



**ACT GOVERNMENT RESPONSE**

**TO THE RECOMMENDATIONS OF THE REPORT OF THE**

**BOARD OF INQUIRY INTO DISABILITY SERVICES**

**Authorised by**  
**Mr Bill Wood MLA**  
**Minister for Disability, Housing and Community Services**

**September 2002**

***Government Response to the Recommendations of the Board of Inquiry into Disability Services***

<b>Recommendations*</b>		<b>Government Response</b>
<b>1</b>	<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><b>Agreed.</b> The Government agrees that amendments to the Disability Services Act 1991 (ACT) (DSA), developed in consultation with the sector and tabled in the Assembly in 2003, are necessary to:</p> <ul style="list-style-type: none"> <li>▪ provide statutory powers and responsibility for the independent monitoring of compliance with standards and legislation, with particular focus on the health and safety of people with a disability. The Government will legislate to create a statutory officer (Disability Services Commissioner) with powers to undertake routine and random service performance audits, conduct inquiries and reviews, issue binding directives to improve and rectify services, administer a community visitor scheme, and provide education and support to services to assist service improvement. The Commissioner will have these powers in relation to all government funded disability services, and will be independent, reporting directly to the Minister for Disability;</li> <li>▪ establish a community advisory body to work in partnership with Government; and</li> <li>▪ provide the framework for flexible and individualised support for people with disabilities.</li> </ul> <p>Disability Standards would be determined by Government, and promulgated through regulation or some similar instrument. Responsibility for quality would be shared between Disability ACT and the Disability Services Commissioner.</p> <p>The Government notes that the Disability Reform Group response differs from that of the government in respect of the powers and location of the statutory officer. The Disability Reform</p>

\* Unless otherwise stated, the Disability Reform Group agrees with the Board of Inquiry Recommendation.

		<p>Group recommends that, in addition to the above, the statutory officer be empowered to receive and investigate complaints and provide advice and assistance to consumers and their representatives. The Disability Reform Group further recommends that the officer be the head of an independent statutory body, responsible to the Legislative Assembly and reporting to the Attorney General.</p> <p>The powers to receive and investigate complaints currently lie with the Community and Health Complaints Commissioner, and the Government is of the view that the Commissioner should continue to have these powers at this stage. A government review of statutory oversight bodies and community advocacy bodies, planned for completion by early 2003, will further inform the government's position on this issue. Advice and assistance to consumers and their representatives are provided by both the Community Health Complaints Commissioner and the Community Advocate.</p> <p>The Government is of the opinion that the ACT is of insufficient size to warrant the establishment of a new statutory body. The Government also considers that it is important for the Disability Services Commissioner to report directly to the minister responsible for disability services, rather than to another minister, to provide a direct feedback loop on the performance of services to the minister and consequently to the department. The minister and the department will be accountable for ensuring that service improvements and rectification to services are implemented.</p> <p>The Government also notes that the Disability Reform Group recommends further amendments to provide the head of Disability ACT with powers to ensure whole of government approaches, policy development, a person centred approach, funding and service provision and quality assurance across the sector.</p> <p>The Government is of the view that the Executive Director of Disability ACT and Chief Executive of the Department of Disability, Housing and Community Services should be held accountable for these matters by way of their administrative responsibilities and performance agreements with Government, and that it is therefore not necessary to create another statutory officer to undertake these functions.</p>
		Further consideration will be given to whether the DSA should reflect the shared vision of the

	<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>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>	<p>community and the government for people with disabilities.</p> <p><b>Agreed.</b> Disability ACT has undertaken a comprehensive review of disability legislation in other jurisdictions to ensure amendments reflect national and international best practice.</p> <p><b>Not Agreed.</b> In line with the Government's response to the <i>ACT Health Review</i> undertaken by Mr Michael Reid, and with the endorsement of the Disability Reform Group, the ACT Government has established a new <i>Department of Disability, Housing and Community Services</i>, including a dedicated disability agency, <i>Disability ACT</i>. Work has commenced on developing legislative amendments to provide powers to safeguard the quality of care of disability service users and to ensure their safety in the context of the National Disability Standards in relation to service provision.</p>
2	<p>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.</p>	<p><b>Noted.</b> Since the death of Mr Brett Ponting and in line with the recommendations of the Coroner, the following improvements and quality assurance measures have been implemented in the Disability Program:</p> <ul style="list-style-type: none"> <li>▪ temperature regulating valves have been installed in all Disability Program accommodation support houses;</li> <li>▪ improved staff handover processes have been put in place, particularly to inform casual and new staff;</li> <li>▪ risk managers have been employed to provide support to the program and train managers in risk assessment and monitoring;</li> <li>▪ a review of the Individual Planning processes and systems has been completed and is now being acted on;</li> <li>▪ a medication audit has been completed and is now being acted on;</li> <li>▪ in January 2002 all Accommodation Support Managers received formal training through Client Safety Workshops on the use of a risk management framework, and there will be</li> </ul>

		<p>ongoing training in risk management;</p> <ul style="list-style-type: none"> <li>▪ training is being undertaken by all disability staff in the Australian Incident Monitoring System (AIMS);</li> <li>▪ a Hospital Discharge Process trial commenced in April 2002. This project was established in response to an identified need for a consistent and streamlined approach to discharge from hospital to improve health outcomes/post-hospital care;</li> <li>▪ the Program has reviewed management structures, training and supervision. An increased number of frontline managers has improved workloads with fewer staff to manage and subsequently enabled a greater focus on client support. Staff development and training is continually reviewed and improved through feedback and evaluations. The Program has increased its recruitment effort from 4 times a year to continuous advertising and recruitment. Other measures taken include more stringent training and reporting requirements for staff employed through casual employment agencies;</li> <li>▪ compulsory Client Safety Workshops have been introduced for all new staff at orientation and induction. Any staff who have not previously attended a Client Safety Workshop are required to attend;</li> <li>▪ a workforce planning group was initiated in June 2002. This group will work on best practice guidelines for recruitment and retention of direct support staff; and</li> <li>▪ all disability support officers are educated in the management of epilepsy with regular training and re-training;</li> <li>▪ the Disability Program induction training has been reviewed to make it more job-specific, and to put a greater emphasis on communication, risk awareness and the correct balance between safety and privacy; and</li> <li>▪ to further increase the emphasis on the balance between safety and privacy, awareness regarding health issues and related support needs has been incorporated as part of the induction training.</li> </ul>
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	Recommendations*	Government Response
3	<p>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 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</p>	<p><b>Agreed with qualification.</b> The ACT Government has not established a new statutory body. In line with the Government's response to the <i>ACT Health Review</i> and with the endorsement of the Disability Reform Group, on 1 July 2002 the ACT Government established a new <i>Department of Disability, Housing and Community Services</i>, including a dedicated disability agency, <i>Disability ACT</i>. The agency has specific functions and responsibility for disability matters including planning, policy, funding allocation, purchasing and monitoring of all government-funded disability services. Disability ACT is an integrated operating agency within the new department, reporting directly to the Chief Executive and the Minister.</p> <p>The Disability Reform Group strongly recommends that the position of head of Disability ACT be a statutory officer with statutory powers backed by appropriate legislation.</p> <p>The Government will adopt a planned and continuous program of establishing and maintaining a system of best practice, focussing on choice, flexible personal and family supports, and service expansion through innovative personalised support arrangements. This focus will be accompanied by:</p> <ul style="list-style-type: none"> <li>▪ 'people investments' throughout the community, to promote innovation, leadership and networking;</li> <li>▪ establishment of 'grass-roots' or mini-projects of innovative consumer/family partnerships with service providers and Disability ACT, resourced through a carefully targeted innovation fund; and</li> </ul>

\* Unless otherwise stated, the Disability Reform Group agrees with the Board of Inquiry Recommendation.

<p>such a body by reference to the disability services legislation in WA.</p> <p>Consideration should be given to including the following matters within the aegis of the proposed Commission:</p> <p>(i) Planning, policy and strategy for disability services in the ACT including children and adolescents with all forms of disabilities and their families,</p> <p>(ii) Planning, policy and strategy for the delivery of home care services in the ACT;</p> <p>(iii) Funding and contract negotiation/oversight for the range of services for people with disabilities;</p> <p>(iv) Supplementary funding where people with disabilities access other mainstream services or systems (eg primary and secondary education);</p> <p>(v) Development and introduction of community integration programs for people with disabilities;</p> <p>(vi) Promotion and sponsorship of new and innovative service delivery projects;</p>	<ul style="list-style-type: none"> <li>▪ creation of technical capacity and an appropriate funding/service agreement environment to enable delivery of more flexible and personalised supports.</li> </ul> <p>The Government agrees with the Disability Reform Group’s recommendation that the following concepts guide the development and redesign of the system:</p> <ul style="list-style-type: none"> <li>▪ outreach to 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 includes opportunities to explore options 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 complement and strengthen existing arrangements.</li> </ul>
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<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 Government strongly supports the need for liaison between government agencies that deliver services to people with disabilities, to facilitate a whole-of-government approach to reforms. Disability ACT and relevant government agencies will establish a series of agreements, with associated practice protocols, to ensure comprehensive planning for life-cycle services for people with a disability. These agreements will be in place by December 2003.</p> <p><b>Agreed.</b> The Government places 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.</p> <p>The Government will establish service access mechanisms as a central point of access where people with a disability can receive information, referral, service planning and coordination assistance. The service will be accessible by phone, email and through personal contact. The disability access service will aim to ensure that families and people with disabilities have someone supporting them, to help them connect with appropriate services. Help for some may be as simple as helping them work out what they need. Others may require assistance to develop options that may not exist and others may want to know about the options available and obtain assistance in accessing the options they choose.</p> <p>Recent consultations with disability stakeholders indicate very strong support throughout the sector for this type of comprehensive access arrangement.</p> <p>The access mechanism will be designed by Disability ACT in collaboration with the Disability Reform Group and other disability stakeholders. Details of the number of access points and their location are still to be determined. The access services will be provided by Disability ACT in close collaboration with community service providers to ensure a strategic approach to implementation.</p>
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		<p>The Government notes that the Disability Reform Group supports a model that incorporates elements of the role of local area coordinators in West Australia and Queensland, adapted to the circumstances and existing infrastructure of the ACT.</p> <p>However the Government also notes the Disability Reform Group recommendations that:</p> <ul style="list-style-type: none"> <li>▪ further investigation into the development of coordinated consumer access models in the ACT is required; and</li> <li>▪ 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: <ul style="list-style-type: none"> <li>- the current roles of existing service providers in this area;</li> <li>- the scope of the existing roles;</li> <li>- whether the existing roles should be expanded or redefined; and</li> <li>- whether new roles should be combined into one schema or built into the overall system; and</li> <li>- the service attributes required to provide a high quality service of this kind.</li> </ul> </li> </ul> <p>The approaches of Disability ACT and the Disability Reform Group to a comprehensive consumer access mechanism have much in common. However, Disability ACT's position is that such a service, without place any restrictions on related community activities, should be located within government. The Government will develop a service model and implementation plan in conjunction with the Disability Reform Group and a dedicated Working Group by June 2003.</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.</p>	<p><b>Agreed.</b> Disability ACT and the Disability Reform Group have developed the following staffing criteria to apply to key positions:</p> <ul style="list-style-type: none"> <li>▪ extensive knowledge of and appropriate experience in the Disability/Community Services industry;</li> <li>▪ willingness and ability to commit to establishing services and supports to assist people with disabilities to take their place as full and equal members of the ACT community;</li> </ul>

	<p>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>	<ul style="list-style-type: none"> <li>▪ demonstrated commitment to promoting the inherent right of people with disabilities to dignity and respect;</li> <li>▪ demonstrated strategic 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, or equivalent experience; and</li> <li>▪ demonstrated ability to lead and manage change.</li> </ul> <p>The key positions will be widely advertised and filled by December 2002.</p> <p><b>Not Agreed.</b> That part of the recommendation relating to Mr Szwarcbord must be considered having regard to the findings of the Supreme Court in the matter of <i>Szwarcbord &amp; Grayson v The Hon John Gallop &amp; the Attorney-General of the ACT</i> [2002] ACTSC 46. In that matter the Supreme Court made a declaration that in reporting adversely to Mr Szwarcbord in its Report into Disability Services the Board of Inquiry failed to observe the requirements of procedural fairness. In relation to the Board's findings against Mr Szwarcbord, the Supreme Court found:</p> <p style="padding-left: 40px;">“The paucity of cross-examination, the absence of any closing address by counsel assisting the Board and the absence of any notification left the plaintiffs substantially unaware of the risk of the adverse findings and hence unable to offer any defence to them.”</p> <p>The findings of the Supreme Court are equally relevant to the Board's criticisms of Dr Gregory and Mrs Beauchamp.</p> <p>On 19 February 2002 when the Board's report was tabled in the Assembly, the Chief Minister expressed complete confidence in the ability of both Dr Gregory and Ms Beauchamp to</p>
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		<p>undertake the full range of their current duties, including the provision of policy advice on disability services. The Chief Minister also noted that the ACT Health and Community Care Services Board considered that both Mr Szwarcbord and Ms Grayson had worked assiduously to make sure that good services are developed and delivered to disabled people and their families and commended their commitment and dedication. The Government sees no reason to do anything other than endorse the comments made by the Chief Minister to the Assembly on 19 February 2002.</p> <p>It is noted that following the review of ACT Health conducted by Mr Michael Reid, a new department combining Disability Services, Housing and Community Services was established on 1 July 2002. The new department is separate to the Department of Health and whilst Dr Gregory remains the Chief Executive of Health, Ms Sandra Lambert has been appointed as acting Chief Executive of the new Department.</p> <p>It is noted that Mr Szwarcbord has resigned from his position with the ACT and has taken employment elsewhere.</p> <p>The Government notes that 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</p>	<p><b>Agreed.</b> Disability ACT has embarked on a change management process through a series of strategies, including:</p> <ul style="list-style-type: none"> <li>▪ establishing a partnership with the Disability Reform Group;</li> <li>▪ obtaining advice from experts in the disability field;</li> <li>▪ extensive community consultations undertaken by RPR Consulting;</li> <li>▪ establishment of senior positions in Disability ACT with expertise in change management and disability services;</li> <li>▪ research within Disability ACT;</li> <li>▪ establishing a register of local and interstate experts in the disability field; and</li> <li>▪ commitment to a program of reform and innovation that will commence in 2002.</li> </ul> <p>The Government agrees with the Disability Reform Group recommendation that targeted technical advice be made available to consumers and their supporters, service providers and</p>

	the Inquiry secretariat.	government officials to assist them in moving to more personalised support arrangements.
6	<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> <ul style="list-style-type: none"> <li>(i) Change management and reform expertise to establish a new organisation and new culture;</li> <li>(ii) A clear understanding of the wants, needs and aspirations of all people living with a disability, their families and carers;</li> <li>(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</li> <li>(iv) Contract management and negotiation skills - this might involve external specialists to advise or participate in negotiations with service providers.</li> </ul> <p>It may assist the ACT to approach or engage local and interstate experts (such as Professor Shaddock, Ms Anne Cross and Mr Jeff Chan) to provide advice on directions and options that might be pursued during the early years. Professor</p>	<p><b>Agreed.</b> The Government has established a new disability agency structure and has a strong commitment to carrying out the functions of the agency in partnership with disability stakeholders, and in a way that reflects the values inherent in the Disability Reform Group's Vision Statement, the National Disability Service Standards and human rights legislation.</p> <p>The Government will establish an advisory structure that incorporates strong community involvement, and the agency's responsibility to accept advice from stakeholders through the advisory structure will be clearly articulated. This advisory structure will be in place by February 2003.</p> <p>Disability ACT will establish a recruitment policy to ensure that appointment of staff is guided by the advice of the Board of Inquiry and the recommendations of the Disability Reform Group in their submission to the Reid Review.</p> <p>Disability ACT, in partnership with the Disability Reform Group, has established a register of consultants, both local and interstate, from which can be drawn expertise on a range of specialist topics. Appointments to the register will be finalised in October 2002.</p>

	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.	
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 integrated care and support model.</p>	<p>The following responses are made on the understanding that the new agency has not been created as a statutory Commission.</p> <p><b>Agreed.</b> There is widespread support in the sector for increasing participation of families and for moving gradually towards a wider variety of person-centred and integrated care and support arrangements.</p> <p>Disability ACT, in partnership with disability stakeholders, will take a strong role in establishing the principles and policies that will guide service improvement and development.</p> <p><b>Noted.</b> Disability ACT will target innovation and growth funds towards flexible personal and family supports while maintaining options where service users are satisfied with current arrangements. The Government recognises that for a number of people the group home model is working well and should continue to be supported. The objective of reforms will be to increase the range and flexibility of options without threatening existing successful arrangements, and to further develop and improve existing models.</p> <p>Streamlining of services through equitable and transparent funding policies together with clear eligibility and access policies will assist in building more choice and more comprehensive service access arrangements. Disability ACT has developed draft eligibility principles as follows:</p> <ul style="list-style-type: none"> <li>▪ people with disabilities and their families have confidence that the eligibility criteria for the ACT services and supports system are transparent, fair and easy to understand;</li> <li>▪ individuality, human worth, and dignity are recognised through the eligibility policy and its implementation;</li> </ul> <p>▪ available funding for disability services, supports and innovation is spread across the largest</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>number of people with disabilities;</p> <ul style="list-style-type: none"> <li>▪ the caring capacity of families and communities to support people with disabilities to live in the community is strengthened;</li> <li>▪ requests for support are managed in a more planned and systemic manner;</li> <li>▪ people with disabilities, their families and carers are assisted in a pro-active manner to identify and establish adequate and lasting supports to reduce crisis responses where possible;</li> <li>▪ a person centred and flexible approach to services and supports is encouraged;</li> <li>▪ provision is made for innovation and a partnership approach to resourcing supports and supported living for people with disabilities;</li> <li>▪ access to disability services and supports is based upon greatest need, taking into account risk factors and resources;</li> <li>▪ the service system builds in capacity to support people with disabilities in identifying a range of alternative resources and supports; and</li> <li>▪ mechanisms are available to people with disabilities to appeal against decisions perceived to be unfair in relation to eligibility policy or determination.</li> </ul> <p><b>Agreed.</b> Disability ACT has established an innovation fund that aims to:</p> <ul style="list-style-type: none"> <li>▪ encourage new opportunities and approaches to supporting people with disabilities that result in flexible, person-centred improvements in the long term; and</li> <li>▪ enable people to try out new ideas that expand and improve current approaches and options.</li> </ul> <p>The terms of reference for the innovation fund have been developed by Disability ACT in consultation with the Disability Reform Group. The innovation funds will be targeted towards small projects that encourage new opportunities and approaches for supporting people with disabilities and will result in flexible, person-centred improvements in the long term. The Government has allocated \$350,000 to the innovation fund, over the next 3 years. Applications to the fund will be publicly invited in September 2002.</p>
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	<p>(iv) Introduction of new regulatory and inspection arrangements to review and monitor services for people with disabilities.</p>	<p>The Government and the Disability Reform Group support ‘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>The Government agrees with the Disability Reform Group’s recommendation that innovation 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 and networking;</li> <li>▪ creation of technical capacity; and</li> <li>▪ an appropriate funding/service agreement environment to enable delivery of more flexible and personalised supports.</li> </ul> <p><b>Agreed.</b> The Disability Services Commissioner will have statutory powers and responsibility for the independent monitoring of compliance with standards and legislation, with particular focus on the health and safety of people with a disability. The Commissioner will have powers to undertake routine and random service performance audits, conduct inquiries and reviews, issue binding directives to improve and rectify services, administer a community visitor scheme, and provide education and support to services to assist service improvement. The Commissioner will have these powers in relation to all government funded disability services, and will be independent, reporting directly to the Minister for Disability.</p> <p>The Government notes that the Disability Reform Group response differs from that of the government in respect of the powers and location of the statutory officer. The Disability Reform Group recommends that, in addition to the above, the statutory officer be empowered to receive and investigate complaints and provide advice and assistance to consumers and their representatives, and be the head of an independent agency responsible to the Legislative Assembly and reporting to the Attorney General.</p>
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	<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>Agreed.</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>Disability ACT is reviewing whether it is appropriate for all of these services to be provided by the Disability Program. The process of review will determine, for instance, whether the Government accommodation support service should target those in crisis situations requiring support and accommodation urgently.</p> <p>The Government is considering the establishment of a single therapy service, with specialist teams where necessary, for people with disabilities from age 0 to 65 years who are eligible under the relevant legislation and policy for access to services. A model for this service will be developed by December 2002, for consideration in the budget context.</p>

		<p>Changes to the size and/or structure of the Disability Program are being considered along side such issues as:</p> <ul style="list-style-type: none"> <li>▪ what roles the Government and the sector should take in relation to accommodation services and crisis support; and</li> <li>▪ what the impact would be of changes to the Disability Program in terms of benefits to the consumer, efficiency of the system, and consumer choice.</li> </ul> <p>The Disability Program will continue to uphold their commitments to existing consumers, and will offer opportunities for people to explore options for increasing the flexibility and portability of the support they receive. People with disabilities accessing services offered in the current system will not be disadvantaged through the reform process.</p> <p>The Government notes the Disability Reform Group recommendation that the Disability Program should remain stable until further consideration has been given to the issues noted above, and alternatives have been fully investigated. The Group also recommends that the Program only provide services to new clients in circumstances where it can be shown that:</p> <ul style="list-style-type: none"> <li>▪ the client will benefit most by the Disability Program being the service provider;</li> <li>▪ Disability Program would provide the most cost efficient service; and</li> <li>▪ the client has chosen the Disability Program as their preferred service provider.</li> </ul> <p>Where these elements are not established the Reform Group recommends that the consumer be assisted to access appropriate services and supports from other sources.</p> <p>While the Government acknowledges the need to limit growth in the Disability Program while the future is under consideration, vacancies will continue to be filled during this period as determined by the Program Placement Committee.</p>
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	<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 Government will support, value and promote the roles of families, guardians, friends, carers and significant others in the lives of people with disabilities. This will be achieved through the development of new policies and by re-designing and refocusing services towards 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>The Government will target the innovation funds to individual and family supports as explained above. Disability ACT also recognises that investment must be made in supporting people who do not have close family support or other networks to rely on.</p> <p><b>Agreed.</b> The Government agrees with the Disability Reform Group's recommendation for adequate forward planning supported by evidence-based assessment of future demand for services. A profile of people in the ACT with disabilities will be published in 2002 through Disability ACT. The specific aims of this report are to:</p> <ul style="list-style-type: none"> <li>▪ serve as a resource for informed community discussion about disability matters;</li> <li>▪ provide an information base for policy development and program planning purposes;</li> <li>▪ set benchmark data for monitoring trends; and</li> <li>▪ publish information in an accessible format for government and all disability stakeholders.</li> </ul> <p>Disability ACT has established a planning unit with a senior manager. As part of establishing a quality framework, the functions of the planning unit will include establishment of a system for monitoring service standards.</p> <p><b>Not Agreed.</b> In contrast to an accreditation approach, which could be seen as an onerous and costly task for smaller organisations, Disability ACT is currently developing, in consultation with stakeholders, a quality framework and ACT service standards with associated service quality indicators. Work has begun on a establishing a project for the development of the ACT Disability Standards and indicators. The project will also take into account ACT generic quality standards. This will be completed by June 2003 and the quality framework developed and implemented in 2003/4.</p>
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		<p>The Government will require providers, under their service agreements, to comply with minimum quality standards, based on the National Disability Service Standards. The Government will also encourage providers, through the use of quality improvement plans, to implement continuous improvement.</p> <p>The quality framework will combine internal regulation and monitoring of government funded services by Disability ACT with monitoring by an independent statutory officer.</p> <p>The Disability Reform Group supports the Government response to this issue.</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 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>	<p><b>Noted.</b> In line with stakeholder preferences gauged through consultations, Disability ACT will establish centralised service access based on the local-area coordinator concept and arrangements that operate in West Australia, Queensland, Victoria, Tasmania and the Northern Territory. With the disability sector in a phase of building an integrated and flexible service system, Disability ACT will take a lead role in the provision of access services in the first instance. It should be noted that to ensure an independent service for users, access services are provided by government in all other jurisdictions. Disability ACT has commenced a consultative policy development process in relation to access and will work in collaboration with the Disability Reform Group and other stakeholders on designing and implementing the most appropriate structures and mechanisms for access in the ACT context and to ensure a strategic approach to implementation.</p> <p>The Government's arrangements for access will encompass a significant range of functions including:</p> <ul style="list-style-type: none"> <li>▪ information and/or referral;</li> <li>▪ assistance in accessing specialist disability and health services;</li> <li>▪ assistance for people to access mainstream 'generic' services and supports;</li> <li>▪ assistance with determining eligibility and applying for funding;</li> <li>▪ support planning and coordination;</li> <li>▪ assistance with developing family governed projects;</li> <li>▪ new and innovative support and lifestyle options; and</li> </ul> <ul style="list-style-type: none"> <li>▪ collection and aggregation of information and data that will assist the ACT to plan</li> </ul>

	<p>effectively.</p> <p>An easily accessible resource service will be established to implement the above functions and to ensure that families and people with disabilities have someone to stand beside them and guide them through the service system at different points in their life, and particularly at significant transition points.</p> <p>A further significant objective of the Government's new access arrangements will be the community development that builds resources to extend the current range of choices available for people with disabilities and compliments existing support models.</p> <p>Recent consultations with disability stakeholders indicate very strong support throughout the sector for this type of comprehensive access arrangement.</p> <p>The Government notes that the Disability Reform Group recommends further investigation into the development of coordinated consumer access models in the ACT in consultation with consumers, families and service providers, and that the Disability Reform Group supports a model that incorporates elements of the role of local area coordinators in West Australia and Queensland, adapted to the circumstances and existing infrastructure of the ACT.</p> <p>The Government also notes that the Disability Reform Group 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>▪ the current roles of existing service providers in this area;</li> <li>▪ the scope of the existing roles;</li> <li>▪ whether the existing roles should be expanded or redefined;</li> <li>▪ whether new roles should be combined into one schema or built into the overall system; and</li> <li>▪ the service attributes required it provide a high quality service of this kind.</li> </ul> <p>Although the Government and the Disability Reform Group differ on who should deliver these services, their approaches to a comprehensive consumer access mechanism have much in common. A service model and implementation plan will be developed in conjunction with the</p>
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		Disability Reform Group and a dedicated Working Group by March 2003.
9	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.	<b>Agreed.</b> Disability ACT has incorporated the Disability Program under the new arrangements, thus having coordinated policy, administration, service purchasing and service delivery functions within a single agency.
10	In line with a developmental approach to service delivery for people with disabilities, the Disability Program should be separated from ACTCC and like other service providers report directly through the newly created statutory body.	<b>Agreed.</b> Disability ACT has been separated from the Health portfolio and is now an operating agency within the new Department of Disability, Housing and Community Services, which was established on 1 July 2002. The head of Disability ACT has direct access to the Minister as well as being accountable through the Chief Executive. The services delivered by Disability ACT as well as by other disability service providers will be subject to statutory oversight.
11	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>Noted.</b> On 1 July 2002 the Disability Program became an operational section of Disability ACT. Currently, the Disability Advisory Council and the Disability Reform Group both provide advice to the Minister and to Disability ACT. With attention to the Government's responsibilities under the Commonwealth, State and Territory Disability Agreement (CSTDA) and to disability stakeholders, formal advisory arrangements are currently under review and will be put in place to coincide with the end of the term of the two current groups (February 2003). The new advisory arrangements will be defined in the Disability Services Act, and will include responsibility on the part of Disability ACT to publish in annual reports its responses to significant advice provided by the advisory body.</p> <p>The Government agrees with the recommendation of the Disability Reform Group that a community advisory body should be appointed to work with the Head of Disability ACT in a range of areas including those which set broad strategic directions for the service system. This body will be appointed by the end of February 2003.</p>

12	<p>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 injected into policy directions, programs, funding priorities and service arrangements.</p>	<p><b>Agreed.</b> The Government will ensure that the formal advisory arrangements referred to in response to Recommendation 11 will include strong representation from people with a disability, their families, carers and service providers.</p> <p>The Disability Reform Group agrees with Recommendation 11, noting that processes to achieve the desired outcomes are already underway.</p>
13	<p>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.</p>	<p><b>Not Agreed.</b> This recommendation must be considered having regard to the findings of the Supreme Court in the matter of <i>Szwarcbord &amp; Grayson v The Hon John Gallop &amp; the Attorney-General of the ACT</i> [2002] ACTSC 46. In that matter the Supreme Court made a declaration that in reporting adversely to Ms Grayson in its Report into Disability Services the Board of Inquiry failed to observe the requirements of procedural fairness. In relation to the Board's findings against Ms Grayson, the Supreme Court found:</p> <p>“The paucity of cross-examination, the absence of any closing address by counsel assisting the Board and the absence of any notification left the plaintiffs substantially unaware of the risk of the adverse findings and hence unable to offer any defence to them.”</p>

		<p>On 19 February 2002 when the Board's report was tabled in the Assembly the Chief Minister noted that the ACT Health and Community Care Services Board considered that both Mr Szwarcbord and Ms Grayson had worked assiduously to make sure that good services are developed and delivered to disabled people and their families and commended their commitment and dedication. The Government sees no reason to do anything other than endorse the comments made by the Chief Minister to the Assembly on 19 February 2002. It is noted that Mr Szwarcbord and Ms Grayson have resigned from their positions with the ACT Government.</p> <p>The Government notes that Disability Reform Group has made no comment on this Recommendation.</p>
14	<p>Until the changes recommended are fully implemented with any consequential alteration to the Disability Program's Placement Committee the following should occur:</p> <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><b>Agreed in principle.</b> Disability ACT will further consider arrangements for access to accommodation support across the sector through the policy development process. Research is required to develop alternative placement processes.</p> <p>Disability ACT, endorsing suggestions by the Disability Reform Group, intends to establish for the Disability Program a placement system which emphasises a culture of facilitation and promotes self-determination by people with disabilities in collaboration with their families and supporters. Other key features of the new system would include:</p> <ul style="list-style-type: none"> <li>▪ identification and publication of supported accommodation vacancies;</li> <li>▪ service user access to all the information necessary for informed decision-making, including information relating to entitlements and options;</li> <li>▪ transparent processes for determining priority;</li> </ul>

	<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> <p>(iii) That the Chair of the Committee be completely independent, and free from any possible conflict of interest.</p>	<ul style="list-style-type: none"> <li>▪ reinforced tenancy rights, upheld through final shared tenancy decisions being made by existing tenants;</li> <li>▪ acknowledgment and reinforcement of individual tenancy rights;</li> <li>▪ decisions made by people who are close to all the parties involved, and have a full understanding of the dynamics of the situation; and</li> <li>▪ further research and evaluation to investigate approaches to ensuring people in group situations are well matched.</li> </ul> <p>The Disability Program’s processes for entry of people with disabilities into accommodation support have been reviewed and strategies for increased family participation implemented.</p> <p><b>Agreed.</b> The Disability Program Placement Committee has a parent as the interim chairperson and has expanded its parent and family representation. The Committee also seeks to include people with disabilities in its deliberations.</p> <p><b>Agreed.</b> The Disability Program will appoint an independent person to facilitate the Placement Committee. The Government agrees with the Disability Reform Group recommendation that this is an interim response, pending activities outlined above.</p>
15	<p>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</p>	<p><b>Agreed.</b> The Government agrees that people with a disability should have the same rights and entitlements as others to enter into accommodation agreements with suitable housing providers and should have access to a range of accommodation and support options appropriate to their requirements. The Department of Disability, Housing and Community Services has had input to the Residential Tenancies Act Review (2002) to this effect.</p>

<p>accommodation agreements with housing providers, both government or private, as is available in the general community.</p>	<p>The ACT Disability Services Act 1991 (Schedule 2 Clause 8) states:</p> <p>‘Programs and services should be designed and administered so as to ensure that no single organisation providing services exercises control over all or most aspects of the life of a person with disabilities.’</p> <p>In line with best practice principles and the National Disability Service Standards, future Government funding arrangements will encourage agencies to ensure that their service menu does not contravene the National Standards or the Disability Services Act 1991 by offering ‘whole of life’ services that reduce the independence and authority that people with disabilities have over their lifestyle. Arrangements must ensure that people with a disability have every opportunity for integrated supported living.</p> <p>The Government will review any changes to tenancy arrangements in the Disability Program to ensure that the consumer will not be disadvantaged, and that the right of the consumer to choose between current arrangements and the separation of tenancy is upheld.</p> <p>A Disability Housing Working Group including persons from government and peak disability organisations is being established in October 2002 to further investigate appropriate models and funding options. (A Government working group was established to consider the recommendations.) The transfer of housing and tenancy management from government and non-government support providers has a range of implications that the Government will research and explore in consultation with relevant stakeholders. Mechanisms will be developed that allow individuals to have the option of their support services being targeted directly to them rather than being tied to a particular property.</p> <p>The Government notes that the Disability Reform Group has recommended that people with disabilities must continue to have the option that currently exists of their tenancy responsibilities residing in a third party.</p>
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<p><b>16</b></p>	<p>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>	<p><b>Noted.</b> <i>The Residential Tenancies Act 1997</i> is presently being reviewed by Justice and Community Services and the rights of residents in shared housing situations will be considered under the review. The Government Disability Housing Working Group has recommended to the review that the Act be amended to allow for establishment of shared tenancy arrangements. In particular, amendments to the <i>Residential Tenancies Act 1997</i> should provide opportunities for greater flexibility in shared household arrangements and provide adequate protection and clarify responsibilities for tenants in shared living arrangements.</p> <p>The Disability Reform Group agrees with Recommendation 16, drawing attention to the recent agreement by Government to the Reform Group’s proposal that all new and amended legislation is to be reviewed for its potential to impact on people with disabilities.</p> <p>The Reform Group notes that as the Disability Sector has a strong interest in the review of the Residential Tenancies Act, but has not been given the opportunity to contribute to the process, the review must be extended to enable broader consultation to occur prior to enacting any change to the legislation.</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><b>Agreed.</b> ACT Housing has commenced a stock audit of all its properties including information on the suitability of properties for people with a disability. Through the Department of Disability, Housing and Community Services, a register of suitably modified housing will be established and maintained for government owned public housing rental properties that are managed by ACT Housing and a range of community-based housing providers on behalf of the ACT Government. A register of properties may enable quicker and more appropriate matching of applicants with a disability to a suitable property. It would also provide a snapshot of properties at a point in time and assist long term planning.</p> <p>The Government notes that the Disability Reform Group supports this action. The Disability Reform Group further recommends that ACT Housing should adopt the concept of a universal design for all new government and community properties, noting that: the universal design approach that is being considered in other jurisdictions is more comprehensive than the existing ACT building codes; and</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>	<ul style="list-style-type: none"> <li>▪ 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.</li> </ul> <p><b>Noted.</b> A rating system based on building standards for disability access will be investigated for use with government owned properties. The Australian Standards for Adaptable Housing (AS 4299) and the standards for Design for Access and Mobility (AS 1428), along with rating systems that operate in other jurisdictions will be considered.</p>
18	<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><b>Agreed.</b> The Government agrees that a workforce strategy is a crucial part of reform in the disability sector. The development of a strategy to address workforce issues will be tasked to the Workforce Working Group, with membership to include government, non-government and union representation. The Government will establish the Working Group in October 2002. The development of a strategy will involve consultation with relevant stakeholders and include consideration of the following:</p> <ul style="list-style-type: none"> <li>▪ high labour turn over, recruitment, selection and retention;</li> <li>▪ gaps in skills levels (current and future);</li> <li>▪ human resources strategies (including training) and supporting resources;</li> <li>▪ systemic issues; and</li> <li>▪ workforce planning.</li> </ul>

	<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 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>Workforce issues in the disability sector contain a high degree of complexity. This includes the differences in the operations and conditions of the government and non-government sectors, and the complexities arising from staff working across sectors (eg. disability, mental health, ageing) under a range of service delivery models. Currently staff work under a range of awards, including:</p> <ul style="list-style-type: none"> <li>▪ Social and Community Services (ACT) Award 2001;</li> <li>▪ Community and Aged Care Services (ACT) Award 1995;</li> <li>▪ Community Care (Home Care) (ACT) Award 1998;</li> <li>▪ Health Services Union of Australia (ACT Health and Community Services Public Sector);</li> <li>▪ Consolidated Award 1998; and</li> <li>▪ Individually negotiated awards.</li> </ul> <p>In accordance with the Disability Reform Group's recommendation, Disability ACT will ensure expansion of the current Workforce Working Group to include people with disabilities and carers, and will provide support for skills enhancement and the capacity to participate.</p> <p><b>Agreed.</b> The Government supports changes to Awards that create incentives for support workers (particularly at the direct support entry level). Change will involve consultation with relevant stakeholders during 2003. Further consideration needs to be given to the issue of staff working across sectors and Awards. Actions taken by the non-government sector to achieve greater Award coherency and consistency would be supported.</p>
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	<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 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><b>Noted.</b> The Government notes that there are a range of certificate providers in the ACT, including the Disability Program which is a Registered Training Organisation, and is of the opinion that the viability of local degree courses needs investigation given the range of degree providers in other jurisdictions that are accessible to ACT residents. The size of the sector and correlating demand for degree courses delivered in the ACT also impacts upon viability.</p> <p><b>Not Agreed.</b> Currently the Disability Program has a training regime based upon competencies. The Government is of the opinion that the use of competency based recognition will provide a more cost efficient and practical alternative to external registration, allowing staff to maintain and develop competencies on-the-job, with appropriate mechanisms used by service providers for performance monitoring and encouraging professional development. The increasing sector emphasis on person-centred service provision requires that flexibility in support worker selection and appointment be maintained and developed.</p> <p>The Government will explore the enhancement of access to training across the service sector. In particular, training access and capacity will be addressed for the non-government sector, where opportunities for sharing training resources across the government and non-government sectors will be supported and promoted. Sector wide minimum requirements for employment will be pursued and implemented in consultation with the sector.</p> <p>The Disability Reform Group agrees with the Government position on this issue.</p>
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	(iv) Guaranteeing annual incremental payments based on accreditation levels maintained and length of continuing service in the sector.	<b>Noted.</b> This Recommendation needs to be considered in relation to Recommendation 18 (i). Existing awards allow some provision for annual incremental payments, with further investigation of the parameters and conditions of annual incremental payments required. Implications for service agreements need consideration.
19	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.	<b>Noted.</b> As part of person-centred service provision, Disability ACT supports the training of staff in the sector to meet the support needs of individuals. Training will be targeted at the development of core competencies, supplemented with training targeted at the identification of and support for individuals' health issues, which will include epilepsy management where applicable. The Disability Program continues to provide epilepsy training as a core component of the induction program for all new staff.
20	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 and Community Services so that one administration provides these support services for all people with disabilities irrespective of age.	<p><b>Agreed.</b> With the creation of the new Department, the therapy services component of the Child Health and Development Service (CHADS) has moved to the Department of Disability, Housing and Community Services. In keeping with eligibility criteria under the Disability Services Act 1991 (ACT) and the Commonwealth State and Territories Disability Agreement (CSTDA), this co-location of CHADS and Disability ACT under a single administration provides opportunities to improve integration of disability services for people with a disability across life stages, to the benefit of all service users.</p> <p>In response to the Review of Therapy Services for Schoolchildren, the Disability Reform Group 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> <li>▪ that all therapy services for children and young persons be provided through a single agency. In particular, the Disability Reform Group believes that CHADS should assume responsibility for therapy services provided in the Special Schools.</li> </ul> <p>The Government, in consultation with the Disability Reform Group, is considering the establishment of a single therapy service, with specialist teams where necessary, for people with disabilities from age 0 to 65 years who are eligible under the relevant legislation and policy for access to services. A model for this service will be developed by December 2002, for</p>

		consideration in the budget context.
21	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 Government is committed to increasing investment in early intervention services. Additional funds have been made available to the new Departments of Disability, Housing and Community Services and Education, Youth and Family Services to increase effectiveness of diagnostic services and for improved life-cycle planning services.</p> <p>Early detection and ongoing appropriate intervention are proven, effective policies for assisting people and families to be as independent as possible.</p> <p>In the 2002-2003 budget, this Government has allocated \$500,000 per annum to expand services for children with autism in the ACT. Of this, the government has allocated \$304,327 to provide additional early intervention playgroup and early intervention unit places for children with autism, which will be transferred to the Department of Education. The remainder stays within the new Department for the autism diagnosis program and additional therapy services.</p> <p>The Disability Reform Group endorses Government commitment to increasing resources in this area.</p>
22	Appropriate transition programs should be developed for people with disabilities moving from school age to adolescence to adulthood to their older age years.	<p><b>Agreed.</b> Appropriate transition programs that are planned in advance, offer opportunities in the mainstream community and are age appropriate are being established through current Disability ACT initiatives.</p> <p>A transition program for young people graduating from school has been developed and implemented by Disability ACT. The Post-school Options Program commenced in 2000-01. This Program is designed to assist young people with moderate to severe support needs to explore alternatives to employment including those options that increase wider community integration. The program began with an initial allocation of \$205,000 for 2000-01. Due to increased demand, \$500,000 was allocated to the program in 2001-02 and \$1million has been allocated to the program in 2002-03. Funds were provided for twenty-six graduates to participate in the program in the ACT in 2001-2.</p> <p>The Mature Carers Program provides support for carers who are ageing and approaching a time</p>

		<p>when they will be unable to care for their person with a disability. The agencies funded under this Program provide:</p> <ul style="list-style-type: none"> <li>▪ information on possible options;</li> <li>▪ planning and guidance in preparation for the time when the carer is unable to perform this role directly;</li> <li>▪ skill development for the carer and the person with a disability,</li> <li>▪ respite care in and out of the home; and</li> <li>▪ transitional arrangements while seeking funded agency accommodation or support.</li> </ul> <p>The goal of the program is to provide support so that a smooth transition can be made when the carer is no longer able to provide the level of support they have been providing for many years. Ideally, this transition occurs with the carer able to oversee the process. Adequate planning ensures that the level of crisis and trauma is minimised when a change in care arrangements is necessary.</p> <p>Evaluation of these programs will focus on further developing age-appropriate, developmental, well-planned transition arrangements that allow service users flexibility and an enhanced menu of options, particularly in the general community.</p> <p>Disability ACT is currently establishing Memoranda of Understanding with relevant disability service providers including mental health, education and Home and Community Care for transition through life stages for people with disabilities.</p>
23	Skill and development support programs ought to be developed for those people with intellectual and learning disabilities beyond the age of 20 years.	<p><b>Agreed.</b> The Post School Options Program, as described in Response to Recommendation 22, currently operates to enhance opportunities, skills and development. This area of service will be incorporated in a Memorandum of Understanding between Disability ACT and the Department of Education, Youth and Family Services.</p> <p>The Disability Reform Group agrees with Recommendation 23, noting that investment must be made in workforce training to ensure that the sector has the capacity to deliver these programs.</p>

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> The Disability Program is currently reviewing its policies in this area. The recommendation will be further investigated through quality improvement mechanisms.
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	Recommendations*	Government Response
25	<p>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 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.</p>	<p><b>Agreed.</b> The National Disability Service Standards are ambiguous and difficult to measure. The Government has commenced work on establishing a project to develop ACT Disability Standards, which will incorporate and expand on the National Standards. The project will aim, through stakeholder consultation and expert advice, to develop ACT specific standards with measurable indicators. The project will be completed by June 2003. The Government and the Disability Reform Group are in agreement that the standards and indicators will become an integral component of Disability ACT's quality monitoring and management framework.</p> <p>The Government will establish a comprehensive quality framework for the provision of disability services in the ACT. The quality framework will include the following key elements:</p> <ul style="list-style-type: none"> <li>▪ a set of performance standards and quality indicators that support monitoring and evaluation of service performance, and encourage continuous quality improvement;</li> <li>▪ strategies of self assessment, external assessment and auditing to monitor results, evaluate outcomes and provide data for an ongoing cycle of quality planning;</li> <li>▪ incident reporting systems that support safe practice and continuous improvement;</li> <li>▪ strong and responsive internal complaint and client feedback processes;</li> <li>▪ an independent complaints resolution processes, accessible and timely;</li> <li>▪ independent assessment of service performance including auditing of performance and compliance with standards and legislation, with a particular focus on health and safety; and</li> <li>▪ effective use of facts, data and knowledge to support the way strategies and plans are developed and how they are deployed.</li> </ul>

\* Unless otherwise stated, the Disability Reform Group agrees with the Board of Inquiry Recommendation.

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.</b> The new statutory position (the Disability Services Commissioner) will have responsibility for the independent monitoring of compliance with standards and legislation, with particular focus on the health and safety of people with a disability.</p> <p>Disability Standards would be determined by Government, and promulgated through regulation or some similar instrument. Responsibility for quality would be shared between Disability ACT and the Disability Services Commissioner.</p>
27	To ensure consistency, the Disability Program should be subject to the same form and the revised criteria of auditing as that applied to NGOs.	<p><b>Agreed.</b> The Government considers that issues of quality must be addressed both in government and non-government disability services. Measures will be taken to modernise and increase skills in existing services across the board resulting in a consumer focused, rigorous quality monitoring and an accountable service system. Contract managers will incorporate reviews of quality improvement plans into service agreement management procedures.</p> <p>Disability ACT and the Disability Services Commissioner will work to ensure that the same service agreement criteria, minimum quality standards and accountability requirements are applied across the government and non-government disability sectors. Reporting and monitoring of all funding arrangements will be examined in the light of any changes to funding/service agreement arrangements resulting from the Government decision to withdraw from the purchaser/provider model.</p>
28	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	<p><b>Agreed.</b> The Government will ensure that future service agreements incorporate agreed quality improvement milestones linked to the standards, and progressively focus more on quality indicators aimed at improving outcomes for individual service users. Once the quality indicators are conditions of service agreements, Disability ACT will require service providers to provide detailed annual reports on achievement of milestones.</p>

	<p>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>The Government notes the Disability Reform Group recommendation that:</p> <ul style="list-style-type: none"> <li>▪ the definition of quality should be concerned primarily with whether outcomes for individuals are achieved and sustained;</li> <li>▪ a set of service performance descriptors relating to personal outcomes for service users should be adopted that reflects the Disability Reform Group’s Vision and Values Statement and becomes a reference point for assessing quality service as it pertains to individuals; and</li> <li>▪ such descriptors should reflect graded levels of achievement by services, from non-achievement through to achievement of minimum and optimal levels.</li> </ul> <p>The Government will consider this recommendation in the Standards Development Project.</p>
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Recommendations*		Government Response
29	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.	<b>Agreed.</b> The Government will achieve consistency of complaints procedures through the implementation of an agreed quality framework across the sector. Complaints procedures are a requirement under the National Disability Standards, and the Government will give priority to ensuring that indicators for effective complaints and appeals mechanisms are included in the project to develop the ACT Disability Standards.
30	Consistent complaint resolution procedures should be an obligatory part of all contracts	<b>Agreed.</b> Government and non-government service providers will be required in their service agreements to demonstrate levels of achievement against the Standards through the active implementation of quality improvement plans, as agreed with their contract manager. Emphasis will be given to including improvements in their complaints resolution procedures where necessary.
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.	<b>Agreed with qualification.</b> The Government is of the opinion that annual reviews of complaints mechanisms will heavily burden the service sector, in particular non-government and not-for-profit organisations. The Government will conduct reviews on a 3-yearly basis as part of the independent standards monitoring processes. Service providers will be required to record information on the nature of each complaint, resolution time and outcome.  The Disability Reform Group agrees with Recommendation 31, provided that services submit complaints statistics on a regular basis which identify the nature of complaints made, actions taken and outcomes reached. The Disability Reform Group has also recommended that an independent statutory body should have responsibility for monitoring the effectiveness of service provider's complaints processes and for complaints assessment, investigation, resolution

\* Unless otherwise stated, the Disability Reform Group agrees with the Board of Inquiry Recommendation.

		<p>and conciliation (see response to Recommendation 1 above).</p> <p>The outcomes from the review of community advocacy and watchdog agencies will further inform the Government's position on this issue.</p>
32	<p>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>	<p><b>Not Agreed.</b> Additional funding for advocacy services is not a budget priority for Disability ACT in the first year of reform. As recommended by Mr Reid, consideration will be given to the possible rationalisation of some of the functions of existing community advocacy and watchdog agencies including the Health Complaints Commissioner, the Community Advocate and the Health Rights Advisory Council. The review will be undertaken in consultation with the relevant statutory office holders and community groups in both the health and disability service areas. The review will be completed by the end of 2002.</p> <p>In consultation with stakeholders, Disability ACT will contribute to establishing a coordinated system of advocacy services that is responsive to the requirements of people with disabilities and their families.</p> <p>The Government notes that the Disability Reform Group will recommend to the Government's review into community advocacy and watchdog agencies that funding for advocacy services be increased, in recognition of the essential nature of independent advocacy.</p>
33	<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><b>Noted:</b> The Government will consider this recommendation in the light of the outcomes of the review into the possible rationalisation of existing community advocacy and watchdog agencies including the Health Complaints Commissioner, the Community Advocate and the Health Rights Advisory Council. The review will be undertaken in consultation with the relevant statutory office holders and community groups in both the health and disability service areas.</p> <p>The Government notes that the Disability Reform Group has recommended that a independent statutory body should have responsibility for complaints assessment, investigation, resolution and conciliation (see response to Recommendation 1).</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>(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>Noted:</b> These issues will be considered as part of the Government's review of community advocacy and watchdog bodies referred to above.</p> <p>The Government notes that the Disability Reform Group has recommended that powers to monitor services providers be given to an independent statutory body (see response to Recommendation 1).</p> <p>The Government agrees that powers to undertake this function should be statutory, but is of the opinion the ACT is of insufficient size to warrant the establishment of a new statutory body.</p> <p><b>Noted:</b> These issues will be considered as part of the Government's review of community advocacy and watchdog bodies referred to above.</p> <p>The Government notes that the Disability Reform Group recommends that:</p> <ul style="list-style-type: none"> <li>▪ a mechanism for reviewing recommendations made by the disability service improvement agency be established in the legislation establishing the new statutory agency; and</li> <li>▪ 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.</li> </ul> <p>The outcomes from the review of community advocacy and watchdog agencies will further inform the Government's position on this issue.</p> <p><b>Noted.</b> The Government will consider mechanisms for allowing independent review of the Commissioner's processes in its review of existing community advocacy and watchdog agencies referred to above.</p> <p>The Government notes that the Disability Reform Group recommends that a mechanism for independent review of the disability service improvement agency's processes be available to complainants or service providers. The Reform Group also recommends that a periodic review</p>
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		<p>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>The outcomes from the review of community advocacy and watchdog agencies will further inform the Government's position on these issues.</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 scheme. The Scheme should become the responsibility of the Commissioner. In particular he should oversee the proposed Community Visitor Scheme.</p>	<p><b>Agreed with qualification.</b> There are two processes currently underway that will strengthen the ACT's framework of regulation and inspection. These are (a) the development of a comprehensive quality improvement framework, including quality indicators against which performance can be measured, and (b) the establishment of relevant statutory powers for independent monitoring and review.</p> <p>The Disability Reform Group has recommended that an independent statutory body should have responsibility for carrying out the functions in this Recommendation (see response to Recommendation 1).</p> <p>The Government agrees that powers to undertake these functions should be statutory, but is of the opinion that the ACT is of insufficient size to warrant the establishment a new statutory body (see response to Recommendation 1).</p>
35	<p>Relevant legislation be amended to allow sharing of information between complaints bodies.</p>	<p><b>Agreed</b> subject to the <i>Privacy Act 2001 (CW)</i> and the <i>Health Records (Privacy and Access) Act 1997 (ACT)</i>.</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</p>	<p><b>Not Agreed.</b> This recommendation must be considered having regard to the findings of the Supreme Court in the matter of <i>McGregor &amp; Pearce v The Hon John Gallop &amp; the Attorney-General of the ACT [2002] ACTSC 45</i>. In that matter the Supreme Court made a declaration that in reporting adversely to Ms McGregor in its Report into Disability Services the Board of Inquiry failed to observe the requirements of procedural fairness. The Supreme Court repeatedly found that Ms McGregor was clearly not warned of any risk that she might be criticised in the final report of the Board. In relation to the Board's criticism of Ms McGregor's role in relation</p>

	<p>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 be re-appointed to the position.</p>	<p>to a client's entry into the Disability Program, the Supreme Court found that the criticism was clearly based upon a "substantial misapprehension as to Ms McGregor's role in the events in question".</p> <p>Recommendation 36 is based on findings inappropriately made by the Board of Inquiry. It is noted that the roles and functions of the Community Advocate are much broader than those functions which fell within the Board's terms of reference. After considering the totality of the functions of the Community Advocate the Government considers that Ms McGregor has admirably fulfilled a very demanding position. The Government sees no reason not to consider Ms McGregor for reappointment should she be inclined to apply.</p> <p>The Government notes the Disability Reform Group's recommendation that the position of Community Advocate be publicly advertised and contestable at the end of each 5 year period, and that the position becomes contestable at the end of the current contract.</p> <p>The Disability Reform Group's recommendation is not agreed to by the Government as the Department of Justice and Community Safety is of the opinion that all statutory offices should be filled in the same manner.</p> <p>The Government notes that the Disability Reform Group makes no comments on the second part of Recommendation 36.</p>
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. 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 Community Advocate is an independent office holder. In this regard it is intended that the Community Advocate exercise her statutory functions free from the specific direction of government and the Assembly. It should be noted that a number of statutory office holders are required to act independently of government, for example the Director of Public Prosecutions and the Discrimination Commissioner. The arrangements that apply to Ms McGregor are consistent with those that apply to other independent office holders in the ACT and in other jurisdictions.</p> <p>A point not emphasised by the Board of Inquiry is that, in relation to any guardianship decisions taken by the Community Advocate, it is open for any person aggrieved by those decisions to raise their concerns with the Guardianship and Management of Property Tribunal.</p>

		<p>The Community Advocate is presently in discussion with the ACT Ombudsman to establish a protocol by which the ACT Ombudsman can investigate complaints relating to the Community Advocate.</p> <p>The Disability Reform Group 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>Noted.</b> This recommendation must be considered having regard to the subsequent review of ACT Health conducted by Mr Michael Reid. The report following the Reid Review was tabled in the Legislative Assembly on 18 June 2002. On page 40 of the review Mr Reid notes:</p> <p style="padding-left: 40px;">“Finally it became apparent during the review that there are a plethora of both community advocacy groups and ‘watchdog’ agencies with responsibilities for some aspects of the public/private/NGO health sector”.</p> <p>After setting out the relevant agencies Mr Reid notes:</p> <p style="padding-left: 40px;">“For a population of 300,000 this (the number of agencies) is excessive”.</p> <p>The Chief Minister has publicly stated that the government fully supports the adoption of the basic principles set out in Mr Reid’s report. The Reid review recommends that some rationalisation of the community advocacy and watchdog agencies is warranted (Rec. 26). In response to that recommendation the Government noted that a review will be undertaken in consultation with the relevant statutory office holders and community groups in both the health and disability services area.</p> <p>The Government notes that the Disability Reform Group recommends that:</p> <ul style="list-style-type: none"> <li>▪ the position of Community Advocate be renamed ‘Public Guardian’ to more accurately reflect the current roles and activities of the community advocate;</li> <li>▪ the existing gap 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 Disability Reform Group that an independent statutory body be established and that it have a service quality monitoring role.</li> </ul>

		<p>These matters will be considered in the Government review of community advocacy and watchdog bodies. As previously noted, the Government is of the opinion that the ACT is of insufficient size to warrant the establishment of a new statutory body.</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> Section 150 of the <i>Powers of Attorney Act 1998 (QLD)</i> was repealed in 2000 and replaced by a similar provision in the <i>Guardianship and Administration Act 2000 (QLD)</i>(section 199). Queensland is the only Australian jurisdiction which has legislated with respect to potential conflicts of interest.</p> <p>This recommendation appears to be based on findings by the Board of Inquiry that have been successfully challenged by the Community Advocate. Those findings are that the Community Advocate erred in principle in interpreting her statutory powers (finding 47) and that the Community Advocate was unable to accept that her position as Chair of the Placement Committee put her in a position of perceived or possible conflict of interest (finding 49). In the decision of <i>McGregor &amp; Pearce v The Hon John Gallop &amp; the Attorney-General of the ACT</i>, the Supreme Court held that the Community Advocate had correctly interpreted her statutory powers. The Supreme Court also held that Ms McGregor was clearly denied procedural fairness in relation to any findings concerning the Placement Committee.</p> <p>This recommendation must also be considered having regard to the subsequent review of ACT Health conducted by Mr Michael Reid. The Chief Minister has publicly stated that the government fully supports the adoption of the basic principles set out in Mr Reid’s report. The Reid review recommends that some rationalisation of the community advocacy and watchdog agencies is warranted (Rec. 26). In response to that recommendation the Government noted that a review will be undertaken in consultation with the relevant statutory office holders and community groups in both the health and disability services area.</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</p>	<p><b>Not Agreed.</b> The function of the Management Assessment Panel (MAP) is to facilitate coordination of case planning and service provision for individuals whose complex service needs are poorly coordinated or inadequate. In that regard the MAP Coordinator is required to communicate across a number of portfolios, including Health, Disability Services and Community Services. It is not considered to be inconsistent that the facilitation role of the MAP</p>

	<p>disability services.</p>	<p>Coordinator remain associated with an office such as the Community Advocate, which is independent of government and can therefore direct cases to appropriate agencies for action. MAP is not a statutory organisation; it is an administrative arrangement that has proven to be a very valuable asset in resolving funding issues and has the support of all agencies.</p> <p>The Care Coordinator is responsible for the care and support of people who are placed on a Community Care Order by the Mental Health Tribunal. Such orders are made when the Tribunal considers that a person is at risk, because of a mental dysfunction, of harming themselves or others. The Care Coordinator prepares a care plan and is required to communicate across a number of agencies in developing the plan. For example, the Canberra Hospital, Community Care, Housing, Education and the department of Justice and Community Services are agencies involved in developing plans. It is not considered to be inconsistent that the role of the Care Coordinator remain associated with an office such as the Community Advocate, which is independent of government and can work with appropriate agencies to obtain outcomes for those people who are the subjects of Community Care Orders.</p> <p>The Disability Reform Group has noted this recommendation and indicated that many of the complex needs of the individuals assisted by the MAP arise at least partly due to a disability of the individual. It has recommend that a suitable location for the MAP and Care Coordination functions be considered as part of the government review of community advocacy and watchdog agencies.</p> <p>The outcomes from the review of community advocacy and watchdog agencies will further inform the Government's position on this issue.</p>
<p><b>41</b></p>	<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 the achievement of that purpose".</p>	<p>This issue is currently under consideration by Government.</p>

Recommendations*		Government Response
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>Noted.</b> Disability ACT is giving a high priority to collaboratively developing access and eligibility policies. Funding methodologies (including methods that incorporate a mix of individual and block funding approaches) will be established by Government to complement the eligibility and access policies. This suite of policies will provide greater flexibility, portability and individualised arrangements than currently offered.</p> <p>The Government will further investigate this issue through a policy review and reform process in consultation with the disability advisory structure and disability stakeholders.</p> <p>The Disability Reform Group endorses a mix of funding options, adding that on an ongoing basis, the proposed community advisory body would have responsibility for making recommendations to the government on appropriate funding policies. The Group also supports Disability ACT giving priority to researching and investigating this area.</p>
43	ISPs should be regularly reviewed in light of the individual's changing needs.	<p><b>Agreed.</b> See the Government's response to Recommendation 42.</p> <p>The Disability Reform Group agrees with this part of Recommendation 43, adding that on an ongoing basis, the proposed community advisory body should have responsibility for making recommendations to the government on appropriate funding policies.</p>

\* Unless otherwise stated, the Disability Reform Group agrees with the Board of Inquiry Recommendation.

	<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>Noted.</b> The Government will further investigate this issue through an eligibility and assessment policy review and reform process that will aim to increase equity and access in the disability service system as a whole. The Government is of the opinion that a person-centred approach to support for people with disabilities should begin with an opportunity for the person to explore a range of personal aspirations and lifestyle choices, and that funding of these choices should be negotiated to ensure both the best use of resources and best individual outcomes.</p>
44	<p>In the meantime, the NGO's are under-funded 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 also encourage all service providers to obtain funding from external sources wherever possible to assist in meeting their administration costs.</p>	<p><b>Noted.</b> The Government acknowledges this disparity. Non-government organisations do have other sources of funding, even though the amount of funding varies between agencies and is often limited. The Government has identified in their electoral commitments that there will be a review of the division and the allocation of funding between the government and non-government sectors.</p> <p>Over the next 5 years, The Government will seek, through service system re-design and renewal, to establish a more integrated and streamlined system that is highly accessible for service users. This will inevitably result in some changes to the current system and its provider organisations. For example, reviews of the service menu of the Disability Program may have implications for resource re-allocation. Changes in the system will occur through planned, carefully targeted and evidence-based decisions. Any changes will occur in close consultation with stakeholders.</p> <p>The Government notes the Disability Reform Group recommendation that a mechanism be developed to allocate to non-government accommodation service providers sufficient funding to meet the accommodation support needs of people with disabilities currently supported by them, and implemented in a staged approach commencing in 2003/4 and completing in 2004/5.</p> <p>The Government will consider the advice of the Disability Reform Group in light of budget initiatives and resource constraints.</p>

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.	<p><b>Agreed.</b> Since 1 July 2002, the Department of Disability, Housing and Community Services incorporates both Disability ACT and CHADS which will assist progress towards supporting families where there are children with disabilities.</p> <p>In the 2002-2003 budget, this Government has allocated \$500,000 per annum to expand services for children with Autism in the ACT. Of this, the Government will provide \$304,327 towards additional early intervention playgroup and early intervention unit places for children with autism, which will be transferred to the Department of Education. The remainder stays within the new Department for the autism diagnosis program and additional therapy services.</p>
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.</b> Disability ACT has commenced a policy review process that includes review of eligibility, access and funding processes. As previously stated, Disability ACT is also working towards establishing Memoranda of Understanding with other agencies who provide services for people with disabilities to ensure service coordination and optimum and strategic resource use.</p> <p>Disability ACT and ACT Mental Health established a dual disability service for people with a disability and a mental health condition in the Department of Health in 2001.</p> <p>The Government is of the opinion that all funding proposals must be considered as part of the whole system of government funding. To achieve equity and planned growth, funding decisions must be based on careful research and planning in order to achieve balanced budget allocations.</p>
47	The ACT Government, jointly with the Federal Government, consider a joint approach to examine individual options for moving people with disabilities currently inappropriately housed in nursing homes into alternative care consistent with their needs and wishes.	<p><b>Agreed.</b> The ACT has committed additional funds in the 2002-03 budget to prevent inappropriate admissions for younger people with disabilities into nursing/aged care facilities. This has been raised as a national issue and is being discussed in that forum. Disability ACT currently communicates with the relevant Commonwealth Departments surrounding this issue. Figures state that ACT is the best performing jurisdiction on a national average for the proportion of younger people in nursing homes compared to the total population.</p>

48	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.	<p><b>Not Agreed.</b> The Government supports the value of access to technical capacity and expertise through strong strategic partnerships. Whilst the creation of an Institute is a worthwhile proposal, it is not a priority for government funding at this time. It is acknowledged that the sector needs change and development and that the best way for this to be achieved needs discussion across the sector.</p> <p>The Disability Reform Group supports the Government’s approach to this issue.</p>
49	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.	<p><b>Agreed.</b> Disability ACT has established an innovation fund that aims to:</p> <ul style="list-style-type: none"> <li>▪ encourage new opportunities and approaches to supporting people with disabilities that result in flexible, person-centred improvements in the long term; and</li> <li>▪ enable people to try out new ideas that expand and improve current approaches and options.</li> </ul> <p>The fund will be targeted towards small projects that will enable 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>
50	The circumstances giving rise to this Inquiry, namely, the deaths of the three persons in the care of the Disability 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><b>Noted.</b> Disability ACT will report six-monthly, and the community advisory body annually, to the Legislative Assembly. Disability ACT and the community advisory body will also report publicly through annual reports.</p>