

# *Disability Reform Group*

**RESPONSE**

**TO THE RECOMMENDATIONS OF THE  
BOARD OF INQUIRY INTO DISABILITY SERVICES**

**Authorised by  
Mr Dennis Stabback and Ms Andrea Simmons  
Co-Chairs  
Disability Reform Group**

**September 2002**

***Disability Reform Group Response to the Recommendations of the Board of Inquiry into Disability Services***

<p><b>1</b></p>	<p>The Disability Services Act 1991 should be amended to change its focus from distribution of funds to a person centred approach. The ACT Act adopted the approach of the prior Commonwealth Act of 1986. Since its enactment, development in the provision of services to people with disabilities has evolved significantly so that the Act does not reflect best practice.</p> <p>The precise form of the amendments should be arrived at having regard to recent legislation in other states and overseas relating to methods of funding and service delivery for disabled people.</p>	<p><b>Agreed.</b> The DRG agrees that the objectives of the Disability Services Act (1991) must, through community consultation and partnership between the DRG and the Government, be updated and broadened to reflect current best practice and a person-centred approach, and to promote the values expressed in the DRG’s Vision Statement.</p> <p>The objectives must also be updated to reflect other intended amendments to the Act, including:</p> <ul style="list-style-type: none"> <li>▪ appointment of a statutory officer as head of Disability ACT;</li> <li>▪ appointment of a statutory officer as head of the new independent disability services improvement agency;</li> <li>▪ responsibility for determining and reviewing disability standards; and</li> <li>▪ establishment of a community advisory body.</li> </ul> <p>The Act must also be updated to establish the functions and powers of the two statutory officers noted above, with particular reference to their respective responsibilities for ensuring quality in disability services.</p> <p><u>Supporting Documentation:</u> Notes from the Structure Sub-Group Meetings, “<i>Consumer Protection, Complaints &amp; Appeals, Service Improvement, Service Monitoring and Advocacy in Disability Services</i>”, Roger West, August 2002</p> <p><b>Agreed.</b> Legislative arrangements in other States and overseas should be carefully researched and considered prior to making amendments to the DSA (1991).</p>
-----------------	---	---

	The Act should also be amended to provide the legislative framework to create and facilitate the operation of a new statutory body which could be entitled "ACT Disability Services Commission".	<p><b>Not Agreed.</b> As reflected in the new structure, the DRG recommended the creation of a statutory officer position with appropriate powers and functions defined in legislation. The DRG did not recommend the creation of a statutory body.</p> <p><u>Supporting Documentation:</u> DRG Submission to Reid</p>
2	When the Inquiry's Interim Report of 1 June 2001 is read in conjunction with this Report it will be noted that its findings in relation to the deaths of three disabled men in the care of the Disability Program focus fundamentally on the Terms of Reference. That report should be read together with the further findings and recommendations contained in this Final Report.	<b>Noted.</b>
3	The ACT Government should create a new statutory body which might be entitled ACT Disability Services Commission whose exclusive area of operation is the supervision, planning, policy, funding allocation, purchasing and monitoring of all disability	<p><b>Agreed with Qualification:</b> The DRG did not recommend the creation of a statutory body, however the DRG agrees with the ends sought to be achieved by this recommendation. The DRG supports the newly announced structure for the Department of Disability, Housing and Community Services as a means of achieving these ends.</p> <p>The DRG strongly recommends that the position of head of Disability ACT be a statutory officer with statutory powers backed by appropriate legislation.</p> <p>The DRG believes the government should adopt a program over the next five years that focuses on the modernisation and renewal of the system. Such modernisation should focus on:</p>

<p>services, including the Disability Program. These responsibilities and functions should be removed from the Department of Health, Housing &amp; Community Care. It is apparent from the totality of the findings made in this Report against the Department and its senior managers that it has not adequately responded to the many opportunities given to it for reform and implementation of best practice over the years. Its history of management has been such as to warrant a significant reform of divorcing the administration of disability services from the Department to the proposed statutory Commission. The Government may be assisted in considering the form and structure of such a body by reference to the disability services legislation in WA. Consideration should be given to including the following matters within the aegis of the proposed Commission:</p>	<ul style="list-style-type: none"> <li>▪ making flexible personal and family supports the core modality of the system; and</li> <li>▪ service expansion through innovative personalised support arrangements.</li> </ul> <p>This focus must be accompanied by:</p> <ul style="list-style-type: none"> <li>▪ ‘people investments’ throughout the community, to promote innovation, leadership, networking, and project envisionment;</li> <li>▪ establishment of ‘grass-roots’ or mini-projects of innovative consumer/family partnerships with service providers and Disability ACT; and</li> <li>▪ creation of technical capacity and an appropriate contracting/purchasing environment to enable delivery of more flexible and personalised supports.</li> </ul> <p>The DRG recommends that the following principles guide the development and redesign of the system,:</p> <ul style="list-style-type: none"> <li>▪ outreach to all people with disabilities and their families across all life stages;</li> <li>▪ clear points of access and support for individuals and families;</li> <li>▪ access to relevant and timely information;</li> <li>▪ recognition that people with disabilities and their families and supporters have a legitimate authority in their own lives;</li> <li>▪ support to individuals and their families which includes opportunities to imagine ‘better’ and to plan the ways in which goals might be pursued;</li> <li>▪ recognition of the importance of informal supports, natural social networks and mainstream services;</li> <li>▪ adaptation and responsiveness of mainstream ‘generic’ service and supports; and</li> <li>▪ access to flexible ‘formal’ personal and family supports which compliment and strengthen existing arrangements.</li> </ul> <p><u>Supporting Documentation:</u> DRG Submission to Reid; <i>DRG Discussion Paper #1</i>, Anne Cross, July 2002</p>
---	--

	<ul style="list-style-type: none"> <li>(i) Planning, policy and strategy for disability services in the ACT including children and adolescents with all forms of disabilities and their families,</li> <li>(i) Planning, policy and strategy for the delivery of home care services in the ACT;</li> <li>(ii) Funding and contract negotiation/oversight for the range of services for people with disabilities;</li> <li>(iii) Supplementary funding where people with disabilities access other mainstream services or systems (eg primary and secondary education);</li> <li>(iv) Development and introduction of community integration programs for people with disabilities;</li> <li>(vi) Promotion and sponsorship of new and innovative service delivery projects;</li> </ul>	
--	---	--

<p>(vii) Liaison with other ACT Government agencies which deliver services to the disabled, such as educational institutions, transport services, land planning and building standards and accommodation services to best ensure their needs are addressed.</p> <p>Such a body would give Canberrans a single point of contact when approaching the ACT Government for services thereby overcoming the uncertainty some people have in knowing which level of government and which agency to approach. It will also provide a continuity of support to people with disabilities throughout their lives.</p>	<p><b>Agreed.</b> The DRG strongly supports the need for liaison between government agencies that deliver services to people with disabilities, and has recommended that Disability ACT has whole of government responsibilities in relation to disability matters.</p> <p><u>Supporting Documentation:</u> DRG Submission to Reid.</p> <p>One example of how this liaison might be achieved is through the appointment of disability liaison officers in each agency, to provide a point of contact for Disability ACT.</p> <p><b>Agreed with Qualification:</b> The DRG fully recognises the need to establish co-ordinated mechanisms for improving access to disability related information and services.</p> <p>The ACT Government should place a high priority on assisting individuals and families to get the information and assistance they need to maintain control over their own lives and pursue their goals, by developing a proactive model of support in the ACT based on the principles outlined above, and which includes:</p> <ul style="list-style-type: none"> <li>▪ assistance for people to access the ordinary mainstream ‘generic’ services and supports that are available to all citizens of the ACT;</li> <li>▪ advocacy support as necessary;</li> <li>▪ assistance in accessing specialist disability and health services;</li> <li>▪ assistance with applying for funding for which they might be eligible; and</li> <li>▪ collection and aggregation of information and data that will assist the ACT to plan effectively.</li> </ul> <p>The DRG recommends further consultation and investigation into the development of co-ordinated consumer access models in the ACT. The DRG supports a model that incorporates elements of the role of Local Area Co-ordinators in West Australia and Queensland, adapted to the circumstances and existing infrastructure of the ACT.</p>
---	--

		<p>In order to determine whether these roles should be undertaken by government or non-government service providers the DRG recommends work be carried out to examine:</p> <ul style="list-style-type: none"> <li>▪ the current role of existing service providers in this area;</li> <li>▪ the scope of those existing roles;</li> <li>▪ whether the existing roles should be expanded or redefined;</li> <li>▪ whether the new roles should be combined into one schema or built into the system overall; and</li> <li>▪ the service attributes required to provide a high quality service of this kind.</li> </ul> <p><u>Supporting Documentation:</u> Minutes of DRG Meeting 16 July; ‘Community Consultation Discussion Paper’, RPR Consulting, July 2002; <i>DRG Discussion Paper #2</i>, Anne Cross, July 2002.</p>
4	<p>It is important that staffing for this new statutory Commission be consistent with Dr Kendrick's recommendations regarding leadership and experience qualities. In particular, and consistent with those recommendations, Mr Szwarcbord, Dr Gregory and Mrs Beauchamp should not retain their present duties within the area of disability services.</p>	<p><b>Agreed:</b> The DRG has recommended that all key positions in Disability ACT must have the following knowledge, skills and experience:</p> <ul style="list-style-type: none"> <li>▪ extensive knowledge of and appropriate experience in the Disability Services industry;</li> <li>▪ demonstrated commitment to a mission that would see services and supports in place that would assist people with disabilities to take their place as full and equal members of the ACT community;</li> <li>▪ demonstrated commitment to promote the inherent right of people with disabilities to dignity and respect;</li> <li>▪ demonstrated vision and leadership skills;</li> <li>▪ demonstrated managerial skills and the capacity to work effectively with other people;</li> <li>▪ dynamic, entrepreneurial leader able to construct, motivate, guide and evaluate;</li> <li>▪ highly skilled at communicating with diverse groups, individuals and stakeholders;</li> <li>▪ demonstrated keen sense of the worth, dignity and rights of people with a disability;</li> <li>▪ relevant tertiary degree/diploma;</li> <li>▪ strong financial management skills;</li> <li>▪ demonstrated ability to lead and manage change.</li> </ul>

		<p><u>Supporting Documentation:</u> DRG Submission to Reid</p> <p>Recommendations concerning the appointments of certain executive officers are no longer current in light of Mr Szwarcbord’s resignation, the separation of Disability ACT from the Department of Health, and the transfer of Mrs Beauchamp to Housing and Community Services. The Disability Reform Group has no comments on this part of the Recommendation.</p>
5	<p>A change manager with proven experience in the operation of individualised service provision to the disabled and proficient in world best practice should be appointed to manage the implementation of the changes and service improvements recommended in this Report. In undertaking that task, it may be of assistance for that person also to have regard to the submissions received by this Inquiry and the extensive research materials and literature, both national and international, gathered by the Inquiry secretariat.</p>	<p><b>Agreed:</b> The transformations proposed in the Gallop Report are major shifts, and will proceed with higher quality if consumers, their supporters, providers and departmental personnel are provided with ‘hands on’ technical advice and assistance in learning how to optimally develop new arrangements and transform existing service models into desirable personalised support arrangements. Targeted technical assistance is of considerable strategic importance. The risks can be greatly minimised by building service design expertise and connecting aspirant and novice service designers with more experienced people from within and outside the ACT.</p> <p><u>Supporting Documentation:</u> <i>DRG Discussion Paper #1</i>, Anne Cross, July 2002</p> <p>The DRG has recommended that all key positions in Disability ACT must have demonstrated ability to lead and manage change and are chosen on the basis of the criteria set out in the response to Recommendation 4. The DRG also recommends the creation within Disability ACT of an internal transitional change management group, to work in collaboration with the DRG.</p> <p><u>Supporting Documentation:</u> DRG Submission to Reid</p>

<p><b>6</b></p>	<p>In establishing this body, the ACT Government should appoint senior managers with the following skills to plan, develop and implement initiatives and service arrangements:</p> <p>(i) Change management and reform expertise to establish a new organisation and new culture;</p> <p>(ii) A clear understanding of the wants, needs and aspirations of all people living with a disability, their families and carers;</p> <p>(iii) A capacity for service development - this would require managers to have vision, inventiveness and a desire to trial and test new and innovative arrangements; and</p> <p>(iv) Contract management and negotiation skills - this might involve external specialists to advise or participate in negotiations with service providers.</p> <p>It may assist the ACT to approach or engage local and interstate experts (such as Professor Shaddock, Ms Anne</p>	<p><b>Agreed:</b> The DRG has recommended that all key positions in Disability ACT must have the following knowledge, skills and experience:</p> <ul style="list-style-type: none"> <li>▪ extensive knowledge of and appropriate experience in the Disability Services industry;</li> <li>▪ demonstrated commitment to a mission that would see services and supports in place that would assist people with disabilities to take their place as full and equal members of the ACT community;</li> <li>▪ demonstrated commitment to promote the inherent right of people with disabilities to dignity and respect;</li> <li>▪ demonstrated vision and leadership skills;</li> <li>▪ demonstrated managerial skills and the capacity to work effectively with other people;</li> <li>▪ dynamic, entrepreneurial leader able to construct, motivate, guide and evaluate;</li> <li>▪ highly skilled at communicating with diverse groups, individuals and stakeholders;</li> <li>▪ demonstrated keen sense of the worth, dignity and rights of people with a disability;</li> <li>▪ relevant tertiary degree/diploma;</li> <li>▪ strong financial management skills; and</li> <li>▪ demonstrated ability to lead and manage change.</li> </ul> <p>The DRG strongly supports the appointment of experts to assist as appropriate, and has worked in partnership with Disability ACT to establish a register of consultants with a wide range of experience and expertise.</p> <p><u>Supporting Documentation:</u> DRG Submission to Reid</p>
-----------------	---	--

	<p>Cross and Mr Jeff Chan) to provide advice on directions and options that might be pursued during the early years. Professor Shaddock is a local, highly qualified world expert. On its interstate visits the Inquiry was most impressed with the breadth of knowledge and practical experience demonstrated by Ms Cross and Mr Chan.</p>	
7	<p>The objectives of the new statutory Commission should include:</p> <p>(i) Gradual adoption of the person-centred approach to assessing and delivering services to people with disabilities, in consultation with them and their families.</p> <p>(ii) Adoption of a policy of progressively withdrawing from the group home model as the predominant residential support arrangement, moving towards an individualised and</p>	<p><b>Agreed:</b> The DRG strongly supports the adoption of a person-centred approach, including from a whole-of-government perspective.</p> <p>The DRG believes the government should adopt a program over the next five years that focuses on the modernisation and renewal of the system. Such modernisation should focus on:</p> <ul style="list-style-type: none"> <li>▪ making flexible personal and family supports the core modality of the system; and</li> <li>▪ service expansion through innovative personalised support arrangements.</li> </ul> <p>The first step must be to establish the principles and policies that will guide service improvement, development and renewal. This implies a strong role for government in working with stakeholders.</p> <p><u>Supporting Documentation:</u> DRG Minutes 5 July 2002; <i>DRG Discussion Paper #1</i>, Anne Cross, July 2002.</p> <p><b>Agreed with Qualification:</b> The DRG very strongly supports the introduction of individualised approaches to care and support. The DRG also recognises that for a number of people the group home model is working well and should continue to be supported, further improved and developed. The objective of reforms must be to increase the range and flexibility of options without threatening existing successful arrangements.</p>

<p>integrated care and support model.</p> <p>(iii) Encouraging the design and introduction of new and innovative service models that are responsive to the needs and desires of people with disabilities - including family and community governance arrangements.</p>	<p><b>Agreed:</b> Innovation should be guided by the Vision and Values Statement developed by the DRG. It should be supported by new funding and through changes to existing service provision.</p> <p>The DRG notes the establishment of an innovation fund within Disability ACT, and supports the use of the fund to:</p> <ul style="list-style-type: none"> <li>▪ encourage the development of services that are responsive to the needs of people with disabilities, their families and carers; and</li> <li>▪ further develop and improve existing models.</li> </ul> <p><u>Supporting Documentation:</u> DRG Vision and Values Statement</p> <p>The DRG supports ‘breaking new ground’ through small projects aimed at both innovation and improving partnerships with consumers and families. This enables people involved to try out new ideas in manageable steps. Small projects have the advantage of being more responsive to people who are directly involved, and corrections and modifications are more easily made.</p> <p>Innovation should be supported not only through the use of new monies but by:</p> <ul style="list-style-type: none"> <li>▪ ‘people investments’ throughout the community, to promote innovation, leadership, networking, and project envisionment;</li> <li>▪ creation of technical capacity; and</li> <li>▪ creation of an appropriate contracting/purchasing environment to enable delivery of more flexible and personalised supports using existing monies.</li> </ul> <p>The priorities for service innovations must be developed in collaboration with people with disabilities, families and providers, and based on established principles for service improvement, development and renewal (see DRG response to 7 (i) above).</p> <p><u>Supporting Documentation:</u> <i>DRG Discussion Paper #1</i>, Anne Cross, July 2002.</p>
--	---

<p>(iv) Introduction of new regulatory and inspection arrangements to review and monitor services for people with disabilities.</p>	<p><b>Agreed:</b> The DRG agrees with the introduction of new regulatory and inspection arrangements. Such arrangements are one part of an overall quality framework that will require considerable investment to establish. Further details of the proposed quality framework are provided in the DRG responses to Recommendations 25-28.</p> <p>The DRG recommends that responsibility for quality be shared between Disability ACT and a new independent disability services improvement agency. It recommends that Disability ACT have responsibility for regulation and monitoring of the services it provides and funds, and that independent inspection functions be allocated to the new agency.</p> <p>The new agency would be established as an independent statutory body separate from Disability ACT, responsible to the Legislative Assembly and reporting to the Attorney-General. The independence of this body from Disability ACT is viewed as critical by the DRG because Disability ACT is the major Canberra service provider for people with disabilities.</p> <p>The new disability services improvement agency would have a clear focus on disability issues and ensure consumer access to staff with specific expertise in disability. Its powers would include:</p> <ul style="list-style-type: none"> <li>▪ service monitoring and accountability including routine and random service performance audits;</li> <li>▪ community visitors;</li> <li>▪ inquiries and reviews;</li> <li>▪ education, information and training;</li> <li>▪ service support;</li> <li>▪ advice and assistance to consumers and their representatives; and</li> <li>▪ complaint assessment, investigation, resolution and conciliation.</li> </ul> <p><u>Source Documents:</u> ‘Consumer Protection, Complaints &amp; Appeals, Service Improvement, Service Monitoring and Advocacy in Disability Services’, Roger West, August 2002; DRG Discussion Paper #3, Anne Cross, July 2002</p>
---	---

	<p>(v) Reduction over time of the Disability Program by establishment of a number of smaller service units to deliver care support services. Whether these units should be best managed within or outside the government sector should be determined at a later time.</p>	<p><b>Noted:</b> The Disability Program provides the following services:</p> <ul style="list-style-type: none"> <li>▪ accommodation support services providing suitable assistance to people with a disability to live in the community;</li> <li>▪ a Community Access/Linkage Service (aCe-Link), supporting people with disabilities to maintain and develop life and social skills;</li> <li>▪ centre-based respite services to give the person with a disability and their family/carer the chance to have a regular short break from each other; and</li> <li>▪ access to a range of multi-disciplinary services, including psychology, social work, physiotherapy, speech pathology, occupational therapy, and recreational services.</li> </ul> <p>Primary objectives for the Disability Program must be:</p> <ul style="list-style-type: none"> <li>▪ to continue to honour its commitments to existing consumers;</li> <li>▪ to continue to improve arrangements for existing clients; and</li> <li>▪ to establish and facilitate an exit mechanism for consumers to leave the Disability Program if they choose to do so. This should include the ability to unbundle their funding.</li> </ul> <p>In order to determine the size, role and management structure for Disability Program in the future it is important to first answer the following question. What is the appropriate role for Government in disability service provision? This question must be answered by the Government in consultation with the community.</p> <p>Until this issue has been resolved and the alternatives thoroughly investigated the DRG recommends that the Program remain stable and provides service to new clients only where the following elements can be shown:</p> <ul style="list-style-type: none"> <li>▪ the client will benefit most by Disability Program being the service provider; and</li> <li>▪ Disability Program would provide the more cost efficient services.</li> <li>▪ the client has chosen Disability Program as their preferred service provider;</li> </ul> <p>Where these elements are not established a consumer should be assisted to access appropriate services and supports from other sources.</p>
--	---	--

	<p>(vi) Investment in support and assistance for families of people with disabilities because best practice requires that the individual should be supported in the context of their own family and the wider community.</p> <p>(vii) Ensuring that adequate forward planning is carried out to determine the future demand for services from people with disabilities.</p> <p>(viii) Requiring independent quality accreditation of all service providers to the same standard, by a single external organisation.</p>	<p><b>Agreed:</b> The following statement on Family Involvement has been included in the DRG Vision:</p> <p>“The roles of families, guardians, friends, carers and significant others in the lives of people with disabilities are supported, valued and promoted.”</p> <p>In many cases the main supports for people with disabilities are their families and other natural supports. The DRG recommends that a substantial investment be made in re-designing and refocusing services towards proactive support for individuals and their families, to make it easier for people with disabilities to have the kind of life or lifestyle that is optimal for them.</p> <p><u>Supporting Documentation:</u> DRG’s Vision Statement; <i>DRG Discussion Paper #2</i>, Anne Cross, July 2002</p> <p><b>Agreed:</b> The DRG strongly supports forward planning based on evidence based assessment of future demand for services.</p> <p><b>Agreed with Qualification:</b> The DRG recommends that a quality framework be implemented under which all service providers would need to demonstrate their capacity and capability to provide quality care and be monitored for compliance with a set of agreed guidelines, which include the National Disability Standards. The quality framework would include monitoring of service providers by an independent organisation.</p> <p>The DRG does not support mandatory accreditation.</p> <p><u>Supporting Documentation:</u> <i>DRG Discussion Paper #3</i>, Anne Cross, July 2002</p>
8	<p>This authority should be funded to establish a service access centre, as part of its functions, to assess all people with disabilities and to assist and inform them and their</p>	<p><b>Agreed with Qualification:</b> The DRG fully recognises the need to establish mechanisms for improving access to disability services. The ACT Government should undertake work to develop a system that supports individuals and families to get the information they need, provides support for people while they are accessing services, and assists people to also access services and supports in the mainstream community.</p> <p>The DRG recommends further consultation and investigation into the development of co-ordinated consumer</p>

	families in identifying the options best suited to their individual needs. Such a centre would also constitute a single reference point to advise people as to the appropriate body with which to lodge complaints against service providers.	<p>access models in the ACT. The DRG supports a model that incorporates elements of the role of Local Area Co-ordinators in West Australia and Queensland, adapted to the circumstances and existing infrastructure of the ACT.</p> <p>The DRG recommends that the decision on where and by whom the roles and functions of an appropriate access mechanism should be performed should be made following community consultation and an examination of:</p> <ul style="list-style-type: none"> <li>▪ alternative options and models;</li> <li>▪ the current role of existing service providers in this area;</li> <li>▪ the scope of those existing roles;</li> <li>▪ whether the existing roles should be expanded or redefined;</li> <li>▪ whether the new roles should be combined into one schema or built into the system overall; and</li> <li>▪ the service attributes required to provide a high quality service of this kind.</li> </ul> <p>In particular the DRG would regard it a pre-emptive to decide that Government is the provider of choice for consumer access services prior to a thorough consideration of these matters.</p> <p><u>Supporting Documentation:</u> DRG minutes 16 July, <i>DRG Discussion Paper #2</i>, Anne Cross, July 2002</p>
<b>9</b>	The new authority would be charged with taking a proactive and scrutinising role in directing the Disability Program, in particular in relation to its budgetary affairs and requests for additional funding.	<p><b>Agreed:</b> The DRG recommended the integration of the Office of Disability and the Disability Program into a single entity, to facilitate greater co-ordination in directing the Disability Program.</p> <p><u>Supporting Documentation:</u> DRG Submission to Reid</p>
<b>10</b>	In line with a developmental approach to service delivery for people with disabilities, the	<p><b>Agreed:</b> The new structure supports the DRG recommendation that services currently delivered by the Disability Program of ACT Community Care would be the responsibility of the new agency.</p>

	Disability Program should be separated from ACTCC and like other service providers report directly through the newly created statutory body.	<u>Supporting Documentation:</u> DRG submission to Reid
<b>11</b>	The responsibility for strategic control and direction of the affairs of the Disability Program should be removed from ACTH&CCS Board and be the responsibility of a separate board managing the Disability Program. Its sole area of responsibility would be the strategic direction of the Program.	<p><b>Not Agreed:</b> The DRG recommends that the statutory officer responsible for Disability ACT be supported in his/her role by an appointed community advisory body. The role and functions of this body would include working with the responsible statutory officer to set broad strategic directions for Disability ACT including the Disability Program.</p> <p>The DRG strongly supports the Disability Program’s current consideration of formal arrangements for involving people with disabilities, their families and carers in the administration of the Program.</p> <p><u>Supporting Documentation:</u> DRG Submission to Reid, DRG Minutes 16 July</p>
<b>12</b>	This Disability Program Board should include disabled people, their families, service providers and other people with relevant up to date expertise in disabilities. The Inquiry was informed of an approach adopted interstate and overseas where service providers, service users (or their families) and/or industry experts were included on management and/or advisory boards. This would ensure that the views and needs of people with disabilities can be directly	<p><b>Agreed:</b> The DRG agrees with the intent of this recommendation, and notes that processes to achieve the desired outcomes are already underway (see DRG response to Recommendation 11).</p>

	injected into policy directions, programs, funding priorities and service arrangements.	
<b>13</b>	In relation to the three deaths occurring within twelve months, Mrs Grayson displayed a lack of active management of the Disability Program when decisive direction was required. She has not demonstrated the experience, vision or capacity to move the Program forward and has not implemented best practice in service provision. She should be relieved of her managerial responsibilities.	<b>Noted.</b> The Disability Reform Group has no comment on this Recommendation.
<b>14</b>	Until the changes recommended are fully implemented with any consequential alteration to the Disability Program's Placement Committee the following should occur:	<p><b>Agreed with Qualification:</b> The DRG recommends that the roles and functions of the Placement Committee should be the subject of a thorough review and that any placement mechanism adopted by the Disability Program emphasises a culture of facilitation, not direction, and promotes self-determination by people with disabilities in collaboration with their families and supporters. The mechanism should also ensure that:</p> <ul style="list-style-type: none"> <li>▪ people living in group situations are well matched;</li> <li>▪ decisions about placement are made by those who are close to and well understand those being placed;</li> </ul>

<p>(i) The Placement Committee's procedures be revised to ensure that parents, guardians and families are advised of their entitlement to be given all relevant information relating to proposed residents prior to recommendation by the committee for exploration of a possible placement, their entitlement to present documents to the Committee and to appear personally before it at all stages of its deliberations;</p> <p>(ii) That the composition of the Committee be amended to include sufficient parent, guardian and family representatives to ensure a meaningful governing role; and that the Disability Program appoint to the Committee people from outside the Program with expertise in service provision; and</p>	<ul style="list-style-type: none"> <li>▪ the person with a disability, their family and supporters have access to all relevant information; and</li> <li>▪ involvement by impartial third parties is limited to information provision and promotion of self-determination by people with disabilities, their families and supporters.</li> </ul> <p><u>Supporting Documentation:</u> DRG Minutes 2 August 2002.</p> <p><b>Agreed with Qualification:</b> In the interim while a new mechanism is being developed the composition of the Committee should also include people with a disability.</p>
---	---

	(iii) That the Chair of the Committee be completely independent, and free from any possible conflict of interest.	<b>Agreed</b> as an appropriate interim response while a new mechanism is being developed.
<b>15</b>	The Disability Program should not continue to be responsible as landlord for providing accommodation for its clients. Instead, disabled people should have the same rights and entitlements to enter into accommodation agreements with housing providers, both government or private, as is available in the general community.	<p><b>Agreed:</b> The DRG recommends that the separation of responsibility for accommodation and support be applied to all service providers, including Disability ACT. This will ensure compliance with the requirement in the DSA (1991) that no single organisation should exercise control over all or most aspects of the life of a person with disabilities.</p> <p>It is important that people with disabilities continue to have the option that currently exists of the tenancy responsibilities residing in a third party.</p>
<b>16</b>	In order to further protect the tenancy rights of disabled people, the Residential Tenancies Act 1997 should be amended to ensure that residents in group homes have adequate security of tenure by being granted appropriate tenancy status under the Act.	<p><b>Agreed:</b> The DRG draws attention to the recent commitment by Government to implement the DRG's proposal that all new legislation, legislation under review and new policy be assessed as to its effect on people with a disability. The DRG recommends that this commitment be applied in relation to the review of the Residential Tenancies Act currently underway.</p> <p>The Disability Sector has a strong interest in the review, but has not been given the opportunity to contribute to the process. Broader consultation on the outcomes of the review, particularly in relation to people with disabilities, must take place before it can be finalised.</p> <p>The Residential Tenancies Act should be amended to be made applicable to the variety of tenancy arrangements used by people with disabilities so that their tenancy rights are protected to the same extent as others in the community.</p>

<p><b>17</b></p>	<p>The ACT Government should establish a register of properties which have been suitably constructed or modified to meet the needs of people with disabilities.</p> <p>In order to facilitate the creation of the register, government should consider introducing a rating scheme to assess the suitability of dwellings to accommodate the needs of people living with a disability.</p>	<p><b>Agreed:</b> The DRG commends the initiative of ACT Housing to record details on properties suitable for people with disabilities, and encourages Disability ACT to ensure that information regarding the availability of these properties is disseminated as widely as possible.</p> <p>The DRG further recommends that ACT Housing should adopt the concept of a universal design for all new government and community properties. The universal design approach that is being considered in other jurisdictions is more comprehensive than the existing ACT building codes. Housing built to universal design standards removes the need for purpose built dwellings and reduces the costs of modifications for people with a disability by providing for a greater degree of responsiveness to a wider range of changing needs.</p>
<p><b>18</b></p>	<p>The ACT Government should develop and implement a strategy to attract and retain care workers to the disability sector. The following may be considered as part of that strategy:</p> <p>(i) A broadbanding of the care worker structure with salary points based on competency factors including the difficulty of the service required, qualifications attained and continuing skills development. This</p>	<p><b>Agreed:</b> The DRG recognises that there are significant issues to be addressed with both leaders and workers in the industry. Measurable progress cannot be expected without investment in education, training and leadership development.</p> <p>The DRG believes that the ACT will do better in terms of quality of it invests in people with passion and commitment and creates a favourable employment culture that fosters competence in service delivery. The DRG approves the development of a strategy for addressing workforce issues in consultation with leaders, workers and the sector, via a workforce issues steering committee as proposed by Disability ACT. It recommends however that the composition of the committee be expanded to include people with disabilities.</p>

	<p>might avoid the need for care workers to apply for promotions, receive salaries potentially higher than supervisors and thereby retain skilled and dedicated people within this sector;</p> <p>(ii) Jointly with the University of Canberra and the Canberra Institute of Technology, development of degree and certificate courses to train and skill people as care workers. This will integrate professional development with on-the-job training experiences with service providers and allow input into the structure and content by the proposed institute;</p> <p>(iii) Development of a sector-wide accreditation process for people working in</p>	
--	--	--

	<p>the ageing and disability services sector. This could be similar to the accreditation process for nurses with the Register maintained by the Nurses Registration Board; and</p> <p>(iv) Guaranteeing annual incremental payments based on accreditation levels maintained and length of continuing service in the sector.</p>	
<b>19</b>	<p>Having regard to the evidence from the Epilepsy Association and Dr Andrews it is recommended that all disability support officers be educated in the management of epilepsy with regular training and retraining.</p>	<p><b>Agreed:</b> The DRG supports the Government's response to this recommendation.</p>
<b>20</b>	<p>Consideration should be given to combining the professional services presently provided by ACTCC such as social workers, therapists and physiotherapists with the similar services provided by the Department of Education</p>	<p><b>Agreed:</b> The DRG agrees that therapy services provided by Government to people with disabilities should be delivered through the one administration in the new Department of Disability, Housing and Community Services, and recommends that appropriate specialist teams be established within that framework.</p> <p>In response to the Review of Therapy Services for Schoolchildren, the DRG has made the following recommendations:</p> <ul style="list-style-type: none"> <li>▪ that eligibility for CHADS services be extended beyond the current limit of 12 years to children and young people.</li> </ul>

	and Community Services so that one administration provides these support services for all people with disabilities irrespective of age.	<p>people;</p> <ul style="list-style-type: none"> <li>that all therapy services for children and young persons be provided through a single agency. In particular, the DRG believes that CHADS should assume responsibility for therapy services provided in the Special Schools.</li> </ul> <p><u>Supporting Documentation:</u> DRG response to Review of Therapy Services for School Students with a Disability</p>
<b>21</b>	There should be the introduction of early intervention programs and strategies to diagnose, treat and manage disabilities such as autism, developmental problems and communication and learning difficulties.	<p><b>Agreed:</b> The DRG supports the expansion of early intervention programs. Early detection and ongoing appropriate intervention are proven, effective policies for the remediation of impairments and for assisting the people and families involved to become as independent as possible.</p> <p><u>Supporting Documentation:</u> DRG response to the Review of Therapy Services for School Students with a Disability</p>
<b>22</b>	Appropriate transition programs should be developed for people with disabilities moving from school age to adolescence to adulthood to their older age years.	<b>Agreed.</b>

23	Skill and development support programs ought to be developed for those people with intellectual and learning disabilities beyond the age of 20 years.	<b>Agreed.</b> The DRG also recommends investment in training for the workforce to ensure that the sector has the capacity to deliver these programs.
24	Care workers, appropriately authorised, should have the right of access to medical information for the protection and care of their clients. This may require amendments to the Privacy Act 1989 and the Health Records (Privacy and Access) Act 1997 or the development of a practice guideline that aids carers and care workers.	<b>Noted.</b>
25	The ACT government should develop or adopt a set of practice guidelines to explain the national disability standards in an ACT context, including examples of both good and poor practice so that organisations have consistent, clear and precise benchmarks by which to measure their performance. The literature search undertaken by the Inquiry Secretariat located the	<p><b>Agreed:</b> Disability ACT should, in consultation with service providers, service users and their families and allies, formulate guidelines and a mechanism for determining service provider capacity and capability to provide services responsibly. Such guidelines should incorporate the National Standards.</p> <p>The DRG also recommends that expert advice should be obtained to determine the most appropriate approach to incorporating the National Standards into a broad quality framework.</p> <p><u>Supporting Documentation:</u> DRG Minutes 9 July 2002; <i>DRG Discussion Paper #3</i>, Anne Cross, July 2002</p>

	Guidelines prepared in NSW to assist service delivery organisations. There is merit in approaching NSW to seek permission to adopt the guidelines developed in that state.	
26	The criteria for external auditing by the proposed ACT Disability Services Commission should be revised to concentrate on the quality of services provided and compliance with legislation and standards rather than solely on administrative and financial performance of the service providers.	<p><b>Agreed with Qualification:</b> The DRG agrees that the scope of external auditing must be extended to include the quality of services provided and compliance with legislation and standards.</p> <p>The DRG recommends that, in order to receive funding, service providers must demonstrate their capacity to:</p> <ul style="list-style-type: none"> <li>▪ provide responsible care;</li> <li>▪ relate appropriately to service users and their families;</li> <li>▪ provide services that support people in the community based on best practice principles;</li> <li>▪ assure people the common sense necessities of home life;</li> <li>▪ provide feasible safeguards for health, safety and physical security;</li> <li>▪ manage administration, financial and legal obligations; and</li> <li>▪ protect people from abuse, mistreatment and neglect.</li> </ul> <p>The DRG recommends that external auditing of all disability services be conducted by the proposed disability services improvement agency (see DRG response to Recommendation 7(iv) above), while responsibility for internal auditing of government funded services would lie with Disability ACT.</p> <p><u>Supporting Documentation:</u> Structure Sub-Group Notes 11 July 2002; <i>DRG Discussion Paper #1</i>, Anne Cross, July 2002; ‘<i>Consumer Protection, Complaints &amp; Appeals, Service Improvement, Service Monitoring and Advocacy in Disability Services</i>’, Roger West, August 2002.</p>
27	To ensure consistency the	<b>Agreed:</b> See response to #26. Overarching sector responsibility for service monitoring and accountability

	<p>Disability Program should be subject to the same form and the revised criteria of auditing as that applied to NGO's.</p>	<p>including routine and random service performance audits and a community visitor's scheme should be the responsibility of the independent disability services improvement agency.</p>
<p><b>28</b></p>	<p>Because the current contractual requirements for determining the outputs/outcomes purchased do not accurately reflect the nature of the services provided and are expressed in terms merely directing attention back to the vague wording of the national standards, the proposed Commission should review them. Such review should include input by disabled people, families and service providers in designing revised outputs and outcomes based on a requirement for quality in service provision.</p>	<p><b>Agreed:</b> Disability ACT, in partnership with service users, families and providers should formulate a quality framework for determining service provider capacity and capability to provide services responsibly. Such guidelines should incorporate the National Disability Standards.</p> <p>The DRG recommends that the definition of quality in such a quality framework should be concerned primarily with whether outcomes for individuals are achieved, and sustained over time.</p> <p>A set of performance descriptors relating to personal outcomes for services users should be adopted that reflect the DRG Vision and Values Statement and become a reference point for assessing quality services as it pertains to individuals.</p> <p>Such descriptors should reflect graded levels of achievement by services, from non-achievement through to achievement of minimum and optimal levels.</p> <p>Providers should develop internal mechanisms that would enable them to review individual and household achievement of desired outcomes.</p> <p><u>Supporting Documentation:</u> <i>DRG Discussion Paper #1</i>, Anne Cross, July 2002</p>
<p><b>29</b></p>	<p>The Department should ensure consistency of requirements between government and non-government service providers' contracts in relation to the process for raising and resolving complaints by service users.</p>	<p><b>Agreed:</b> The DRG recommends that guidelines for effective complaints processes be incorporated into the ACT Disability Standards, and applied to all service providers through contractual mechanisms to ensure consistency.</p> <p>The DRG also recommends that the proposed disability service improvement agency should have responsibility for monitoring the effectiveness of service provider's complaints processes and for investigating and resolving complaints that cannot be resolved internally by service providers.</p> <p><u>Supporting Documentation:</u> '<i>Consumer Protection, Complaints &amp; Appeals, Service Improvement, Service Monitoring and Advocacy in Disability Services</i>', Roger West, August 2002</p>

30	Consistent complaint resolution procedures should be an obligatory part of all contracts	<b>Agreed:</b> See response to #29
31	The Department should ensure that the complaint resolution procedures of all service providers are reviewed independently at least every 12 months to maintain consistency, improve outcomes and update procedures for complaint resolution.	<p><b>Agreed with qualification:</b> The DRG recommends reviews of service provider’s complaints mechanisms be conducted every 3 to 5 years, provided that services submit complaints statistics on a regular basis which identify the nature of complaints made, actions taken and outcomes reached.</p> <p><u>Supporting Documentation:</u> ‘<i>Consumer Protection, Complaints &amp; Appeals, Service Improvement, Service Monitoring and Advocacy in Disability Services</i>’, Roger West, August 2002</p>
32	Notwithstanding the Commonwealth's responsibility for funding advocacy services, the ACT Government should increase its own funding to advocacy agencies to address the present level of unmet need for their services and to assist disabled people and their families in the period of fundamental change ahead.	<p><b>Noted:</b> The DRG supports the need for increased funding to advocacy services, in recognition of the essential nature of independent advocacy.</p> <p>In responding to the Reid Report the Government has announced its intention to undertake a review of the community advocacy and watchdog agencies in consultation with the relevant statutory office holders and community groups in both the health and disability service areas. The adequacy of funding to advocacy services should be considered as an element of this review.</p>

<p><b>33</b></p>	<p>The Community and Health Services Complaints Act 1993 should be amended to mirror provisions of the NSW Community Services (Complaints, Reviews and Monitoring) Act 1993 so as to make provision:</p> <p>(i) To enable any persons with an interest to lodge a complaint;</p> <p>(ii) To impose time limits on the Commissioner;</p> <p>(iii) To allow the Commissioner to monitor the implementation and performance of his recommendations with the service providers, including the imposition of time frames;</p>	<p><b>Not Agreed:</b> The DRG has recommended the establishment of a new statutory body (the disability services improvement agency) to be responsible for disability services improvement and complaints assessment, investigation, resolution and conciliation.</p> <p>The new body would provide a clear focus on disability issues and ensure consumer access to staff with specific expertise in disability.</p> <p><b>Agreed:</b> The DRG recommends that the entitlement of any persons with an interest to lodge a complaint be included in the legislation establishing the new disability services improvement agency.</p> <p><u>Supporting Documentation:</u> DRG Minutes 23 July 2002; ‘<i>Consumer Protection, Complaints &amp; Appeals, Service Improvement, Service Monitoring and Advocacy in Disability Services</i>’, Roger West, August 2002</p> <p><b>Agreed:</b> The DRG recommends that time limits to ensure timely responses to complaints be imposed in the legislation establishing the new disability services improvement agency. The legislation should stipulate that an assessment of a complaint be made within a specified period, and once the assessment is made, a timetable be determined and provided to the complainant based on the circumstances of the case. There should be the possibility for deviating from this timetable in specified circumstance and a 12 month time limit placed on the finalisation of all complaints.</p> <p><b>Agreed:</b> The DRG recommends that the new disability services improvement agency have the power to undertake review and monitoring for a variety of purposes including for the purpose of ascertaining compliance with their recommendations.</p>
------------------	--	--

	<p>(iv) That failure to implement the Commissioner's recommendations be able to be reviewed on the merits by the ACT Administrative Appeals Tribunal whose decisions should replace those of the original decision-maker. The Tribunal should be given power to enforce those decisions (see Part 5, Sections 40-44 of the NSW Act);</p> <p>(v) That there be a mechanism to allow independent review of the Commissioner's process at the instigation of complainants or service providers.</p>	<p><b>Agreed:</b> The DRG recommends that a mechanism for reviewing recommendations made by the disability service improvement agency be included in its enabling legislation. External review of decisions could be provided by the ACT Ombudsman or the Administrative Appeals Tribunal, incorporating a 'show cause' provision where the AAT or Ombudsman can be given power, after hearing argument or receiving submissions, to effectively convert a recommendation into a binding order.</p> <p><u>Supporting Documentation:</u> '<i>Consumer Protection, Complaints &amp; Appeals, Service Improvement, Service Monitoring and Advocacy in Disability Services</i>', Roger West, August 2002</p> <p><b>Agreed:</b> The DRG recommends that a mechanism for independent review of the disability service improvement agency's processes be available to complainants or service providers.</p> <p>A periodic review of the agency should be carried out at 5 year intervals, and could be the task of a Law Reform Commission, Auditor General or a Board of Inquiry established for the purpose by the government of the day.</p> <p><u>Supporting Documentation:</u> '<i>Consumer Protection, Complaints &amp; Appeals, Service Improvement, Service Monitoring and Advocacy in Disability Services</i>', Roger West, August 2002</p>
34	<p>The ACT Government introduce a stronger and more expansive framework of regulation and inspection than that proposed in the Disability Services Improvement Scheme. The submissions of the Health Complaints Commissioner should be taken into account when drafting the powers and functions of such a</p>	<p><b>Agreed with Qualification:</b> The DRG recommends that the proposed disability service improvement agency have responsibility for inspection, service monitoring including routine and random service audits, a community visitors scheme, and the assessment, investigation and resolution of complaints. The agency would also have power to initiate reviews and inquiries.</p> <p>Within the quality management framework, the new agency will serve as an 'early warning device' for defects in the service system:</p> <ul style="list-style-type: none"> <li>▪ individual complaints will provide opportunities for early intervention;</li> <li>▪ information on patterns and trends obtained from tracking complaints will provide feedback on potential trouble spots; and</li> </ul>

	<p>scheme. The Scheme should become the responsibility of the Commissioner. In particular he should oversee the proposed Community Visitor Scheme.</p>	<ul style="list-style-type: none"> <li>the existence of an open, effective complaints system can have a long term preventative effect.</li> </ul> <p><u>Supporting Documentation:</u> ‘<i>Consumer Protection, Complaints &amp; Appeals, Service Improvement, Service Monitoring and Advocacy in Disability Services</i>’, Roger West, August 2002</p>
35	<p>Relevant legislation be amended to allow sharing of information between complaints bodies.</p>	<p><b>Agreed:</b> The DRG supports the Disability ACT response.</p>
36	<p>Having regard to the ease with which the Community Advocate's interpretation and exercise of her powers and discretions can become blurred and arbitrary and the lack of any formal and effective mechanism for accountability by her, the Board recommends that government consider, amongst any other amendments, limiting future appointments to a once only appointment for a period of seven years.</p> <p>The present Community Advocate, Ms Heather McGregor, has been in the position since 1992 which well exceeds the recommended maximum term of appointment. She should not</p>	<p><b>Not Agreed:</b> The DRG recommends that the position of Community Advocate be publicly advertised and contestable at the end of each 5 year period. The DRG recommends that the position becomes contestable at the end of the current contract.</p> <p>It would be inappropriate for the DRG to comment on the question of who should or should not be appointed to this or any other relevant position at this stage.</p> <p><u>Supporting Documentation:</u> DRG Minutes 2 August 2002</p>

	be reappointed to the position.	
37	<p>Relevant legislation be amended to ensure that the Community Advocate is fully and formally accountable to the Legislative Assembly, perhaps through the relevant Standing Committee.</p> <p>Complaints relating to services provided by the Community Advocate should be the responsibility of the ACT Ombudsman, if necessary by amendment of the Ombudsman Act.</p>	<p><b>Noted.</b> The DRG is of the opinion that these concerns are adequately addressed by current arrangements.</p>
38	<p>The legislation governing the Community Advocate should be amended to separate the Community Advocate's guardianship role from the broader advocacy role. As is the situation in Queensland and some other states, this may best be achieved by the creation of a separate statutory position of Public Guardian.</p>	<p><b>Agreed:</b> The DRG recommends that:</p> <ul style="list-style-type: none"> <li>▪ the name of the Community Advocate be changed to Public Guardian to more accurately reflect the current roles and activities of this body;</li> <li>▪ the gap which exists in the provision of general advocacy be identified and addressed; and</li> <li>▪ the proposed review of advocacy and watchdog agencies be conducted having regard to the recommendation of the DRG that a separate statutory agency, the Disability Services Improvement Agency, be established and that it have a service quality monitoring role.</li> </ul> <p><u>Source Document:</u> DRG Minutes 2 August 2002; '<i>Consumer Protection, Complaints &amp; Appeals, Service Improvement, Service Monitoring and Advocacy in Disability Services</i>', Roger West, August 2002</p>

39	<p>Consideration should also be given in the amended legislation to addressing specifically the question of conflict of interest in future appointments as Community Advocate. Guidance on this issue may be found in Section 150 of Powers of Attorney Act 1998 (QLD) the terms of which have been set out in the section of the Final Report dealing with the OCA.</p>	<p><b>Noted:</b> The DRG recommends that the government review of the community advocacy and watchdog agencies should include consideration of the question of conflict of interest.</p>
40	<p>The administrative support functions for the MAP and Care coordinator should be seen to be separate from the OCA and should come under the administration of the new statutory body responsible for disability services.</p>	<p><b>Noted:</b> The MAP and the Care Co-ordinator functions currently relate to individuals with complex needs. Many of those needs will arise in response to a disability of the individual.</p> <p>The DRG recommends that a suitable location for MAP and Care Co-ordination functions be considered as part of the government review into the community advocacy and watchdog agencies.</p>
41	<p>Having regard to the concerns raised by ACTCOSS and the evidence given by the Discrimination Commissioner, it is recommended that subsection 27(2) of the Discrimination Act 1991 be amended by deleting the words "in a way that is irrelevant to</p>	<p>This issue is currently under consideration by Cabinet.</p>

	the achievement of that purpose".	
42	All funding of services/care for people with disabilities should be on an individual basis, and able to be transferred at the option of the individual to different care providers from time to time.	<p><b>Agreed with qualification:</b> The DRG is of the opinion that individual funding may not be appropriate in all situations, and endorses a mix of funding options.</p> <p>The DRG recommends that a high priority be given to careful consideration of the range of possible funding options.</p> <p>The DRG supports Disability ACT's proposal to research eligibility and funding methodologies (including methods that incorporate a mix of individual and block funding approaches) and to develop clear eligibility and funding policies that allow for greater flexibility and more individualised arrangements than are currently offered.</p> <p>On an ongoing basis, the community advisory body recommended by the DRG would have responsibility for making recommendations to the government on appropriate funding policies.</p> <p><u>Supporting Documentation:</u> DRG Minutes 16 July</p>
43	<p>ISPs should be regularly reviewed in light of the individual's changing needs.</p> <p>That the entitlement should be based on the hours of support required rather than a set dollar amount also seems reasonable.</p>	<p><b>Agreed:</b> The DRG supports the recommendation for ISPs to be regularly reviewed, and notes that this will require the introduction of new policies and processes to introduce flexibility into ISP arrangements.</p> <p><b>Noted:</b> A review of policies and procedures for determining entitlements should be included in the review proposed in response to Recommendation 42.</p> <p><u>Supporting Documentation:</u> DRG Minutes 16 July 2002, 2 August 2002</p>
44	In the meantime, the NGO's are underfunded and should receive a greater proportion of budget allocation. They should be funded for the full cost of each place as is the Disability Program. Government should	<p><b>Agreed:</b> A mechanism should be developed with providers and clients of accommodation services to ensure that all agencies providing accommodation support to people with disabilities, including those in the non-government sector, receive government funding at a level sufficient to meet the client's accommodation support needs.</p> <p>The DRG recommends a staged implementation of this mechanism, commencing in 2003/4 and completing in 2004/5.</p>

	also encourage all service providers to obtain funding from external sources wherever possible to assist in meeting their administration costs.	<u>Supporting Documentation:</u> DRG Minutes 9 July 2002, 2 August 2002
45	ACT government should place a high priority on supporting families where there are children with disabilities. This will require significantly more funds than are currently allocated towards helping families with disabilities.	<b>Agreed.</b>
46	The ACT Government undertakes a review of the service and funding inadequacies for people within the ACT community who have a disability other than an intellectual one. The Board is particularly mindful of the submission from the ACT Deafness Resource Centre, Shaw Possibilities and Disability Program's acknowledgment of the grey area that exists for those clients with crisis mental health problems.	<p><b>Agreed with qualification:</b> The DRG supports this recommendation, while noting that the ACT Government needs to be responsive to the needs of all people with disabilities and develop funding mechanisms which take this into account.</p> <p>The DRG is of the opinion that significant additional funding will be required to effectively address issues such as those raised in the submissions noted in Justice Gallop's recommendation.</p> <p><u>Supporting Documentation:</u> DRG Minutes 16 July 2002, 2 August 2002.</p>
47	The ACT Government, jointly with the Federal Government, consider a joint approach to	<b>Agreed.</b> The DRG is strongly of the opinion that young people with disabilities should not be housed in nursing homes, but supported in a manner appropriate to their needs and preferences.

	examine individual options for moving people with disabilities currently inappropriately housed in nursing homes into alternative care consistent with their needs and wishes.	<u>Supporting Documentation:</u> DRG Minutes 16 July 200, 2 August 2002.
<b>48</b>	The ACT Government should fund the establishment of an Institute on Disability guided by the principles suggested by Professors Shaddock and Gatenby to the Inquiry.	<b>Not Agreed.</b> The DRG supports the Government's position on this recommendation.  <u>Supporting Documentation:</u> DRG Minutes 2 August 2002.
<b>49</b>	The Government establish an Innovation Fund to support service improvement projects, new and innovative pilot projects and trials aimed at delivering better and alternative services to people with disabilities.	<b>Agreed:</b> The DRG notes the establishment of an innovation fund within Disability ACT, and supports the establishment of 'grass-roots' or mini-projects of innovative consumer/family partnerships with service providers and Disability ACT.  The DRG also supports 'breaking new ground' through small projects aimed at both innovation and improving partnerships with consumers and families. This enables people involved to try out new ideas in manageable steps. Small projects have the advantage of being more responsive to people who are directly involved, and corrections and modifications are more easily made.  The DRG notes that resources must be made available for innovation to occur more broadly than is possible through the innovation fund, including via 'people investments' throughout the community, the creation of the necessary technical capacity and the provision of a more flexible and responsive contracting/ purchasing environment.  <u>Supporting Documentation:</u> <i>DRG Discussion Paper #1</i> , Anne Cross, July 2002
<b>50</b>	The circumstances giving rise to this Inquiry, namely, the deaths of the three persons in the care of the Disability	<b>Accepted.</b> The DRG recommends that annual reports be submitted to the Legislative Assembly and the public by both Disability ACT and the community advisory body.

<p>Program within twelve months, demand the commitment by Government to implement the necessary process of fundamental change to the ACT disability sector. In order to demonstrate to the community that the government has accepted the responsibility to make these changes, the Government might consider it appropriate to report annually to the Legislative Assembly over a five year period on progress in implementing the recommendations of this Inquiry.</p>	
--	--

# Proposal for an ACT Disability Services Improvement Agency

## Disability Reform Group

**This paper is an abbreviated version of a larger paper prepared for the Disability Reform Group by Roger West in August 2002. The Paper in full was developed in consultation with the Disability Reform Group (DRG) and incorporates decisions made by it over a number of meetings. This abbreviated paper has been produced to provide the Government with some background in relation to the DRG responses to the Gallop recommendations.**

If the existing consumer protection, advocacy and complaints and appeals mechanisms were working well, then the Inquiry into Disability Services may never have been needed and service quality and monitoring shortcomings would have been identified sooner through the use of existing mechanisms.

The DRG has supported the Government's decision to undertake a review of existing community advocacy and watchdog agencies. It takes the view, however, that:

- there should be no further delay in ensuring firstly that the protections and safeguards for people with disabilities are provided and monitored by an agency with disability specific knowledge and experience; and
- specialised support for disability service improvement is available to services.

The establishment of the disability service improvement agency as proposed by the DRG would meet both these requirements, and would recognise that in this limited area there has already been considerable consultation and review which has given rise to a well considered recommendation, likely to attract broad community support.

The DRG proposes the creation of a specialised disability service improvement agency. The agency would:

- incorporate rigorous and high quality complaints handling, embedded in a broader consumer protection and service quality assurance framework ( the subject of another DRG paper);
- be independent of any service provider, funding body, consumer organisation and the political process; and
- be statute based, headed by a statutory officer, and answerable to the Legislative Assembly via a Committee of the Legislative Assembly. On a day to day basis it is proposed to be responsible to the Attorney-General.

A specialised agency is required because the issues and challenges involved in meeting the needs of people with disabilities are complex. It is important that consumers and service providers are confident that they are being judged by those who understand what they are on about. It is important too to recognise the particular vulnerability of people with disabilities, especially those who are so comprehensively dependent on services for their life and well-being. More than most people, they *need* a specialist body to turn to, and yet

*less* than most people, they can stand up for themselves. In one sense, most service providers have as many “watchdogs” as they do customers or consumers. That is not the case with disability service providers, by the very nature of their clientele.

The model proposed emphasises the identification of solutions and fixing of problems rather than simply finding out who was in the right and who was wrong. This can be particularly important in service areas where clients tend to be locked into long term relationships with providers, with enormous dependency and little choice.

The DRG takes the view that it is most appropriate that complaints handling be delivered through an integrated model of this kind because complaints act as an early warning device about service system defects. Individual complaints provide managers with an opportunity for early intervention while patterns and trends can be assessed for potential trouble spots.

The new specialised agency would cover only disability services; that is, services in the ACT accessed by people with disabilities related to, or in respect of, their disability. It would be a unique, specialist agency dealing with problems, people and a service system that require specialist understanding. It would incorporate amongst other things the functions intended by Disability ACT to be included in their previously proposed disability service improvement scheme. As such it would have the critical mass and an infrastructure necessary to make tenable its existence as a separate agency.

It would avoid the difficulties created by overlapping roles of similar agencies by careful legislative design and the development of legislative and administrative arrangements to avoid duplication, exchange information and cross-refer clients.

The agency proposed by the DRG would have the following roles:

**a) Service Monitoring and Accountability**

This might include both routine and random service performance audits to check:

- compliance with service standards and legislative requirements,
- indicators of client and staff satisfaction
- circumstances that might place service users at risk.
- effectiveness of internal consumer complaints and grievance mechanisms
- the way critical incidents are handled.

It would also include monitoring prompted by a complaint or, more likely, a series or pattern of complaints.

**b) Community Visitors**

These are people with a strong consumer focus who visit services, assist service users to identify problems and issues that affect them and assist services to implement initiatives to rectify problems and incorporate ideas which have worked well elsewhere. They can also bring problems not resolved to the attention of the complaints and monitoring agency for further investigation, conciliation or other appropriate action. The reports of visitors,

combined and analysed, particularly over time, gives a clear and potent profile of the service deliver system in a way that is difficult to achieve by any other means.

### **c) Inquiries and Reviews**

As with the NSW Community Services Commission these could occur at the request of the Minister or from the agency's own initiative. This would allow for the production of systemic and policy reports incorporating research and trends derived from monitoring services, visits and complaints. It would also allow the agency to review and make recommendations about the circumstances of a person or group of persons with a disability without the necessity of a complaint.

As with the NSW Commission, the ACT agency should also have the authority to be informed of and investigate deaths of people with disabilities in residential care.

There should be a capacity and an obligation to provide such inquiry and review reports to Parliament, the relevant Minister (or Ministers), the sector and the public.

### **d) Education, information, training**

This includes education of service providers about service standards, legislative and other obligations and also about service improvement, consumer protection and effective complaints and grievance handling and the local level. It also includes information about good and bad practices in other services and training in relation to all of the above.

For consumers and their representatives, it includes protective behaviour, assertiveness training and constructive complaint, grievance and issue raising.

The Commission should have dedicated resources to perform these functions.

### **e) Service support**

The proposed agency should have the power and capacity to provide support for services in improving their quality and performance, either at their own request or following a complaint investigation or monitoring activity (see below).

It should research and publish good practice information including establishing internal complaints mechanisms and skills in handling difficult complaints and internal investigations. It should also make use of its own experience and observations with a wide range of service providers to showcase good practice and to warn of the indicators of poor practice and its causes.

### **f) Advice and assistance (including referrals) to consumers and their representatives**

A large part of the agency's work will be the provision of advice and assistance to consumers and persons acting on behalf of consumers. It will include exploration with the consumer of all possible avenues for informal and, if possible local resolution. These kinds of contacts should also be regarded as a form of "intelligence gathering" about the services system that should be carefully logged and collated.

### **g) Complaint assessment**

If a formal complaint is taken, then formal assessment occurs. The complainant is assisted to clarify the exact nature of the complaint, the specific allegations and the outcome that is sought. The service provider must then be contacted and formally notified and their views sought (except in extreme circumstances where notification could put somebody at personal risk, or lead to the destruction of evidence etc).

In almost all circumstances, the complainant should be informed of the service provider's response and given the opportunity to themselves respond. The assessment determines whether the complaint will be fully investigated, conciliation will be attempted, the matter referred back to the provider to resolve (keeping the agency informed) or the matter declined altogether.

There should be a fixed timeframe of 28 days within which this should occur.

### **h) Complaint investigation**

Where there are facts in dispute (which is not always the case) the matter may need to be formally investigated and a report produced for the parties. The investigation may be complex and lengthy or require only a few phone calls. Whatever the case, an investigation plan should be drawn up and timeframes set and agreed with the complainant wherever possible.

In very unusual circumstances, where there is a broader public interest involved, the report (or a sanitised version, with identities removed) will be released publicly.

There should be a mechanism for internal review of decisions where a party is dissatisfied, and external review in prescribed circumstances, such as bias, breach of natural justice, manifest error etc.

### **i) Dispute resolution and conciliation**

#### **Informal resolution**

From the moment of first contact, all appropriate avenues for resolution and relationship restoration should be explored, even if an investigation occurs.

Of course, in clear cases of intended wrongful behaviour, such as abuse of any kind, conciliation is not appropriate, at least not at this stage. However, the vast majority of disputes arise out of misunderstandings, poor or disrespectful communications, delays or broken undertakings and can be resolved by an acknowledgement and apology, with a plan for rectification where possible.

#### **Formal resolution**

Formal dispute resolution/conciliation requires reasonably detailed legislated procedures to deal with the rights of parties, confidentiality etc.

It is important to note that the new agency should not have an individual advocacy role but must maintain neutrality and impartiality to be an effective complaints handling body. It can advocate in the broadest sense, for a safe, high-quality service system for people with disabilities and for a fair resolution to an individual complaint but it cannot act as an advocate for individuals.

In order to maintain credibility with service providers and consumers the agency must also be accessible and user friendly. Its procedures and the rights of the parties must be clear and transparent. It must be sensitive to the needs and circumstances of service users and take into account the intentions of service providers. It needs to operate to a timetable relevant to the issue and should be results focused. It should monitor for compliance with agreed outcomes and incorporate rigorous proactive mechanisms that do not rely on a complaint for initiation. The legislative framework should provide strong protection from victimisation of informants and complainants.

The proposed agency should also:

- encourage informality wherever possible and appropriate;
- encourage local resolution of issues;
- be participatory in nature;
- provide a feedback loop to service quality;
- encourage and facilitate good practice and positive cultures in services;
- model best practice in the way it communicates and works with clients and services;
- promote a positive view of complaints and consumer feedback; and
- promote positive relationships between service providers and consumers.