.

### **Key policy and practice issues in intellectual disability services**

29. Individualised funding of clients has been an area of future service development. Whilst this offers the potential for significant benefits for some clients this service model raises a number of issues for clients who may be less capable of indicating their preferences for services. The OPA submission to the review of legislation suggested a number of principles which should guide any service development in this area (Refer attachment).

30. The need for an increase in and a diversity of both accommodation and support packages. This continues to be a growing concern for this Office.
31. The ageing nature of this population has implications for the type of services offered, including consideration of housing, support and workforce issues. The Community Visitors have raised concerns about the lack of policies and guidelines relevant for older people in shared supported accommodation. This group faces increasing challenges as they grow older.
32. The need for greater work with generalist services in areas such as health, mental health, housing, drug and alcohol is growing as the number of people with an intellectual disability living in our community increase.
33. There is a need to be careful not to replace the institutions of the past with those of today by clustering several houses on one site.
34. There remains the real challenge of how to promote the active inclusion and acceptance of people with an intellectual disability in our community.
35. There is a need to address the growing numbers of prisoners with a disability entering our prison system. Some of these cases reflect a failure of the services aimed at supporting people with a disability.

#### **Other**

36. Significant delays in accessing suitable supported accommodation continues to be an issue given the limited range of accommodation options available.
37. There is a significant problem in regions such as Eastern region where the number of respite beds available to families is significantly reduced because of children being permanently placed in respite beds (Office of the Public Advocate Community Visitors Annual Report, 2003)
38. The current range of accommodation and support are inadequate to address the wide range of people with intellectual disabilities and the opportunity to be included in the local community.
39. The Office is aware that DHS has funded a women's disability advocacy services and has sought tenders for a youth advocacy service. DHS currently has a project investigating the establishment of a Disability Advocacy Resource Unit. These are welcome additions to a significantly under resourced advocacy sector.
40. There is poor liaison between Behavioural Intervention Support Teams (BIST) and dual disability services. (Recent discussions with Northern Dual Disability Unit). There can also be significant delays in accessing BIST teams.

#### **References**

**Office of the Public Advocate (2003) Annual Report of Community Visitors, (Intellectually Disabled Persons Services Act), 2002/03.**

#### **Attachment**

**Office of the Public Advocate (2003) Submission to the review of the disability legislation.**