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Disability SA

2008-09 Review of Service Coordination

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1. Background

In July 2006, the State Government's disability funding policy and services areas were brought together to form Disability SA, a division within the Department for Families and Communities (DFC).

Services that were previously provided by the Intellectual Disability Services Council (IDSC), Brain Injury Options Coordination (BIOC), Adults with a Physical and/or Neurological Options Agency (APN), the Independent Living Centre (ILC) and Julia Farr Services (JFS) are now delivered under the banner of Disability Services. The Office of Disability and Client Services (ODACS) and Disability Services now form the Disability SA division of the Department for Families and Communities.

These changes were informed by the 2004 report Disability Services Framework for South Australia, which had considered the structure of disability services across the State. The major focus of this restructure of disability services was to improve access and equity to services for people with disability by creating a more connected and efficient service system.

The formation of Disability SA has provided the opportunity for a review of practices across the division. The Service Coordination Review is one of many projects currently under way to identify and implement service improvement strategies aimed at increasing Disability SA's capacity to respond more effectively to the needs of people with disability throughout South Australia.

2. Overview of Disability SA

Disability SA comprises two arms, namely the Office for Disability and Client Services (ODACS) which is responsible for strategy, policy and funding of the non-government organisations through grant arrangements, and Disability Services which comprises the Government direct service provision capacity within the disability sector.

Disability Services is comprised of three Directorates. Personal Support and Development (P&SD), South and North Directorates. Personal Support and Development provides supported accommodation services, primarily through group home arrangements and to a number of people living in larger congregate settings. This directorate is also responsible for Government-provided day options programs.

The South Directorate has portfolio responsibility for the specialised services areas which provide the specialist assessment and therapeutic intervention capacity of Disability Services. The Director South has line management responsibility for the Adult Specialised Support and Intervention Service Team (ASSIST), Child and Youth Specialist Services (CYSS), Community Nursing and Clinics and the Exceptional Needs Unit. This directorate also has portfolio responsibility for equipment programs and children's services.

The regional managers responsible for Greater Adelaide, Country South and Southern Adelaide Service Coordination report directly to the Director South.

The North Directorate has portfolio responsibility for Service Coordination, Intake and Eligibility, Aboriginal Services, Central Resource Allocation Unit (formerly the Accommodation Placement Panel) and individualised funding packages provided through the Community Support Program (brokerage). The regional managers responsible for Northern Adelaide, Central Adelaide and Country North Service Coordination report directly to the Director North.

Although Service Coordination comes under the portfolio responsibility of Director North, it is intricately linked with the specialist services portfolio as many clients receive services through both directorates and three of the Service Coordination regional managers report directly to Director South.

The Service Coordination Review was initiated by the Disability SA Leadership Group which comprises the Executive Director ODACS, Director of Disability Policy and Strategy ODACS, Executive Director Disability Services, Director North, Director South and Director Personal Support and Development.

3. Service Coordination as Part of Disability SA

The term 'service coordination', as used in the context of Disability SA, refers to all the services which are now provided through the six community regions of Disability Services. What is currently referred to as 'Service Coordination' includes: Disability SA's intake and eligibility process; intensive case management support with families and individuals; more general case management and/or coordination with individuals and families; demand management systems; emergency and crisis responses; specialist therapeutic and developmental services for children and youth; access to specialist services and equipment for adults; access to supported accommodation for clients; access to day options programs for school leavers; respite and social programs for individuals and families; community and service development initiatives; information and advisory services for individuals, families, other government departments; non-government organisations and the general public. In addition, Service Coordination is the access point for the allocation of individualised funding packages of support to people with disabilities and the implementation and monitoring system for over 3,000 individualised packages currently allocated across the state.

It is clear that the formation of Disability SA has resulted in a level of confusion about the role and identity of Service Coordination for the sector generally. Specific functions previously part of either a more defined Options Coordination approach, or the therapeutic model of direct service provision for children, are now co-existing and there are obvious demand issues emerging, especially within a climate of increasingly scarce resources.

The new Service Coordination system is attempting to provide a broad range of services and approaches across age ranges to a very wide group of people who have vastly differing needs.

4. Service Coordination as a Model of Service

Service Coordination is the name currently assigned to the model of disability service provision introduced to South Australia in 1995 through the former Options Coordination system. The name was changed from 'Options Coordination' to 'Service Coordination' in order to differentiate from past arrangements when the new structure for Disability SA was developed during 2006-07.

The Options Coordination system was a State Government initiative introduced to South Australia as a result of an earlier major review and restructure of disability services. This framework for the delivery of disability services was designed in 1993 by the Disability Services Implementation Steering Committee chaired by Judith Roberts and was a response to consumer expectation of a fairer and more efficient system. The Options Coordination system was introduced at that time to provide a State-wide network that could assess need and allocate resources in a flexible way to individuals with disability on the basis of relative need.

The original framework for the Options Coordination model separated the tasks, functions and responsibilities into three sectors. These sectors were identified as broad coordination, coordination at the client level, and direct service delivery to clients. The model was implemented by the Disability Services Office (DSO)¹ through the key organisations at that time: the Intellectual Disability Services Council (IDSC), the Crippled Children's Association (now called Novita Children's Services), the Guide Dogs Association and, later, Julia Farr Services².

A Committee on the Evaluation of Quality Services for People with Disabilities was established to monitor the implementation of Options Coordination and report to the Minister for Disability. In their final report published in 2000, the Committee, chaired by Professor Roy Brown, made many recommendations including:

*"There needs to be urgent and specific action in terms of the development of Options Coordination as an integrated formal body with appropriate boards of management structures, which would be responsible for the overall management and direction of Options Coordination"*³

In mid-2006, the then Minister for Disability, The Honourable Jay Weatherill, announced the formation of Disability SA as a division of the Department for Families and Communities. The consolidation of all government disability services and the new divisional and management structures were operational by July 2007.

¹ At this time the DSO was a separate administrative unit within the South Australian Health Commission with an Executive Director reporting directly to the Minister for Disability.

² APN Options Coordination and Brain Injury Options Coordination had been part of IDSC until 2005 when they transferred to Julia Farr Services.

³ Final Report Evaluation of Options Coordination June 2000 (Professor Roy Brown).

5. The Current Structure of Service Coordination

Service Coordination consists of six regions (three metropolitan and three country regions), which align with State Government boundaries. Each region has a regional manager, responsible for service provision and strategy within their area, and a small administrative team. There are a number of Service Coordination teams in every region, each with a team manager who provides the operational management supporting the services provided by the particular team. Senior coordinator, senior practitioner and senior therapist positions support team operations and work directly with people who have more complex or specialist needs. Each team includes a number of service coordinators from a variety of backgrounds. Some areas have a tenancy support worker to support clients living independently. The country regions include a senior developmental programmer. Teams vary in composition and size depending on the location, local issues and the number of clients being supported.

5.1 Levels of Service

There are three levels of services that clients and families receive through the service coordination teams:

- ▶ Information and referral—the provision of timely information as required.
- ▶ Team Response: an information and coordination service for clients and families whose needs are generally stable and who require monitoring, reviewing or short-term interventions.
- ▶ Individual Response: support for clients/families who are at risk without ongoing case management and involvement.

5.2 Current Service Coordination Client Numbers and Staff Numbers

(Numbers as at 1 January 2010)

Region	Children and Adults		
	Clients	Staff	
		Service Coordinators	Therapists
Country North	1172	18.6	1.5
Country South	1173	15.5	2.3
Greater Adelaide	1250	18.0	3.5

Metro: Child and Youth Teams

Region	Children		
	Clients	Staff	
		Service Coordinators	Therapists
Central Adelaide	589	6.0	8.5
Northern Adelaide	1092	10.0	18.3
Southern Adelaide	642	6.4	9.4

Metro: Adult Teams

Region	Adults		
	Clients	Staff	
		Service Coordinators	Therapists
Central Adelaide	2019	30.9	0.8
Northern Adelaide	1908	35.5	
Southern Adelaide	1814	32.2	

5.3 The Role of Service Coordination Regional Teams

The regions provide a variety of services aimed at assisting people to live in their own homes and communities. Service Coordination regional staff work in partnership with individuals and/or their families to identify what is required to support them and how this can be achieved. Their roles include:

- ▶ Assessing need and identifying and reporting unmet need.
- ▶ Assisting individuals and/or their families access services.
- ▶ Providing specific therapeutic interventions and behavioural and developmental programs.
- ▶ Providing group programs for clients and families.
- ▶ Providing information.
- ▶ Providing referrals to generic services.
- ▶ Providing referrals to specialist disability services.
- ▶ Responding to individuals and/or their families who are in crisis situations.
- ▶ Identifying regional needs from a strategic perspective.
- ▶ Working with other parts of government and the community to develop services and to provide better access for people with disability.
- ▶ Prioritising and supporting referrals for individualised funded packages or for supported accommodation.

- ▶ Assisting individuals and families to set up any individualised funded packages once allocated.
- ▶ Monitoring and reviewing all individualised funded packages allocated within the region.

5.4 Specialist Support Services

Service Coordination regional services across the state are supported by the Child and Youth Specialist Support Services (CYSS) and the Adult Specialist Support and Intervention Services (ASSIST). These are metropolitan-based services located separately from Service Coordination regional teams. These specialist services provide specialised therapeutic assessment and intervention for clients following referral from regional staff, as well as a consultation service for regional staff. The types of interventions provided include behavioural assessment and intervention, intensive family support, swallowing and communication assessment and assessment for equipment and home modification.

In addition to supporting the regional teams, CYSS provides an Alternative Care Disability Support Program to support foster parents of children with a disability. ASSIST provides specialist support for clients living within government and non-government supported accommodation services.

5.5 Service Coordination: Country

Country teams are smaller than metropolitan teams and support Disability SA clients of all ages, including children with physical or neurological disabilities⁴. Country regions have been working with clients of Disability SA across the disability areas since 1995 when Options Coordination was implemented.

CYSS and ASSIST support the country regions by providing specialist consultation and support within the capacity of their available resources. Specialist support is sometimes available through the local health and community care system. However, this is becoming increasingly less accessible.

Country teams include service coordinators from a variety of backgrounds. In addition, senior developmental programmers provide specialist interventions and coordination for children up to eight years of age who have Autism Spectrum Disorders.

5.6 Service Coordination: Metropolitan

Metropolitan teams differ from the country model in that they provide services either to adults or to children and youth. Only children and youth with an intellectual disability, autism or developmental delay are supported by Disability SA in the metropolitan area.

⁴ In the metropolitan area these services are provided by Novita Children's Services for most people.

5.6.1 Adult Teams

Adult teams work with people with a disability resulting from a brain injury or physical or neurological condition or injury, adults with an intellectual disability and adults with Asperger Syndrome. Most people supported through the adult teams are either living on their own or with their families or carers. Many have an individualised funded support package to assist them to remain living in the community.

Adult teams include senior service coordinators, a senior practitioner and service coordinators from a range of backgrounds. Some regions have employed a client support worker who is able to provide closer monitoring support for clients who are at risk.

5.6.2 Child and Youth Teams

The Child and Youth Teams include an Early Childhood Service and School Age and Youth Service:

► **Early Childhood Service**

This program offers a range of support services to children from birth to school age who have significant global developmental delay or conditions associated with intellectual disability.

Early Childhood Services (ECS) are provided by senior professional staff from a range of disciplines. Services include developmental assessment and strategies for promoting skill development; practical information and support related to child development; groups and information sessions; and assistance and strategies for understanding and responding to behavioural issues.

The team comprises the following specialist staff:

- Speech pathologist – supports eating and drinking skills and communication
- Physiotherapist – supports motor skills (eg balance, sitting, walking, crawling)
- Occupational therapist – supports play, self-help skills and hand skills
- Social worker/early childhood worker – provides information, support, counselling and assistance with accessing services
- Psychologist – provides advice and strategies relating to children's behaviour and development.

► **School Age and Youth Service**

Disability SA provides a range of services to support school-age children and young people with intellectual disability and Autism Spectrum Disorders and their families. Support is provided until the young person transitions from school to post-school options and adult services, generally around the age of 20 years. Children with disabilities resulting from brain injury or physical or neurological disability transition from Novita to Disability SA at 18 years.

The School Age and Youth service provides case management, developmental and behavioural programs and support with information and coordination for families and carers. The staff team includes a speech pathologist, social worker, occupational therapist, psychologist, senior service coordinator, senior practitioner and a small number of service coordinators. Specialist involvement with clients and families is generally provided as a consultancy service and through time-limited interventions by the specialist staff within the regional teams.

5.7 The Community Support Program (Brokerage)

Disability SA's Community Support Program (CSP) is a significant program managed within the Service Coordination portfolio. It has previously been referred to more generally as 'brokerage'. The new name was introduced in 2008 to more accurately identify these important resources as one of Disability SA's key programs. The funds provided through this program are contracted as brokerage arrangements rather than through grant or block funding.

The CSP is a system for purchasing disability-related goods and services needed to support Disability SA clients to live as independently as possible in the community, rather than in supported accommodation such as group homes or institutional care. The program has a recurrent brokerage budget of \$48m which is allocated as individualised funding packages to approximately 3,100 people (for both recurrent and once off services) who have moderate to severe levels of disability. Funding for the CSP is provided through the Department for Families and Communities and comprises a combination of disability specific funding and Home and Community Care (HACC) funding.

The CSP is a flexible and responsive way of responding to client support needs, enabling people with significant levels of disabilities to live in their own homes with families or carers. The program aims to maximise the benefit to as many clients as possible and to ensure that supports are matched to the client's actual needs. The CSP also provides an emergency response for Disability SA clients as necessary and a last-resort response for clients who are at risk of homelessness.

Disability SA's regional teams identify the needs with clients and prioritise requests for packages. They also arrange and monitor the services purchased through the program. Direct service provision is generally provided through the non-government and commercial care sector. Regional coordinators apply for funding through the CSP on behalf of a client if they are unable to locate generic or community resources to meet the person's need. Clients' needs that cannot be met are prioritised and placed on Disability SA's Unmet Needs Register.

Previously, Disability SA's Regional Managers had the delegation to approve both time-limited and recurrent funding within the capacity of their regional budgets. This process has recently changed and all expenditure over \$500 now requires the approval of the Director North who has portfolio responsibility for the program. These decisions are made in close consultation with the regional managers who are familiar with clients' particular situations. Work is under way to set up a panel to consider and approve or decline CSP funding packages in the future.

There is a high level of demand for packages through the CSP and very little capacity to take on new requests. In 2008-09, approximately 63% of the CSP budget was allocated to personal care activities and other in-home support, 30% for respite and associated support with the remaining 7% for learning and life-skill development activities.

6. The Need for Review

This review is an opportunity to reconsider how Disability SA will provide services to clients and their families in the community, with an emphasis on improving outcomes for consumers.

The formation of Disability SA has led to a significant increase in demand for Service Coordination as it is the main entry point to funded disability services across the State⁵. There are approximately 11,300 people accessing Disability SA Service Coordination and the increase in client numbers is currently 6% per year. To a large extent, the need for this review was driven by continuing increasing unmet need for services by existing clients, in addition to the emerging need of new clients.

People with a disability are living longer; carers are ageing; more people are surviving trauma with significant disabilities; long-term institutions are closing and there has been an emergence of new client groups with increasingly complex issues. The new Supported Residential Facilities (SRF) entry process has resulted in additional demand as people previously provided accommodation in SRFs are now being referred to Disability Services instead. At the same time, families have more demands overall and there is generally a greater expectation of government assistance from the community.

⁵ This excludes children with brain injury or physical, neurological disability who access services through Novita Children's Services and people accessing Sensory Options/Guide Dogs Association.

There are many competing demands for Disability SA's resources. Unmet need for services and support continues to increase dramatically across the state, especially for respite, in-home support, supported accommodation and therapeutic intervention for children and youth who have behavioural support needs. Service responses have become increasingly crisis-driven as more clients require emergency placements.

This review provides an opportunity to identify, recommend and implement a more sustainable and targeted service system within the capacity of available resources.

7. The Review Process

The review of Service Coordination began in mid-2008 with four key objectives:

- ▶ To review current practice.
- ▶ To gather information from clients, staff, families and relevant stakeholders about service provision.
- ▶ To investigate other models and practices nationally and internationally.
- ▶ To recommend a renewed service framework for Service Coordination.

This review has taken an action approach in that it has provided information to enable decision-makers to monitor Service Coordination during its developmental phase in order to make improvements along the way when this has been appropriate.

The Steering Group first met on 23 June 2008. The initial phase of the review concentrated on an extensive consultation process involving a survey to all clients registered with Service Coordination, interviews with stakeholder organisations and forums with clients, key consumer groups and staff in all regions.

In February and March 2009, two workshops were held with a group of invited participants identified as having leadership roles within the disability sector in South Australia. These workshops were facilitated by Robbi Williams, Chief Executive of Julia Farr Association.

7.1 Child and Youth Service Model Project

An internal review of Disability SA's services to children and young people and their families is being conducted alongside the Service Coordination Review. It began in February 2009 with the aim of researching effective interventions and services and to inform the development of a comprehensive model of service for children and young people.

The results of this project will support the development of Disability SA's Child and Youth Teams and services across the state.

The direction of the Child and Youth Service Model Project is in line with the Service Coordination Review, focussing on the specific needs of children and young people and their families.

7.2 Workload Study

A workload study was undertaken as part of the Service Coordination Review. Prior to and during the consultation process, there was considerable anecdotal evidence indicating that Service Coordination staff were working under mounting pressure, with more complex clients and longer waiting lists. An opportunity was identified during the review to collect evidence-based data regarding these issues to inform and support future direction.

The Workload Study became a sub-project of the Service Coordination Review and was initiated by the Disability Leadership Group and the Community Services Industrial Liaison Committee. The workload study was conducted principally in November/December 2008, although some coordinators undertook their study in February 2009. The study included regional staff identified as providing a service coordinator role and did not include staff employed in therapy roles.

The study provides an excellent snapshot of the work undertaken by service coordinators in Disability SA, as well as data about the experience and backgrounds of the people working in these roles. The study has provided a baseline that can be used to compare changes in staff workloads.

7.3 Brokerage Review

A preliminary review of all brokerage funding activity within Disability Services was undertaken as part of the Service Coordination Review. The aim of this work was to identify the various practices that were operating and the roles and responsibilities of ODACS and Disability Services and to make recommendations about improvements. This work has informed the Service Coordination Review.

7.4 Review Sub-Committee

In March 2009, a sub-committee of the Steering Committee⁶ overviewed all the consultations, issues and research and developed a set of draft recommendations that were endorsed by the Steering Group at a meeting in April 2009.

⁶ This Sub-Committee was made up of Claude Bruno (Director North), Sue Deeprise (Project Manager and Program Manager Service Coordination), Rochelle Hay (Program Manager Childhood Services), Sue Horsnell (Regional Manager Country South), and Ged Nicholas (Regional Manager Southern Adelaide).

These draft recommendations were presented to the Disability Leadership Group, regional staff and the Disability Advisory Group of South Australia (DANSA) by Claude Bruno and Ged Nicholas over the following months, providing an opportunity for discussion and an invitation for feedback.

8. Discussion of Key Issues Identified

The issues and themes identified through the review and the recommendations listed at the end of this document are in response to these key issues. The following is the discussion covering the key areas.

8.1 Identity and Role Clarity

There is a lack of clarity generally about the term 'Service Coordination' as it is used within Disability SA. This has led to a degree of confusion for consumers, other organisations and Disability SA staff. A major part of the feedback from the consultations was the need for clarity of the role of service coordinators and what clients/families could expect, what services would be available and how they could be accessed.

The non-government sector was concerned about the lack of clarity around case management and the role/s expected of them. They also raised concerns about differing practices between regions and individuals.

A level of role confusion is understandable within the context of the recent significant changes to government disability service structures. It should be noted that most of the current service coordination workforce worked within the different models that operated in the former IDSC, APN or BIOC before the amalgamation of these services. There is now an obvious need for Disability SA to more accurately define and name the work referred to under the banner of 'Service Coordination' as it includes many more activities in addition to the service coordinator role.

One of the major impacts of the recent reforms is that Service Coordination is no longer operating as a defined model within Disability SA. At the moment, the term refers to all services provided through the regional teams, including specialist assessment and therapy for children and youth, as well as group programs, case management and coordination. The service coordinator is only one many roles operating within Disability SA's regional teams.

The key function of the service coordinator is to provide case management and coordination of services in partnership with individuals and families. This role is generally undertaken as part of a team. Service coordinators can be employed in a variety of community services – Domiciliary Care SA being a clear example. The regional teams operating within Disability SA have an obvious and necessary variation in focus that has resulted in less emphasis on the role of the service coordinator with the younger client group and greater focus on this role with the older client population.

The child and youth teams support the needs of children and youth with intellectual disability and their families and also have a developmental training and family/community educative focus.

In contrast, the adult teams support people in the adult population across the disability range. These teams have a greater focus on providing case management support to those most vulnerable and on general coordination to assist people to access support and services enabling them to maintain community living.

On the other hand, the country teams provide services across the disability and age ranges and need to maintain a strong case management/ coordination focus in addition to a developmental training and family/ community educative focus.

During the course of this review, 'Community Services' has been suggested as a more appropriate term to use than 'Service Coordination' in reference to the work undertaken through Disability SA's regional teams.

The term 'Community Services' is inclusive of the variety of staff roles and the range of services provided by the regions. Although these changes in terminology will most likely help to improve the clarity and identity of the service system, there is also an urgent need for Disability SA managers to ensure that all staff are clear about their specific roles and the scope of the duties expected of them within their particular team.

This terminology will also support our focus on mainly working with clients who live with families/carers and those living independently in the community, not those clients who are within the supported accommodation services.

Prior to the formation of Disability SA, the former agencies each had a set of principles to guide their practice. Principles (endorsed by the Services Reform Task Force - February 2007 including the Founding Principles – Disability Services Act) were clearly outlined during the reform and implementation of Disability SA, however, it has been identified that there is a need for a review and redevelopment of these principles to support a clearer identity for the future service delivery of Disability SA Community Services.

8.2 Eligibility and Demand

By attempting to provide regular contact with the 11,330 current active clients, Disability Services is experiencing major pressure. Approximately 1,000 new clients are made eligible each year, resulting in an annual increase of around 6% in client numbers.

Since the formation of Disability SA, most clients assessed by Intake as meeting the eligibility criteria for Disability Services have been allocated to one of the six regional teams across the State. This has led to large numbers of additional people with differing levels of need and complexity allocated to each region with no additional resources to manage this demand. This increasing demand highlights the urgent need for Disability SA to more effectively target and prioritise its available resources.

This review has identified that there are some clients who meet the eligibility criteria for Disability SA who would not meet priority criteria for service coordination, case management or specialist support or programs. These people or their families could reasonably be expected to contact Disability Services should their needs change to the extent that they require active service provision from Disability Services.

While it is the current practice for all eligible clients to be referred to the regional teams for case management, a number of people could be provided with information and contact details instead. Feedback from consumers highlighted the desire for more regular communication with Disability SA. Many said they would be satisfied if this took the form of a newsletter.

The review also recognises the substantial demand that has emerged over the past two years from two specific client groups and the impact this is having on the regional teams.

The first is the group of young people, generally in their teenage years, who have Asperger syndrome and associated severe mental health and behavioural issues. A significant number of these families reach a crisis which results in family breakdown and often homelessness for the young person.

The second group is families with children under 18 years who are no longer able to support their child at home due to the severity of the child's disability, rather than any child protection issue. In the past, these children were the responsibility of Families SA. A recent agreement between Families SA and Disability SA has identified Disability SA as the responsible division to find and fund alternative accommodation for these children, thus creating additional priority demand on the regional case management capacity and the resources of the Community Support Program.

8.3 Access and Allocation of Funded Packages: Community Support Program (CSP)

The need for a transparent and equitable resource allocation process has existed for many years. During the review, feedback from consumers and other organisations has highlighted a perceived lack of consistency, clarity and transparency in relation to funding decisions made within the Community Support Program specifically.

Regional staff have also identified their discomfort in their dual role of supporting requests for funding packages and also having to say 'no' when funding is not available. Although supporting access to funding packages is only one part of the services provided by regional workers, the impact of scarce resources frequently overshadows other services and has become a major pressure point for workers.

There is strong support for the separation of resource allocation decisions from the role of the regional coordinators so that their ability to continue to support the client and their family is not compromised. At the same time, regional workers need to be able to provide emergency and preventative responses as necessary.

The maintenance of a level of responsiveness for day-to-day issues is necessary. This capacity is provided through the provision of a regional budget managed locally to address short-term and emergency interventions.

The formation of Disability SA has provided the organisational framework to enable a more consistent process of resource allocation to be implemented within the Community Support Program. Previously, the allocation of CSP funding packages was made by the regional managers. This delegation has recently changed and all requests are now approved or declined by Director North as an interim measure. The decision to centralise the approval process was necessary because of the increasing pressure of demand on available resources that was not financially sustainable within the previous arrangements.

There is a pressing need for a more robust and transparent resource allocation process for the CSP. Work is proceeding on the development of a Resource Allocation Panel to make these decisions and the appointment of staff to support the panel process.

8.4 Unit Costing and Standardised Assessment

Feedback from consumers highlights the need for greater transparency and equity in the allocation of disability resources and the centralisation of CSP funding. The panel approval process will help to achieve this. However, people have also expressed their frustration at not knowing the rationale or method of current resource allocation.

There is a clear need for an assessment and resource allocation process that could be applied consistently across all funded services. The formation of Disability SA has highlighted the variations in resource allocation practices that were occurring across the different agencies and regions. Any fair and transparent resource allocation process needs to be based on an understanding of all the support that an individual actually needs, as well as what is already being provided. Future arrangements will require greater connection between government and non-government services and more openness about the level of service that individuals are receiving from the various sectors.

D-Start (Disability - Support Training and Research Tool) is an assessment tool being developed by Adelaide University in collaboration with Disability SA that is looking positive. This has the potential to support future resource allocation decisions. Further effort is required to develop this as an effective means of assessment for Disability SA. However, the potential benefit is significant in terms of fairness and transparency of resource allocation. In addition, other work is under way within Disability Services to develop a fairer prioritisation tool that could be applied consistently to all requests for funding through the CSP.

8.5 Business Processes – Community Support Program (CSP) Brokerage Funding

The Community Support Program's brokerage budget is made up of the combined brokerage budgets of the former Government Options Coordination agencies. These funds are now divided into regional budgets based on the location of the client, rather than disability type as was the case previously. The Client Information and Funding Unit is the data management and finance/purchasing capacity entity that supports the CSP. The separate systems and databases developed by the former Options Coordination agencies have recently been brought together to form one system to enable more effective business and data management practices.

There are now opportunities for significant improvements in the financial management and contracting processes that underpin the CSP. This work is already in progress with the development of an improved contract management database that will significantly reduce data input and improve record keeping. This initiative will provide major workflow improvements to increase the efficiency and effectiveness of the CSP contracting processes and will benefit the Client Information and Funding Unit and regional staff.

The Client Information and Funding Unit has also been addressing the need for workload to flow across the year, rather than in major spikes. A recent negotiation between the unit and a number of service-provider organisations has already resulted in improvements that will provide better workload management outcomes for regional staff.

Furthermore, there is a need for more clearly defined sub-program areas to be identified within the CSP to enable Disability SA to set targets and measure performance more effectively within and across specific sub-program areas.

There is an opportunity for improved communication between the Client Information and Funding Unit and the contracted organisations that are providing the direct support to clients as part of the CSP. More formal agreements need to be in place so there are clearer expectations about conditions and charges and a greater opportunity for more open negotiations as necessary.

Rates charged by these contracted organisations have increased far beyond the usual Consumer Price Index (CPI) rises, which has resulted in major budget pressure for the CSP. Processes need to be in place to manage further price increases as a matter of urgency so that the capacity of the CSP is not further eroded.

Consumer feedback also highlighted the need for improved responses from the agencies providing direct support as part of the Community Support Program. Clients and coordinators have identified the need for a more reliable and consistent direct service response from these agencies. There is a need for greater collaboration between the Client Information and Funding Unit and the CSP provider organisations to enable more streamlined business practices which would result in better outcomes for clients.

8.6 Interface with Accommodation Services

Another area identified for improved targeting is the interface between Disability SA's regional teams and accommodation services. 750 people reside within Disability SA's supported accommodation services, part of a robust system of support. They have access to specialist services, social workers and program coordinators employed through the accommodation division. We recognise that people with disabilities residing in our accommodation services are extremely vulnerable and have been accommodated within these services for a variety of reasons. However, there are systems of support around these individuals and it would seem more appropriate to use the resources of the regional teams to focus on people living in the community who are more vulnerable and without adequate support mechanisms in place.

8.7 Interface with Disability SA Specialist Services

The Child and Youth Specialist Support Service (CYSS) and the Adult Specialist Support and Intervention Service (ASSIST) are key services supporting the work of Service Coordination teams across the state. The main issue raised by consumers, other agencies and regional staff is the lengthy waiting time for ASSIST services. This wait is due to the very high demand for specialist support coming from regional teams and from Disability SA's accommodation services. ASSIST is working in collaboration with Service Coordination and other parts of Disability SA to develop and implement service improvement and demand management strategies so that they can maximise their responses to requests within the capacity of available resources.

The Child and Youth Service Model Project is working in close collaboration with CYSS and the recommendations from this project will inform the future interface between Child and Youth Services and CYSS.

8.8 Maintaining Staff Expertise

The formation of Disability SA has resulted in a need to expand and maintain our level of staff expertise in relation to specific clients groups in some areas. Staff within the adult teams previously focussed on the needs of specific diagnostic groups and were able to concentrate their knowledge in these areas. These staff now work across the disability groups and are required to be familiar with the needs of a much broader population. While some training and learning opportunities are available, the challenge for regional services is to establish a structure which can build and maintain the level of expertise and specialisation needed to adequately support people across the diagnostic groups.

This review recognises the importance the adult teams are placing on establishing appropriate mechanisms to maintain expertise and specialisation and the efforts being made in relation to portfolio responsibilities and trials of various team configurations.

It is also recognised that there are many agencies in the non-government sector that provide specialisation around various disabilities and Disability SA needs to maintain positive partnerships with these organisations.

8.9 Crisis Response Workload Pressure

Regional coordinators are required to manage emergency situations for clients who need immediate access to alternative accommodation or respite. Each region has reported that a significant number of these situations arise on a weekly basis. The time and effort needed to address each situation is considerable. Every region has been independently contacting respite and accommodation services in an effort to set up emergency responses for the particular clients in their area. Generally, these solutions are extremely costly, particularly when they are based on the cost of 24-hour care for one person. Clearly, a more focused effort would provide effective outcomes for the client, the agencies and the regional staff involved. Better coordination of this response would also be more sustainable from a financial perspective as there would be increased opportunities for clients to share emergency service responses when this is appropriate.

Two emergency respite coordinators have recently been recruited to assist the regional teams to find emergency responses for clients in crisis. These workers are attached to Disability SA's Central Resource Allocation Unit (formerly the Accommodation Placement Unit) where they will liaise closely with provider organisations in a coordinated way. This development is expected to have a significant positive impact on the workload pressures of regional coordinators.

In addition, the emergency respite coordinators will liaise with non-government organisations to identify current respite resource capacity across the sector with a view to developing a fairer and more coordinated respite system.

8.10 Future Structure of Aboriginal Services

An Aboriginal Services Unit supported the former agencies prior to the formation of Disability SA. It was established in 2002 and operated as a centralised team of five workers across the disability system. The unit facilitated access to services for Aboriginal clients, supported community engagement and community development activities and provided Aboriginal cultural advice to other staff. The unit was based in the metropolitan area but worked closely with two Aboriginal staff who worked as coordinators in the northern country region.

Following an internal review, the centralised aboriginal staff were assigned as service coordinators to regional offices and were supported under the regional management system. These staff have expressed their concern that the disbanding of the unit has created a loss of focus and is resulting in less support being available for Aboriginal clients. They have identified a more focussed unit as being a successful way to respond flexibly to the needs of different communities and to ensure the best use of, and support for, the worker's individual skills and knowledge.

8.11 The Need for Continence Support

A significant number of consumers raised their concern about the availability of continence support. This is essential support for many people to enable them to maintain community living. Cost is a major factor. Consumer feedback highlighted the different practices in this area prior to the formation of Disability SA. Many people receive continence support through the Community Support Program, although there are currently no clear guidelines in place. Responses to requests for this support vary across the regional teams. A recent Business Improvement Challenge investigated this area and put forward a number of recommendations to DFC, including the need for a State-based program. Some interim measures could also be implemented to improve the efficiency and cost-effectiveness of current purchasing arrangements.

8.12 Day Options Program Administration

In early 2009, Disability SA Service Coordination reviewed the work associated with the renewal of Day Options Program individual service agreements for the 816 clients who have a Day Options allocation – either through the ODACS payment system or through the Community Support Program regional brokerage funds. The intent of this work was to investigate and trial a more streamlined process in order to reduce the workload for regional coordinators and improve the efficiency and effectiveness of the process.

A centralised process was undertaken as a trial from March to July 2009 and proved to be very successful in that it was more efficient, met the required deadlines more effectively than the previous practice, significantly reduced the workload for regional coordinators and enhanced the professional relationship between Service Coordination and the Day Options provider organisations.

8.13 Self-Management Opportunities

Feedback from consumers through this review generally supported the suggestion of greater control and choice over the disability supports people receive. Self-managed funding gives a person with a disability control of their allocated funding for support needs. It enables the individual to choose how, where and when they receive the support they need.

Disability SA is phasing in the introduction of a more comprehensive approach to self-managed funding. On 28 October 2009, registrations opened for the Self-managed Funding Initiative for 50 participants. A panel of Disability SA representatives and disability experts has reviewed the registrations and approved people who met the eligibility criteria to participate. Participants are Disability SA clients with a current allocation of funding which can be transferred into a self-managed funding arrangement. The first training session for participants was held in February 2010.

The introduction of self-managed funding to South Australia is a very significant development for the disability sector which will help to provide greater flexibility and choice for people with disability.

9. Recommendations

The following is a list of the recommendations identified through the Service Coordination Review.

The recommendations suggest changes to the way Disability SA's regional services are provided. Many of these recommendations are focused on operational systems, with the aim to change our processes to allow a focus on service provision that has been articulated by consumers, staff and other stakeholders. There is a focus on key themes that have been identified through the review process. These themes include the need to:

- ▶ be clearer about what support is available and under what circumstances;
- ▶ identify priority areas and provide greater focus on these;
- ▶ adjust processes to improve their efficiency;
- ▶ centralise some functions where this will result in improved outcomes for clients and efficiency;
- ▶ stop spending time on activities that add no or minimal value;
- ▶ Be clear with staff about roles and responsibilities within the new structure.

In addition, the two key messages from the Sage Workshops (part of the review consultation process) were:

- ▶ 'Service Coordination is unsustainable in its current form and it requires clarification of its role and boundaries'; and
- ▶ 'There is a need to identify the functions that Service Coordination currently does that should be done somewhere else'.

The following recommendations incorporate these themes and address these two key messages. Once implemented, it is anticipated that many of these recommendations will assist staff to work more proactively with individuals and families who are the most vulnerable, to support future planning and community development and to improved opportunities for a more active community life for many people with disability.

9.1 Identity

The term 'Service Coordination' has come to mean an undefined role of service provision within Disability SA; whereas, in its true form, Service Coordination is the role of coordinating services for people with disability and should, therefore, be described within the role of the team. When undertaking changes, it is important that we identify clearly what services we are going to provide and for whom. This terminology will also support our focus on working mainly with clients who live with families/carers and those living independently in the community, not those clients who are within the supported accommodation services.

1. It is recommended that the term 'Service Coordination' be replaced with the term 'Community Services'. In the future, Community Services will be used to refer to all of the activities which are undertaken by regional teams across the State.
2. The term 'Service Coordinator' will continue to be used as the name of a case management/coordinator role in the regional teams.
3. The Disability Services Act (SA) and the National Standards for Disability Services form the overarching principles for all disability services.
4. That Disability SA Community Services develops specific service principles to guide its practices and service provision specifically for people living in the community.

9.2 Framework and Model

These recommendations are aimed at defining the role of service coordination and identifying core services. Many discussions were held around what the role should be and how the role should add value and not duplicate services. There was also much comment about what is our 'service offer', hence, the recommendation around clarity of roles with accommodation services and non-government organisations.

There was duplication of work within the teams around day options programs and the provision of emergency respite and accommodation. The centralisation of these functions coordinates responses and reduces the level of work in these areas for the regions. Therefore, the basis of this group of recommendations is to clarify, focus and coordinate services across the state.

5. That Disability SA develop a model of service for adults that includes clarification about how services are prioritised, what services can be offered and articulates a tiered level of service based on each client's need and vulnerability. The service offer may range from intensive case management or intervention, to a more general level of coordination or information service.
6. That an 'information' category is introduced to Disability SA so that eligible clients who do not need active case management, coordination, or intervention can be identified appropriately. These people would be offered a subscription to a regular newsletter as a way of maintaining contact with Disability SA.
7. That the Community Services teams focus on providing support to clients living with families and/or carers, or independently in the community, and do not provide case management, coordination or intervention to clients living in supported accommodation services provided by Personal Support and Development (PS&D). The exception to this is the support that clients may need during times of transition to or from supported accommodation situations.
8. That Disability SA investigate the production of a regular newsletter as a means of maintaining communication with the sector and providing information to interested clients, families and/or carers, organisations and other interested parties.
9. That the Community Services teams continue to work to identify ways to develop and maintain expertise and specialisation of knowledge about the needs of specific client groups and implement an agreed framework across the regions.
10. That the recommendations of the Child and Youth Service Model Project inform the role of Child and Youth Teams and Child and Youth Specialist Service (CYSS) within Disability Services.
11. That the ongoing annual review process associated with Disability SA's Day Options Program is managed as a centralised program in the future.
12. That the way Aboriginal service coordinators work and are supported within Disability SA is reviewed. This review will need to take into account how to respond flexibly to the needs of different communities and ensure the best use of and support for the individual skills and knowledge of the workers involved.

9.3 Emergency Accommodation and/or Respite

A very significant demand is placed on service coordinators to manage emergency situations for clients who need alternative accommodation immediately. A more focused effort in this area would provide more efficient and effective outcomes for clients, agencies and staff.

13. That emergency responses for clients in crisis who are facing homelessness are managed centrally. Regional service coordinators will work closely with the Central Resource Allocation Unit staff (former APP) specifically assigned to support this process.
14. That the allocation of funded respite vacancies is managed centrally to ensure greater equity and effectiveness across the state.

9.4 Community Support Program (CSP)

Feedback from consumers focused on the lack of clarity and transparency in funding decisions for community support packages. There is also a perceived conflict in roles for staff when supporting consumers with access to packages and having to say 'no' when funding is not available. Supporting access to funding is only one part of the services provided by Service Coordinators. However, the impact of scarce resources frequently overshadows other services provided by staff.

15. That the individualised funding program previously identified as 'brokerage' is re-named the 'Community Support Program' and identified as a specific program within Disability Services.
16. That funding for emergencies (provided through the Community Support Program) is accessed via a controlled centralised process to support more efficient and transparent mechanisms for allocation and service delivery.
17. That sub-program areas for funding are identified within the Community Support Program to ensure that available resources are targeted for a range of services to support individuals and/or their families and carers. The development will include clear targets to measure performance and outcomes.
18. That a more transparent resource allocation process is put in place for the Community Support Program with the appointment of a Resource Allocation Panel (incorporating the Family Assistance Panel) and staff to support the centralised panel process.
19. That Disability SA continues to develop a sound assessment and prioritisation tool and processes that can be applied consistently to the allocation of all CSP-funded services.

20. That flexibility is maintained within the regions for the provision of once-off funding for preventative responses for clients and families facing emergency or priority situations that require immediate low-cost interventions.
21. The role and responsibility of the Service Coordinator and the service provider agency is clearly defined in relation to contract management and agency workers.

9.5 Procurement

Procurement issues underpin the Community Support Program and are included in the recommendations as part of the wider system that impacts on our services (eg yearly price increases from service providers are a continuing funding cost pressure).

22. The Client Information and Funding Unit work in collaboration with the Community Support Program provider organisations to streamline business practices with a focus on improved outcomes for clients.
23. The Client Information and Funding Unit work closely with DFC procurement to develop a strategy for managing prices and price increases within the Community Support Program service provider agencies.
24. That interim measures are implemented to improve the efficiency and cost effectiveness of current arrangements for purchasing continence support while a long-term program response is developed by DFC.

9.6 Supporting Independence for consumers

It has been identified that Disability SA needs to further develop systems that support independence for consumers who have the ability to manage their services.

25. That services are identified within ASSIST (Adult Specialised Services Intervention Support Team) that can be accessed directly by consumers if appropriate, rather than through service coordinators.
26. That active collaboration continues between the adult Community Services teams and ASSIST to identify ways to improve the interface and response time to service requests.
27. That self-managed funding is fully supported by Disability Services as a significant development for the disability sector, which will help to provide greater flexibility and choice for people with disability.