VICTORIA

Auditor General
Victoria

Services for people with an intellectual disability

Ordered to be printed by Authority.
Government Printer for the State of Victoria

No. 53 - Session 1999-2000

ISSN 1443 4911
ISBN 0 7311 8862 4

The President
The Speaker
Parliament House
Melbourne Vic. 3002

Sir

Under the provisions of section 16 of the *Audit Act* 1994, I transmit my performance audit Report on *Services for people with an intellectual disability.*

Yours faithfully

J.W. CAMERON
Auditor-General

Contents

Foreword

The provision of services for people with an intellectual disability has been an area of significant reform during the past 25 years. The most generally recognisable element of this reform has been the policy of successive Governments to support persons with an intellectual disability to move from institutional accommodation into the general community, a process commonly referred to as *"deinstitutionalisation".*

A major step in the reform process was the introduction of the Intellectually Disabled Persons' Services Act in 1986. This legislation was intended to ensure that the provision, management, development and planning of services for people with an intellectual disability recognised the rights of these people to services which support a reasonable quality of life and their capacity for physical, social, emotional and intellectual development.

The performance of the Department of Human Services in managing specialist services for people with an intellectual disability within this legislative framework is the focus of this Report. Recommendations included in the Report are aimed at making a positive contribution to the Department's current service planning and improvement initiatives.

I am pleased that the Department has taken a positive approach to the Report's findings and intends to work in partnership with the non-government sector to address the issues raised.

J.W. CAMERON
Auditor-General

Part 1

Executive summary

BACKGROUND

1.1 There are approximately 40 000 people in Victoria with an intellectual disability. Many require some degree of direct care or other support and assistance for most or all of their lives. While most support is provided by families with assistance from generic health and social services, the Department of Human Services has responsibility for providing a range of specialist services for people with both intellectual and other disabilities. The Department's budget for disability services as a whole was $572 million in 1999-2000 and is $668 million in 2000-01. Approximately three quarters of this budget relates to the provision of services for people with an intellectual disability.

1.2 Specialist services provided by the Department include case management services, accommodation support in various forms including shared supported accommodation in approximately 700 group houses across the State, community access programs, respite services and behaviour intervention support services. Services are delivered by either the Department or non-government organisations contracted by the Department. Payments to non-government organisations for direct service delivery represents approximately half of the annual budget for disability services.

1.3 While significant resources are allocated to the provision of services for people with disabilities, including those with an intellectual disability, there is a substantial level of unmet demand for services. The Australian Institute of Health and Welfare estimated in 1997 that national levels of service provision would need to increase by 20 per cent to satisfy the unmet demand existing at that time. The current level of demand in Victoria is consistent with this figure for the largest and most expensive service activity – accommodation. The number of people waiting for accommodation services, the majority of whom have an intellectual disability, and who are classified by the Department as having urgent or high priority needs, is currently equivalent to approximately 19 per cent of those receiving services.

AUDIT OBJECTIVES AND SCOPE

1.4 The audit involved examination of the Department of Human Services' management of services for people with an intellectual disability, and addressed resource allocation processes in terms of equity and consistency with legislative requirements, safeguards in place to protect clients, the quality of services, adequacy of monitoring arrangements and accountability mechanisms. The audit focused on case management, shared supported accommodation and community access services including day programs on the basis that these services impact on the lives of the vast majority of people with an intellectual disability receiving services from the Department and represent approximately 78 per cent of the Department's annual expenditure on disability services.

1.5 The audit included visits to 35 services provided by both the Department and non-government organisations in 4 (2 rural and 2 metropolitan) of the Department's 9 regions across the State. Visits to services were planned around providing opportunities for consultation with clients, families of clients, staff and service management. The audit was focused on community-based services which have expanded as part of the process of *deinstitutionalistion*.

AUDIT FINDINGS

Progress made and improvement required

1.6 The Department has made considerable progress in developing services for people with an intellectual disability into a Statewide system that aims to be safe, fair and efficient. Since the Intellectually Disabled Persons' Services Act was passed in 1986 the Department has overseen major changes in:

- the **mix of services** provided, in particular the closure of large residential institutions and the growth of community-based accommodation services;
- the **mix of service providers**, with the growth of the non-government sector; and
- **support systems** to inform, allocate, monitor and control services, and client access to them.

1.7 Although most of the key elements of an effective service system are now in place, improvement is required in the content of the service framework and its implementation.

1.8 The Department's priority since the Act was introduced has been re-orientating, integrating and expanding the range of services available. Faced with substantial unmet demand, the emphasis has been on maximising access to appropriate community based care. More recently, quality has become a focus. Quality standards were introduced in 1997 and full compliance with these standards is required by 2003.

1.9 The emphasis on access has meant services have focused on satisfying essential minimum standards of care and accountability, with less attention to skills development, community integration and advocacy for clients also envisaged by the Act. Promoting and monitoring these aspects of services needs higher priority.

1.10 Limited resources have resulted in an emphasis on developing processes to ration resources and limit access only to those in greatest need. These processes – eligibility assessment, case management assessment, vacancy management – have largely achieved their objectives of allocating resources fairly to those in greatest need. However, they are time-consuming and can be inefficient. They tend to react to individual circumstances at a point in time, not on prediction and prevention for those at risk. There is double-handling and delay. As experience with these systems grows, they need to be streamlined and made more flexible.

1.11 Better information is required to support these improvements. There has been considerable development of Statewide information systems for disability services in recent years – for client information, management of client funds and contract monitoring. Information to monitor service quality and performance is less well-developed or well-integrated at regional levels. Improvements in local information systems and their use should be a priority, as should increasing the reliability of information contained in the Statewide client information system.

1.12 In identifying these areas of weakness, we would not wish to minimise the progress already made. In an environment of limited resources and substantial unmet demand for services, the Department has established systems designed to:

- allocate scarce resources to providers and regions more equitably than in the past;

- assess the needs of clients consistently and allocate services to them according to relative need;
- hold providers accountable for the services they provide, through Service Agreements, output targets, quality standards and performance indicators; and
- provide better information to the Department and to the Government for planning purposes about clients and the nature and performance of services provided.

1.13 In these services where quality is particularly important, but difficult to measure, the Department has established:

- quality standards;
- a quality self-assessment process intended to ensure service providers measure and improve their performance;
- dedicated funds for staff training; and
- a framework of key indicators and targets for all services, including output, quality and timeliness measures, to manage and monitor performance.

1.14 To address the vulnerability of the client group, there is in place:

- a requirement to develop and monitor individual service plans for clients;
- an independent review mechanism in respect of key decisions in the form of the Intellectual Disability Review Panel; and
- policies and procedures designed to safeguard individual rights in most areas.

Specific audit findings

1.15 Some components of the management framework established by the Department in providing services for people with an intellectual disability have yet to realise their full potential, specifically:

- The Quality Self-Assessment process needs independent verification and integration into the Department's Service Agreement monitoring framework;
- Performance indicators for quality and timeliness need further refinement before they are of real value for management and for accountability purposes;
- The adequacy of funding and effectiveness of client assessment processes in enabling the development needs of clients to be met require further attention; and
- Under current arrangements, regional equity for resource allocation to shared supported accommodation services will not be achieved for 60 years. If regional imbalances are to be reduced in a reasonable time period, processes designed to address historical imbalances in funding between regions require further development and more rapid application.

Other components of the service framework that are not operating effectively are outlined in the following paragraphs.

1.16 In *Case Management* (Part 4):

- There are substantial delays in eligibility assessment. People with an intellectual disability currently wait 6 months, on average, to have their eligibility for services assessed by the Department; and

- The current system is largely responding to crisis or urgent needs, with less scope for pro-active case management.

1.17 In *Planning for Individuals* (Part 4):

- The current system of General Service Planning is not consistent with legislative requirements and does not realise the benefits of a statutory life planning system for people with an intellectual disability;
- The standard of Individual Program Plans in general does not meet the legislative intent. In particular, the Plans often lack strategies that promote the development and community integration of clients.

1.18 In *Safeguarding Individual Rights* (Part 4):

- There are weaknesses in the operation of safeguards related to the use of restraint and seclusion, including a lack of understanding by some providers of their responsibilities, limited definitions of what constitutes restraint and seclusion, and the absence of a clear mandate for the Intellectual Disability Review Panel to act upon the reports it receives about the use of restraint and seclusion;
- Few providers had specific policies and procedures related to abuse and neglect and there was insufficient management attention, in our view, to the risks of such abuse;
- There is some under-classification in the reporting of incidents which can impact on the safety and welfare of clients and staff (but not the most serious incidents) and little use of this information by service providers or the Department for preventative and monitoring purposes; and
- The effectiveness of the Intellectual Disability Review Panel has been reduced by low levels of awareness of its existence and role among people with an intellectual disability and their families, and by limited resources.

1.19 In *Providing Resources for Services* (Part 5):

- Victoria provides the highest level of resource for disability services on a per client basis of any State in Australia. Despite this, and continued growth in resources, there is still substantial unmet need;
- Historical imbalances in funding between regions remain; and
- The Department cannot be assured that current resource allocation processes for shared supported accommodation are always delivering services for clients on the basis of relative need. Nor do they allow the expectations of the Act and the Victorian Standards for Disability Services regarding opportunities for all clients to develop and maintain skills, and participate in the community to be met.

1.20 In *Service Quality and Monitoring* (Part 6):

- Most services are not fully meeting the Department's service quality standards;
- The monitoring of Service Agreements by the Department is weakened by the limited information collected by regional management on service quality. The newly-introduced quality self-assessment process was intended to provide information for this purpose, but will not do so until 2003; and
- There are no industry-wide competency requirements in place for staff providing direct care to people with an intellectual disability.

1.21 In relation to *Public Accountability* (Part 6):

- There is insufficient information available in the Department's Annual Report and other publications to assess the degree of achievement of the State Plan for Intellectual Disability Services or to provide adequate public accountability for disability services generally.

RECOMMENDATIONS

1.22 We note that the Department of Human Services is currently pursuing initiatives that may address some of the recommendations outlined in this Report. A list of these recommendations is set out below.

Report reference	*Paragraph number*	*Recommendation*
Planning for individuals and protecting their rights	4.7	The Department of Human Services should measure its performance in completing eligibility assessments. Strategies should be developed to reduce the length of time taken to determine eligibility.
	4.17	The case management model used by the Department requires amendment to better match the needs of people with an intellectual disability, including those at risk of regularly returning to case management because of their circumstances or personal characteristics.
	4.26	The Department should review the assessment and planning processes that are currently prescribed in the *Intellectually Disabled Persons' Services Act* 1986. In addition, General Service Plans of all clients who have them should be reviewed regularly. The Department should adopt a risk-based approach to the frequency and extensiveness of General Service Plan reviews which gives the greatest attention to those people whose characteristics or circumstances suggest that, without early intervention and life planning, they may require crisis intervention later.
	4.30	The participation of clients and family members in the development and review of Individual Program Plans should be promoted.
	4.32	The Department needs to establish quality improvement strategies to support providers in establishing individual program planning practices as an integral and effective part of the service delivery process.
	4.45	The Department should, in consultation with service providers, strengthen procedures in relation to the reporting and monitoring of incidents and the identification and response to indicators of possible abuse and neglect.
	4.59	The Department's review of legislation should include consideration of options for strengthening and, where relevant, clarifying the: • statutory provisions relating to the use of restraint and seclusion; • monitoring role of the Intellectual Disability Review Panel; and • scope of reviewable decisions. There should also be mechanisms established to support the operation of the protective framework, particularly mechanisms that can better enable people with an intellectual disability to exercise their rights to participate in decisions being made about them, and to make a complaint or have decisions reviewed where they are dissatisfied.

Report reference	*Paragraph number*	*Recommendation*
Providing Resources for Services	5.8	The Department of Human Services should allocate higher proportions of new initiatives funding to regions whose budgets are substantially below equity share.
	5.18	We support the Department's current development of a more consistent and rigorous approach to assessing client needs, and hence funding, in shared supported accommodation. We recommend that, once established, its implementation be linked to funding levels that are based on a more explicit analysis of staffing needed to meet the levels of care and development that the legislation and standards require.
	5.19	The Department should consider how providers of accommodation services in the non-government sector can improve their rostering effectiveness. For example, through the application of best practice rostering guidelines like those used in the government sector, and through closer monitoring by regional staff of rosters in operation.
	5.21	In day programs, reliability testing should be introduced in respect of inputs for the Support Needs Assessment. Definitions used in the assessment process should be clarified to remove the potential for misinterpretation.
		The Department should introduce more explicit investigation and treatment of developmental needs in the assessment and funding process for day programs.
		Funding assigned to each of the 6 need levels should be reassessed and based explicitly on the staffing required to fulfil the standards for clients with different support needs.
Quality and monitoring	6.24	The Department of Human Services should establish common minimum competency standards for staff in both government and non-government services.
	6.28	There should be some independent verification of service quality self-assessments prepared by service providers to give stakeholders confidence in the validity and consistency of results.
		The Department should evaluate what form of independent scrutiny of quality in government services and non-government service providers would be most suitable to the needs of Victoria.
	6.36	Monitoring of compliance with service agreements should be strengthened with a more formal reported service review process, using a risk-based program, supported by audit tools and a wider range of monitoring information.
		The service agreement review process should incorporate the results of service quality self assessments by individual providers, independent verification and monitoring, and more direct measures of output and performance.
		A service agreement framework similar to that for non-government agencies should be developed between regions and government service outlets.

Report reference	*Paragraph number*	*Recommendation*
Quality and monitoring *- continued*	6.40	The Department should seek to improve measures of service quality reported to government including the use of quality self-assessment results. We also recommend further development of local performance information and indicators to assist regional and contract managers to monitor dimensions of service delivery not fully captured by the self-assessment process or by the current regional reporting framework, such as staffing, the extent to which client needs are met, and client safety and rights.
	6.47	The Department should ensure no inconsistency between its current responsibility to plan for services to all disability groups and the legislative requirement to produce a three-year plan for intellectual disability services alone. The Department needs to develop a capability to identify and report on all services provided to individual clients and to groups of clients with particular disabilities, as an aid to planning and accountability.
	6.50	The Department should improve the information it publishes for public accountability purposes. This should include the annual publication of consolidated information on trends and interstate comparisons for performance in respect of all major service activities.
	6.52	The Department needs to consider how its website should be developed to include more information to assist public accountability.

RESPONSE *provided by Secretary, Department of Human Services*

The Department welcomes the Report's conclusions that considerable progress has been made in developing services for people with an intellectual disability into a Statewide system and that most of the key elements of an effective system are now in place.

The Department acknowledges that improvement is required in some areas of the content and implementation of the service framework. In particular, it supports the view that gains need to be made in relation to the broader goals of community participation and inclusion, and that improvements are required in some individual decision-making and planning processes. The Department will work with the non-government sector to develop strategies aimed at addressing the issues of mutual relevance.

The development of the State DisAbility Services Plan, the formation of the Victorian DisAbility Advisory Council and the recent Budget initiatives offer opportunities to advance this agenda. These developments cover people with all types of disabilities, not just intellectual disability, and reflect the integrated planning and funding approach to disability services as a whole.

The additional $50 million for new and expanded programs already included in the 2000-2001 Budget will enable an extra 4 000 people who have a disability to receive new services or more support. This will assist in meeting several areas of need highlighted in the Report including additional supported accommodation places, day programs, and enhancement of intake and assessment services.

***RESPONSE** provided by Secretary, Department of Human Services - continued*

Despite the high resource level in comparison with other States, and the additional growth, the Department will continue to face significant unmet need. The Report acknowledges that there is both unmet need and limited resources. The Department has to ensure, therefore, that limited resources are allocated fairly to those in greatest need and that balance across the service system is achieved. Within a case management framework, for example, decisions have to be made between providing resources for assessment or for support and assistance, and between responding pro-actively to emerging needs and responding to crisis situations. While many of the suggestions for improvement can be addressed by systems improvement, some have significant resource implications.

Services for people with an intellectual disability should not be planned and delivered in isolation from other disability services and, indeed, from the broader community service system. A wide-ranging community consultative process is underway to assist the development of the State DisAbility Services Plan. This provides an opportunity to strengthen the community and service system response, ensure a flexible and integrated approach in meeting needs, and recognise people with a disability as valued and included members of the community.

It is noted that several of the Report's recommendations would require legislative change. The Department has recognised that it is timely to review the legislative framework for disability services in Victoria in light of practice developments and policy changes that have occurred.

The Department notes that the audit involved a very small sample of services from some of the Department's Regions and a small sample of client files. However, it is acknowledged that some important systemic and process issues have been identified. The Department agrees with the Report's comment that the findings relating to individual service providers should not be interpreted as necessarily reflective of all service providers.

The Department's response to specific sections of the Report has been made within the context of resource limitations and the broader planning approach for disability services. In several instances, the recommendations for improvement outlined in the Report confirm initiatives and directions that are already underway. In other instances, the Department will instigate further responses to address the issues raised.

The Department thanks the audit team for its constructive approach and analysis. The Report will strengthen the Department's capacity, in partnership with the non-government sector, to provide the best possible outcomes for people with a disability, their family members and carers.

***RESPONSE** provided by President, Intellectual Disability Review Panel*

The Panel welcomes the audit of intellectual disability services in Victoria. It is hoped that the Report will be a catalyst to speed up the ongoing reform of the service system for people who have an intellectual disability. Key findings of the audit are supported by the experience of the Panel and anecdotal evidence provided to it.

Of key significance for the Panel are the findings that:

> *"… there are some weaknesses and gaps in the framework", and that*
>
> *"… the intention of the Act that the rights of people with an intellectual disability be safeguarded, is not always realised" (Para.4.37).*

RESPONSE *provided by President, Intellectual Disability Review Panel - continued*

As noted in the Report, the Intellectually Disabled Persons' Services Act 1986 currently sets the key legislative framework for services for people who have an intellectual disability. While legislation cannot prescribe a quality service system, it can set a framework that either facilitates or inhibits the delivery of a quality service system. The audit findings clearly indicate the current service system has significant flaws in it. Some suggestions to address these flaws can be taken at an operational level as outlined in the audit recommendations. However, the Panel considers that audit findings demonstrate the current legislation fails to adequately empower or protect people who use services and does not operate effectively to facilitate the delivery of a quality service system.

The Panel considers fundamental issues relating to the empowerment and protection of service users cannot occur without an urgent overhaul of the existing legislation.

Part 2

History and context

NATURE AND INCIDENCE OF INTELLECTUAL DISABILITY

2.1 The *Intellectually Disabled Persons' Services Act* 1986 defines intellectual disability as follows:

> *"… intellectual disability in relation to a person over the age of 5 years, means the concurrent existence of significant sub-average general intellectual functioning and significant deficits in adaptive behaviour, each of which became manifest before the age of 18 years".*

2.2 People with an intellectual disability have a lifelong disability. This means that they may require some degree of direct care and/or other forms of support and assistance for most or all of their lives. Most support is provided by families with assistance from generic health and social services. The Department of Human Services DisAbility Services Division is responsible for ensuring the provision of a range of specialist services for people with a disability. For some, these specialist services supplement generic services, while other people with an intellectual disability are dependent on specialist services to substantially or entirely meet their needs.

2.3 The Department estimates there are 40 000 people in Victoria with an intellectual disability. Approximately half are registered as eligible for services from the Department. Less than a quarter (approximately 8 500) currently receive specialist disability services funded by the Department. It is likely that the majority of other people with an intellectual disability are using generic services and receiving support from family and friends. Others may use specialist services not funded by the DisAbility Services Division of the Department, such as Supported Residential Services.

2.4 Many people with an intellectual disability who use specialist disability services have multiple disabilities and hence complex needs. In 1998, 52 per cent of people with an intellectual disability receiving services from the DisAbility Services Division of the Department also had other disabilities. While the provision of specialist services to people with an intellectual disability is governed by specific legislation, the Department seeks to provide services to people with all types of disabilities based on the urgency of their needs rather than on their disability diagnosis.

HISTORY OF SERVICE DEVELOPMENT

2.5 The nature of services for people with intellectual disabilities in Victoria has evolved over the past 50 years from initiatives by State and Commonwealth Governments, voluntary non-government associations and individual service providers. Prior to the 1980s, government focused on providing specialist services for those with the most profound disabilities, often in residential institution settings in isolated locations. Non-government services for people with an intellectual disability developed to meet local needs, and were supported by the commitment of voluntary non-government associations, communities and families. There was little central planning of service provision.

2.6 Over the last 25 years, legislative and policy changes have led to a more co-ordinated, better-resourced and more community-based approach. Table 2A highlights the main developments prior to the proclamation of the *Intellectually Disabled Persons' Services Act* 1986.

TABLE 2A
KEY DEVELOPMENTS PRIOR TO
THE INTELLECTUALLY DISABLED PERSONS' SERVICES ACT 1986

Year	*Description of development*
1959	***Mental Health Act* 1959** Recognised the need for legislation to distinguish between the treatment needs of the mentally ill and the needs of people with an intellectual disability.
1977	**Report of the Victorian Committee on Mental Retardation** Recommended a shift away from institutional care for people with an intellectual disability and stated that future service direction needed to be based on the principles of "normalisation". It found that the institutional model was inconsistent with modern cultural values and that new service models were needed. This theme has continued to underlie all subsequent government policies.
1982	**Report of the Minister's Committee on Rights and Protective Legislation for Intellectually Handicapped Persons (Cocks Report)** Set the stage for the protection of people with intellectual disabilities through the provisions of the *Guardianship and Administration Board Act* 1986, which established both the Guardianship and Administration Board (the functions of this Board are now performed by the Victorian Civil and Administrative Tribunal) and the Office of the Public Advocate.
1984	**First stage of de-institutionalisation** St Nicholas Hospital was closed and its residents were relocated into shared houses in the community. Significant improvements were reported for these clients in the areas of daily routines, leisure time and family contact. **Report of the Committee on the Legislative Framework for Services to People with Intellectual Disabilities (Rimmer Report)** Made recommendations on legislation to replace the *Mental Health Act* 1959 as it affected people with an intellectual disability. The report found that a total recasting of the existing legislative framework for services was required to meet the Victorian Government's reform objectives. As a result, the Intellectually Disabled Persons' Services Act was developed.

CURRENT LEGISLATION

2.7 Services for people with an intellectual disability in Victoria are governed by the *Intellectually Disabled Persons' Services Act* 1986. The Act provides:

- a Statement of Principles for the management, development and planning of services for people with an intellectual disability. The primary themes of the 15 principles include: an equal right to a reasonable quality of life; promoting integration of people with an intellectual disability into the community; recognition of the capacity of people with an intellectual disability for physical, social, emotional and intellectual development; and holding service providers accountable for providing quality services and advancing the rights of people with an intellectual disability;

- a requirement for the Minister to ensure preparation of a triennial State Plan for the development of services for people with an intellectual disability;
- for the establishment of the Intellectual Disability Review Panel to review a range of decisions made by the Department of Human Services in respect of people with an intellectual disability;
- for the appointment of Community Visitors to visit people with an intellectual disability in residential services and inquire into matters affecting their welfare; and
- requirements for individualised planning in respect of each person with an intellectual disability who seeks services from the Department.

2.8 In addition to the *Intellectually Disabled Persons' Services Act* 1986, the *Disability Services Act* 1991 affects services for people with an intellectual disability. The Disability Services Act focuses on the funding and provision of services to people with all types of disabilities, not just intellectual disabilities. Legislation similar to the Disability Services Act was enacted in all States following the Commonwealth State Disability Services Agreement in 1991. The purpose of the Agreement was to reduce duplication and ensure co-ordination of services by delineating the respective and shared responsibilities of the State and Commonwealth Governments for disability services. Under the Agreement, responsibility for funding services is shared, with the States having responsibility for administering all accommodation and day program services and the Commonwealth administering employment programs for people with a disability. Responsibility for administering research, information services and advocacy services is shared.

2.9 In 1997, the Department issued the Victorian Standards for Disability Services. The standards address access to services, individual need, decision-making and choice, participation and integration, service management, valued status, and freedom from abuse and neglect. While the Standards are described by the Department as *"... the minimum operating requirements for government and funded non-government disability service providers in Victoria"*, services have until 2003 to fully comply.

DEPARTMENTAL STRUCTURE

2.10 When the Intellectually Disabled Persons' Services Act was passed in 1986, the then Victorian Government established the Office of Intellectual Disability within the former Department of Community Services. A subsequent departmental re-organisation subsumed the Office under the former Health and Community Services Department. In 1996, the Department of Human Services was formed. DisAbility Services is a division of the Department, and is responsible for services to people with all disabilities (with the exception of psychiatric disabilities), including intellectual disability.

2.11 The Department has a decentralised structure involving 9 administrative regions which have responsibility for directly providing or purchasing most services for clients, using funds allocated by the Department. Chart 2A shows areas covered by the Department's 4 regions in metropolitan Melbourne and 5 regions in rural Victoria.

CHART 2A
REGIONS OF THE DEPARTMENT OF HUMAN SERVICES

2.12 Table 2B details the resource allocation and Service Agreement framework established by the Department to manage and monitor the delivery of services to people with an intellectual disability.

TABLE 2B
RESOURCE ALLOCATION AND SERVICE AGREEMENT FRAMEWORK

1. GOVERNMENT AND DEPARTMENT OF HUMAN SERVICES • Establish total funding for the Department through the annual budget process, based on government policies and departmental submissions regarding needs for recurrent and new spending in major service areas. • Quarterly monitoring of performance against targets for each service type.

2. DISABILITY SERVICES - HEAD OFFICE
• Allocates recurrent and new spending between centrally-funded services and regionally-funded services, based on priorities agreed above.
• Funds regions annually through Regional Service Agreements which:
  • specify the minimum number of clients to be served in each service type (e.g. shared supported accommodation);
  • provide indexed recurrent funding for existing services;
  • specify new places to be created in each service type in each region; and
  • fund each new place at the same rate, Statewide.
• Monitors performance indicators against Statewide and regional targets.

3. EACH REGION • Allocates recurrent funding to existing providers through Service Agreements which specify outputs to be delivered (e.g. number of clients, number of places, hours of services), standards to be met and funding. • Identifies priority service types and locations for new initiatives, based on information on unmet needs. • Manages resource and client allocation processes to services within regions. • Monitors region-wide performance against targets and provider performance against Service Agreements.
4. EACH SERVICE PROVIDER • Translates funding into hours and staff required to best meet client needs. • Reports performance quarterly.

2.13 Services are delivered by either the Department or non-government organisations contracted by the Department. The framework shown in Table 2B covers both government and non-government service providers. Payments to non-government organisations for direct service delivery represents approximately half of the annual budget for disability services. Non-government providers predominate in the delivery of day program services (96 per cent) and provide a lower proportion of accommodation services (39 per cent) and case management and brokerage services (51 per cent).

CURRENT BUDGET AND RESOURCE ALLOCATION

2.14 The total budget for DisAbility Services in 1999-2000 was $572 million. The Victorian Government provided the great majority of these funds (85 per cent) with the Commonwealth Government contributing (13 per cent) directly and other revenues, including client rental fees, making up the remainder (2 per cent). Over half the expenditure is for accommodation services. The other major service expenditures are day programs and case management.

2.15 The Department of Human Services does not maintain a separate budget for services to people with an intellectual disability. It has one budget for the DisAbility Services Division and services for people with an intellectual disability are funded out of that overall budget. We sought to calculate how much of the overall budget relates to services for people with an intellectual disability. The total budget for the DisAbility Services Division is shown in Table 2C below, along with an estimate of that portion of the budget which relates to services for people with an intellectual disability. This is based on the percentage of clients in each service area whose primary disability is an intellectual disability.

TABLE 2C
DISABILITY SERVICES DIVISION 1999-2000 BUDGET AND ESTIMATE OF BUDGET FOR SERVICES TO CLIENTS WITH AN INTELLECTUAL DISABILITY

Major service group	*Total budget allocation for DisAbility Services*	*Percentage of clients with primarily an intellectual disability*	*Our estimate of budget for clients with primarily an intellectual disability*
	($'000)	*(%)*	*($'000)*
Accommodation in Institutions *(a)*	66 231	96	63 582
Accommodation in the Community *(b)*	283 812	73	207 182
Community Access *(c)*	134 448	66	88 735
Case Management *(d)*	28 091	43	12 079
Respite Care *(e)*	21 729	45	9 778
Specialist Support *(f)*	7 263	90	6 537
Information Services and Advocacy *(g)*	4 570	74	3 382
Aids and Equipment *(h)*	16 391	74	12 129
Quality Improvement and Research *(i)*	2 507	74	1 855
Carryovers and other adjustments *(j)*	7 027	n.a.	n.a.
Total	**572 069**	**n.a.**	**405 259**

(a) Accommodation in Institutions is primarily Training Centres.

(b) Accommodation in the Community is primarily Shared Supported Accommodation Services, but also In Home Accommodation Support, Outreach, Permanent Family Care, Shared Family Care and Family Options.

(c) Community Access is primarily day programs including Adult Training Support Services (ATSS), Futures For Young Adults, and Independent Living Training, Recreation and Therapy.

(d) Case Management is primarily case management and brokerage, but also includes Making a Difference and Client Services – Assessment.

(e) Respite Care includes Planned and Emergency Respite, along with Respite Co-ordination.

(f) Specialist Support includes Criminal Justice, Behaviour Intervention Support Services and Family Intervention Support Services.

(g) Information Services and Advocacy includes Information Services ($2.861 million) and Advocacy Services ($521 000).

(h) Aids and Equipment primarily includes Equipment Services.

(i) Quality Improvement and Research includes Research and Development, and Disability Services Training for non-government organisations.

(j) Carryovers and other adjustments relate to carryovers from the budget of the previous year and other adjustments.

Source: DisAbility Services 1999-2000 Recurrent Budget Allocation. *Victorian Services for People with Disabilities* 1998, pp. 52-3.

Note: The Budget split is based on client numbers in each service identified as having primarily an intellectual disability as reported in *Victorian Services for People with Disabilities* 1998. The overall average of 74 per cent of clients with an intellectual disability is used to apportion corporate overheads. The budget includes total Corporate Overheads and output group management costs of $54.8 million.

2.16 There has been a major shift in the nature of accommodation services provided for people with an intellectual disability from institutional care to care in a community setting. In 1988, there were 2 700 clients in residential institutions and 685 in shared supported accommodation in the community. By 1998, the proportions had reversed, with only 941 clients in institutions and 4 365 clients in shared supported accommodation. Victoria has one of the lowest populations in residential institutions of any State.

2.17 The average annual cost per client in the major services for 1999-2000 is shown in Table 2D.

TABLE 2D
AVERAGE ANNUAL COST PER CLIENT
IN THE MAJOR SERVICES FOR 1999-2000
($)

Service type	*Cost per client*
Residential institution *(a)*	67 000
Community-based accommodation	63 000
Community access	15 000
Case management and brokerage	6 500
Respite	4 000

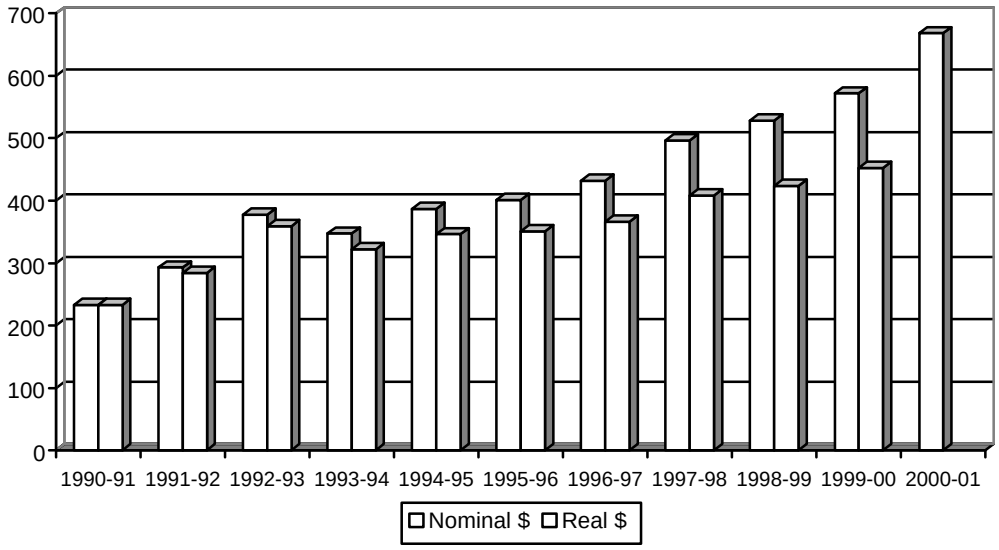
Note: *(a)* Does not include a proportional allocation of output group management costs.
Source: Department of Human Services.

2.18 The Act places considerable emphasis on providing opportunities for people with an intellectual disability to develop their social and self-care skills. Over 5 500 persons attend day programs (including Adult Training and Support Services) each year. The primary aim of these services is to enhance independence, abilities, participation in the community and quality of life.

2.19 Many people with an intellectual disability will use the Department of Human Services' case management services at some time in their life. A case manager is the most common entry point into the service system. The purpose of case management is to facilitate access for eligible persons to services and resources to address their needs and those of their families and/or carers.

2.20 Expenditure on disability services as a whole has increased over the last ten years as Table 2E indicates. The budget for 2000-01 represents an acceleration in the rate of expenditure growth.

TABLE 2E
GROWTH IN EXPENDITURE ON DISABILITY SERVICES
($million)

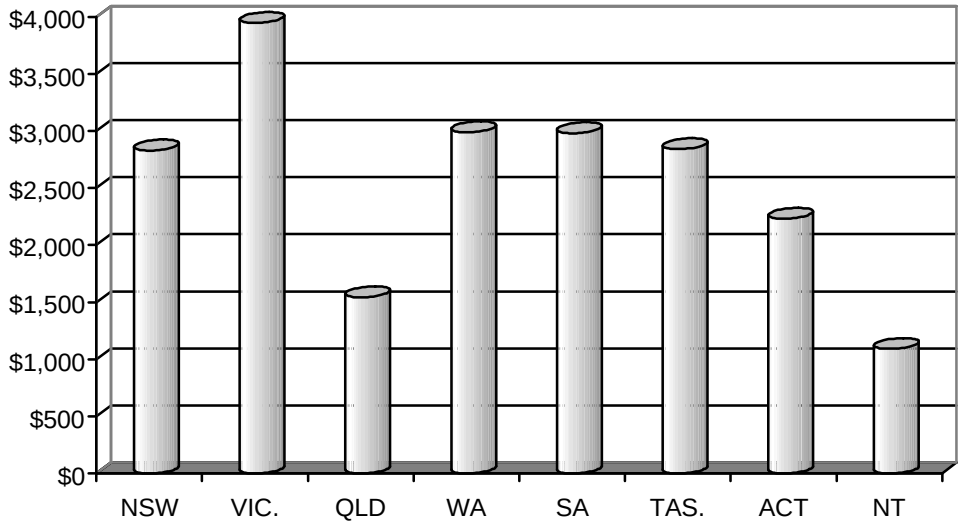


Note: Real dollar values calculated using Average Weekly Earnings index figures for the period 1990 to 2000, obtained from the Australian Bureau of Statistics, *Australian Economic Indicators*, February 2000, p.107.

Source: Department of Human Services.

2.21 This growth contributed to Victoria having the highest level of spending of any State on people with a severe and profound disability in 1998-99, as shown in Table 2F.

TABLE 2F
SPENDING PER PERSON WITH A PROFOUND OR SEVERE DISABILITY IN 1998-99



Source: Steering Committee for the Review of Commonwealth/State Service Provision 2000, *Report on Government Services 2000*. AusInfo, Canberra, p.1 070 and p.1 076.

2.22 Despite the growth in government funding, there continues to be a substantial level of unmet demand for services. The Australian Institute of Health and Welfare estimated in 1997 that national levels of service provision would need to increase by 20 per cent to satisfy the unmet demand existing at that time. The level of demand in Victoria is consistent with this figure, at least for the largest and most expensive service activity, namely, accommodation. The number of people who have registered for accommodation services, and who are classified by the Department as “urgent” or “high priority”, is currently equivalent to approximately 19 per cent of those receiving services.

2.23 This audit focused on accommodation services, day programs and case management on the basis that these service activities are critical to the success of the Department in fulfilling its objectives under the Act. They also represent the major service types in terms of growth and expenditure.

Part 3

Conduct of the audit

AUDIT OBJECTIVES

3.1 The objective of the audit was to determine whether key elements of intellectual disability services are effectively managed by the Department of Human Services, in compliance with relevant legislation. In particular, the audit examined whether:

- available resources are allocated to and within the intellectual disability services element of the Disability Services Program on an equitable basis and in accordance with the principles, aims and objectives set out in the *Intellectually Disabled Persons' Services Act* 1986 and the *Disability Services Act* 1991;
- the Department, in its activities, seeks to give effect to the fundamental rights of people with an intellectual disability to, for example, a reasonable quality of life, developmental opportunities and freedom of choice;
- services provided to people with an intellectual disability are:
    - consistent with required community standards in terms of quality;
    - supported by appropriately qualified and trained staff; and
    - adequately monitored and evaluated by the Department.
- there is sufficient transparency and accountability to people with an intellectual disability, the Parliament, public, and the intellectual disabilities service sector in respect of departmental activities and processes.

3.2 In pursuit of this objective, initiatives taken by the Department to improve the management of intellectual disability services and the environment in which such services are provided were taken into account.

AUDIT APPROACH

3.3 The audit involved visits to 4 of the Department's 9 regions within Victoria; 2 metropolitan and 2 rural regions. The regions visited were selected to give a reasonable range according to size, rurality, and relative share of resources and service provision profile.

3.4 We examined a sample of services in each of these regions, comprising:

- government shared supported accommodation (14 houses);
- non-government shared supported accommodation (8 houses);
- non-government day programs (7); and
- case management services (4).

3.5 Service providers examined were selected to reflect a range of characteristics across the State including, size, range of programs provided, origin and age of services.

3.6 In each of these services, we reviewed operating policies and procedures, observed service delivery practices and analysed a sample of client files (123 in total). The audit also included:

- interview of, and receipt of submissions from, clients, staff members, family members and service providers;
- examination of systems and procedures in place at the Department's head office and regional offices; and
- consultation with key agencies, advocacy groups and peak bodies.

3.7 The activities of the Intellectual Disability Review Panel were also examined as part of the audit.

3.8 This Report presents findings based on our fieldwork, including our visits to a cross-section of regions and providers. Findings relating to service providers should not be interpreted as necessarily reflective of all service providers in Victoria. Our findings focus on whether the systems and processes in place are operating effectively, in the interests of people with an intellectual disability and consistent with legislative requirements. Some of our findings may be based on a small number of cases, but have been reported because they highlight systemic or process issues.

3.9 All efforts were made to maintain the privacy and confidentiality of clients. As a result, this Report focuses on common issues identified across multiple locations and service providers, and does not identify single service providers or individuals.

3.10 A paper containing more detailed information aimed at assisting implementation of recommendations has been provided to the Department in the form of a management letter.

PUBLIC AND OTHER INPUT TO THE AUDIT

3.11 As part of the planning of the audit, an advertisement was placed in the press in August 1999, inviting comments from the public concerning their opinions and experience in relation to government-funded services for people with an intellectual disability.

3.12 In addition, discussions were held with the following organisations:

- Office of the Public Advocate;
- Community Visitors;
- Council of Intellectual Disability Agencies;
- Health and Community Services Union;
- VICRAID;
- ACROD;
- Action for Community Living Inc.;
- Victorian Advocacy League for Individuals with Disability; and
- Action Resource Network Inc.

3.13 A range of other organisations also made submissions regarding the audit. Feedback from these sources was taken into account in the audit.

COMPLIANCE WITH AUDITING STANDARDS

3.14 The audit was performed in accordance with Australian Auditing Standards applicable to performance audits and, accordingly, included such tests and other procedures considered necessary in the circumstances.

RESOURCING THE AUDIT

3.15 The audit was undertaken by Deloitte Touche Tohmatsu under contract to the Victorian Auditor-General's Office. The Deloitte team was lead by Mr Rob Mathie and included Ms Anita Tang, a specialist in intellectual disability. Professor Roger West, Visiting Professor of Law at Newcastle University acted as adviser to the Deloitte team on human rights and disability issues.

3.16 Specialist advice was provided to my Office throughout the audit by:

- Dr Christine Bigby, a Lecturer in the Department of Social Work and Social Policy, La Trobe University; and
- Dr Maree Dyson, Director, Dyson Consulting Group, who provided expertise in a range of areas including resource allocation processes and quality programs.

ASSISTANCE PROVIDED TO AUDIT STAFF

3.17 Significant support and assistance was provided to my officers and the Deloitte team by the management and staff of the DisAbility Services Division of the Department of Human Services, the Intellectual Disability Review Panel and by non-government service providers. I also wish to express gratitude to the people with an intellectual disability and their families who were involved in the audit.

Part 4

Planning for individuals and protecting their rights

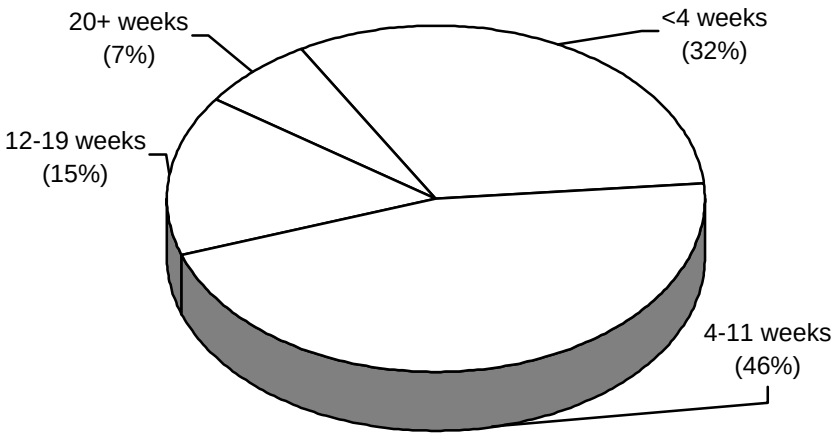
DETERMINING ELIGIBILITY FOR SERVICES

4.1 Individuals with an intellectual disability can access generic services available to the general community and those funded under the *Disability Services Act* 1991. They cannot, however, access disability services under the *Intellectually Disabled Persons' Services Act* 1986 until the Department of Human Services has assessed them as having an intellectual disability, i.e. their eligibility must be determined. People whose eligibility has to be assessed are those who have not requested a service since the Act was proclaimed in 1987, including those who have not used intellectual disability services for the past 2 years, even if they had used them prior to the Act being proclaimed.

4.2 The Department's procedures for conducting the assessment of eligibility enable consistency of reporting of assessment outcomes and allow the assessor to select the least intrusive and most efficient method for determining eligibility. It also has clear procedures for the approval of eligibility recommendations, and for dealing with assessments where the outcome is not clear.

4.3 The Act requires that assessments of eligibility be *"undertaken within 30 days after receiving the request"*. The Department defines "undertaken" as "allocated to a worker for assessment and commenced". An alternative interpretation would be when the assessment is completed and a determination made. In our opinion, the latter interpretation is more consistent with the outcome-focus of statutory time limits. In 1999-2000, the majority (68 per cent) of people needing an eligibility assessment waited more than 30 days just to have someone assigned to conduct the assessment. Chart 4A provides details of waiting times for eligibility assessment in respect of the 149 people awaiting assessment at 30 June 2000.

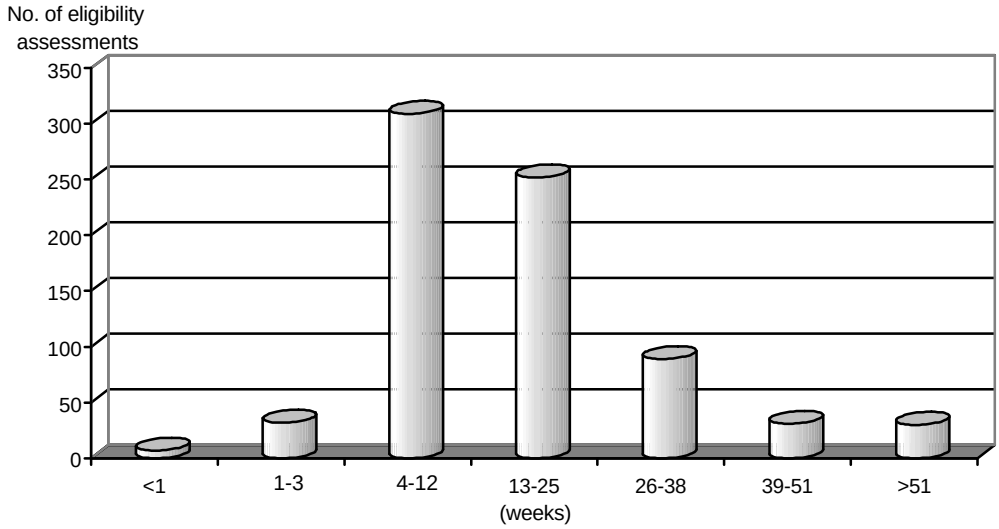
CHART 4A
WAITING TIME FOR ELIGIBILITY ASSESSMENT, AT 30 JUNE 2000



Source: Department of Human Services.

4.4 Once assigned, the average time to complete an assessment during 1999-2000 was 18 weeks, with most in the range of 4 to 26 weeks. Assessments for 20 per cent of those requesting them took over 26 weeks to complete. Table 4B provides information on this issue.

TABLE 4B
TIME TAKEN TO DETERMINE ELIGIBILITY FOR SERVICES IN 1999-2000



Source: Department of Human Services.

4.5 The total time taken to complete the eligibility assessment process from the date of request is the sum of the 2 stages identified above (namely, stage 1 - from the date of request for service to the date of allocation to a worker and stage 2 - from the date of allocation to a worker to the date of determination of eligibility). The average was 27 weeks or 189 days in 1999-2000. The considerable delays will continue as long as the number of requests for assessment exceeds the capacity to complete them. In 1999-2000, the Department received just over 1 000 requests requiring an assessment of eligibility, but completed only 739 assessments with the remainder carried forward into 2000-01.

4.6 The time taken to determine eligibility is a significant concern as people are unable to access services under the Act until their eligibility has been determined. In 90 per cent of cases, the assessment confirms that the person is eligible to receive services, yet they may not receive any additional support or assistance while they are waiting for a decision about their eligibility, except in crisis situations.

4.7 We **recommend** that the Department measure its performance in completing eligibility assessments. Strategies should be developed to reduce the length of time taken to determine eligibility.

RESPONSE *provided by Secretary, Department of Human Services*

People are able to and often have their short-term needs addressed by the Department's Regional Intake and Response Teams prior to their eligibility being determined.

Eligibility assessments no longer have the unique function of providing access to the entire disability services system, given the larger number and more diverse range of specialist disability services that have been developed over the last decade. As the Report notes, individuals can gain access to specialist services under the Disability Services Act 1991 without or prior to having their eligibility determined. Such services include many respite programs, case management and brokerage services such as Making a Difference Program and in-home support services. Individuals can also gain access to generic services, e.g. Home and Community Care Program.

Eligibility assessments have been prioritised according to urgency. Where an eligibility assessment has been required to meet an urgent service need, it has been generally undertaken without delay.

Some eligibility assessments are complex and take longer to complete. Factors such as the existence of multiple disabilities, including psychiatric disability, can add to the length of time of an assessment.

It is acknowledged that the length of time to determine eligibility needs to be significantly reduced. The Department has taken immediate steps to address this situation. Strategies to do this include the following:

- *Non-recurrent funds will be allocated to each Regional Disability Client Services Team to address the backlog of eligibility assessments;*
- *Additional recurrent funding of $2 million has been allocated through the 2000-2001 Budget to enhance Regional Intake and Response Teams. The implementation of this initiative will enhance the capacity of regions to address this issue; and*
- *The eligibility assessment process will be streamlined, where appropriate.*

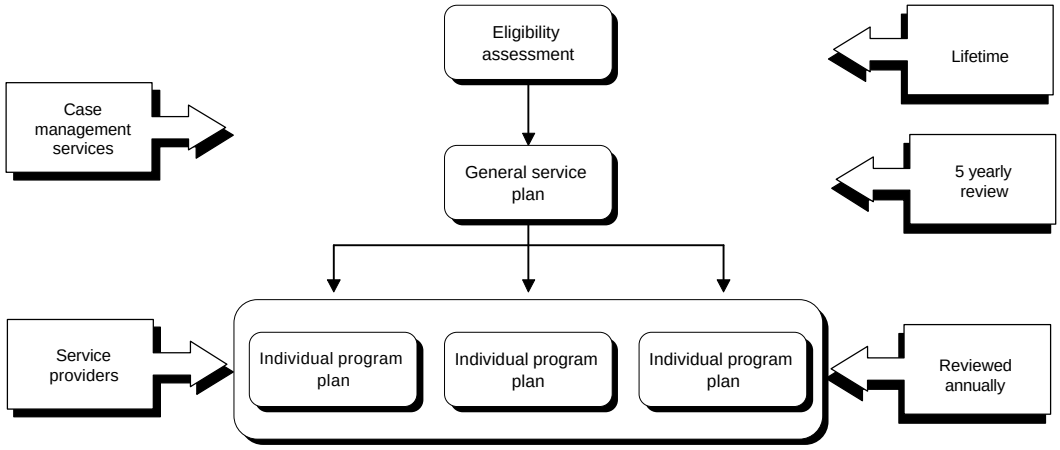
The Department will measure its performance in completing eligibility assessments. An initial target will be set to ensure a substantial improvement of the Department's performance from 1 January 2001. The performance of each Region will be monitored.

In the longer term, the way eligibility for services is determined needs to be examined in the context of developments that have occurred in the delivery of disability services as a whole. This may involve legislative reform. It is anticipated that the State DisAbility Services Plan will consider the legislative framework for disability services in Victoria.

CASE MANAGEMENT

4.8 The aim of case management is to assist people by planning, and facilitating access to services and support which meet their needs. Case management services are provided by the Department of Human Services and to a lesser extent by non-government agencies. The Department's case management teams also act as gatekeepers to the service system, as they determine the eligibility of individuals and act as the single access point for some specialist services. Our findings and recommendations relate only to the case management services provided by the Department. Chart 4B illustrates the role of case management within the continuum of individualised planning envisaged by the *Intellectually Disabled Persons' Services Act* 1986.

CHART 4B
ROLE OF CASE MANAGEMENT IN INDIVIDUALISED PLANNING



4.9 The Department's case management model focuses on providing case management in response to a specific request for assistance. Once all identified intervention strategies have been implemented cases are "closed" and clients are required to make a new request for assistance if the need resurfaces or a new need arises.

4.10 The emphasis on throughput is reinforced by a departmental performance indicator relating to the number of clients who are kept on a waiting list for case management services for more than 3 months. Performance against this indicator has improved over the past 2 years with a reduction in average waiting time for case management services from over 3 months to approximately two months. However, over 20 per cent of all clients on the waiting list for a case manager still wait for more than 3 months.

4.11 We observed that this approach to case management can be effective for people who have short-term or one-off needs. We also noted that where the Department maintains a longer-term involvement with clients who have continuous and complex needs, case managers can play a valuable role in co-ordinating the range of services required to support the client. Thirty-five per cent of clients have received case management services for periods of a year or more.

4.12 However, we found that there are substantial limitations in the effectiveness of case management services provided by the Department. These limitations relate to the Department's model of case management and its implementation. Specifically:

- Cases can be closed once all casework strategies have been implemented, even though the needs of clients have not been fully met;
- There is limited scope to work effectively with clients who have long-term but episodic needs, such as people who have both an intellectual and a psychiatric disability. Such people are likely to require higher levels of support and assistance at different times, and are at risk of continued or increased problems if they are not provided with timely and planned support;

- There is no process for identifying those clients who are at risk of returning to case management and monitoring their situations to prevent needs escalating. This includes clients whose needs have not been met even though case management intervention has been completed;
- Limited capacity exists to provide case management services to people with non-urgent needs, even where this could provide significant longer-term benefits by implementing strategies designed to prevent crisis situations from arising in the future;
- The level of unmet demand and waiting times (for eligibility assessments, case management, direct services or specialist services) create a risk that the needs of clients and carers will escalate before case management or other required services can be provided; and
- Clients are required to re-enter the case management system each time they need assistance, creating a level of inefficiency in "processing" each new request, establishing new relationships between case managers and clients, and loss of continuity for clients.

4.13 Departmental data shows that some clients are returning to case management services on a repeat basis, sometimes within a short time frame. In 1999-2000, almost 50 per cent of clients returning to the Department for case management services were people whose cases had been closed within the past 12 months.

4.14 Our observations suggest that, as well as previous clients presenting with new needs, these figures include clients who are returning to case management because their needs were not adequately addressed in previous episodes of case management, and clients whose new need should have been identified in previous case management work.

4.15 The level of unmet demand for case management services means that people requesting case management are likely to be placed on one or more waiting lists (such as short-term case management, long-term case management, specialist services) before receiving the assistance they require. The time spent by individual clients on waiting lists can be much greater than that indicated by data on waiting times, as some people will have been on more than one waiting list at different stages. This can have a cumulative effect of lengthy delays before clients obtain access to required support.

4.16 The nature of the model, together with the current levels of demand, delays in providing services, and the need to prioritise allocation of case management services has led to a situation where case management services provided by the Department are largely focused on dealing with crisis or urgent needs. There is less scope for preventative case management.

4.17 We **recommend** that the model of case management used by the Department be revised to better match the needs of people with an intellectual disability, including those at risk of returning regularly to case management because of their circumstances or personal characteristics.

RESPONSE *provided by Secretary, Department of Human Services*

Case management does not only involve planning, referral and co-ordination. It frequently involves providing practical assistance, counselling and support for the individual, family members or carers, conflict resolution and crisis management.

While it provides a gateway to some services such as supported accommodation and behaviour intervention, case management is not required for entry into other parts of the service system. Thus, people are able to access many services without receiving case management.

The Department provides case management as a voluntary, self-selected contact for people with a lifelong disability and their carers. Non-continuous episodes of case management may suit many service users who prefer self-management and need minimal intervention.

The Department's case management system operates as part of a complex and interactive service system. It often complements other services and can play a consultative rather than a primary role. Other service systems, such as mental health, or services already working with the client, such as outreach, can offer an effective and supportive response in certain situations.

Case management of itself cannot remedy shortages in other services. In some situations, for example where supported accommodation is sought, the appropriate response may be assessment of the individual's needs and their degree of urgency, placement on a service needs register and implementation of alternative supports. It is appropriate that, in some situations, cases are closed once all casework strategies have been implemented, even though all needs of the clients have not fully been met.

Demand for the Department's case management service exceeds its current capacity. Therefore, decisions have to be made to ensure that available resources are strategically allocated and meet critical demands. As noted in the Report, the average waiting time for case management over the past few years has reduced from more than 3 months to approximately 2 months. This reduction has largely occurred as a result of tighter targeting of case management resources. The Report has referred to unmet needs, e.g. by commenting on the fact that there is little scope for preventative case management. Not all the needs identified in the Report can be met with the resources available to undertake the function.

The Intake and Response Teams that have been established in recent years do currently address some of the issues raised in the Report, such as brief interventions, a more timely and "preventative" response and addressing non-urgent needs. The enhancement of resources in the Intake and Response Teams will increase their capacity to address these issues.

It is acknowledged that there should be greater emphasis on meeting the needs of those clients who do not benefit from short-term intervention and are at risk of returning regularly to case management because of their circumstances or personal characteristics. Return to case management may, in some instances, be associated with premature closure of cases or the lack of a monitoring phase. The Department plans to change its case management processes so that clients whose needs are assessed as being likely to change significantly or who have long-term but episodic needs are able to receive active monitoring and follow-up without a new request for assistance needing to be made.

Quality improvement strategies will be developed which will include instituting an extensive review of case management processes and standards, refining standards as a result of this, developing a practice quality audit tool which will cover several practice domains including case management, and conducting a practice quality audit of a sample of cases in each Region.

RESPONSE *provided by President, Intellectual Disability Review Panel*

The Act states:

> *The Secretary must ensure that an assessment of the eligibility of a person for services is undertaken within 30 days after receiving the request (s.7 (4)) (with provision for an extension of up to three months in certain circumstances) (s.7 (5)).*

The clear intention of Parliament was that someone wanting an assessment for eligibility was entitled to have one within a reasonable period of time. However, the audit found there are substantial delays of around 6 months before someone can have her or his eligibility for services assessed. This finding makes a mockery of the provisions of the Act and exposes a fundamental gap in the legislation.

Foremost of the Principles of the Act was to affirm that:

> *intellectually disabled persons have the same right as other members of the community to services which support a reasonable quality of life. (s.5 (a)).*

Section 5(l) of the Act gives the State of Victoria responsibility to ensure that all services are accountable for the extent to which the rights of intellectually disabled persons are advanced and service quality assured. Yet there are no provisions to enable service users or their representatives to seek redress when the rights provided under the Act are breached. Unlike most other members of the community who use services such as health, banking, utility, telecommunications etc., people who use disability services have no access to an independent external complaints mechanism. Most other service users have access to a Commissioner or Ombudsman who can investigate complaints and offer a complainant some form of redress if a complaint is found to be true. As identified in the Report the role of the Panel under the current legislation is limited to making recommendations about limited matters.

The Panel considers the Act should be amended to provide service users or those who represent their interests access to an independent external complaints mechanism that can investigate complaints and offer a complainant some form of redress, if a complaint is found to be true. Emphasis could be on conciliating complaints to promote an overall goal of service quality improvement.

Taking into account matters identified by the audit about families who may be reluctant to complain and service users who may not be able to complain (Note: 4,865 of all specialist service users are considered to have little or no effective communication. Victorian Services for People with Disabilities 1999 State of Victoria 2000), an effective external complaints mechanism should be able to initiate investigations and respond to anonymous complaints.

LONG-TERM PLANNING FOR INDIVIDUALS – GENERAL SERVICE PLANS

4.18 General Service Plans are the mechanism established by the *Intellectually Disabled Persons' Services Act* 1986 for long-term planning around individuals. The purpose of a General Service Plan is to identify major life areas where an individual requires support, and specify strategies to provide that support.

4.19 The Act requires that General Service Plans be prepared for any person using, or wishing to use certain types of services (including shared supported accommodation, institutional care and day programs), or upon request. It also requires that General Service Plans be reviewed at least annually for people living in institutions, 5-yearly for other people, and may be reviewed sooner if needed. General Service Plans are required to be prepared in consultation with the eligible person and their primary carers.

4.20 There are over 19 000 people with an intellectual disability in Victoria eligible for a General Service Plan; and approximately 12 000 of these people actually have one. The Department of Human Services is responsible for developing General Service Plans and, in 1999-2000, it prepared approximately 1 800 Plans.

4.21 In general, all case management clients have a General Service Plan, based on an assessment of needs and consultation with the client, their primary carers and others involved with the client. However, the effectiveness of General Service Plans for case management clients is reduced where:

- the General Service Plan is not prepared until after case management has occurred;
- delays in accessing case management mean that critical decisions about a person have been made before the General Service Plan is developed; and
- plans are constructed or reviewed in a way that allows goals to be recorded as having been achieved even though the needs of the person may not have been met.

4.22 The Department's current practice has moved significantly from the legislative intent, and, in some cases, statutory requirements, for General Service Plans. In particular:

- the integration of General Service Plans into the Department's model of case management means that General Service Plans are now focused more on strategies for meeting needs identified as part of an episode of case management, than on long-term life planning for all eligible persons;
- the Department has placed a higher priority on preparing General Service Plans for those clients with identified needs receiving case management, than for those who are receiving services but have not been recently referred to case management or have not requested assistance from the Department; and
- reviews of the continued appropriateness of General Service Plans for clients not receiving case management services are conducted only when clients request a General Service Plan review in response to a standard letter which notifies them that the review is due and can be undertaken on request.

4.23 As a consequence, General Service Plans of clients who have not had recent contact with case management services are likely to be substantially overdue for the statutory 5-yearly review, while General Service Plans of people receiving case management are reviewed more frequently.

4.24 The Department reports that these shifts in practice are a result of its dissatisfaction with earlier General Service Plan processes and changes in its case management model, as well as resource constraints.

4.25 The current system does not fulfil the intended purpose and benefits of a statutory life planning process for all people with an intellectual disability. In particular, the Department's capacity to support people with an intellectual disability and their carers in planning for their future needs, and to use General Service Plan information in forward planning for the system, is limited. People who are not receiving case management may not have access to any other mechanism for developing strategies to meet their overall needs.

4.26 We **recommend** that the Department review the assessment and planning processes that are currently prescribed in the *Intellectually Disabled Persons' Services Act* 1986. In addition, General Service Plans of all clients who have them should be reviewed regularly. The Department should adopt a risk-based approach to the frequency and extensiveness of General Service Plan reviews which gives the greatest attention to those people whose characteristics or circumstances suggest that, without early intervention and life planning, they may require crisis intervention later.

RESPONSE *provided by Secretary, Department of Human Services*

The Department will examine its General Service Plan (GSP) Review process to ensure that it is in accordance with statutory requirements.

The Department will implement the Report's recommendation that the effort of actively reviewing GSPs should be more intense for those people whose characteristics and circumstances suggest that, without early intervention and planning, they may be at risk of requiring crisis intervention later. This may involve a re-allocation of resources between those clients who need a more intense form of GSP review and those who do not.

In implementing the recommendation, the Department will continue to balance the use of its limited case management resources between planning and implementing activities.

Quality improvement strategies will be developed which will include reviewing and, where necessary, refining practice standards for GSPs, developing a practice quality audit tool which will cover several practice domains related to planning for individuals including GSPs, and conducting of a practice quality audit and a sample of cases in each Region.

The Department's view is that the assessment and planning processes that are currently prescribed in the Intellectually Disabled Persons' Services Act 1986 are in need of review given significant policy and practice development that have occurred over the last decade. It is anticipated that the State DisAbility Services Plan will consider the legislative framework for disability services in Victoria.

RESPONSE *provided by President, Intellectual Disability Review Panel*

The Report identifies significant weaknesses in the existing system to do with General Service Plans and Individual Program Plans. The existing provisions in the Act were originally supplemented by regulations setting out the content to be covered by the Plans. The regulations were later revoked. While Plans cannot ever be enforceable as contracts the Panel considers amendment to the legislation could strengthen the provisions and make the Plans more effective as tools to deliver quality services to people consistent with the principles of the Act.

The Panel considers one way to make General Service Plans more effective would be to frame them along the lines of Action Plans set out in the Disability Discrimination Act 1992 (Commonwealth). Under that Act, Action Plans are negotiated with key stakeholders taking into account appropriate allocation of resources over time. Adherence to a registered Action Plan works as an automatic defence to any complaint.

INDIVIDUAL PROGRAM PLANNING

4.27 Under the *Intellectually Disabled Persons' Services Act* 1986, agencies providing services to people with an intellectual disability are required to develop and regularly review an Individual Program Plan for each person using their service. The Act requires this review to be conducted in consultation with the person with an intellectual disability and their primary carers. The purpose of Individual Program Planning is to ensure that service providers identify activities and methods to assist clients achieve the goals identified in their General Service Plan, and provide structured support and opportunities for each client. Individual Program Plans are an important mechanism for promoting key principles of the Act, and can be used to assess outcomes for individual clients, and the quality and effectiveness of service providers.

4.28 In most services we visited, clients had an Individual Program Plan in place. However, in some of these services the Individual Program Plans had not been reviewed for several years.

4.29 The quality of Individual Program Plans, and the processes for developing and reviewing them, varied. Overall, they were not of a standard adequate to meet the legislative intent. Common problems noted in our visits were:

- absence of objectives and strategies for promoting the development and community integration of clients;
- plans written in a way that did not allow progress on developmental objectives to be assessed;
- plans that did not address identified needs of clients, nor reflect a personalised approach;
- lack of documentation of progress and poor processes for reviewing plans; and
- absence of a link with broader goals established in General Service Plans for each client, often because a current General Service Plan for the client was not held by the service provider.

4.30 We believe there is also scope for promoting an improved level of participation of clients and family members in the development and review of Individual Program Plans. The use of advocates, where clients cannot advocate for themselves or have no family to do so, is limited. Very few providers we spoke to had attempted to obtain advocates for such clients and none reported having obtained one. All reported a scarcity of advocacy programs. Responsibility for funding advocacy programs is shared by the Commonwealth and the State.

4.31 Poor practices in developing and reviewing Individual Program Plans and the poor content of some plans reduces the prospect of a consistent approach by all service provider staff in promoting the development of individual clients, and the capacity to monitor both service responsiveness and client progress.

4.32 We **recommend** that the Department establish quality improvement strategies to support providers in establishing Individual Program Planning practices as an integral and effective part of the service delivery process.

RESPONSE *provided by Secretary, Department of Human Services*

The Department will establish quality improvement strategies to support providers in ensuring that Individual Program Planning (IPP) practices are an integral and effective part of the service delivery process.

The Department will adopt a partnership approach with the non-government sector to develop quality improvement strategies which will include reviewing and refining practice standards for IPPs, developing a resource kit for IPPs, developing a practice quality audit tool which will cover several practice domains including IPP, and conducting a practice quality audit of a sample of IPPs from agencies in each Region

Particular attention will be given to the issues raised in relation to IPPs in the Report. The participation of clients and family members in the development and review of IPPs and the use of advocates, where appropriate, will receive specific attention in the review of practice standards. In addition, a collaborative approach to IPP planning between accommodation and day program service providers will be encouraged to ensure integrated planning for people with an intellectual disability.

The Department is aware of many examples of good practice in individual program planning that it will seek to formally recognise and promote.

SAFEGUARDING INDIVIDUAL RIGHTS

4.33 A framework of legislative and administrative provisions designed to protect the rights of people with an intellectual disability exists. We have focused on those aspects of the framework that deal with the rights of people with an intellectual disability to liberty, safety, and natural justice in terms of decision-making regarding their lives. In each of these areas, we examined whether the framework was adequate to protect the rights of people with an intellectual disability and whether the provisions are implemented effectively.

Liberty

4.34 An individual's right to liberty is threatened when they are restrained or secluded. The *Intellectually Disabled Persons' Services Act* 1986 outlines certain conditions and circumstances under which the restraint (typically involving the use of prescribed medication with the primary aim of modifying or controlling a person's behaviour) and seclusion of people with an intellectual disability is permitted. These legislative provisions require that restraint and seclusion can only be used if the strategy is documented in the person's Individual Program Plan and has been approved by an officer authorised by the Department of Human Services to approve and report on the use of restraint and seclusion ("Authorised Program Officer"). Authorised Program Officers are required to provide monthly reports to the Intellectual Disability Review Panel detailing instances where restraint or seclusion has been used. A person with an intellectual disability can seek a review by the Panel of a decision to seclude or restrain them.

4.35 We found that service providers generally complied with the provisions of the Act in respect of the use and reporting of restraint and seclusion, except where they were not aware of the requirements or their applicability. However, we observed that issues in the implementation of the statutory provisions meant that, despite technical compliance, the rights of individuals were not always adequately protected. Particular practices that create this risk include:

- Senior staff in some non-government services acting as Authorised Program Officers without formal authorisation of the Department. In these circumstances, the Department cannot be assured that the use of restraint and seclusion is approved by people who have an adequate understanding of behaviour management strategies;
- There is variation in the levels of information and justification required by Authorised Program Officers before they are prepared to approve the use of restraint and seclusion;
- Regular renewal of Individual Program Plans specifying the use of restraint and seclusion, and the accompanying formal approvals, with little evidence of formal review of the effectiveness or continued appropriateness of the strategy, an absence of consultation with family members and in some cases, little evidence of a review of the Individual Program Plan itself;
- A lack of awareness by service providers of their obligations to seek approval for, or report the use of, restraint and seclusion (2 service providers we visited were not aware of these obligations); and
- Failure to advise clients or their families of their rights to seek an independent review of the decision to use restraint and seclusion. Even if advised, clients in particular, can face difficulties in pursuing the right to have a decision reviewed.

4.36 Our fieldwork also highlighted some gaps in the framework itself:

- The Act provides statutory authorisation (and protection) to service providers and staff for the use of restraint and seclusion, without the need for consent from the person with a disability or a legally appointed guardian. By comparison, in New South Wales the absence of statutory authorisation for the use of restraint and seclusion in respect of people with an intellectual disability means that consent for such action must be obtained from a legally appointed guardian who has been given specific powers by an independent tribunal. This ensures that a person independent of the service provider, and who is required to act in the best interests of the individual client, is responsible for reviewing and consenting to proposals to use restraint or seclusion;
- The safeguards offered by the provisions of the Act cover eligible persons only while in government and non-government service settings specified in the Act. This can lead to a situation where an individual is protected while living in a service for people with an intellectual disability, but if moved to another setting such as a nursing home, may no longer be entitled to the same protection (we observed an example of this in our fieldwork);
- The statutory definitions, and accompanying approval and reporting mechanisms, for “seclusion” and “restraint” do not cover all forms of these restrictive practices, such as physical restraint or when a person has been placed in a room or other area in such a way that they are unable to leave;

- There is no limit to the amount of time that a person can be placed in seclusion, and the conditions under which seclusion can be used are much broader than those permissible for the use of restraint; and
- Although the use of restraint and seclusion must be reported to the Intellectual Disability Review Panel on a monthly basis, there is not a clear legislative mandate for the Panel to monitor or act on reports received.

4.37 The Department has recently taken steps to clarify the coverage of the safeguards in the Act across funded disability services. Advice has been provided to service providers to re-emphasise their obligations under the Act. We conclude that there are some weaknesses and gaps in the framework for protecting people's right to liberty, as well as problems in the implementation of the statutory requirements. Together, these mean that the intention of the Act that the rights of people with an intellectual disability be safeguarded, is not always realised.

Safety

4.38 The safety of people with an intellectual disability depends on the adequacy of procedures established by service providers for dealing with the prevention and detection of abuse or neglect, the management of medication, fire safety, and the management and reporting of incidents which may have safety implications.

4.39 The Department has 2 policies on responding to abuse and neglect of people with an intellectual disability – a Departmental Instruction on reporting allegations of physical and sexual assault to the police, and guidelines for disciplinary inquiries where allegations are made against staff. These policies only apply to clients of services provided by the Department and departmental staff. Only one of the 12 non-government service providers we visited had a specific policy on abuse and neglect, while others referred to reporting abuse and neglect in the context of other policies such as incident reporting or duty of care. Our fieldwork revealed a general absence of policies and procedures specifically dealing with preventing, identifying and responding to possible abuse and neglect.

4.40 The absence of clear procedures and strong reinforcement by management can lead to insufficient attention being given to indications of possible abuse. We observed the most common response was to record them in case notes or in an incident report. There was little evidence that such matters were then externally reported, investigated further, or triggered preventative action. We noted a small number of such matters during our field visits. In one such case where the matter raised significant concerns about the immediate welfare of the client we reported the concern to departmental management. In other cases, we discussed the matter with service management in terms of the adequacy of their procedures and response.

4.41 In contrast, we found that the majority of service providers had established policies and procedures for the administration, recording and management of client medication. However, in some services, there were weaknesses in practices such as not keeping medication in locked cabinets, and not regularly "reconciling" medication used against medication recorded as administered. Such practices represent a risk to the safety of clients.

4.42 Similarly, most providers we visited had established adequate fire safety procedures including evacuation plans and regular evacuation drills, although these varied in frequency from monthly, to every 2–4 months. Some accommodation services also systematically assessed the fire risks associated with the behaviour and fire safety skills of each client.

4.43 The Department has a mandatory incident reporting system that covers its own direct services and those it funds. The procedures are designed to enable an effective response to, and departmental monitoring of, incidents affecting clients and/or staff. The procedures require that all incidents which have an actual or potential impact on the safety of clients or staff are recorded, and action in response to the incident (including action to prevent a future recurrence) noted. Incidents are required to be classified into one of 3 categories reflecting the seriousness of the incident. Reports of incidents in the more serious categories (1 and 2) have to be provided to the Department, while reports of the least serious incidents (category 3) are retained by the service provider. The overall framework for incident reporting is appropriate, however, inconsistent implementation by service providers and poor monitoring by the Department reduces its effectiveness in protecting the safety of clients and staff.

4.44 We found that the majority of providers were aware of, and were using, the incident reporting procedures issued by the Department. However, we observed the following problems in their implementation:

- More than half the providers we visited consistently under-classified the seriousness of incidents from category 2 to category 3, and so did not report these to the Department. Examples included incidents involving attempted or actual assault by clients on other clients or staff members;
- A few providers were not reporting incidents to the Department in accordance with the procedures;
- Many providers did not consistently record and implement action needed to prevent future occurrence of the incident being reported, with consequent loss of opportunity to learn from critical incidents and take corrective action;
- Not all service providers collated information from incident reports to analyse trends or patterns in incidents; and
- Although some of the regional offices of the Department maintain databases of reported incidents, this information is not used to systematically monitor issues at service provider or client level.

4.45 We conclude that some risks to the safety of clients remain. We **recommend** that the Department, in consultation with service providers, strengthen procedures in relation to the reporting and monitoring of incidents and the identification and response to indicators of possible abuse and neglect.

Decision-making and advocacy

4.46 The right to natural justice is promoted by mechanisms which enable clients to participate in decisions about themselves and their lives, to have those decisions reviewed if they disagree with them, to make a complaint, and to have access to advocacy to support them in any of these activities. The Act specifies only one provision in this area: certain decisions can be reviewed, upon application, by the Department, or by the Panel.

4.47 The legislative framework limits the range of Departmental and service provider decisions for which a review can be requested, and limits the Panel to making recommendations to the Department about decisions it has reviewed – it cannot substitute its own decision for the original one. Our fieldwork highlighted that the scope for reviewing decisions is limited to the service context. So, for example, the Panel cannot review decisions to admit eligible persons to institutions such as nursing homes, hostels or psychiatric facilities, because these facilities are not specified in the Act.

4.48 The adequacy of other elements of the framework to protect clients' rights in relation to decisions made on their behalf varies from service provider to service provider and from region to region. While all providers we visited had complaints and grievance procedures, not all had mechanisms in place to facilitate client participation in decisions about service delivery, weekly routines or service management. Only one provider we visited had a policy on the use of independent advocates to support clients. The absence of advocacy arrangements is of most concern where clients have no family members or other significant people who can assist in representing their interests.

4.49 The limitations in the framework for protecting the rights of people with an intellectual disability in relation to decisions made on their behalf are compounded by poor practices by some service providers. We found that the Department had established clear processes for advising people about their right to request a review of some decisions such as those relating to eligibility under the Act and the content of a General Service Plan. However, processes were not so clear for advising clients of their rights to seek a review of decisions to use restraint and seclusion, or to admit a person to a residential institution. We saw little evidence of people being informed of their rights in such situations.

4.50 Even if people with an intellectual disability are formally advised of the right to have certain decisions reviewed, few are able to pursue this right without assistance. Clients with no family involvement and no guardian or advocate may not be in a position to exercise their rights and in such circumstances the safeguards established by the legislation may not operate effectively.

Effectiveness of the Intellectual Disability Review Panel

4.51 The role of the Intellectual Disability Review Panel is an important one in protecting the rights of people with an intellectual disability. The Panel comprises a part-time President and up to 30 sessional members who sit for hearings. It is supported by 1.6 equivalent full-time staff.

4.52 The Panel reviews decisions of the Department when requested to do so by clients or their carers. In 1999-2000, it received 145 inquiries, 14 applications for review and completed 3 hearings. By way of context, potentially reviewable decisions made by the Department are not specifically tracked, but over 2 500 potentially reviewable decisions were made in 1999-2000 on General Service Plans and eligibility assessments alone. (These are only 2 of the 7 types of reviewable decisions made by the Department.)

4.53 The number of inquiries and applications received has been declining over the past 4 years. The low level of inquiries, from our observations, is partly a function of the limited awareness of clients, family members and some service provider staff about the role of the Panel in reviewing decisions. Based on our interviews with families, there is also some reluctance to complain. Families most likely to be familiar with the Panel are those who have recently been involved with case management services, as a brochure about the Panel is provided with copies of letters about eligibility decisions and with General Service Plans. We saw no evidence of a process for informing family members of people in shared supported accommodation or day programs about the Panel's role in reviewing decisions about using restraint or seclusion, or admitting people into residential institutions.

4.54 A decision to use restraint or seclusion is reviewable by the Panel, but the Panel receives few applications to review such decisions. The Panel receives regular information, submitted by Authorised Program Officers, about the use of restraint and seclusion. However, the Panel is limited in its capacity to analyse and use the information received for the following reasons:

- limited staff resources;
- monthly reports regarding the use of restraint and seclusion do not always include the required information; and
- problems with the capability of the Panel's information systems to facilitate efficient entry, retrieval and analysis of reports on the use of restraint and seclusion.

4.55 In the past, the Panel took an active role in monitoring and investigating the use of restraint and seclusion, including visits to services. This practice ceased in 1993 when funding to the Panel was reduced and staff numbers were cut from 7 to 2.

4.56 We conclude that the independent review role envisaged in the Act for the Panel has not been effectively implemented because of:

- limited awareness by clients and carers of a client's right to a review, leading to few decisions being referred to the Panel; and
- a lack of pro-active review, analysis and action by the Panel in relation to its monitoring of restraint and seclusion.

4.57 The current President, appointed in January 2000, has introduced initiatives that may address some of these difficulties. These include the re-allocation of resources to address delays in data entry, analysis of reports on restraint and seclusion to inform the development of a regional education program, a program of monthly regional visits and responding to requests about education sessions.

4.58 Limited resources have contributed to the Panel's level of activity. In this respect we also have a concern about the way the Intellectual Disability Review Panel is funded and the impact on its independence, and the public's perception of its independence. The Panel is funded through the Department, whose decisions it was established to review. The responsibility for funding the Panel lies with the Portfolio Services Division of the Department, which is separate from the DisAbility Services Division. This is consistent with funding arrangements established for some other statutory review bodies such as the Mental Health Review Board. Such arrangements provide some degree of independence, although the DisAbility Services Division is still involved in negotiations on funding the Panel. In our view, this presents a risk of potential conflicts of interest for the Department when making decisions about funding the Panel, and for the Panel when independently reviewing the decisions of its funding body.

4.59 We **recommend** that the Department's review of legislation consider options for strengthening and clarifying the statutory provisions relating to restraint and seclusion, the monitoring role of the Panel, and the scope of reviewable decisions. We also recommend that there be mechanisms to support the operation of the protective framework, particularly mechanisms that can better enable people with an intellectual disability to exercise their rights to participate in decisions being made about them, and to make a complaint or have decisions reviewed where they are dissatisfied.

RESPONSE *provided by Secretary, Department of Human Services*

The Department will ensure that the issues in the implementation of statutory provisions in relation to restraint and seclusion are addressed by practice monitoring and quality assurance mechanisms. The Department will ensure that processes are in place so that all Authorised Program Officers are formally authorised, have adequate skills and follow consistent decision-making processes.

The Department supports the need to consider options for strengthening and clarifying provisions relating to restraint and seclusion, the monitoring role of the Intellectual Disability Review Panel and the scope of reviewable decisions. It is considered that these matters need to be considered in the context of a broader review of disability legislation and the strengthening of external review mechanisms to be available to all persons with a disability.

As noted in the Report, the Department has a mandatory incident reporting system that covers its own direct services and those it funds. The Department's Critical Incident Reporting System is being comprehensively reviewed. The definitions of categories of incidents will be refined in the context of current policy and practice requirements. A revised incident reporting departmental instruction will be issued to all disability services and the Department will work with the non-government sector to ensure effective implementation. This will enable consistent implementation by service providers and involve ongoing monitoring by the Department to increase its effectiveness in protecting the safety of clients and staff.

The Department considers that it has in place effective policies and procedures to respond to instances of abuse and neglect. The Critical Incident Reporting process, the departmental policy on reporting allegations of physical and sexual abuse to police, and the inclusion of a specific standard in the Victorian Standards for Disability Services have led to a strong and rigorous focus. These policies and procedures are applicable to both government and non-government services. In addition, an agency monitoring framework is currently being considered to enable an independent review of services where required.

RESPONSE *provided by President, Intellectual Disability Review Panel*

The Panel supports the findings of the audit in relation to issues around safeguarding individual rights. The Panel considers a significant flaw in the existing legislative framework, touched on by the Report is a failure to address issues around consent and the presumption in the Act of "voluntariness". The Act fails to address the distinction between:

- *those people who pose no risk to themselves or others but who are considered to be unable to effectively communicate their desires or express their preferences;*
- *those who require some form of restriction of liberty or compulsion to receive services including those who can communicate what they want but who are considered to be unable to make informed choices "in their own best interests"; and*
- *those who can communicate what they want and make informed choices about the services they receive.*

All groups of service users need both empowerment to assert their rights to quality services and protection from abuse, but special issues arise for members of the first two groups of service users.

Considering issues for people who pose no risk to themselves or others but are considered to be unable to effectively communicate their desires or express their preferences: Compared with those in other categories, the people in this category clearly have greater reliance on substitute decision-makers to participate on their behalf in informed decision-making or to complain about poor quality services. You cannot participate or complain if others think you cannot communicate. As stated above, the Report identifies legitimate reasons why family members or advocates may not complain. (See paras 4.48 and 4.53). While family members are given a role in developing Service Plans, there is no formal process within the current Act for appointing a substitute decision-maker who:

- *Is accountable for the decisions he or she makes;*
- *Has authority to make decisions and complain on behalf of a person who is considered to be unable to express his or her preferences; and*
- *is free from any conflict of interest with regard to the promotion of the rights and the best interests of the person who has an intellectual disability (Note: The Guardianship and Administration Act 1986 does have a mechanism for appointing a guardian to make substituted decisions on behalf of someone who has a disability. However, the Panel understands that the Guardianship List does not generally inquire into the decisions made by guardians or make them account for the quality of decision-making. Furthermore, the List is generally reluctant to appoint a guardian unless there is significant conflict among family members, and / or providers or where a person who has a disability requires some form of compulsion in the way services are delivered. This practice can be partly explained by the limited resources attached to the Office of the Public Advocate who acts as the source of "public guardians").*

The Panel considers legislation should be amended to provide a process for ensuring those who pose no risk to themselves or others but are considered unable to effectively communicate have access to a substitute decision-maker who is free from any conflict of interest. One option to achieve this may be to have certain decisions of the Department that affect basic rights, such as the content of a statutory service plan, automatically reviewed by an independent external body such as a re-vamped Panel. Alternatively, or in conjunction with an extended role for an external independent body, it may be appropriate to have regular independent auditing of service plans.

RESPONSE *provided by President, Intellectual Disability Review Panel - continued*

Considering issues for those who require some form of restriction of liberty or compulsion to receive services, including those who can communicate what they want but who are considered to be unable to make informed choices "in their own best interests": Service users in this category are currently not explicitly provided for in the Act. While there is no way of knowing precisely how many current service users fall into this category the Panel has grave concerns for their fundamental human rights. The provisions to do with restraint and seclusion may cover many, but not all. As identified in the Report these provisions are inadequate to safeguard the liberty interests of service users, and require urgent review. The Panel is aware that some service users in this category have guardians who "consent" on behalf of the person to restrictions on his or her liberty. The Panel considers this to be an inappropriate use of guardianship legislation.

The Panel considers legislation should be amended to make sure that any decision that operates to restrict the liberty of a person who has an intellectual disability is made by or automatically and speedily reviewed by an independent judicial or quasi-judicial body. Where any restriction of liberty is independently sanctioned, service users should have access to an appeal mechanism and the restriction should be regularly, independently reviewed (Note: An appropriate quasi-judicial model could be based on the Mental Health Review Board.).

Part 5

Providing resources for services

RESOURCE ALLOCATION TO REGIONS

5.1 This Part of the Report examines how the Department of Human Services funds services. The majority of services (70 per cent) are funded through the Department's 9 regions. The Part focuses on the services involving greatest expenditure – shared supported accommodation and day programs. The manner in which the Department allocates funds, and how it seeks to redress historic imbalances in funding between regions, is our starting point.

5.2 The current distribution of intellectual disability services is a result of a long history of developments by government and many non-government agencies. With the emphasis now on providing community-based services close to home, the current distribution is not consistent with the long-term potential demand for services in some regions.

5.3 The *Intellectually Disabled Persons' Services Act* 1986 requires the State of Victoria to plan, fund and ensure the provision of services across the State. In seeking to meet this responsibility, the Department has developed a means to redress recognised imbalances in the allocation of resources to regions, using a "regional equity" adjustment in the annual budget process.

5.4 Each year, the Department allocates resources to regions to maintain current levels of service and to fund new initiatives. The Regional Equity Formula calculates notional "equity shares" of the total budget for each region using information on regional characteristics in terms of population, socio-economic factors, rurality and Aboriginality. The Department then allocates new funding in proportion to those equity shares.

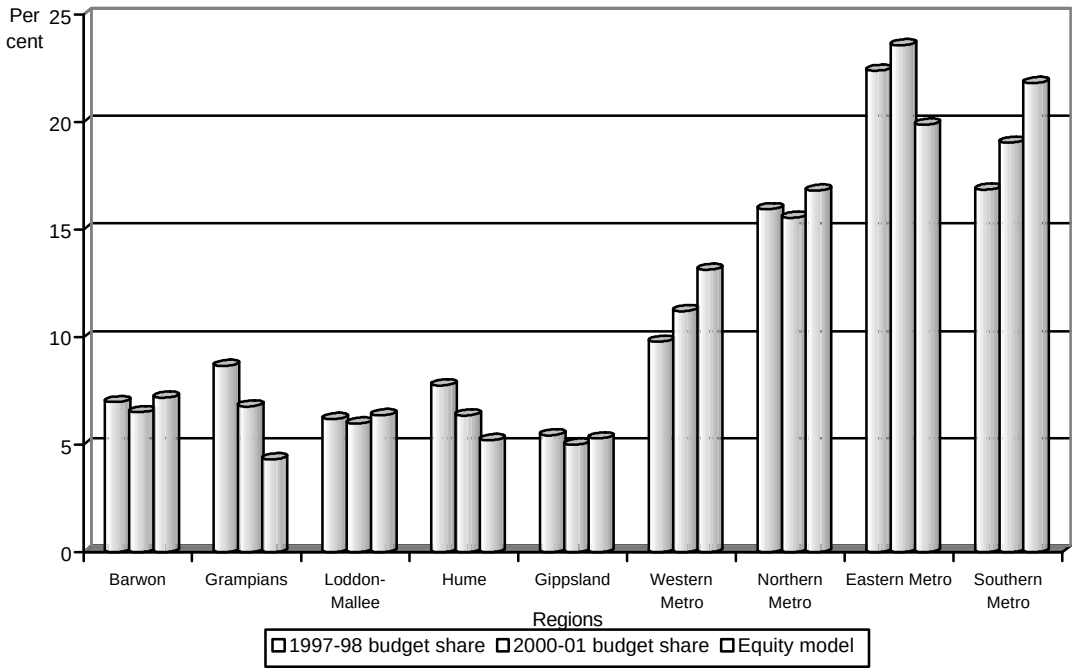
5.5 The general design of the formula provides a stable and transparent mechanism for long-term adjustment. The Department has recently completed a review designed to improve the socio-economic component of the model. If the recommendations arising from this review are implemented, this component of the model will be enhanced.

5.6 The distribution of resources for new initiatives has generally corresponded to each region's equity share in the 3 years since the formula was introduced. However, the impact of the regional equity adjustment process has been limited because:

- it operates only on new initiative funding which has been between 2 and 6 per cent of the total budget in recent years;
- it allocates new resources across all regions rather than concentrating new funding only in those regions whose current share of resources is below that indicated as their ideal share by the equity formula; and
- other influences on recurrent budgets (such as the need to fund pay award adjustments) have had a greater differential impact on each region's total budget.

5.7 Indeed, the latter has seen some regions' total budgets move further away from long-run "equity share" over the last 3 years despite the formula, while others have moved closer, faster, as Table 5A indicates.

TABLE 5A
PROGRESS TOWARDS REGIONAL EQUITY TARGETS



Source: Audit analysis of 2000-01 Regional Service Agreements.

5.8 We estimate, based on the formula's recent application, it will take 60 years to complete the adjustment to full equity across regions for the service type with the greatest expenditure – shared supported accommodation. To increase the speed of adjustment, we **recommend** that the Department allocate higher proportions of new initiatives funding to regions whose budgets are substantially below equity share. In making this allocation, the Department should take into account the extent to which the costs of delivering services in particular regions are affected by the mix of government and non-government service provision, whether the region is rural or metropolitan and the need to provide culturally sensitive and appropriate services. Further examination of the nature and extent of such cost differences should be undertaken by the Department.

RESPONSE *provided by Secretary, Department of Human Services*

The Department notes the Report's comment that the general design of the Regional Equity Formula provides a stable and transparent mechanism for long-term adjustment.

The material provided in the Report indicates that the Department has made significant progress in achieving a more equitable distribution of resources across Regions. However, the fact that many services are provided to specific clients over a significant period of time prevents a rapid resolution to this issue. In addition, the equity formula does not and cannot appropriately apply to some budget allocations, for example redevelopment of institutions, changes in staff salary awards, and Futures for Young Adults allocations.

The Department disagrees with the Report's estimation that it would take 60 years to complete the adjustment to full equity across Regions for shared supported accommodation. However, the allocation of a higher proportion of new initiatives funding to Regions where budgets are substantially below the equity share will be considered. The importance of all Regions being able to introduce and consolidate new service initiatives and address needs of new clients are constraining factors in relation to this consideration, particularly given the extent of unmet demand.

RESOURCE ALLOCATION FOR SHARED SUPPORTED ACCOMMODATION

5.9 Shared supported accommodation receives 60 per cent of total funding allocated to regions for disability services. People with an intellectual disability represent over 70 per cent of clients receiving this service.

5.10 Shared supported accommodation is provided in equal proportion by government and non-government services both of which operate under similar standards and obligations. Government and non-government services have:

- the same output targets and performance measures; and
- the same service quality requirements (that is to meet the Victorian Standards for Disability Services).

5.11 Government and non-government services also operate under a common system for allocating clients to vacancies on the basis of priority. From our observations, this "vacancy management" system works well, ensuring that when vacancies do arise, they are allocated in an equitable way. This is important given the high level of unmet demand for accommodation and the long-term commitment involved in the provision of accommodation services.

5.12 However, shared supported accommodation services in the 2 sectors are funded differently. Government services are funded from each region's global budget based on the cost of the staff assigned to each house, (which typically represent 90 per cent of costs) plus operating costs such as maintenance and supplies. Non-government services are funded based on a decision regarding the total number of staff hours needed to support the particular clients in each house, plus an allowance for operating costs and administration. The Department estimates the number of hours required at each non-government house and funds each service based on these hours using a fixed funding rate per hour Statewide. This is known as "unit cost" funding.

5.13 On average, funding per client in government shared supported accommodation services is higher than in non-government services. Our examination of the causes of this difference, suggest that 2 factors are principally responsible:

- Clients in government shared supported accommodation have higher support needs on average than those in non-government services. For example, in a 1999 survey, twice as many government service clients needed "continual support" in their self-care activities as those in the non-government sector; and
- Pay awards for staff employed in government services cost more than awards for staff in non-government services. The differential has been reduced in recent years but still amounts to approximately 16 per cent. This means that the Department pays a higher price for services it operates itself, other things being equal, than it may do if those services were provided by the non-government sector.

5.14 The unit cost funding approach for non-government services provides a more consistent mechanism for allocating resources to houses than previous funding arrangements which paid agencies a recurrent sum each year (adjusted for inflation) that was not directly related to the number of clients or the hours staff worked. However, the effectiveness of this approach depends on an accurate assessment of the hours required to meet client support and development needs, and appropriate rostering of those hours. We found the following weaknesses in these areas:

- The assessment of client needs has been based on past experience and professional judgement rather than on an assessment tool consistently applied to current residents;
- The translation of these perceived client needs into hours of staff support has been derived from rosters that are not explicitly based on the provision of services which are compliant with the client support provision principles of the Act and the Victorian Disability Service Standards;
- Houses do not always roster staff in a way that matches the needs of clients. Two of the 6 agencies we visited had houses where the rostering of staff on weekends was limited to a level which allowed no more than basic care, rather than the provision of developmental support envisaged by the Act; and
- There were variations in funding for non-government shared supported accommodation houses that were not clearly related to indicators of client needs. Table 5B provides an example of this.

TABLE 5B
CLIENT SUPPORT NEEDS AND FUNDING AT SAMPLE NON-GOVERNMENT SHARED SUPPORTED ACCOMMODATION SERVICES

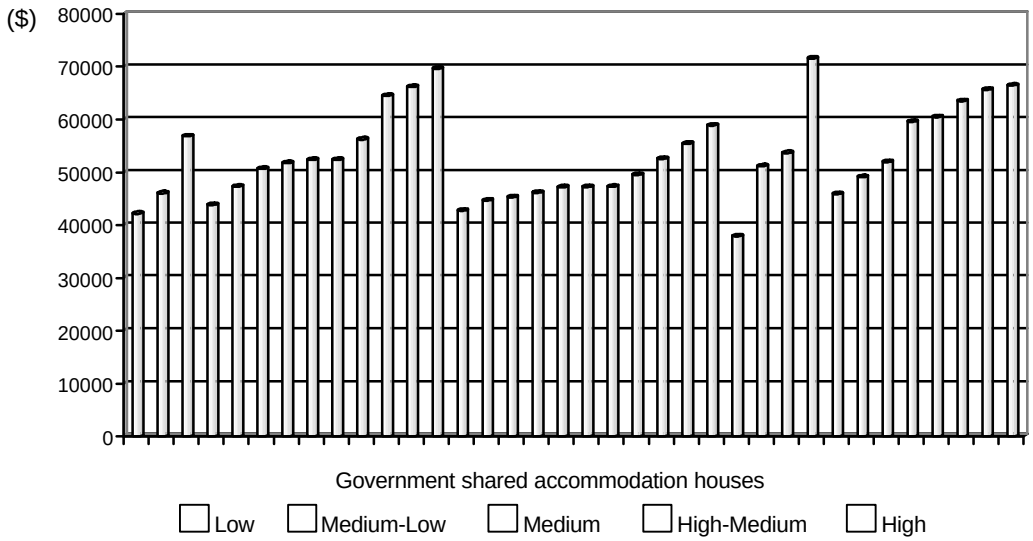
	House A (a)	*House B (a)*	*House C (a)*
Number of clients	5	5	7
Management estimate of client needs	Low–Medium	Medium–High	Medium–High
Funding 1999-2000	$229 112	$162 221	$228 624
Funding per client	$45 822	$32 444	$32 660

(a) Houses A and B are services funded predominantly per hour. House C is a long-established house funded under a different model, per day rather than per hour. Caution needs to be taken in any comparisons with House C because of the different models operating.

Source: Audit fieldwork.

5.15 We have similar concerns about the lack of a standard method for assessing client needs as a basis for setting staffing levels and for adjusting funding as needs change in respect of government shared supported accommodation services. We found wide variation in funding per client that was not explained by current indicators of need. Table 5C illustrates this point with information from one region. The Table shows average funding per client in 36 shared supported accommodation houses managed by the Department in one region, together with an assessment by regional management of the level of support needs of the clients in each house.

TABLE 5C
ASSESSMENT OF CLIENT NEED AND RELATED FUNDING IN ONE REGION



Source: Department of Human Services.

5.16 The Department has issued a rostering tool and best practice guidelines to promote efficiency in government accommodation service rosters. From the services we visited, this appears to have produced more consistent and client-focused rosters, within current resource levels, than in the non-government services we sampled. However, as Table 5C suggests there may still be variations in staffing levels, which are not directly related to variations in the needs of clients.

5.17 Together, these variations lead us to conclude that the Department cannot be assured that current resource allocation processes for shared supported accommodation are always delivering services for clients on the basis of relative need. Nor do they allow the expectations of the Act and the Victorian Standards for Disability Services regarding opportunities for all clients to develop and maintain skills, and participate in the community to be met.

5.18 We support the Department's current efforts to develop a more consistent and rigorous approach to assessing client needs, and hence funding, in shared supported accommodation. We **recommend** that, once established, its implementation be linked to funding levels that are based on a more explicit analysis of staffing needed to meet the levels of care and development required by the legislation and Standards.

5.19 We also **recommend** that the Department consider how service providers in the non-government sector can improve their rostering effectiveness. For example, through the application of rostering best practice guidelines like those used in the government sector, and through closer monitoring by regional staff of rosters in operation.

RESPONSE *provided by Secretary, Department of Human Services*

The allocation of resources for individual shared supported accommodation services has been based on management assessment of resident need. A complex range of factors contributes to funding allocation for each service. These include particular needs of residents, the mix of residents, and whether residents are attending day programs or not. In addition, factors such as staffing profiles and salary levels will impact on funding allocations.

The Department notes the support of the Report for the development of a more consistent and rigorous approach to assessing client needs. The potential role of the Support Needs Assessment (SNA) version 4 to support resource allocation for shared supported accommodation will be examined.

The Department will consider, in consultation with the sector, how non-government accommodation services can improve rostering effectiveness.

RESOURCE ALLOCATION TO DAY PROGRAMS

5.20 Day programs are mostly operated by the non-government sector. Since 1994, their funding has been based on a detailed assessment of clients' needs. Each client is assessed using a survey tool called the Support Needs Assessment. The assessment puts each client into one of 6 categories for funding purposes. The day program is paid a fixed amount for each client depending on the particular category.

5.21 The development of this tool was initiated by the former Department of Health and Community Services in 1992 with a view to removing historical inequities in funding. We support the use of such assessment tools to provide a more consistent approach to assessing client needs, and linking that to funding. However, 3 issues need to be addressed to ensure the effectiveness of the process:

- *There is a risk of inconsistency in the inputs to the assessment, and therefore the outcomes.* Case managers complete the Support Need Assessment for each client, in conjunction with someone who knows the client well. Case managers interviewed as part of the audit commented on the different interpretations possible under the current definitions used in the assessment, despite the training and guidelines provided. There appears to be no internal quality control on the current assessment inputs, apart from checks on completeness of individual scoresheets before processing. We **recommend** the introduction of reliability testing in respect of assessment inputs and clarification of definitions to remove potential for misinterpretation;

- *There is a lack of confidence among practitioners in the tool's ability to represent both support and development needs.* We support recent initiatives by the Department of Human Services to seek independent confirmation of the validity of the latest version (Version 4) of the tool. The reviews have confirmed the appropriateness of the statistical methods used in its development and the validity of the resulting constructs. However, the Victorian legislation places particular emphasis on catering for a client's development needs, not just their needs for basic care. This is not an aspect explicitly addressed in the Support Need Assessment tool, nor in other assessment tools we have examined. From our observations in day programs, development activities tend to be given less attention where resources are limited. It may be that the developmental needs of people with an intellectual disability are closely related to their care needs, especially for those clients with multiple and profound disabilities. However, we believe a more explicit investigation and treatment of development needs in the assessment and funding process is required before such a conclusion can be drawn; and
- *Funding assigned to each of the 6 need levels has not been based explicitly on the staffing required to meet the Standards for clients with those needs.* This can lead to situations for some clients where despite full time funding, service providers are unable to provide adequate full time support within the day program setting. Funding assigned to each of the 6 need levels should be reassessed and based explicitly on the staffing required to fulfil the standards for clients with different support needs.

RESPONSE *provided by Secretary, Department of Human Services*

The Report supports the use of such tools as the Support Needs Assessment (SNA) to provide a more consistent approach to assessing client needs and linking that to funding. The SNA has undergone significant developments since 1992. The Department acknowledges that further development of the SNA and some refinement of the implementation processes are needed. Several developmental activities will be undertaken with this in mind and with a focus on meeting the needs of people with a disability and in involving them in the development of appropriate day activities.

Part 6

Quality and monitoring

SERVICE QUALITY

6.1 Achieving high quality service provision is a fundamental objective of the Department. The objectives for each of its funded programs emphasise quality, as the following example for day programs illustrates:

> "*To provide clients with high quality programs which address individual needs and enhance independence, abilities, community participation and/or quality of life*."

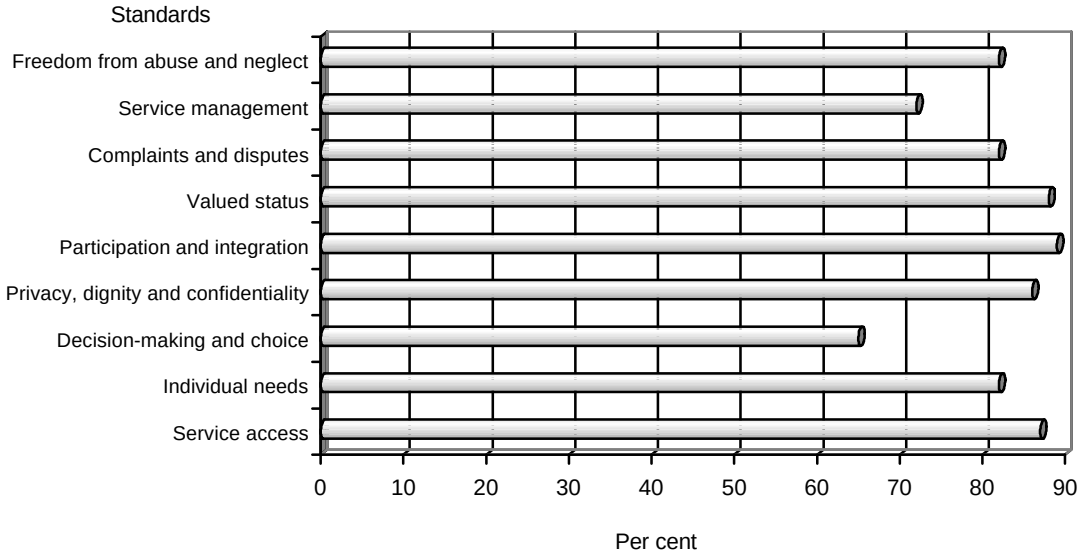
6.2 Defining and measuring quality in respect of services for people with an intellectual disability is a challenging task. The *Intellectually Disabled Persons' Services Act* 1986 provides a general set of principles, which establish broad expectations in terms of the objectives of services, but does not specify the manner in which the quality of services should be assessed. In 1997, the Department of Human Services issued the Victorian Standards for Disability Services – 9 standards covering key components of a quality service, including "service management", "decision-making and client choice" and "freedom from abuse and neglect". The standards include criteria regarding what constitutes acceptable quality in respect of each standard. From 1998, these standards have provided *"… the minimum operating requirements for all government and non-government disability service providers in Victoria"*.

6.3 The standards, along with other policies and guidelines, are included as conditions of Service Agreements signed by all departmental regions and non-government service providers. In 1998, the Department introduced a quality self-assessment process for all disability services based on the Standards. The process involves service providers completing an annual quality self-assessment and developing quality improvement plans to address areas of weakness. All service providers will be required to fully comply with the Standards by 2003.

Quality of service delivery

6.4 The overall results from the first round of self-assessments suggest that most providers consider they need to improve their performance in most areas in order to fully meet the Standards. Areas requiring substantial improvement include *service management* and *decision-making and client choice*. Service providers judge themselves as closest to meeting the standards on *participation and integration,* as Table 6A indicates.

TABLE 6A
PERCENTAGE OF SERVICES SELF-REPORTING FULL OR PARTIAL COMPLIANCE WITH THE VICTORIAN STANDARDS FOR DISABILITY SERVICES IN 1999



Note: The reported percentages include those "partially meeting" the Standards. They, therefore, tend to underestimate the full extent of improvement needed to meet the Standards.

The self-assessment process measures processes in place rather than outputs directly. Thus a rating of 82 per cent on the Standard concerning "Freedom from abuse and neglect" relates to the existence of appropriate policies and procedures to report and monitor indicators and allegations of abuse and neglect.

Source: Department of Human Services.

6.5 Our field visits confirmed that quality in most services fell below that required by the Standards, even where overall ratings were highest. For example, in the service sites we visited, we found that most providers were able to achieve a level of community *presence* for many (although not all) clients. However, few services were providing clients with adequate or appropriate support to achieve community *participation and integration*. Participation and integration is limited where clients are segregated in community access activities that do not involve any opportunity for interaction with community members. It is also limited where clients are not provided with skills training to enable them to use community facilities with increased independence.

6.6 Providers are aware of the need to promote community access for clients. Some have requested additional funds from the Department for this purpose. Others have found resources within current budgets to provide some 1 to 1 support for clients in community activities. Day programs were generally more focused on community participation than shared supported accommodation services, but within each service type there were considerable variations. For example:

- Some day programs offer as a little as 20 per cent of programs in the community, while others offer as much as 60 per cent. Some conduct activities in-house, such as exercise classes, that could be provided in the community; and

- Clients in shared supported accommodation generally have at least one opportunity per week for a community-based activity, but some of these activities do not involve any contact with community members.

6.7 Services providing a higher level of quality in relation to community presence and participation were those that identified resources in the community. Examples included service providers that identified regular recreation and leisure activities, established work programs or developed opportunities for clients to fulfil valued roles as volunteers or club members. They linked clients into these activities in a way that enabled the routine use of community facilities and the development of relationships with members of the community. These examples tended to involve people with lower support needs.

6.8 Service providers reported greater difficulty in promoting community presence and participation for people with moderate to severe levels of intellectual disability, for those clients using wheelchairs and for those who have communication or behavioural difficulties. Providers identified logistics (including access to transport and to community organisations) and resource limitations (mainly staff numbers) as constraints limiting community access for these people.

6.9 The Department recognises the importance of community participation and integration, and has sought the views of clients and service providers in assessing performance in this area. In a recent survey of clients of day program and shared supported accommodation services, over 90 per cent indicated that they had participated in the community-based activities nominated in the survey, and were satisfied with their participation in these activities.

6.10 Another major survey has also been conducted on this issue. The "*National Satisfaction Survey of Clients of Disability Services*" published by the Productivity Commission in July 2000 examined the issue of participation in community activities among accommodation support service users by jurisdiction. The results of this survey indicated that clients of Victorian services reported lower levels of participation in community activities than most other jurisdictions. While care should be exercised when comparing the results of client satisfaction surveys, the conduct of such surveys by the Department is encouraging.

6.11 We found variations between the performance of services we visited against other standards. For example:

- On *addressing individual needs and preferences,* we noted that nearly all clients had individual program plans and most were provided with individual support for personal care and in-house activities like budgeting. However, support was not generally available to allow them to realise their preferences regarding activities outside the house, especially when such preferences were not consistent with those of the majority of other clients in the house;
- On *decision-making and choice,* we found some service sites where clients were actively involved in decisions, including what meals to have, when to have them and who would undertake mealtime tasks. At other service sites, staff made all such decisions. The differences related more to staff awareness of the importance of client choice, rather than to different support needs of clients or resource limitations.

6.12 Overall we conclude that service sites we visited had a satisfactory level of basic care, but beyond that, there were wide variations in the extent to which the legislative principles and standards were met in relation to the provision of developmental opportunities and integration into the community. These variations were not necessarily directly attributable to the level of staff resources but to the quality of strategies employed by staff to translate principles into practice.

RESPONSE *provided by Secretary, Department of Human Services*

The introduction of the Victorian Standards for Disability Services provides a framework for service quality. The Disability Services Self Assessment System (DSAS) was developed as a tool to assist with compliance to standards and to provide a framework to develop quality systems within a context of continuous improvement. DSAS, and the plan that services are required to be fully compliant with each of the standards by 2003, was developed following a review of best practice models and detailed consultation with the field and in recognition of the complexity and variability of the service system.

Discussions will be held with service provider representative bodies and the Victorian DisAbility Advisory Council as to recommendations in relation to the introduction of further quality improvement measures.

Agency performance monitoring will be enhanced using a risk management framework approach including consideration of standards in service delivery.

The achievement of community participation and integration for people with a disability is a very high priority. Achieving this priority depends significantly on appropriate culture and practice within services and on affording people with a disability the dignity to participate fully in community activities. Issues of community participation and integration will be included in service agreements with service providers and recognition of examples of good practice will be given.

The Department has begun to gather information about the level of community participation of clients in both accommodation services and day programs. Preliminary results from more than 3 000 respondents indicate higher levels than those reported by the audit team.

Quality of staff

6.13 Quality of staff is a key contributor to the quality of service provided to people with an intellectual disability. The Victorian Standards for Disability Services require that clients *"receive services from appropriately trained and competent staff".*

6.14 Staff competence is a mixture of aptitude, qualifications, supervision, training and experience. There are no industry-wide standards for these components of competence for staff in shared supported accommodation services and day programs.

6.15 The Department has not established minimum standards for entry level staff in either government or non-government services. The Department's only specification of minimum qualification (TAFE certificate) and experience requirements relate to senior staff in its own accommodation services. Qualified staff represent 70 per cent of total staff in these services. The Department's expectations in terms of what constitutes *"appropriately trained and competent staff"* in respect of non-government services is undefined.

6.16 In terms of staff qualifications, non-government shared supported accommodation services we visited had a bigger variation than equivalent government services, with one service having only 10 per cent of staff qualified, while another had 60 per cent, which was equivalent to the levels found in government services. In day programs, which are predominantly provided by the non-government sector, we found higher proportions of qualified staff, ranging from 50 per cent up to 100 per cent in the service providers we visited.

6.17 Supervision of unqualified staff, particularly where they have limited experience, is an important determinant of service quality. In non-government shared supported accommodation services we visited, rosters resulted in an absence of qualified staff on duty for more than 50 per cent of the total hours. In government services we visited, the occasions when unqualified staff were working without on-site supervision were less common with an average of less than 10 per cent of all hours having no qualified staff rostered on site.

6.18 Training and experience can compensate for lack of qualifications. However, we saw no evidence that training levels in non-government services with predominantly unqualified staff were higher than those where there were more qualified staff.

6.19 Induction training was undertaken in all services we visited, but it was not always provided in a timely fashion. This was a problem in both government and non-government services. The Department has set a target for induction to be completed by its employees within 3 months of commencement. Compliance with this requirement has generally not been monitored by regions. The evidence from recent departmental reviews, and our own visits, is that some new staff have not been provided with induction training within the required time period. There are similar delays for induction training in the non-government sector. The Department is currently developing a strategy to improve the timeliness of induction training.

6.20 In the government sector, the content of induction training was consistent and comprehensive. Among service providers in the non-government sector we visited, formal induction training was shorter in duration and variable in content. We saw no evidence that non-government service providers compensated for this with more extensive or formal on-the-job training.

6.21 Levels of staff experience in services with a higher proportion of untrained staff were lower than in services with more trained staff. Government services (with higher proportions of trained staff) had average lengths of service of between 5 and 9 years, which were longer than those in non-government services we visited, where the average length of service ranged from 3 to 7 years.

6.22 We conclude that there is little evidence of service providers with less qualified staff compensating for this lower average qualification level with higher levels of training, supervision or experience. This means that there is a risk that staff of some non-government service providers may not be appropriately trained and competent. This risk is lower in government services, which have a higher proportion of qualified staff, although the risk is not eliminated because of delays in the completion of induction training.

6.23 The Department does not monitor the competencies or qualifications and experience profiles of staff employed by existing service providers in the non-government sector. Where new services are tendered out, the Department's process does include a requirement that tenderers describe how they will provide an adequately skilled workforce. However, once a contract has been awarded, the Department does not monitor whether the resultant staffing profiles and competencies match those specified in the tender response. The Victorian Standards for Disability Services quality self-assessment process does include an assessment of staff competence, although there is no definition of what constitutes competence.

6.24 We **recommend** the Department establish minimum competency standards for staff in both government and non-government services.

RESPONSE *provided by Secretary, Department of Human Services*

The Department is undertaking several Workforce Planning and Development Reviews to address matters relating to career structures, classifications, supervision, training and workforce planning.

In relation to the issue of minimum competency standards, the Community Services Training Package (CSTP) is under review by the National Training Advisory Board with the involvement of the Commonwealth Government and all States and Territories. The first stage of the review will be a scoping exercise to be held during 2000-2001 that will identify refinements needed in the CSTP to provide minimum competency standards across the disability sector. Once the standards are finalised, the Department will consider the applicability of these for its own services and for those it funds.

The Department develops its funding models on appropriate staffing profiles. Monitoring of actual staffing profiles in non-government services will be undertaken within the funding and service agreement framework commencing in the 2001-2002 year.

Quality Self-Assessment

6.25 The Department seeks to balance limited available resources, a high level of demand for services and the need to deliver services of acceptable quality. There is a risk that quality will suffer in these situations, without a clear specification of standards and impartial monitoring. This risk is heightened by the limited capacity of many people with an intellectual disability to question or raise concerns about the services they receive.

6.26 With the introduction of the Victorian Standards for Disability Services and the quality self-assessment process, the Department has taken significant steps towards a clearer definition of what service quality means, and measuring whether it is being delivered. The Quality Self-Assessment process provides an important framework for agencies to develop skills in monitoring and improving the way they deliver services.

6.27 The Department's timetable for the implementation of the quality self-assessment system recognises that not all service providers are currently meeting the Standards. It provides for a gradual process of self-improvement, with full compliance with the standards required by 2003.

6.28 The design of the self-assessment system is comprehensive, including provision for consultation with clients, families and staff regarding the quality of service in the areas covered by the Standards. We see scope for further development in 2 areas:

- Some of the assessments use indirect or process indicators (for example, "the service outlet is oriented to supporting consumers to participate"), rather than more direct measures of achievement of the Standards (for example, "the hours spent participating in activities in the community"). The indirect measures are weaker. They create a risk that service providers will comply with the Standard on paper, but not in practice. We suggest use of more direct measures; and
- The self-assessments prepared by service providers are not verified at present. We believe some independent verification will be essential for all stakeholders to have confidence in the validity and consistency of results, including clients, their families and providers themselves. Departmental contract managers provide a degree of independent scrutiny for non-government service providers, but we believe that independent scrutiny of quality in both government services and non-government service providers should be considered. Different models have been adopted in other jurisdictions, ranging from completely independent agencies, to joint internal and external review teams, to an internal team reporting to a separate (Head Office) review unit. We **recommend** the Department evaluate what would be most suitable to the needs of Victoria.

RESPONSE *provided by Secretary, Department of Human Services*

In consultation with the non-government sector the Department will implement a suitable approach, within the Victorian context, of supplementing the Disability Services Self Assessment System with a form of external review of quality, which is independent of the service provider and which will commence in the 2001-2002 year.

MONITORING OF SERVICE PERFORMANCE

6.29 Over the last 10 years, government has moved towards a service delivery framework that focuses on funding the delivery of outputs to specific standards. It monitors each of the major services it funds using key indicators of performance and targets, covering outputs, quality and timeliness of service delivery.

6.30 The Department specifies the services to be provided and the performance indicators to be used. Each service output has an objective, budget and standards to be met. The Department has an annual agreement in place with each region (Regional Service Agreement) and with each non-government agency (Service Agreement) outlining the number of outputs required to be delivered (clients to be supported, new places to be created) and the funding provided to achieve those outputs.

6.31 The Department monitors Regional Service Agreements through the information it receives quarterly from regions on service activity and from the Department's financial information and client information systems. Regions monitor activity levels and funding of non-government service providers and government service providers, in a similar way.

6.32 Guidelines for regional staff responsible for monitoring Service Agreements with non-government service providers call for an annual review of each agency's performance in a range of areas including assessment of whether output targets have been achieved, financial accountability and performance against service standards and guidelines.

Service Agreements

6.33 We consider the general design of the Regional and Service Agreement framework to be sound. The major output targets and financial requirements are clearly specified; the policies, standards and guidelines to be followed are included; and the major areas for monitoring are identified.

6.34 Annual reporting and monitoring of output targets and financial accountability was satisfactory in the regions we visited for both government and non-government services. However, there was insufficient attention to wider aspects of service performance in the annual review of non-government Service Agreements by regional staff. There was also no formal or comprehensive review of the performance of individual service sites in the government sector.

6.35 This partly reflects the absence of regularly reported information on service quality. The results of the quality self-assessment system were intended to provide such information from 1998 onwards. However, after consultation with service providers, the timetable was changed to allow more time for services to comply with the Standards. As stated previously, the information will not be verified and available for monitoring purposes until 2003. In the meantime, the lack of detailed guidance on how to assess agency performance, and the acceptance of the fact that agencies may not meet the Standards until 2003, mean that the effectiveness of the Service Agreement monitoring process is limited.

6.36 Even when quality self-assessment results become available, other information would be beneficial to monitor agency performance. We **recommend** that:

- Service Agreement monitoring be strengthened with a more formal reported service review process, using a risk-based program, supported by audit tools and a wider range of monitoring information;
- the service agreement review process should incorporate the results of service quality self assessments by individual providers, independent verification and monitoring, and more direct measures of output and performance; and
- a service agreement framework similar to that for non-government agencies should be developed between regions and government service outlets.

Performance indicators

6.37 The Department now reports quarterly to the Government on 25 performance indicators in respect of the activities of the DisAbility Services Division. The indicators cover all major service types and include timeliness and quality measures, as well as quantity of outputs and cost. In turn, the Department requires regions, as part of their Regional Service Agreements, to report performance against a wider range of indicators across all service types. These service indicators are also reported against, where applicable, by non-government service providers.

6.38 In our view, the indicators of output and cost are satisfactory, but the indicators of quality and timeliness do not provide *"a clear assessment of how well … outputs have been achieved"* as recommended in guidelines issued by the Department of Treasury and Finance. The major weaknesses are:

- some of the current indicators measure process rather than outputs and outcomes and are not useful for long-term monitoring (e.g. number of quality improvement activities planned); and
- the accuracy of some of the indicators of quality reported in previous years has been questionable and the Department has not put in place adequate procedures to check their accuracy (e.g. achievement of objectives in individual program plans of clients).

6.39 The Department is taking of the following initiatives to improve performance indicators by:

- trialling improved outcome and client satisfaction measures in the regional reporting framework for 2000-01 (for example, the percentage of recipients of respite services who are still living with their families after 12 months);
- improving the efficiency and reliability of information supporting these indicators by maximising the use of existing data collections, such as the client information system (DISCIS) and the national annual survey of all service outlets (the Minimum Data Set), rather than additional direct reporting;
- developing the use of client satisfaction measures; and
- developing an information strategy to improve and integrate information for management purposes at all levels.

6.40 We support these initiatives. We **recommend**, in addition to these initiatives, that the Department should seek to improve measures of service quality reported to government, including the use of quality self-assessment results. We also **recommend** further development of local performance information and indicators to assist regional and contract managers to monitor dimensions of service delivery not fully captured by the self-assessment process or by the current regional reporting framework, such as staffing, the extent to which client needs are met, and client safety and rights.

RESPONSE *provided by Secretary, Department of Human Services*

The Department will consider a proposal for agency performance monitoring, which will address both the corporate governance and service quality aspect of funded agencies in consultation with the non-government sector. Comments contained in the Report will be considered in the proposal.

RESPONSE *provided by President, Intellectual Disability Review Panel*

The audit's finding that most services are not fully meeting the Department's service quality standards is of grave concern. The Aims and Objectives of the Department enunciated in the Act in 1986 nearly 15 years ago gave Victorians' legitimate expectations that people who have an intellectual disability and their families were to be provided with a range of high quality services. (See s.6 (e)). The Panel supports the recommendations contained in the Report but considers that service quality and performance enhancement issues require a number of strategies. The Panel considers that self-assessment by intellectual disability services providers is inadequate as a service quality measurement tool. More appropriate may be a peer review system combined with service user satisfaction surveys.

RESPONSE *provided by President, Intellectual Disability Review Panel - continued*

The Panel considers an important part of any quality assurance and performance enhancement system for services for people who have an intellectual disability is an external independent monitoring body. Such a body could combine an audit role with powers to initiate and investigate complaints. The Department could use factors such as complaints successfully upheld as a performance measure when renegotiating funding and service agreements.

PUBLIC ACCOUNTABILITY

6.41 The main published information sources through which the Department of Human Services is accountable for its activities in relation to services for people with an intellectual disability are the State Plan, its Annual Report to Parliament, the Government's annual Budget Papers and, more recently, the internet website.

6.42 The *Intellectually Disabled Persons' Services Act* 1986 requires that a State Plan be prepared at 3-yearly intervals for the development of services for people with an intellectual disability. The Plan must be reviewed annually and, where appropriate, amended. The Annual Report and Budget are the primary documents through which the Department accounts for its expenditure of public funds. The Department also now uses its internet website to provide more detailed information to the public and stakeholders on the services it offers.

6.43 State Plans for Intellectual Disability Services have been published every 3 years since the Act was passed. The most recent State Plan covered the period to 1999. The content of these Plans was consistent with legislative requirements. The Department delayed preparation of a new Plan due to the change of government in 1999. The Department expects to publish a new State Plan in 2001 which addresses all disability services and which will be informed by an extensive public consultation process.

6.44 There have been no published reviews of whether the objectives included in previous State Plans have been achieved. The lack of a published review reduces the accountability of the Department for the Plan to people with an intellectual disability, to those organisations who contributed to its development, and to the Parliament and general community.

6.45 From the material we have reviewed on implementation of the last Plan, we are satisfied that expenditure has been allocated to all the major initiatives in the Plan. The total growth in services over the period to 1999 exceeded the targets in the Plan. However, for most initiatives, the Department does not identify how many new places/services were taken up by people with an intellectual disability specifically. Therefore, the Department is not in a position to confirm that the Plan has met all objectives for its target group.

6.46 This points to an inconsistency between the legislative requirement to produce a Plan for services to people with an intellectual disability (alone) and the Department's wider responsibility to provide quality and appropriate services for people with any disability. We note that the Plan in preparation now is to cover all disability client groups and span 10 years. This is consistent with the Department's responsibilities and its emphasis on support needs and urgency as determinants for allocating resources, rather than type of disability. However, there is a risk that the legislative emphasis on provision of services to people with an intellectual disability will be muted in a combined Plan.

6.47 We **recommend** that the Department:

- ensure no inconsistency between its current responsibility to plan for services to all disability groups and the legislative requirement to produce a 3-year plan for intellectual disability services alone; and
- develop a capability to identify and report on all services provided to individual clients and to groups of clients with particular disabilities, as an aid to planning and accountability.

6.48 The Annual Report and Budget provide similar information on disability services as a whole. These documents cover all programs of the Department of Human Services. The amount of detail on disability services is limited as a result. It is certainly more limited than in other jurisdictions such as Western Australia and New South Wales.

6.49 The Annual Report includes the Department's performance against output targets for major services, but the links between these targets and strategic plans is not made explicit. Some trend information is provided on outputs for major services, but this is not linked to costs or performance measures over time. There is no breakdown of usage or demand for services by clients with an intellectual disability, or other disability groups. Since this is the basis on which many of the support organisations are structured, the current Annual Report does not provide a means for the Department to be accountable to them for the client group they support.

6.50 The Department has, since 1997, contributed to the development and annual publication of interstate comparisons of services provided to people with a disability, (included in the *Report on Government Services to the Steering Committee for the Review of Commonwealth/State Service Provision*). It also now publishes an analysis of the Victorian results from the annual national survey of clients of disability services (Victorian Services for People with Disabilities). However, this new information has not yet been brought together with other information on service cost and coverage and performance in Victoria to provide a single accessible source of information for public accountability purposes. We **recommend** that the Department improve the information it publishes for public accountability purposes. This should include the annual publication of consolidated information on trends and interstate comparisons for performance in respect of all major service activities.

6.51 The internet provides a major new medium to convey information to those with access, including information for accountability. The Department has developed a public internet site that provides much greater and more up-to-date information regarding services for people with a disability than the Annual Report or its other publications allow, including types of services available, standards and guidelines, links to peak bodies and other support groups and information on latest developments.

6.52 The internet site is a useful source of information to those who have access. However, its potential as a mechanism for public accountability has not been fully developed. It could provide more detailed information on the performance of the various types of services and on take-up by particular client groups, than space in the current published media allow. We **recommend** that the Department consider how its internet website should be developed to include more information to assist public accountability.

RESPONSE *provided by Secretary, Department of Human Services*

The Department's Annual Report meets the accountability requirements of the Financial Management Act 1994. Given the breadth of the Department, however, there is a practical limitation on the amount of information included on any single program area. It is not surprising that it contains less disability-related information than other States, such as Western Australia where the agency responsible for disability services has a single focus.

However, Victoria publishes a separate report, "Victorian Services for People with Disability", based on the Department's Minimum Data Set (MDS) collection. It contains a wide array of information on disability support services, clients and agencies and does, in fact, contain a breakdown of service usage by disability groups. The report is provided to all interested parties and is also accessible via the Department's internet site. The third such annual report is currently in preparation.