

ACT Auditor-General's Office

Performance Audit Report

Management of Respite Care Services

May 2009



ACT AUDITOR-GENERAL'S OFFICE



PA08/03

The Speaker
ACT Legislative Assembly
Civic Square, London Circuit
CANBERRA ACT 2601

Dear Mr Speaker

I am pleased to provide you with a Performance Audit Report titled '**Management of Respite Care Services**', for tabling in the Legislative Assembly, pursuant to Section 17(5) of the *Auditor-General Act 1996*.

Yours sincerely

Tu Pham
Auditor-General
19 May 2009

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LIST OF ABBREVIATIONS

ABS	Australian Bureau of Statistics
aCe	Advancing Competencies through Experience
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Wealth
CSTDA	Commonwealth States and Territories Disability Agreement
DHCS	Department of Disability, Housing and Community Services
DRG	Disability Reform Group
DSO	Disability Support Officer
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs (Commonwealth)
FMA	<i>Financial Management Act 1996</i>
ICAP	Inventory for Client and Agency Planning
IRT	Individual Response Team
ISP	Individual Support Package
ISS	Individual Support Services
ITAS	Intensive Treatment and Support Program
LEAD	Live Experience Access Develop
NDSS	National Disability Service Standards
NGO	Non-Government Organisation
NMDS	National Minimum Data Set
QDQS	Queensland Disability Quality System
QMF	Quality Management Framework
RCP	Respite Care Plan
RMF	Risk Management Framework
ROGS	Report on Government Services
ROI	Registration of Interest

1. REPORT SUMMARY AND AUDIT CONCLUSIONS

INTRODUCTION

- 1.1 This report presents the results of a performance audit that reviewed the management of ACT respite care services, with a primary focus on the services provided by government respite houses.
- 1.2 The ACT Government delivers disability services through Disability ACT. Disability ACT is one of the functional areas within the Department of Disability, Housing and Community Services (DHCS). DHCS was established in July 2002. Disability services are funded by the ACT and Commonwealth Governments, and delivered under the Commonwealth States and Territories Disability Agreement (CSTDA).
- 1.3 Respite care services are one of the specialist disability support services funded under the CSTDA to provide short-term and time-limited breaks or support to families and carers of people with a disability.
- 1.4 This audit examined the management of respite care services operated directly by DHCS through its four respite houses. The government respite houses are the largest providers of centre-based respite care for people with disabilities from school age to adults who are supported at home.
- 1.5 In 2007-08, the ACT Government spent \$65.3 million (\$61.0 million in 2006-07) on disability services, of which the Commonwealth contributed a total funding of \$8.9 million (\$8.7 million in 2006-07).¹ Total expenditure on respite care services was \$5.6 million (\$4.7 million in 2006-07), of which \$3.8 million (\$3.1 million in 2006-07) were used to fund the operations of the government respite service.

AUDIT OBJECTIVE

- 1.6 The objective of the audit was to provide an independent report to the Legislative Assembly on the provision of respite care services to the ACT community by the Department of Disability, Housing and Community Services. In particular, the audit examined whether the:
 - access to respite care services was on the basis of relative need;
 - quality of services provided met the national standards through effective quality assurance processes;
 - service delivery was effective and efficient compared to other States, Territory and national averages, as well as other performance indicators;
 - accountability and governance framework supported the effective management of the respite services; and

¹ Annual financial acquittal submitted by DHCS to the Commonwealth for the years ended 30 June 2007 and 2008.

- needs or demands for disability services were reliably measured and managed.

AUDIT APPROACH

- 1.7 The performance audit was conducted under the authority contained in the *Auditor-General Act 1996*.
- 1.8 The audit scope included assessment of the performance and outputs (the actual services) of the direct support services provided by the government respite houses managed by DHCS. However, the audit did not assess the outcome of the respite services (the impact on the well-being of people with a disability and their carers) due to a lack of performance indicators and national data.
- 1.9 The audit also did not review the respite care services provided by non-government organisations outsourced by DHCS. However, Audit briefly reviewed the effectiveness of the quality assurance systems and processes managed by DHCS.
- 1.10 Audit consulted with various stakeholders including the Disability and Community Services Commissioner in the ACT Human Rights Commission, Members of the Legislative Assembly and non-government organisations. **Appendix A** provides details of the audit criteria, approach and methodology.
- 1.11 Audit wishes to acknowledge Disability ACT staff's co-operation during the audit, in particular, the assistance provided by the support staff working in the government respite houses.

AUDIT CONCLUSIONS

- 1.12 Audit acknowledges that respite care services are delivered in difficult and dynamic environment with a large number of users having high and complex needs related to their disability. In recent years, DHCS has introduced significant initiatives to separate government respite services from accommodation support services. This has enabled DHCS to provide a combination of centre-based and home-based respite services to people with a disability and their carers.
- 1.13 The audit conclusions drawn against the audit objective are set out below.

Overall, the service and support provided by the government respite houses managed by the Department of Disability, Housing and Community Services (DHCS) met clients' basic needs for safety and respite care. Access to services was reasonable and most respite services were provided to those people with the greatest need.

However, there is scope for significant improvements to provide assurance that clients receive quality of respite services, and on an equitable basis. In particular, appropriate strategies and actions need to be taken to address the following:

- A lack of documented procedures to assist staff in assessing individuals' eligibility and prioritising people to receive respite care.
- Deficiencies in supporting systems and operational practices in the government respite houses led to inadequate management of high-risk clients.

- Compared to the national average, access to respite services in the ACT had not increased proportionately to meet the growth in demand for services in recent years. DHCS did not have sound and robust processes to assess future support needs and was unable to provide support for all those requesting it due to increasing demand and limited funding.
- Accountability was lacking in that records management, client information systems, risk management and quality performance management were inadequate. Further, the complaints and feedback processes need to be improved.

KEY FINDINGS

1.14 The audit conclusions are supported by the following findings:

Supporting people with a disability (Chapter 3)

- The written policies and procedures did not clearly reference to the service standards required by Disability ACT in accordance with the National Disability Service Standards (NDSS).
- Disability ACT required its staff to comply with the NDSS in the provision of their services. However, some staff did not consider the relevance of the NDSS to the services they provided to people with a disability. This suggested that the expectations from management were not well communicated to support staff in the application and implementation of the NDSS.

Access, eligibility and priority (Chapter 4)

- The Disability ACT Information Service provided a range of centralised on-line, telephone and face-to-face enquiries, access and referral services. It also managed a Registration of Interest (ROI) process and database. There was an increasing demand for information services and assistance for people with disabilities in the ACT as indicated by the number of enquiries (telephone and on-line) rising from 1 059 in 2006-07 to 2 644 in 2007-08.
- The operations of the Disability ACT Information Service were not efficient and the process for collection and management of data was not effective. Databases maintained by the Information Service were not complete or updated in a timely manner. The databases did not provide sufficient information to assist effective management of the process, such as the reason for registration of interest, what follow-up actions were taken, and a cross-reference to supporting file records.
- Eligibility for access to specialist disability services funded under the CSTDA is defined by most jurisdictions in their relevant disability legislation and through policy statements and guidelines. The ACT *Disability Services Act 1991*, does not define the eligibility criteria for specialist disability services. Disability ACT has not formalised the procedures or guidelines used in assessing individuals' eligibility for services. A lack of formalised standards and guidance in the assessment process may lead to inconsistency in decision-making and a lack of transparency and accountability.

- The 2007-08 assessment process for funding applications for respite services generally complied with the pre-determined funding criteria and were timely.
- Client information was fragmented and not systematically recorded by Disability ACT. For example, information about clients' history, assessment, evaluation information and funding status was not kept in a consistent place (such as a file) or in a logical way. As a consequence, Disability ACT relied upon the corporate knowledge of key staff to access a record of important information for individual clients. This creates a risk to Disability ACT's ability to make timely decisions and assist support staff in meeting clients' short-term and long-term needs.
- In assessing requests for respite services, Disability ACT did not review potential clients against defined eligibility criteria. Rather, Disability ACT conducted 'minor assessments' of needs, which may lack consistency in approach and decision-making. Better practice would be to assess all potential clients based on formalised standards and procedures.

Management of respite care services (Chapter 5)

- Disability ACT operates four government respite houses in the ACT. Each client's Individual Respite Care Plan (RCP) kept in the houses is the principal mechanism for Disability ACT to identify, monitor, and review delivery of services to meet set goals to enable the client using the respite services to achieve the desired outcomes. The plan is developed for the clients with input and assistance from families, carers or guardians and other concerned individuals. Audit examined a sample of 86 clients' RCPs and found that:
 - 57 files (or 66 per cent of total clients' files reviewed) did not have a current RCP in accordance with Disability ACT policies and procedures. A number of RCPs reviewed were not updated since 2003 and 2005 and some RCP were not signed, dated and complete;
 - there was no evidence of review by the appropriate delegate of all the RCPs reviewed;
 - 61 (71 per cent) of 86 clients' consent forms reviewed ('Consent to Receive a Service' and 'Consent to Exchange/Release Information'), which form part of the RCPs, were not current. Audit noted that it was Disability ACT's policy to renew the consent forms annually; and
 - the consent forms required Disability ACT representatives to discuss the referral process and the range of services provided by Disability ACT with the signatory. All the sampled consent forms did not have evidence of review and discussion with the signatory by the appropriate Disability ACT delegate.
- Most clients' visit records did not have visit summary, file or progress notes, nor supporting documentation such as clients' clothing lists and essential medical history.

- There were inconsistencies in record-keeping practices and procedures between the respite houses, for example, different forms were used by the houses.
- Disability ACT had not managed its respite clients' risks effectively in accordance with its Risk Management Framework. Audit reviewed a sample of clients' RCPs and found that:
 - there was no evidence of a Staff Facilitated Risk Assessment having been performed for each client;
 - only nine clients had been selected for a facilitated risk assessment and these assessments were conducted prior to 2007. However, there was no evidence of review and sign-off by the appropriate delegates for each of these facilitated risk assessments as required in the assessment form. This indicates that appropriate risk strategies and level of support to safeguard client's safety had not been authorised and implemented; and
 - an instance was noted where a client's alerts and protocols had not been approved by the Senior Manager, signed off by the Network Coordinator, and consented to by the guardian.
- Riskman is the automated recording, management and reporting system for client incidents, to enable the identification of any trends that may require a systemic response. For a period from June 2006 to October 2008, Riskman recorded a total of 303 incidents in the government respite houses, of which 44 (15 per cent of total incidents reported) were classified as critical (levels 6 and 7 only). There was no report of any incident causing death or severe disability (level 8 outcome).
- Mitigating strategies to minimise the risks associated with clients' safety as outlined in the DHCS Risk Management Profile 2008, are sound. However, the implementation of Riskman reporting and monitoring of incidents was less effective as illustrated by 37 per cent of incidents not being reported on a timely basis and some incidents not being recorded on Riskman.
- Disability ACT implemented a range of strategies to address the risks of staff recruitment and retention, including professionalising its workforce over a three-year period from 2007 to 2010 - for example, requiring formal qualification such as a Certificate IV in Disability Work for support staff (DSO3). However, systems and processes in managing training and professional development need of staff can be improved. For example, some staff did not attend mandatory annual refresher courses for epilepsy and Riskman reporting training courses.
- Disability ACT did not have reliable processes to manage complaints and feedback. The practices adopted by Disability ACT in managing complaints to the Minister and the Human Rights Commission were sound, and should also be extended to manage complaints from other sources.
- Disability ACT has funding agreements with 41 service providers to provide various disability services. It would take about eight years to review all

service providers under the current DHCS policy of selecting five organisations for annual review.

- Quality assurance through annual self-assessment by service providers was not effective. There was no evidence of review and follow-up actions by Disability ACT staff since May 2006. Therefore, there is little assurance to Disability ACT that services delivered by service providers met the acceptable level of industry standards or the NDSS.
- There was no internal or independent review of the operations of the government respite houses against the NDSS in recent years to provide assurance to Disability ACT that its direct support services had met the expected performance standards.

Assessment of the performance of respite care services (Chapter 6)

- In the years ended 30 June 2007 and 2008, the number of respite centre-based bed nights slightly exceeded the performance indicator targets. At the same time, the demands for respite services and emergency accommodation also increased.
- Analysis of the trend movements in the ACT indicated that access to respite services had not increased proportionately to meet the growth in demand for service in recent years. Further growth in demand for services is anticipated as a result of increased number of aged primary and informal carers.
- People with a severe or profound disability used 91 per cent of ACT respite services. This is in line with the national benchmark of 93 per cent and indicates that access to the services is provided to those with the greatest level of need.
- Twenty-six per cent of the total 386 clients and carers responded to the 2007 client satisfaction survey, and respite clients and their carers recorded overall satisfaction level of 85 per cent.
- The administrative expenditure incurred by Disability ACT in proportion to total recurrent expenditure on disability services was in line with the national average.
- Disability ACT incurred a significantly higher cost per respite user compared to the service cost provided by non-government service providers.
- Available funding for all disability services was not sufficient to meet demand. Funding applications processed in 2007-08 amounted to \$11.1 million and only \$2.8 million was granted. The shortfall in funding of \$8.3 million represents the amount of 'known unmet demand'.
- Disability ACT's current disability funding model takes into account known unmet demand (based on the annual funding application process) rather than the estimated total level of unmet need. The estimated disability funding for future services are not adequate to meet the need for services.

RECOMMENDATIONS AND RESPONSES TO THE REPORT

1.15 The audit made 14 recommendations to address the audit findings detailed in this report.

1.16 In accordance with section 18 of the *Auditor-General Act 1996*, a final draft of this report was provided to the Chief Executive of the Department of Disability, Housing and Community Services for consideration and comments. The Chief Executive's overall response is shown below:

The Department of Disability, Housing and Community Services (DHCS) welcomes the Auditor-General's Report and the 14 recommendations for improvements to Government provided respite care services.

In addition to increases in funding from both the ACT and Commonwealth Governments, there has over recent years been a significant change in the way services are delivered to people with disability in the ACT. This change has been to instil a person-centred, collaborative and whole of community response that enables people with disability to minimise the impact of their disability and maximise personal outcomes. In relation to Government provided respite services this change has been to provide continuity between the support the person receives at home and that which is provided by the formal services, continually enhancing the quality and outcomes of the respite effect to individuals and families.

Work is already underway in the Department on many of the Auditor-General's recommendations, with significant activity being highlighted on a number of projects during the audit itself. The Auditor-General's Report provides support to these activities and to the continuous quality improvement of our services to deliver the best possible outcomes for people with disability in the ACT.

1.17 In addition, the Chief Executive provided responses to each recommendation, as shown below.

Recommendation 1 (Chapter 3)

To enhance accountability and comply with the industry standards, Disability ACT should:

- clearly reference the service standards for people with a disability to the National Standards;
- ensure that the service standards are applicable to the programs and services provided by the ACT Government and non-government service providers; and
- make its documented policies and procedures available to the community.

DHCS Response:

Agreed – Disability ACT's policies and procedures are established within legislative obligations and reflect both the National Disability Service Standards and the vision and values set in consultation with the ACT community. Service Funding Agreements between Disability ACT and non-government service agencies are all aligned with the National Disability Services Standards.

Disability ACT will insert a clear reference to the relevant National Disability Services Standards within each policy and procedure template and will promote

the relevant Disability ACT policies and procedures on the Disability ACT website and offering them as a template for the use of community providers.

Recommendation 2 (Chapter 4)

Disability ACT should:

- update records related to registration of interest in a timely manner; and
- review the information maintained on the database and determine what and how information will be used to assist effective management of the registration of interest process and disability support services.

DHCS response:

Agreed – The Disability ACT Information Service database is a contact information database. The Registration of Interest is the mechanism for gathering and compiling interest and demand from individuals and families about the supports and services they are seeking. Disability ACT has already commenced instituting measures to support a more effective management of the database, including a process to routinely update information.

Recommendation 3 (Chapter 4)

Disability ACT should formalise its procedures and guidelines to ensure that the process to determine eligibility for access to specialist disability services is consistent, transparent and accountable.

DHCS response:

Agreed in part – DHCS notes that the audit recognises that the 2007-08 funding and assessment processes for respite services complied with the pre-determined criteria and were timely. Disability ACT will continue to use the definition of disability in the national agreement as the eligibility criteria for specialist disability services. Disability ACT will review its documentation to ensure all standards, procedures and decision making processes are consistent, publicly available, remain transparent and are reviewed annually to ensure they continue to match the ACT Government and Commonwealth priority areas.

Recommendation 4 (Chapter 4)

To enhance the effective management of the clients' services and comply with the Territory Records Management Policy and Practices, Disability ACT should:

- enhance and maintain a consistent management information system to provide relevant clients' information, such as medical history, services provided, funding status and risk assessment; and
- comply with the Territory records management practices in managing its clients' records and files.

DHCS response:

Agreed – Information on records management, particularly electronic records is included in staff induction training. This information will be enhanced to cover a broader range of records management procedures. Disability ACT will

also review existing recordkeeping practices and develop mechanisms including ongoing and refresher training to ensure the consistent application by staff of systems and procedures to practice within the service delivery setting. Disability ACT will progress current initiatives around the development of a single client information management system.

Recommendation 5 (Chapter 5)

Disability ACT should:

- update and review the clients' Individual Respite Care Plans on a regular basis;
- check that the Plans are reviewed and signed by appropriate delegates; and
- update and monitor assessments of the clients' needs as an integral part of the service delivery process.

DHCS response:

Agreed – Disability ACT does have a policy and a mechanism for recording and updating Individual Respite Care Plans. The policy includes an annual renewal. Disability ACT will review existing practice and identify a more effective mechanism for ensuring there is consistent application of development and updating of Individual Respite Care Plans by staff in the service delivery setting.

Recommendation 6 (Chapter 5)

Disability ACT should review and standardise its records management and practices to clarify the requirements for reporting clients' activities and progress during their stays in government respite houses, and maintain appropriate records and documents.

DHCS response:

Agreed – Disability ACT acknowledges the need for consistent record management practice to enable service accountability and risk identification and management. Disability ACT will formalise its record management practices to enable consistent reporting of client activities and progress during visits. Disability ACT will also review existing practices and identify more effective mechanisms including standardising record management practices and ensuring the consistent application of systems and procedures to practice in the service delivery setting.

Recommendation 7 (Chapter 5)

Disability ACT should:

- manage respite clients' risks effectively, in accordance with its Risk Management Framework and related policies and procedures;
- perform a formal Staff Facilitated Risk Assessment for all respite clients to identify clients' risks (physical health, injury and safety and emotional health) and mitigate those risks; and
- conduct a more detailed risk assessment for those respite clients when their risks have been identified as high or extreme.

DHCS response:

Noted – DHCS notes the audit comments that Disability ACT’s mitigating strategies to minimise the risks associated with clients’ safety is outlined in the DHCS Risk Management Profile 2008 and is sound. Disability ACT has a risk management policy and framework and uses Riskman as the incident reporting tool. All staff are trained in the use and application of Riskman.

Additionally, the Individual Support Plan policy in Accommodation Support includes a holistic assessment of capability, clinical and therapeutic needs and outcomes for each client. This policy needs to be adapted specifically for respite services and the identification of risk included in each individual plan. The Staff Facilitated Risk Assessment policy will be transparently applied to clients using respite services as required and the triggers for this assessment will be defined in the policy.

Recommendation 8 (Chapter 5)

Disability ACT should:

- (a) improve the timeliness and completeness of reporting of incidents through Riskman. In particular, all incidents recorded in clients’ files and daily progress notes should be recorded in Riskman; and
- (b) maintain proper records of all senior management group meetings so that the outcomes and the status of actions for all high risk clients can be regularly reviewed and monitored as a standing agenda at subsequent meetings.

DHCS response:

Agreed – Disability ACT has a risk management policy and framework and uses Riskman as the incident reporting tool. All staff are trained in its use and application. Disability ACT will implement a mechanism for ensuring the knowledge is applied to practice within the service delivery setting.

Recommendation 9 (Chapter 5)

Disability ACT should enhance its staff training and development by:

- clearly defining and regularly reviewing individual staff training requirements;
- regularly monitoring attendance at mandatory specialised and competency based training and annual refresher courses; and
- updating staff training records in a timely manner.

DHCS response:

Agreed – Disability ACT does have a mechanism in place for reviewing staff training including mandatory training. Disability does deliver a very extensive range of competency based training through a series of modules. Disability ACT will review the current practice and mechanism for recording training needs, refreshers and attendance, to enhance record keeping applied to practice.

Concurrent to the audit, the Department has been undertaking a review of all learning and development areas across the agency. As part of this exercise systems and processes will be developed to manage the effective delivery of

training needs to all DHCS staff, including the streamlining and centralisation of training records management.

Recommendation 10 (Chapter 5)

Disability ACT should improve its complaint management systems and processes by:

- maintaining a complete and accurate register of complaints;
- following up complaints effectively and documenting the action that has been taken and discussed with clients; and
- analysing all complaints received through DHCS, Disability ACT Information Service, the Minister's Office and the Human Rights Commission to provide useful information for improving service delivery.

DHCS response:

Agreed – The Disability ACT Client Feedback System has been developed as a component of Riskman. The system, which is currently being trialled before formal roll-out, will capture all client related feedback. The system contains a complaint register, identifies timeframes for action, assigns action officers and enables thorough monitoring and recording follow up action. A process for training all office-based staff is being implemented on application of the system. Significantly, the Client Feedback System also contains a reporting capability that is linked to the Disability ACT quality management processes to enable systemic issues to be identified and actioned under a framework of continuous quality improvement.

Recommendation 11 (Chapter 5)

Disability ACT should:

- conduct independent reviews of the performance and quality of service provided by non-government providers based on risks, i.e. selection of high risk service providers for independent review;
- effectively manage the annual self-assessment process conducted by service providers to ensure that any non-compliance with industry standards, and areas for improvements have been properly reviewed and followed up with regular feedback to service providers; and
- undertake review of services that it provides directly (such as respite care) to ensure they comply with the industry standards or the NDSS.

DHCS response:

Agreed – All disability services are required to comply with industry standards. Concurrent to the audit Disability ACT has been working with service providers to enhance the application of its quality management processes across both government and non-government services. This includes processes for both self assessment and the independent review of service providers' performance. This initiative is also consistent with the reforms being undertaken across jurisdictions under the new National Disability Agreement that came into effect on 1 January 2009.

Recommendation 12 (Chapter 5)

Disability ACT should develop and implement a Quality Management Framework and Quality Improvement System designed to provide assurance that:

- there will be continual improvement of performance and effectiveness in service delivery;
- quality of service meets the industry standards; and
- there will be compliance with standards and performance measurement processes and complaints and grievances procedures.

DHCS response:

Agreed – Disability ACT does have a number of established quality management processes. These processes resulted from the work undertaken by the Disability Reform Quality Improvement Working Group. This Group was an outcome of the 2000 Inquiry into Disability Services. These various processes will be brought together to form a Quality Management Framework and Quality Improvement System based on National Disability Service Standards. Disability ACT has been working with service providers to enhance both the processes and their application. Disability ACT is currently trialling a Client Feedback System before roll-out. This system will operate as the complaints and grievance process for clients and their families in relation to government provided and funded services.

Recommendation 13 (Chapter 6)

Disability ACT should revise the process of conducting client satisfaction surveys in order to improve the response rate and hence the overall validity of the data.

DHCS response:

Noted – DHCS notes that the overall satisfaction level at 85% is a good result. Disability ACT has already revised its process for conducting client satisfaction surveys to include mechanisms to increase the response rate. Disability ACT also notes that the introduction of the Client Feedback System will provide another mechanism for capturing client feedback about areas of service improvement.

Recommendation 14 (Chapter 6)

Disability ACT should:

- review its funding model and develop a new model to estimate its future unmet needs for disability services; and
- develop strategies and policies to manage the unmet needs.

DHCS response:

Noted – The Disability ACT funding model was published in 2006 and aims to provide an evidence-based and objective forward assessment of current and future demand for formal disability services. As such it has an integral role in the ongoing planning and delivery of future services and supports for people with disability. Disability ACT works with ACT Treasury in updating the

underlying information contained in the model each year as new data comes to hand.

Disability ACT commenced a robust update of the funding model earlier this year as part of a five-year review. A particular focus of this update will be the inclusion of specific data on the needs of children and young people within the model to reflect the recently developed ACT Government Policy Framework for Children and Young People with Disability.

2. BACKGROUND

INTRODUCTION

- 2.1 According to the latest available disability survey by the Australian Bureau of Statistics in 2003, one in five people in Australia (3.9 million people) had a reported disability. Of those with a reported disability, 86 per cent had a specific limitation or restriction in the core activities of self-care, mobility or communication, or was restricted in schooling or employment. In the ACT, 14.2 per cent of the population (45 000 people) reported having a disability. Of these, 53.3 per cent (24 000 people) reported having a disability requiring assistance and 66.4 per cent (30 000 people) had a core activity limitation.
- 2.2 Disability is not easily defined, but it is generally accepted to be a condition that limits an individual's ability to carry out day to day activities.
- 2.3 People living with a disability face significant barriers to social and economic participation in the community. These barriers are exacerbated by the difficulties faced by people with a disability in accessing adequate and appropriate care and support.
- 2.4 Until the early 1980s, the majority of people with a disability who required support services (such as accommodation, employment, special equipment and support services) received them in institutional settings. Following the 1981 International Year of Disabled Persons, the Commonwealth, State and Territory governments introduced a range of initiatives that had implications for the provision of support and services for people with disabilities. The most important initiatives were the:
- introduction of the *Disability Services Act 1986* (Commonwealth) to provide a comprehensive framework for the funding and provision of disability support services. The ACT Government introduced its Disability Services Act in 1991;
 - signing of the first Commonwealth, States and Territories Disability Agreement in 1991 to clarify the roles and responsibilities of the governments;
 - introduction of the *Disability Discrimination Act 1986* by the Commonwealth to prevent discrimination against people with a disability. The ACT enacted its Disability Discrimination Act in 1991; and
 - commencement of de-institutionalisation in the ACT since the early 1990s following an international movement by service providers to close large institutional residential centres towards more community oriented service provision.

POLICY ENVIRONMENT

- 2.5 In 2001, the Disability Reform Group, which consisted of community and Government representatives, was established to provide advice to the ACT

Government in developing its response to the Gallop Report (a *Board of Inquiry into Disability Services 2001 Report*). It has since been disbanded.

- 2.6 One of the key outcomes from the Disability Reform Group was the development of a *Vision and Values Statement*. This Statement articulated an overarching set of values that inform policy and program development across government and community sectors and support people with disabilities to live the way they want, achieve what they want to achieve and be valued as full and equal members of the society. Disability ACT has adopted the *Vision and Values Statement*.²
- 2.7 In 2003, Disability ACT, in consultation with representatives from the ACT Government and the community, developed *Challenge 2014 – A ten year vision for disability in the ACT*. *Challenge 2014* provides a framework for the wide-ranging changes needed for the community as a whole to achieve better outcomes and services in the disability area.
- 2.8 In response to the *Vision and Values Statement* and *Challenge 2014*, Disability ACT developed *Future Directions 2004-2008* to identify the strategic directions and action plans in addressing the needs of people with disabilities, their families and carers. *Future Directions*, which has been extended until the finalisation of the new directions, sets out four strategic directions:
- influencing policy and culture to promote an inclusive society;
 - strengthening the capacity of people with disabilities, their families and carers to maximise control over their lives;
 - improving the planning and use of available funding to meet the needs of people requiring ongoing support; and
 - in partnership with the community sector, strengthening the sustainability and responsiveness of the service delivery sector.
- 2.9 The key policy documents that set the context for disability services are *The Canberra Plan* and *The Territory Plan*. *The Canberra Social Plan*, which was released in February 2004, provides a framework to guide the ACT Government and community decision making in social policy over the subsequent 10 to 15 years³. A key goal of *The Canberra Social Plan* is to ‘promote the inclusion of people with a disability in all areas of the ACT community’.
- 2.10 *The Territory Plan* seeks to recognise the needs of people with disabilities in all facets of urban planning and seeks to improve the physical accessibility of places that people access everyday such as houses, shops, public transport and government facilities.

² Refer DHCS website <http://www.dhcs.act.gov.au/publications>.

³ *Building Our Community – The Canberra Social Plan* – is the Government’s commitment to the principles of access equity and participation. *The Canberra Social Plan* together with the *Canberra Social Plan* and the *Economic White Paper* form *The Canberra Plan*.

Legislative and regulatory framework

2.11 The Commonwealth *Disability Discrimination Act 1992* seeks to prevent discrimination against people with a disability. Table 2.1 contains an outline of the key ACT legislation relevant to people with a disability and disability services.

Table 2.1: ACT legislation relevant to the rights of people with a disability

Legislation	Objectives
<i>Disability Services Act 1991</i>	This Act enshrines the basic rights and equality of people with disabilities. The Act also defines objectives for the development and implementation of programs and services for people with disabilities.
<i>Discrimination Act 1991</i>	This Act seeks to protect the rights of people with a disability against discrimination.
<i>Human Rights Act 2004</i>	This Act seeks to protect basic human rights such as the right to protection against discrimination, the right to life, the right to physical wellbeing, the right to privacy, the right to equality before the law, the right to a fair trial and the right to be free from forced work.
<i>Human Rights Commission Act 2005</i>	This Act promotes human rights and an understanding and acceptance of, and compliance with the <i>Discrimination Act 1991</i> and the <i>Human Rights Act 2004</i> . The Act also establishes a Disability and Community Services Commissioner and sets out the functions of the Commissioner.

Source: ACT Audit Office

COMMONWEALTH STATES AND TERRITORIES DISABILITY AGREEMENT (CSTDA)

Introduction

2.12 The CSTDA provides the national framework for the delivery, funding and development of specialist disability services for people with disabilities. The CSTDA is the main vehicle for providing services to those in need. There have been three agreements since the establishment of the first CSTDA between the Commonwealth and States and Territories in 1992. Table 2.2 summarises the key features of these agreements.

Table 2.2: History of the CSTDAs (1992 to 2008)

Agreement	Years	Major Features of the Agreement
First	1992-1997	The first agreement rationalised the provision of specialist disability services and developed, on a national basis, integrated services to ensure that people with disabilities had access to appropriate services to meet their individual needs.
Second	1997-2002	This agreement included a national framework for disability services and a bilateral capacity to target funding towards strategic issues in particular jurisdictions and a coordinated approach to addressing unmet need.
Third	2002-2008	The agreement required a growth commitment from the States and Territories via bilateral agreements and introduced a stronger accountability framework, including a preamble developed in conjunction with disability advisory bodies outlined a national commitment to people with disabilities. It also identified national policy priorities and required jurisdictions to enter into bilateral agreements scoped around national policy settings. The agreement was extended to 31 December 2008 to allow time for negotiations for a new agreement (refer to paragraph 2.14). ⁴

Source: Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)

2.13 The CSTDA Bilateral Agreement for 2003-07 between the Commonwealth and the ACT Government provided a framework outlining objectives and policy priorities for people with disability, specifically in the areas of:

- strategies to improve the transition of young people from school to alternative options;
- young people living in Commonwealth Government funded residential aged care facilities; and
- respite for older carers.

New National Disability Agreement

2.14 In November 2008, a new National Disability Agreement (the Agreement) between the Commonwealth, States and Territories was established to replace the CSTDA. The new Agreement commenced on 1 January 2009. Under the new Agreement, the Commonwealth Government will contribute \$5.3 billion to state and territory-run disability services over the next five years. The new Agreement also paves the way for significant reforms to the disability services system,⁵ such as:

⁴ FaHCSIA website on disabilities and media release from Parliamentary Secretary for Disabilities and Children's Services, *Supporting people with disabilities their families and carers*, Parliament House, 30 May 2008.

⁵ FaHCSIA/National Disability Agreement refer http://www.facs.gov.au/internet/facsinternet.nsf/disabilities/policy-disability_agreement.

- improved access to disability care including consideration of systems that provide a single point of access;
- a nationally-consistent assessment process and a quality assurance system;
- a new focus on early intervention and planning to ensure that clients receive the most appropriate and timely support; and
- a commitment by all levels of government to work together to better measure the level of unmet demand for disability services.⁶

Specialist disability services provided under the CSTDA

2.15 The CSTDA defines people with disabilities as those whose disability manifests before the age of 65 years and for which they require on-going or long-term episodic support.⁷ To be eligible for specialist disability support services funded under the CSTDA, the disability for these people must be attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to be permanent and results in substantially reduced capacity in at least one of the core activities (self care, mobility and communication).

DISABILITY ACT

Role and functions

2.16 The role of Disability ACT is to plan, co-ordinate, facilitate, fund and, where necessary, provide and monitor a wide range of services and support to people with disabilities in the ACT, as well as those who care for them. It also undertakes policy development, planning, and sector development activities.

2.17 To support the strategic directions of DHCS, Disability ACT has adopted the following vision for people with a disability in the ACT:

All people with disabilities achieve what they want to achieve, live how they choose to live, and are valued as full and equal members of the ACT community.⁸

2.18 Disability ACT advised Audit that:

- (a) over the previous five years the structure of government provided respite services in the ACT has gone through significant changes. In particular, in recognition of the difference in the nature of respite support, the separation of respite services from accommodation services has enabled a refocus on futures planning and service coordination. Through this process the respite service has grown from mainly centre-based respite to a combination of centre-based and flexible in home service delivery models provided in

⁶ Council of Australian Governments National Disability Agreement Fact Sheet 29 November 2008.

⁷ Part 3 of the CSTDA 2003-07 - Interpretation p 9.

⁸ DHCS *Future Directions 2004-08*.

collaboration with the person with a disability and their family and other key agencies (for example, school or day services);

- (b) significant work has been undertaken to reshape the service based on a person by person approach. This reorientation has been made in line with both national and international best practice models. An external expert consultant was engaged to reorientate and develop the skills / knowledge base of the support staff in the service and to guide them in building connections with the local community;
- (c) the person centred approach to service delivery recognises the intermittent and truncated nature of engagement with people with disabilities; and the growth and transition of the needs of the person with a disability between visits. Attention has been given to work more closely with families and to support them in developing and implementing life plans for their family members that provide opportunities in social, recreational and vocational domains; and
- (d) under the auspice of the Strategic Governance Group, new strategic priorities (2009-2014) are being developed to provide direction to future development of government provided services in line with *Challenge 2014*. The strategic priorities are being developed through consultation with individuals, families, carers, service providers and the community.

Organisation and resources

2.19 Disability ACT provides disability services through its five business units:

- Policy, Planning and Sector Development Support;
- Business Support;
- Accommodation Support Services;
- Individual Response Team (IRT); and
- Intensive Treatment and Support Program (ITAS).

2.20 There were 333.9 full-time equivalent staff in Disability ACT as at 30 June 2008.⁹

Services and funding

2.21 The funding for specialist disability services delivered under the CSTDA is sourced from the Commonwealth and ACT Governments. Similar to other State and Territory governments, the ACT Government funds the government and non-government providers of services for people with a disability.

2.22 Table 2.3 shows the amount of total real government expenditure on disability services, by source of funding (in 2007-08 dollars) for the 2005-06, 2006-07 and 2007-08 financial years. The ACT Government spent an average of \$55.5 million on disability services over the financial years from 2005-06 to 2007-08.

⁹ DHCS Annual Report 2007-08 p 22.

Table 2.3: Total real government expenditure on disability services by source of funding (in 2007-08 dollars)

Source of funding	2005-06		2006-07		2007-08	
	\$'000	%	\$'000	%	\$'000	%
ACT Government	55 421	85.7	54 468	85.8	56 462	86.4
Commonwealth Government	9 273	14.3	9 048	14.2	8 851	13.6
Total	64 694	100.0	63 516	100.0	65 313	100.0

Source: Productivity Commission's Report on Government Services 2009 Tables 14A.8 & 14A.9

2.23 In May 2008, the Commonwealth and the ACT Governments agreed to a package of funding in addition to the base funding provided through the CSTDA. Additional disability funding of \$16.9 million will be provided to the ACT over four years, effectively from 2008-09. This funding will include \$15.2 million over the next four years for additional individual support packages, flexible respite care options, more supported accommodation places and increased community access places. The remaining \$1.7 million has been used for capital funding in 2008-09 to provide additional accommodation options for people with a disability.

2.24 The ACT Government spent \$58.9 million (or 91.4 per cent) of the total average annual disability services expenditure on direct service delivery during the financial years from 2005-06 to 2007-08. Administration expenditure amounted to \$5.5 million or 8.5 per cent of total average annual expenditure. Details of expenditure by type (direct service delivery and administration) are shown below in Table 2.4.

Table 2.4: Government expenditure, by type (in 2007-08 dollars)

Expenditure	2005-06		2006-07		2007-08	
	\$'000	%	\$'000	%	\$'000	%
Accommodation support	32 554	50.3	32 664	51.4	33 575	51.4
Community support	12 814	19.8	11 877	18.7	12 896	19.7
Community access	5 129	7.9	5 231	8.2	6 212	9.5
Respite services	4 942	7.6	4 909	7.7	5 628	8.6
Advocacy, information and print disability	1 154	1.8	1 197	1.9	994	1.5
Other support services	2 281	3.5	2 248	3.5	680	1.0
Total direct services	58 874	91.0	58 126	91.5	59 985	91.8
Administration	5 820	9.0	5 394	8.5	5 328	8.2
Total	64 694	100.0	63 520	100.0	65 313	100.0

Source: Productivity Commission's Report on Government Services 2009 Tables 14A.5 & 14A.6

2.25 Most of the disability services delivered under the CSTDA are funded by the Commonwealth and the ACT Governments while respite care services, community support and community access are maintained by a combination of CSTDA funding and contributions by users. Disability ACT received an average annual revenue from user contributions of \$1 million during the last three financial years from 2005-06 to 2007-08.

Performance monitoring and reporting

2.26 The ACT Government is required to monitor and report on its performance in providing disability services through the performance information framework established under the CSTDA. DHCS, through Disability ACT, reported the following performance information to the Commonwealth agencies:

- National Minimum Data Set (NMDS) administered by Australian Institute of Health and Wealth (AIHW);
- annual audited accounts for CSTDA expenditure or financial acquittals to the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA);
- performance information reported by the Commonwealth Productivity Commission in its annual Report on Government Services (ROGS); and
- progress report in the CSTDA Annual Public Report, which is the primary mechanism for reporting performance under the CSTDA.

2.27 The requirement for governments to contribute to an annual CSTDA progress report is an important accountability mechanism. Schedule A of the CSTDA states that this report will be 'a tool for national work-programme management and provide a mechanism for reporting achievements and progress to Ministers and the public'. The ACT Government's progress and achievements have been reported in the CSTDA Annual Public Reports since 2002-03. The 2004-05 Report was the latest report available to the public.

2.28 The CSTDA contains five strategic policy priorities. These are to:

- strengthen access to generic services for people with disabilities;
- strengthen across government linkages;
- strengthen individuals, families and carers;
- improve long-term strategies to respond to and manage demand; and
- improve accountability, performance reporting and quality.¹⁰

2.29 Disability ACT reported its key achievements for 2007-08 against the five national policy priorities of the third CSTDA in the DHCS Annual Report 2007-08. A summary of key achievements for 2007-08 was also included in the ROGS 2009.

¹⁰ Part 4(2) of the CSTDA 2003-07.

- 2.30 Although the CSTDA includes explanations for each of these priorities, it does not provide explicit performance information and quantitative measures for all jurisdictions to easily assess whether objectives are being achieved. In the absence of adequate performance information, Audit was not able to assess whether, or to what extent, the Territory had met the objectives contained in the CSTDA. Further improvement in performance reporting against objectives relies on agreement between Commonwealth, States and Territories. Audit understands that work under the new National Disability Agreement may address this issue.

3. SUPPORTING PEOPLE WITH A DISABILITY

INTRODUCTION

- 3.1 This chapter describes the arrangements for delivery of respite care services in accordance with the applicable quality service standards.

KEY FINDINGS

- The written policies and procedures did not clearly reference to the service standards required by Disability ACT in accordance with the National Disability Service Standards (NDSS).
- Disability ACT required its staff to comply with the NDSS in the provision of their services. However, some staff did not consider the relevance of the NDSS to the services they provided to people with a disability. This suggested that the expectations from management were not well communicated to support staff in the application and implementation of the NDSS.

RESPITE CARE SERVICES

Definition

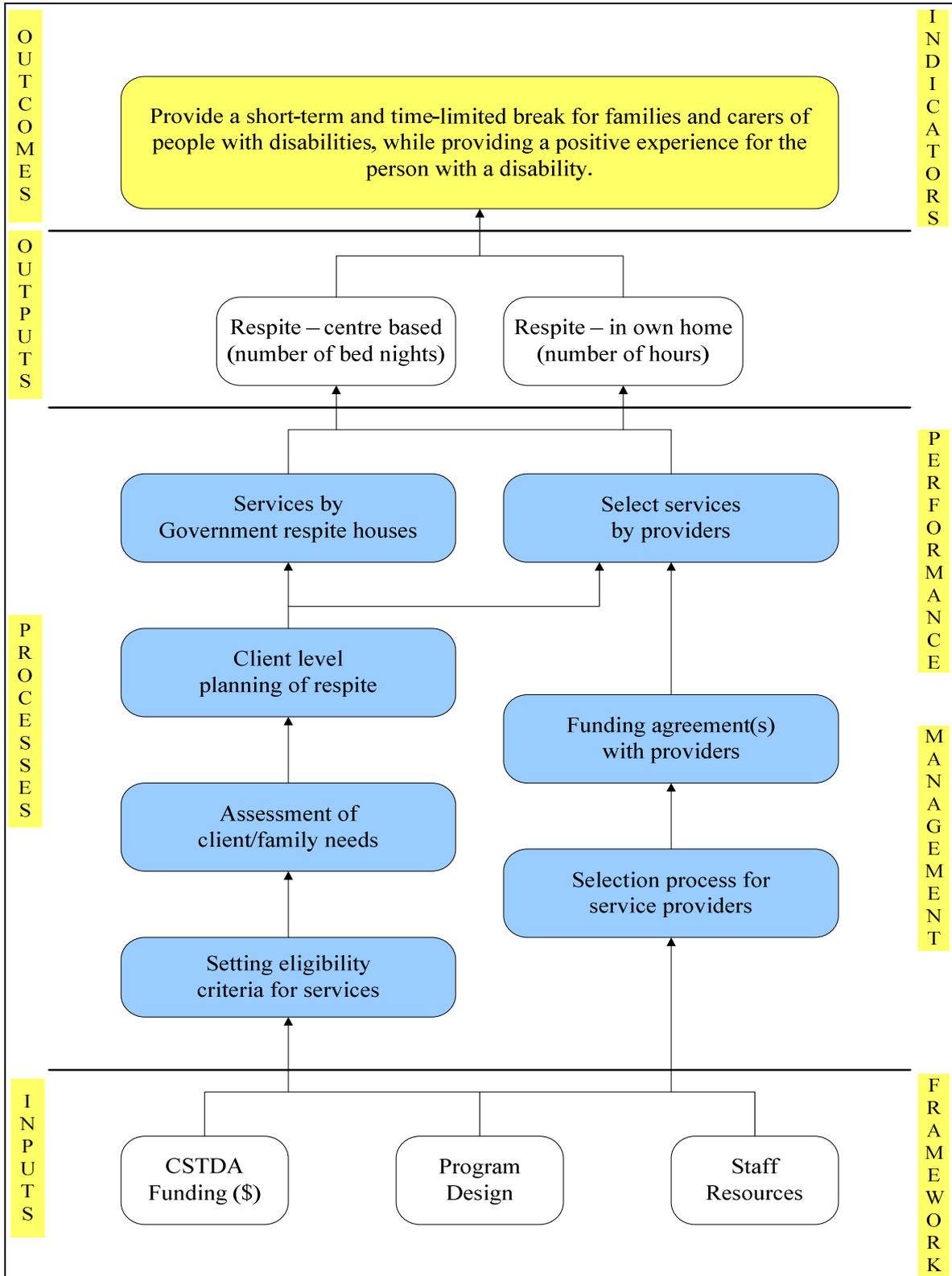
- 3.2 Respite care services are defined in the CSTDA as specialist disability support services to provide a short-term and time-limited break or support for families and other voluntary carers of people with disabilities who are living in the community. The support services, through scheduled or regular respites, are aimed to provide a break to families and carers from their on-going in-home caring role so that either the carers or the person being cared for, can maintain and improve their caring relationship, while providing a positive experience to the person with a disability.

Respite support services

- 3.3 Disability ACT provides direct support services to children, young people and adults through its centre-based respite homes. It also provides other respite support services through other non-government organisations (NGOs) funded under the CSTDA. These support services are provided through the following programs:
- Mature Aged Carers Program. This program provides mature aged carers (aged 65 and above) flexible respite options, including out-of-home, in-home support, residential and emergency services;
 - Flexible Family Support Program. This involves working with people with a disability, their family and carers to identify how they can be best assisted to develop personalised responses, reflective of their needs at different stages, which encourages growth. It may assist families, for example, by funding piano lessons for a family member, or by finding specialist support, or more ordinary everyday things that are considered to make a difference. The assistance tends to be provided as a short-term response rather than on-going; and

- Host Family Respite Program. This program provides a new respite service for adults. This program is targeted at those adults who require high levels of support related to their intellectual and/or physical disabilities whose primary disability is not solely attributed to a mental illness.
- 3.4 In the ACT, people with disabilities can also obtain in-home respite services through the Home and Community Care (HACC) Program managed by ACT Health. The HACC Program aims to provide a comprehensive, co-ordinated and integrated range of basic maintenance and support services for frail aged people or younger people with a disability and their carers.
- 3.5 Figure 3.1 shows the links between inputs, processes, outputs and outcomes, for Disability ACT's respite care services program.

Figure 3.1 Disability ACT’s respite care services



Source: ACT Audit Office

Government respite care services

3.6 The ACT Government, through Disability ACT, is the largest provider of centre-based, overnight respite care for people with disabilities from school age (age five) to adults who are supported at home. The Individual Response Team (IRT), a business unit within Disability ACT, operates four respite houses in Canberra. Table 3.1 provides an outline of the user profile including details of location of the homes, the target group and number of clients (people with a disability who receive the services) accessing services in November 2008.

Table 3.1: Profile of service users of government respite homes

Name of home	Location	Target group	Number of clients in November 2008
Kese	Kaleen	For children aged 5 to 12.	52
Teen	Narrabundah	For adolescents and young adults aged 13 to 18.	41
Elouera	Charnwood	For adults from the age of 18, where the focus is on clients who are more physically independent and require a secure setting.	45
Hughes	Hughes	For adults from the age of 18, primarily for clients with high physical support needs (in some instances the service can take younger residents).	48
Total			186

Source: Disability ACT

3.7 These government centres usually cater for six clients at any one time, although they occasionally may accommodate seven to eight clients.

3.8 Disability ACT advised Audit that:

- the government respite care services and the NGOs provide respite for people with intellectual and physical disabilities, however the government respite care services were primarily accessed by people with intellectual disabilities;
- each centre was being upgraded to provide greater accessibility by clients with physical and intellectual disabilities. Significant development has been made through the implementation and enhancement to the infrastructure including significant investment in the aesthetics of each respite household;
- the government respite houses would normally offer clients regular short stays, for example five days every five weeks. However, the houses would accommodate special needs by families in some circumstances, for example longer periods if families were going on holiday;
- there would be circumstances where people stayed long term in respite while their ongoing support needs were arranged. This occurred when their

families and other informal supports were not able to continue to meet their care needs; and

- its respite care services were not established to provide crisis and out-of-hours responses. Respite services were pre-booked so that appropriate staffing arrangements could be made to meet clients' needs. In addition, a successful respite stay would be dependent on the compatibility of the individual with other visitors to the respite house at any one time and the right staffing to respond to individual needs. Disability ACT had established emergency arrangements after hours or over weekends.

Resources

3.9 In 2007-08, Disability ACT spent \$5.6 million on respite care services (\$4.7 million in 2006-07), of which \$3.8 million (or 68 per cent) were used to fund the operating costs of the government respite houses. Revenue collected from users of government services was less than 3 per cent of total annual expenditure on government respite services. The following Table summarises the expenditure and revenue on respite care services for the 2006-07 and 2007-08 financial years.

Table 3.2: Expenditure and revenue on respite care services

Expenditure and revenue	2006-07 \$'000	2007-08 \$'000
Expenditure		
Government respite houses	3 125	3 752
Non-government organisations	1 583	1 876
Total expenditure	4 708	5 628
Revenue	112	111

Source: Disability ACT

3.10 In its 2006-07 report on disability support services, the Australian Institute of Health and Welfare (AIHW) reported that there were 305 respite users in the ACT funded under the CSTDA, of which 212 (69.5 per cent) were users of centre-based or respite homes.¹¹ The 2007-08 user data has not yet been published by AIHW; the total number of respite service users was estimated to be 373, of which 190 (50.9 per cent) used government respite centres.

3.11 In November 2008, Disability ACT employed 31 support workers (including full-time, part-time and casual) in the government respite centres. Audit was advised by Disability ACT that temporary workers would be engaged through its contracted agents to supplement any staff requirements.

¹¹ AIHW 2006-07 Report on Disability Support Services: National data on services provided under the Commonwealth, State/Territory Disability Agreement, October 2008, Table 2.1.

QUALITY DISABILITY SERVICES

National standards for disability services

- 3.12 Clause 9(1)(a) and (b) of the CSTDA specify that the core quality standards applicable to all services receiving funding under the Agreement shall be the National Standards, and that jurisdictions are required to adhere to quality standards over and above the National Standards.
- 3.13 In 1993, a working party comprised of representatives of the Commonwealth Government, other jurisdictions, consumers and service providers developed the National Disability Services Standards (NDSS). There are currently eight NDSS (refer **Appendix B**). Most States and Territories, for example New South Wales, Victoria, Queensland and Western Australia, have adopted the NDSS. Some jurisdictions have added their own standards to the NDSS. The additional standards mostly related to the protection of legal and human rights and freedom from abuse and neglect.

Policies and procedures

- 3.14 Audit examined Disability ACT's written policies and procedures and noted that:
- the current policies and procedures in relation to the Individual Support Package (ISP) and Registration of Interests (ROI) are accessible to the community from the Disability ACT's internet site; and
 - there are policies, procedures and templates in Disability ACT's intranet sites to assist its staff in their administration of disability services. These documents were only accessible by Disability ACT staff. Examples of these documents were the 'Risk Management Framework', 'Individual Support Services' and 'Respite Specific Policies and Procedures' such as the 'Temporary Exclusion of Respite Clients'.
- 3.15 Disability ACT commenced a major review of departmental policies and procedures in 2005-06 and undertook a mapping of policies and procedures against relevant legislation and standards including the NDSS. Subsequently, Disability ACT began a process of reviewing and updating its policies and procedures on its intranet sites. At the time of audit, Disability ACT's intranet sites were under review and some of the departmental policies and procedures were in the process of development and update.
- 3.16 Disability ACT also advised Audit that the government direct support services and all NGOs, which provided services to people with disabilities on its behalf under service agreements, were required to comply with the NDSS in their provision of services. The requirements for provision of disability support services by Disability ACT staff in accordance with the NDSS were articulated in the staff selection criteria for Disability Support Officers (DSOs) and reinforced in staff induction training course.
- 3.17 Audit discussions with support staff working in the government respite houses indicated that staff were generally aware of the NDSS. However, staff indicated that the NDSS would not be relevant to the services they provided to people with

a disability under their care. This indicated that there was a gap of the expectations between management and support staff in relation to the application and implementation of the service standards in accordance with the NDSS.

- 3.18 Audit found that the NDSS were not specifically referenced in Disability ACT's internal policies, procedures and templates available on its intranet sites. However, some of these policies and procedures included some elements of procedures and practices outlined in the NDSS, such as 'Behaviour Intervention and Support', 'Privacy, Dignity and Confidentiality' and 'Valued Status and Integration and Participation'. Audit also noted that there were no written policy and procedures to cover some of the key service standards, for example service entry and exit under the NDSS (Standard Number 1, service access, refer **Appendix B**).¹²
- 3.19 Audit considers that a lack of comprehensive set of written policies and procedures which clearly reference to the minimum industry standards established in the NDSS may expose Disability ACT staff to risks of not complying with the commonly accepted service standards.
- 3.20 Documented policies and procedures based on the NDSS are essential to establish a common framework that defines quality and establishes criteria for safety, rights, reliability, efficiency and service user outcomes. They also assist staff to provide consistent quality services. The NDSS requires the industry to make written policies and procedures available to potential and current clients in appropriate formats, including languages other than English, where appropriate.
- 3.21 Audit found that most jurisdictions made their standards, policies and procedures available to the community on their internet sites. For example, the New South Wales Department of Ageing, Disability and Home Care and the Victorian Department of Human Services published their policy, procedures or practice guidelines to assist their service providers with the implementation of their Service Standards, and provide people with a disability and families a better understanding of the service standards they will expect from the support services they receive.¹³
- 3.22 Disability ACT advised Audit that it would consider making its policies and procedures more widely available to the general public.
- 3.23 People who use disability services in the ACT have the right to receive services consistent with national standards. To enhance accountability and transparency, Disability ACT should develop and document comprehensive policies and procedures to cover all the elements that constitute high quality service for people who use its services.

¹² Service entry refers to the criteria for entry and a process for allocating priority to services, for example, eligibility criteria, waiting list (if any), protocol for determining priority of access and the type of information collected. Service exit refers to fair and non-discriminatory processes when a service user chooses to or is required to leave the services.

¹³ NSW 'Standards in Action – Practice requirements and guidelines for services funded under the Disability Services Act (NSW)' refer <http://www.dadhc.nsw.gov.au/dadhc/Publications+and+policies/> and Victoria 'Quality Framework for Disability Services (2007)' refer <http://www.dhs.vic.gov.au>.

Recommendation 1

To enhance accountability and comply with the industry standards, Disability ACT should:

- clearly reference the service standards for people with a disability to the National Standards;
- ensure that the service standards are applicable to the programs and services provided by the ACT Government and non-government service providers; and
- make its documented policies and procedures available to the community.

4. ACCESS, ELIGIBILITY AND PRIORITY

INTRODUCTION

- 4.1 This chapter assesses the effectiveness of Disability ACT's systems and processes in assisting people with a disability in the ACT to access disability services and support. It also reviews Disability ACT's policies and procedures in determining eligibility for services.

KEY FINDINGS

- The Disability ACT Information Service provided a range of centralised on-line, telephone and face-to-face enquiries, access and referral services. It also managed a Registration of Interest (ROI) process and database. There was an increasing demand for information services and assistance for people with disabilities in the ACT as indicated by the number of enquiries (telephone and on-line) rising from 1 059 in 2006-07 to 2 644 in 2007-08.
- The operations of the Disability ACT Information Service were not efficient and the process for collection and management of data was not effective. Databases maintained by the Information Service were not complete or updated in a timely manner. The databases did not provide sufficient information to assist effective management of the process, such as the reason for registration of interest, what follow-up actions were taken, and a cross-reference to supporting file records.
- Eligibility for access to specialist disability services funded under the CSTDA is defined by most jurisdictions in their relevant disability legislation and through policy statements and guidelines. The ACT *Disability Services Act 1991*, does not define the eligibility criteria for specialist disability services. Disability ACT has not formalised the procedures or guidelines used in assessing individuals' eligibility for services. A lack of formalised standards and guidance in the assessment process may lead to inconsistency in decision-making and a lack of transparency and accountability.
- The 2007-08 assessment process for funding applications for respite services generally complied with the pre-determined funding criteria and were timely.
- Client information was fragmented and not systematically recorded by Disability ACT. For example, information about clients' history, assessment, evaluation information and funding status was not kept in a consistent place (such as a file) or in a logical way. As a consequence, Disability ACT relied upon the corporate knowledge of key staff to access a record of important information for individual clients. This creates a risk to Disability ACT's ability to make timely decisions and assist support staff in meeting clients' short-term and long-term needs.
- In assessing requests for respite services, Disability ACT did not review potential clients against defined eligibility criteria. Rather, Disability ACT conducted 'minor assessments' of needs, which may lack consistency in approach and decision-making. Better practice would be to assess all potential clients based on formalised standards and procedures.

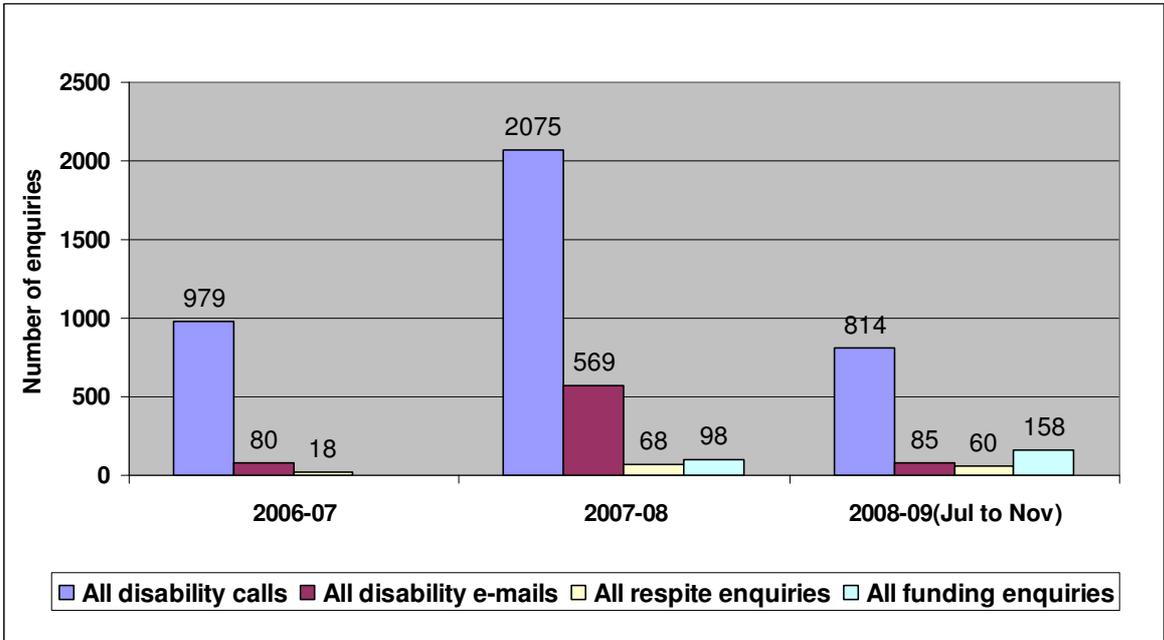
ACCESS TO SERVICES

Information Service

4.2 The Disability ACT Information Service (within the Individual Response Team) provides a centralised contact point for people with disabilities, their families and carers and other members of the community seeking information about disability matters within the ACT. The Information Service provides a range of centralised on-line, telephone and face-to-face enquiries, access and referral services. Audit understands that Disability ACT has funded nine NGOs to provide information services, and the community could also access disability service information from these NGOs.

4.3 Audit examined the records of services maintained by the Information Service and noted that information requested generally fell into the categories of general information requests, linkage services, transfers, funding, registration of interests and interstate contacts. Figure 4.1 shows the key occasions of service for 2006-07, 2007-08 and the first five months (July to November 2008) of 2008-09.

Figure 4.1 Record of services provided by the Disability ACT Information Service



Source: Disability ACT Information Service (based on NMDS collected since July 2007)

4.4 Audit noted that the number of enquiries (telephone and on-line) had increased by 150 per cent from 2006-07 to 2007-08 (from 1 059 to 2 644 respectively). This indicates there is an increasing demand for information services and assistance for people with disabilities in the ACT.

4.5 The number of enquiries for respite services had also increased from 18 in 2006-07 to 68 in 2007-08. Based on the first five months of 2008-09, the total number of enquiries for respite services in 2008-09 would be more than 140, a significant increase since 2006-07. Requests for funding information increased from 98 to 158 during the first five months of 2008-09 compared to 2007-08 (no

records were kept of requests for funding information in 2006-07). Projections based on the first five months suggest an increase of around 280 per cent.

Registration of Interest

- 4.6 The Information Service also manages the Disability ACT Registration of Interest (ROI) processes and database (records of enquiries on spreadsheets). The ROI policy and procedures was changed in August 2008 when Disability ACT implemented a new policy to invite those who need disability support services and financial assistance to register their interest. The Information Service had implemented new procedures to respond to people seeking information, such as funding and request for a ROI form, and new process for data collection and management.
- 4.7 The new ROI form and Information Sheet included information such as:
- eligibility criteria for CSTDA funded disability services in the ACT;
 - advice to the community that the ROI was not a waiting list as prioritisation of requests for service would be determined by need only, and not based on how long the applicant had been waiting for services;
 - the ROI would be valid for 12 months and a new ROI application would be required after 12 months; and
 - a requirement for the applicants to complete and sign a ROI form.
- 4.8 Before August 2008, there were no documented policies to register and follow-up expressions of interest for disability services. The Information Service staff recorded the details of enquiries on a spreadsheet.
- 4.9 Audit examined the ROI databases and noted that:
- the database that contains details of enquiries and expression of interest before August 2008 was not complete. There was inadequate information in the database to ascertain what services had been sought or any follow-up actions taken by the Information Service. Discussions with Disability ACT staff indicated that appropriate follow-up actions had been made subsequent to the enquiries. However, these were not documented; and
 - the database created since the implementation of current ROI policy was not updated on a timely basis. Audit noted that the database only recorded three clients since August 2008. However, Audit found another two clients who had submitted their ROI forms but were not recorded on the database. Further, Audit considered that the new database did not provide sufficient information to assist effective management of the recording processes, such as the reason for an ROI, what follow-up actions were taken, and cross-reference to ROI file records.
- 4.10 In summary, Audit considers that Disability ACT Information Service's processes for data collection and management can be improved to deliver better services.

Recommendation 2

Disability ACT should:

- update records related to registration of interest in a timely manner; and
- review the information maintained on the database and determine what and how information will be used to assist effective management of the registration of interest process and disability support services.

ELIGIBILITY FOR SERVICES AND ASSESSMENT OF NEEDS

Assessing eligibility

4.11 Clause 5.1 of the CSTDA stipulates that the Commonwealth and other jurisdictions agree to ensure that specialist disability services funded under the Agreements (Multilateral and Bilateral) are provided only to benefit people with disabilities. The CSTDA does not specify any eligibility criteria for access to services. Eligibility for access to specialist disability services funded under the CSTDA is defined by most jurisdictions in their relevant disability legislation and through policy statements and guidelines.¹⁴

4.12 The ACT disability legislation, such as the *Disability Services Act 1991*, defines 'disability' and human rights principles for people with a disability, and requirements to be complied with in relation to the design and implementation of programs and services relating to people with disabilities.¹⁵ However, the legislation does not specify the eligibility criteria for specialist disability services.

4.13 Although Disability ACT does not issue any specific policy statement on eligibility for services funded under the CSTDA, Audit noted that the eligibility criteria for services could be found in a number of policy statements and information sheets accessible by the community.¹⁶ People who request services must meet the following minimum criteria:

- the applicants have a disability as defined under the *ACT Disability Services Act 1991* and the CSTDA; and
- the applicants must be living in the ACT for a period of six months or more, except for those non current residents who have recently moved or are intending to move to the ACT under Interstate-Portability arrangements.¹⁷

¹⁴ Australian National Audit Office (ANAO), *Administration of the Commonwealth and State Territory Disability Agreement*, Report No. 14 2005-06 p.37.

¹⁵ *ACT Disability Services Act 1991* Part 2 (Dictionary) and Schedules 1 and 2.

¹⁶ Refer Disability ACT's Individual Support Packages Policy and Procedures issued in February 2007 and Information Sheets for respite (adults and children and young people).

¹⁷ Interstate-Portability arrangements refer to special arrangement for a person with a disability with Individual Support Plan (ISP) funding who makes a sudden and unplanned move either to, or from the ACT. Under such circumstances, it may possible for that individual to continue to receive existing ISP for a limited period (usually up to 12 months).

- 4.14 However, interruptions to ACT residency not exceeding 24 months may still be considered as meeting the residency criterion, provided the applicant can clearly establish that:
- ACT remains his or her permanent place of residence; and
 - the absence is due to the necessity to access rehabilitation or specific supports that are not available in the ACT.
- 4.15 Access to disability support services is universal; anyone can gain access to information services and can apply for a specialist service. In assessing an application for eligibility for services by people with a disability, Disability ACT staff would adopt established practices to determine the applicant's eligibility. For example, medical reports would be requested if staff were not sure about the applicant's severity of disability. However, Disability ACT had not documented the procedures or guidelines used to assess individuals' eligibility for disability services.

Funding applications

- 4.16 The ACT Government, through Disability ACT, provides financial assistance to support people with disabilities, their families, and carers. People with a disability can apply for an Individual Support Package (ISP) to support their needs and services that will best respond to their individual circumstances. The objective of ISP funding is to:
- minimise the effects of the disability and maximise independence through the provision of timely and appropriate support;
 - improve the quality of life for an individual; and
 - strengthen and support family members.¹⁸
- 4.17 ISP funding may be offered on a:
- recurrent basis (i.e. individuals receive the same amount of funding each year, adjusted by an annual indexation rate determined by the ACT Government, without needing to reapply);
 - a non-recurrent basis (i.e. funding available for a fixed period of time); or
 - a combination of the above.

¹⁸ DHCS 'Individual Support Packages - Policy and Procedures February 2007' refer http://www.dhcs.act.gov.au/disability_act/policies dhcs

4.18 Table 4.1 outlines the funding mechanisms.

Table 4.1: Overview of ISP funding mechanisms

Funding mechanism	Features of funding	Limits and conditions
Individualised Funding (formerly Direct Funding)	<ul style="list-style-type: none"> • Individuals can select a service provider and negotiate the services to be provided. • Funding provided where an individual's support services are likely to be stable and involves a single or a small number of agencies. • Funding is usually for recurrent services, but may be for non-recurrent services. 	<p>Low to moderate support package: maximum funding of \$40 000.</p> <p>High and sustained support package: minimum amount of \$40 000 to a maximum of \$125 000.</p> <p>Individual grant may be offered (refer below).</p>
Individually Tied Funding (formerly Brokerage)	<ul style="list-style-type: none"> • Individuals can make their own choice about the services they purchase, and adjust services and provider as required. • Funding provided where an individual's support services are likely to be unstable and temporary. The individual may require co-ordination of a number of supports. • Funding may be recurrent or non-recurrent. 	<p>Low to moderate support package or high and sustained support package as outlined above.</p> <p>Small transitional allocation package: maximum annual funding of \$10 000 or maximum allocation of \$30 000 over three years.</p>
Individual Grant	<ul style="list-style-type: none"> • A small amount of non-recurrent funding for a specific service or support is provided. • Grant money may be paid to a service provider or directly to an individual's bank account. 	<p>Funding ranges from \$500 to \$5 000.</p>

Source: Disability ACT

4.19 Audit reviewed the disability support funding applications for 2007-08 and noted that:

- the eligibility criteria, priorities, selection criteria, assessment process and timeline were clearly defined in the information package provided to the applicants. Applicants were advised that funding priorities would be given to the following categories:
 - Category 1 - young people who have a disability leaving school in 2007;
 - Category 2 - younger people (aged under 50) at risk of entering residential aged care; and

- Category 3 – people with disabilities support needs (high and/or intensive support needs) that cannot be sustained;¹⁹
 - the selection process and timeline were well defined; and
 - detailed instructions were provided to the Selection Panel.
- 4.20 Audit reviewed the assessment process for the 2007-08 funding applications and noted that:
- the DHCS assessment and selection processes generally complied with the pre-determined criteria and were timely (completed the processes within three to four months from September to early December 2007);
 - the supporting documentation, such as the panel score sheets (which should be signed by the Chair of the Panel), was not clearly authorised; and
 - four applicants were allocated funding before others who were given higher priority by the Panel. Audit noted that these applicants were assessed in a previous funding round as having a priority but Disability ACT was unable to allocate funds due to competitive needs. Consequently these applicants had been given priority in this funding round.

Assessment of relative needs

- 4.21 The ACT Government respite care services operated by Disability ACT were primarily for people with a diagnosed intellectual disability or other significant developmental delay with their support at home. Disability ACT advised Audit that government respite centres had focused on the existing client base in the past year. However, Disability ACT's Individual Response Team (IRT) had recently contacted families who had not accessed the respite service for some time to ask whether they would like to use the service again, and whether any improvement in service could be made to enable them to use the service in the future.
- 4.22 Audit noted that there were four referrals from Information Service relating to applications for respite services using government centres since September 2008. Audit reviewed these referral processes and actions taken by the IRT and concluded that management of the referrals was sound.
- 4.23 In handling requests for respite services, the IRT had only conducted mini-assessments of these potential clients' eligibility and needs, instead of using the more strict eligibility criteria adopted in the funding application process. Audit was advised that the mini-assessments were conducted by experienced staff who had the experience to determine applicants' eligibility and needs.
- 4.24 Audit noted that the funding assessment pack for each 2007-08 funding application included a 'Care and support need assessment' and an 'Inventory for client and agency planning' (the ICAP response booklet is the internationally tested assessment tool to determine the functional impact of the applicant's

¹⁹ It refers to client's situation where the existing funding package cannot accommodate his or her increasing intensive support needs.

disability, such as identification of service goals to applicant's adaptive and problem behaviours). Disability ACT advised that all new funding applicants would require an ICAP assessment. Audit understands that it would take about eight hours to complete one ICAP assessment. Therefore, the ICAP assessments would only be used for some funding applicants when the Assessment Panel considered that comprehensive evaluation of individuals' conditions and relative needs was necessary.

4.25 The Australian National Audit Office (ANAO) audit of the administration of the CSTDA found that 'there is currently no one conceptual model adopted by all jurisdictions that assesses eligibility, support needs, and priority for service at both a systemic and individual level'. The ANAO also indicated that:

This situation has resulted in a lack of consistency in how individuals' needs for services are identified and determining priority ... there is significant risk that services provided under the CSTDA may not be provided to those recipients in most need across Australia.²⁰

4.26 In its submission to the Senate Committee on Community Affairs, Carers Australia also highlighted the need for national consistency in assessment of eligibility, support needs and service priority.²¹

4.27 Some jurisdictions use professionals such as occupational therapists, speech pathologists and psychologists to assess individuals' eligibility for disability services. For example, the Victorian Department of Human Services has published its 'Disability Services Access Policy', which includes the policies and procedures to define 'disability' and determine people's eligibility for services.²²

4.28 As mentioned in paragraph 2.14, development of nationally-consistent assessment process will be included in the new reform agenda under the new National Disability Agreement. Audit considers that Disability ACT should formalise its own assessment criteria and procedures because, without an accurate and comprehensive assessment of the care and support needs of each individual, it is difficult to determine which specialist disability services or other services people with disabilities should be able to access.

4.29 Consistent with the view of the Commonwealth Standing Committee on Community Affairs, Audit also believes that accurate and comprehensive assessments of the eligibility and needs of each individual with a disability could assist in:²³

- informing people with disabilities about the services they are eligible to access and facilitating access to those services;

²⁰ ANAO, *Administration of the Commonwealth and State Territory Disability Agreement*, Report No. 14 2005-06 p.38.

²¹ Commonwealth Standing Committee on Community Affairs, *Funding and operation of Commonwealth, State/Territories Disability Agreements*, February 2007.

²² Victorian Department of Human Services, 'Access Policy' July 2007 refer <http://www.dhs.vic.gov.au/disability/support-for-people/information>.

²³ Commonwealth Standing Committee on Community Affairs, *Funding and operation of Commonwealth, State/Territories Disability Agreements*, February 2007.

- determining eligibility and priority through an equitable process to ensure resources are delivered to those in the most need; and
- tailoring available services to meet an individual's specific needs rather than fitting people to services or programs.

4.30 As mentioned before (refer paragraph 4.15), Disability ACT did not have documented procedures or guidelines to assist its staff in assessing an individuals' potential eligibility for disability services. Due to the scarcity of resources and significant unmet needs, it is essential that appropriate procedures and guidelines be applied to individuals seeking access the disability services funded under the CSTDA to ensure those most in need have appropriate access to services. Audit considers that a lack of formalised standards and guidance in the assessment process could lead to an inconsistency in decision-making and illustrates a lack of transparency and accountability.

Recommendation 3

Disability ACT should formalise its procedures and guidelines to ensure that the process to determine eligibility for access to specialist disability services is consistent, transparent and accountable.

Clients' management information system

4.31 In the examination of clients' funding information, Audit noted that client information was fragmented and not systematically recorded, for example, information about clients' history, assessment, evaluation information and funding status was not kept in a consistent place (such as a file) or in a logical way. As a consequence, Disability ACT relied upon the corporate knowledge of key staff to access a record of important information for individual clients.

4.32 Instances were noted where it took about three weeks to locate the clients' funding details upon request by Audit.

4.33 Audit understood that Disability ACT had to comply with the DHCS Record Management Policy (which is in line with the Territory Records Management requirements) on file management and record keeping practices. Audit reviewed a sample of the application files and found that Disability ACT did not comply with the DHCS Record Management Policy Management requirements on file management and record keeping practices. In particular:

- unique file identification numbers or client identification were not used;
- files were incomplete; missing documents included signed copies of the final funding agreements and funding details; and
- file movement cards to locate the files were not used.

4.34 Because clients' information was not managed in accordance with acceptable record management policy and practices, Disability ACT is exposed to the risk of staff not being able to provide correct information to clients regarding their funding status. In the absence of key staff members who had knowledge of clients' service history and funding information, it would also create problems for

other staff not able to make timely decisions and assist support staff in meeting clients' short-term and long-term needs.

- 4.35 Audit considers that better client information is required to support effective management of disability services. Disability ACT should develop an integrated client management information system to provide comprehensive, relevant and streamlined information to staff to assist them in meeting clients' needs. Disability ACT should also follow the DHCS Records Management Policy in managing its clients' files and complying with the Territory record management practices and processes.

Recommendation 4

To enhance the effective management of the clients' services and comply with the Territory Records Management Policy and Practices, Disability ACT should:

- enhance and maintain a consistent management information system to provide relevant clients' information, such as medical history, services provided, funding status and risk assessment; and
- comply with the Territory records management practices in managing its clients' records and files.

5. MANAGEMENT OF RESPITE CARE SERVICES

INTRODUCTION

5.1 This chapter examines whether the government respite services are managed effectively to provide high quality services to people with a disability.

KEY FINDINGS

- Disability ACT operates four government respite houses in the ACT. Each client's Individual Respite Care Plan (RCP) kept in the houses is the principal mechanism for Disability ACT to identify, monitor, and review delivery of services to meet set goals to enable the client using the respite services to achieve the desired outcomes. The plan is developed for the clients with input and assistance from families, carers or guardians and other concerned individuals. Audit examined a sample of 86 clients' RCPs and found that:
 - 57 files (or 66 per cent of total clients' files reviewed) did not have a current RCP in accordance with Disability ACT policies and procedures. A number of RCPs reviewed were not updated since 2003 and 2005 and some RCP were not signed, dated and complete;
 - there was no evidence of review by the appropriate delegate of all the RCPs reviewed;
 - 61 (71 per cent) of 86 clients' consent forms reviewed ('Consent to Receive a Service' and 'Consent to Exchange/Release Information'), which form part of the RCPs, were not current. Audit noted that it was Disability ACT's policy to renew the consent forms annually; and
 - the consent forms required Disability ACT representatives to discuss the referral process and the range of services provided by Disability ACT with the signatory. All the sampled consent forms did not have evidence of review and discussion with the signatory by the appropriate Disability ACT delegate.
- Most clients' visit records did not have visit summary, file or progress notes, nor supporting documentation such as clients' clothing lists and essential medical history.
- There were inconsistencies in record-keeping practices and procedures between the respite houses, for example, different forms were used by the houses.
- Disability ACT had not managed its respite clients' risks effectively in accordance with its Risk Management Framework. Audit reviewed a sample of clients' RCPs and found that:
 - there was no evidence of a Staff Facilitated Risk Assessment having been performed for each client;

- only nine clients had been selected for a facilitated risk assessment and these assessments were conducted prior to 2007. However, there was no evidence of review and sign-off by the appropriate delegates for each of these facilitated risk assessments as required in the assessment form. This indicates that appropriate risk strategies and level of support to safeguard client's safety had not been authorised and implemented; and
- an instance was noted where a client's alerts and protocols had not been approved by the Senior Manager, signed off by the Network Coordinator, and consented to by the guardian.
- Riskman is the automated recording, management and reporting system for client incidents, to enable the identification of any trends that may require a systemic response. For a period from June 2006 to October 2008, Riskman recorded a total of 303 incidents in the government respite houses, of which 44 (15 per cent of total incidents reported) were classified as critical (levels 6 and 7 only). There was no report of any incident causing death or severe disability (level 8 outcome).
- Mitigating strategies to minimise the risks associated with clients' safety as outlined in the DHCS Risk Management Profile 2008, are sound. However, the implementation of Riskman reporting and monitoring of incidents was less effective as illustrated by 37 per cent of incidents not being reported on a timely basis and some incidents not being recorded on Riskman.
- Disability ACT implemented a range of strategies to address the risks of staff recruitment and retention, including professionalising its workforce over a three-year period from 2007 to 2010 - for example, requiring formal qualification such as a Certificate IV in Disability Work for support staff (DSO3). However, systems and processes in managing training and professional development need of staff can be improved. For example, some staff did not attend mandatory annual refresher courses for epilepsy and Riskman reporting training courses.
- Disability ACT did not have reliable processes to manage complaints and feedback. The practices adopted by Disability ACT in managing complaints to the Minister and the Human Rights Commission were sound, and should also be extended to manage complaints from other sources.
- Disability ACT has funding agreements with 41 service providers to provide various disability services. It would take about eight years to review all service providers under the current DHCS policy of selecting five organisations for annual review.
- Quality assurance through annual self-assessment by service providers was not effective. There was no evidence of review and follow-up actions by Disability ACT staff since May 2006. Therefore, there is little assurance to Disability ACT that services delivered by service providers met the acceptable level of industry standards or the NDSS.
- There was no internal or independent review of the operations of the government respite houses against the NDSS in recent years to provide assurance to Disability ACT that its direct support services had met the expected performance standards.

MANAGEMENT OF GOVERNMENT RESPITE HOUSES

Background

- 5.2 As discussed in chapter 3, Disability ACT operates four government respite centres across the ACT, namely Kese (for children aged 5 to 12), Teen (for young people aged 12 to 18), Elouera and Hughes (both are for adults).
- 5.3 The National Disability Service Standard (NDSS) (refer **Appendix B**) requires all service providers to have sound management and governance practices, which are accountable and consistent with current disability support policies and practices. The community has expectations that government and non-government service providers provide high quality services, including appropriate activities and methods to assist people with disabilities to achieve the best outcome for them. Their families or carers also need to be assured that the environment the organisations provide for people with a disability is safe, comfortable, pleasant and respects the rights of individuals under their care.

Individual Respite Care Plan

- 5.4 The Individual Respite Care Plan (RCP) is used by Disability ACT to identify, monitor, and review delivery of services to enable clients to achieve the desired outcomes. The plan is developed for the clients with input and assistance from families, carers or guardians and other concerned individuals.
- 5.5 An individual RCP includes the following key information:
- client's personal details, including details of the client's parent(s) or guardian, contacts, advocate, general practitioner, and so on;
 - individual history, strengths and competencies, and weekly planner;
 - individual personal care, medical history, alerts (e.g. medical, food allergies and behaviours) and information on relevant disability; and
 - the consent to receive a service, consent to release information and additional notes including a Team Leader checklist.
- 5.6 During the audit of the government respite houses, Audit reviewed a sample of clients' RCPs (46 per cent of total number of Disability ACT respite clients or 86 clients' files reviewed) and found that:
- 57 files (or 66 per cent of total clients' files reviewed) did not have a current RCP. A number of RCPs reviewed were not updated since 2003 (and some in 2005). Some RCPs were not signed, dated or complete (missing some pages, for example 'Alert' page in Part A);
 - there was no evidence of review by an appropriate delegate of all the RCPs reviewed (Part C on the page marked with 'Additional Notes' and 'DSO2 Checklist');
 - 61 (71 per cent) of 86 clients' consent forms reviewed were not current. Audit noted that it was Disability ACT's policy to renew the consent forms

annually as the consents were generally valid for up to twelve months only; and

- the consent forms required Disability ACT representatives to discuss the referral process and the range of services provided by ACT with the signatory. None of the consent forms reviewed had evidence of review and discussion with the signatory by an appropriate Disability ACT delegate.

5.7 Audit also noted that the ‘Consent to Receive a Service’ form requires the signatory to specify any limitation to the information kept and who this information was provided to. There was an instruction for the signatory to delete the relevant clause (item 6(a)) if limitation was not applicable. Audit noted that all the forms reviewed had not been properly crossed out to indicate no limitation on the signatory’s consent.

Implications and risks

5.8 Poor record management practices may lead to a breach of legislation and increased risks to Disability ACT. For example, lack of any clear record of consent to how information will be managed may lead to confusion and disputes. It may also expose Disability ACT to potential legal action.

5.9 Lack of regular review of Individual RCPs (including the consent forms) by the delegate may indicate that not all of the relevant and current information relating to a client has been considered and assessed before the development of the client’s care plan.

5.10 Poor practices in the management of clients’ RCPs reduces the prospect of a consistent approach by Disability ACT support staff in promoting the development of individual clients, and the capacity to monitor both service responsiveness and client progress. Consequently, the clients’ respite care needs have not been updated to ensure that the clients have been provided with quality service aiming at enhancing quality of life.

Recommendation 5

Disability ACT should:

- update and review the clients’ Individual Respite Care Plans on a regular basis;
- check that the Plans are reviewed and signed by appropriate delegates; and
- update and monitor assessments of the clients’ needs as an integral part of the service delivery process.

Visit records at the respite houses

5.11 Disability ACT’s staff in respite houses were required to record clients’ daily progress notes during their stays, including activities attended by the clients, client’s health and medication and significant events. Audit understands that these support staff were required to report client’s activities twice a day during their daily visit.

- 5.12 Audit reviewed a total of 648 clients' visit records and noted that:
- 67 per cent of the visit records reviewed (434 records) did not have visit summaries;
 - 50 per cent of the visit records reviewed (324 records) did not have file or progress notes; and
 - 55 per cent of clients' clothing lists (354 records) and 48 per cent of clients' medical history records (311 records) were not found on files.
- 5.13 Audit noted inconsistencies in record-keeping practices and procedures between the houses. Audit found that:
- one house had maintained adequate records of visit summaries and files or progress notes, with only a small percentage of visit records not found on files;
 - a significant number of visit records and key documents (such as clothing lists and medical histories) could not be found in other houses;
 - the quality of information provided by the staff varied. For example, some of the clients' daily files or progress notes were difficult to read and very brief and were therefore of questionable value. Instances were noted where daily reports were not prepared; and
 - staff in one of the houses advised Audit that all clothing lists and medical history forms were returned to clients when the clients left after their visits.
- 5.14 Audit was advised by Disability ACT staff that clients' daily activities were required to be recorded in exercise books (one for each client). The exercise books were intended to provide feedback to the clients' school, parents or guardians of the clients' activities, health and behaviour during their stay in the respite houses. Consequently, the respite houses did not maintain records of visit summaries or progress notes on clients' files. However, Disability ACT staff also advised Audit that clients had possession of the books, and did not always return them to the house. Further, staff considered the exercise books might not serve the intended objective since they understood that clients' schools and parents did not always read the exercise books after visits.
- 5.15 Due to inadequate documentation kept on clients' files, Audit was unable to use these files to verify the history of visits for most of the clients selected for review. Instead, Audit consulted the booking register and the billing records kept in the respite houses in addition to secondary documentation found on clients' files (such as clothing lists, medical history and cash book records) to ascertain the periods of stays. Some of the billing records could not be located.

Implications and risks

- 5.16 Audit considers that the recording of clients' daily activities in the exercise book offered a satisfactory means of providing feedback to schools, parents or guardians regarding client's visits. However, a lack of client's visit history and records of stays maintained on the client's file might lead to inadequate information for staff to follow-up with an appropriate level of support to clients in

their subsequent visits. Maintaining client files are important, given client's exercise book can be misplaced or lost. Audit also acknowledges the difficulties in maintaining these books as they may be outside the control of respite staff.

- 5.17 Inconsistent record management and practices and poor documentation of clients' visits may expose Disability ACT to potential legislative and operational risk (as discussed above). Inadequate and incomplete documentation on clients' visit histories may impair the ability of support staff, particularly staff who are new or casual, to identify any particular client's risks.
- 5.18 Disability ACT stated that it is currently reviewing its record management and record keeping practices, using an external consultant to address these issues. Audit considers that Disability ACT should identify what key information and records that should be maintained in clients' files during its proposed review.

Recommendation 6

Disability ACT should review and standardise its records management and practices to clarify the requirements for reporting clients' activities and progress during their stays in government respite houses, and maintain appropriate records and documents.

RISK MANAGEMENT

Risk management framework

- 5.19 The DHCS Quarterly Risk Management Profile 2008 (July to September 2008) identified that Disability ACT has the following critical risks:
- failure to manage the safety of clients; and
 - attracting and training employees (a common risk across DHCS).
- 5.20 To mitigate these risks, Disability ACT has:
- implemented the regular reporting and monitoring of incidents through Riskman (a database system for reporting incidents);
 - developed Individual Support Services (ISS) operational policies and procedures; and
 - developed a whole-of-department attraction and retention strategy.
- 5.21 To recognise the vulnerability of most of its clients to health and safety risks, Disability ACT has implemented a Risk Management Framework (RMF) since July 2007. A number of policies and procedures were also developed such as 'Developing Alerts and Protocols' and 'Risk Assessment' to assist staff in their implementation of the RMF. The RMF and related policies and procedures, which were developed in accordance with Australian/New Zealand Standard AS/NZS 4360:2004 'Risk Management', are aimed at assisting staff by systematically identifying, managing, and minimising risks.

- 5.22 Client's risks can involve their physical health, injury and safety, and emotional health. The approach outlined in the RMF is through:
- a risk assessment for all clients (Staff Facilitated Risk Assessment) as part of their Individual Plan;
 - a facilitated risk assessment, when risks have been identified as high or extreme and a facilitated pre-admission risk assessment, prior to a client being admitted to hospital or for a dental procedure; and
 - client incident reporting electronically on Riskman. This allows the analysis of incidents to assist identifying risk factors that contribute to or mitigate risk for a client.
- 5.23 The policy of conducting clients' risk assessments, in consultation with clients, their guardian, house staff and key people to supporting the clients, is to identify any risks that staff should be aware of and to implement a series of goals and strategies to mitigate and manage these risks. Where a client has an extreme or life-threatening risk, either to the client, to staff, another client or member of the community, then alerts are identified and protocols developed so that everyone is aware of what action to take.

Managing clients' risk

- 5.24 In accordance with Disability ACT's 'Risk Assessments Policy and Procedures', all clients, including respite clients, are required to have a Staff Facilitated Risk Assessment. The process for each client's Risk Assessment is to be undertaken by respite staff including the Team Leader (DSO2) and a key worker, the Network Coordinator and other stakeholders (including parents or guardians). Where a high or extreme risk is identified for a client, the Network Coordinator refers this to the Risk Manager who performs a facilitated risk assessment with all relevant stakeholders and develops a risk action plan.
- 5.25 Disability ACT advised Audit that through the development of a Risk Management Framework, identification and mitigation of risks to the individual, staff and service, enable the person with a disability to develop within a safe environment.
- 5.26 During Audit's visits to the government respite houses, Audit reviewed a sample of clients' RCPs (86 clients' files reviewed) and found that:
- there was no evidence of a Staff Facilitated Risk Assessment having been performed for any client;
 - only nine clients had been selected for a facilitated risk assessment and these assessments were conducted prior to 2007. However, there was no evidence of review and sign-off by the appropriate Network Coordinator (DSO3) and the Senior Manager for each of these facilitated risk assessments as required in the assessment form. This indicates that appropriate risk strategies and level of support to safeguard client's safety had not been authorised and implemented; and

- an instance was noted where a client's alerts and protocols had not been approved by the Senior Manager, signed off by the Network Coordinator, nor consented to by the guardian.
- 5.27 Audit also noted that some clients were admitted to respite houses without sufficient documentation to guide staff about the necessary care (for example, seizure alerts). Further, some action plans did not have evidence that action had been taken.
- 5.28 Disability ACT staff advised Audit that the policy of Risk Assessment was primarily intended for clients in supported accommodation and that respite clients would not be covered by this policy. However, the policy clearly indicates it does apply to Disability ACT clients, including:
- clients in supported accommodation;
 - clients who received outreach support; and
 - clients using respite services.²⁴

Implications and risks

- 5.29 Audit noted that Disability ACT had not managed its respite clients' risks effectively in accordance with its Risk Management Framework. Instead, Disability ACT advised Audit that it relied on the ability of its staff to manage clients' risks as most respite clients were known to staff. Therefore staff were presumed to know the changing situations of clients.
- 5.30 Audit considers that non-compliance with its Risk Management Framework would expose Disability ACT and its clients to significant risks, such as:
- not providing adequate support to staff, especially casual staff, working in the respite houses. Without such support, staff unfamiliar with clients could not quickly become familiar with any high risk alerts and the protocols to manage those alerts;
 - not ensuring optimal support of clients, through appropriate input to alerts and protocols, from relevant health professionals; and
 - staff not being well prepared for a client if a formal risk assessment of the client's conditions had not been done or when the client's circumstances had changed.
- 5.31 Audit also considers that a formal risk assessment process should be conducted for all respite clients and a facilitated risk assessment for extreme or high risk clients in accordance with Disability ACT's Risk Management Framework.

²⁴ Disability ACT, Individual Support Services, Policies and Procedures, **Alert and Protocols**, June 2007 page 5 of 24.

Recommendation 7

Disability ACT should:

- manage respite clients' risks effectively, in accordance with its Risk Management Framework and related policies and procedures;
- perform a formal Staff Facilitated Risk Assessment for all respite clients to identify clients' risks (physical health, injury and safety and emotional health) and mitigate those risks; and
- conduct a more detailed risk assessment for those respite clients when their risks have been identified as high or extreme.

Riskman reporting and monitoring

- 5.32 Riskman is the automated recording, management and reporting system for client incidents to enable the identification of any trends that may require a systemic response. All staff have access to this reporting system.
- 5.33 Staff are required to report incidents, such as injury, epilepsy, coughing and choking, medication, neglect, physical assault, verbal assault and sexual assault, by outcome levels. The outcome levels ranged from minor (level 1) to critical (levels 6, 7 and 8). For example, the outcome of:
- level 7 incidents is for a client to be admitted to hospital; and
 - level 8 is for death or severe disability to occur.
- 5.34 Each reported incident is required to be reviewed by the supervisor and manager to follow-up with an appropriate response or action.
- 5.35 For the period from June 2006 to October 2008, Riskman recorded a total of 303 incidents in the government respite houses, of which 44 (15 per cent of total incidents reported) were classified as critical (levels 6 and 7 only). There were no recorded deaths or severe disabilities (level 8 outcome).
- 5.36 A review of a number of Riskman reports found that:
- 13 reports out of a total of 35 incidents reviewed (or 37 per cent) were not prepared within one day of the incident as required by policy. Delays in recording incidents on Riskman ranged from two to 61 days, with an average of 16 days;
 - six of these 35 incidents (17 per cent) related to critical risks (level 6 and 7); and
 - an instance was noted where there was no evidence of independent review or response as required.
- 5.37 Sometimes, client incidents were reported in the clients' files or daily progress notes kept in the government respite houses but not recorded in Riskman. This demonstrated that some staff were not fully aware of the reporting requirements.

- 5.38 Audit was informed that Disability ACT's senior management group held monthly meetings to consider incident management issues based on Riskman Reporting. A range of reports were produced to assist the management group with their strategic and operational management of clients' risks. The group reviewed and discussed any significant issues and trends across the business units so that a strategic approach would be developed to deal with the risks. Any follow-up actions regarding any incidents would also be discussed in the meetings and actioned by the managers and other operational staff.
- 5.39 However, there was no documentation or record of meetings maintained by the senior management group. DHCS would therefore find it difficult to review the appropriateness of its responses to address clients' risks. Such lack of documentation also raises risks of inadequate accountability and transparency.

Implications and risks

- 5.40 Audit considers that the mitigating strategies to minimise the risks associated with clients' safety outlined in DHCS Risk Management Profile 2008 are sound. However, the implementation of Riskman reporting and monitoring of incidents was less effective as illustrated by a significant number of incidents not reported on a timely basis (within one day) and instances of incidents not recorded on Riskman. If the incident records in the Riskman are incomplete, the senior management group cannot rely on the Riskman reports to manage the risks.

Recommendation 8

Disability ACT should:

- (a) improve the timeliness and completeness of reporting of incidents through Riskman. In particular, all incidents recorded in clients' files and daily progress notes should be recorded in Riskman; and
- (b) maintain proper records of all senior management group meetings so that the outcomes and the status of actions for all high risk clients can be regularly reviewed and monitored as a standing agenda at subsequent meetings.

STAFFING QUALIFICATIONS AND TRAINING

Staff recruitment and retention

- 5.41 DHCS's Risk Management Profile 2008 identifies 'failure to attract and retain employees' as one of its highest risks. A range of strategies has been implemented to address staffing issues, such as providing flexible working conditions and revising recruitment practices.
- 5.42 Recruiting and maintaining sufficient qualified staff is a critical factor in the provision of quality services to people with a disability. Discussions with key non-government organisations in the disability service sector indicated that the sector had been experiencing significant difficulties to attract and retain support staff and that the turnover rate in the industry has ranged from 25 to 30 per cent in recent years.

- 5.43 In May 2007, Disability ACT commissioned a report on 'The Disability Workforce Strategy for the ACT Disability Sector'. Audit understands that this is a long-term project to be implemented over a three-year period.

Staff turnover

- 5.44 Staff turnover in the government respite houses was 17 per cent during the last three financial years from 2005-06 to 2007-08. This is better than the industry experience of 25 to 30 per cent. The staff turnover rate in the respite houses was noted to be higher than the average turnover rate of 11 per cent for Disability ACT as a whole.
- 5.45 Audit reviewed a sample of anonymous staff separation surveys and noted that the reasons for departures were mainly for family circumstances and to care for children or dependants rather than staff management issues or matters within the direct control of Disability ACT. There were four workers' compensation cases for government respite services in the three years from July 2005 to June 2008.

Recruitment

- 5.46 Disability ACT currently recruits staff by advertising three or four times a year. There are a range of options for potential employees including a temporary register for those people who have shown interest outside of an active recruitment period. Audit did not review the recruitment process for permanent staff. However, a sample of recruitments for temporary and casual staff was selected for review to ascertain whether the recruitment processes had been made in accordance with departmental policy and procedures.
- 5.47 The recruitment processes for temporary and casual staff were similar to the processes used for the employment of permanent staff. Police checks, health checks and referee reports are Disability ACT's standard practice before the formal appointment. A review of a sample of recruitment files (ten in total) in relation to engagement of temporary and casual staff revealed that:
- all records of police checks were found in the personnel files maintained by Shared Services (currently under the Department of Territory and Municipal Services); and
 - eight out of the ten files reviewed did not have referee reports. Audit was advised by Disability ACT staff that referee reports might have been misplaced when the personnel files were transferred to Shared Services in 2006.

Qualifications and training

- 5.48 Disability ACT implemented a range of strategies to address its staffing issues, including professionalising its workforce over a three-year period from 2007 to 2010. This included requiring formal qualifications such as a Certificate IV in Disability Work for support staff (DSO3).
- 5.49 Since 2007, Disability ACT had developed a training framework for the whole business unit to complement the existing education, training and professional

development needs through the implementation of Competency Based Training (CBT). This training aims to equip staff with the practical skills and knowledge to perform their duties as well as providing a nationally recognised formal qualification. Audit understood that CBT had been an emerging requirement for industry-established baseline qualifications over the past decade. However, the CBT is not mandatory as the ACT industry sector has not yet endorsed this professional requirement across the sector.

5.50 Disability ACT provided education and training to Disability Support Officers (DSOs) via:

- an intensive induction program for new staff;
- an annual training program that offers in-house courses specially tailored for disability support; and
- a Certificate IV in Disability Work to Team Leaders (DSO2s) through a partnership with Canberra Institute of Technology.

5.51 A review of the current training requirements and records of staff training (kept in DHCS Environmental Scheduling Personnel system) revealed that:

- the training requirements for individual staff members were not well defined;
- a review of 15 support staff (DSO1 and DSO2) training records revealed that some mandatory client-specific training and CBT had not occurred. For example, of the 15 staff training records reviewed, mandatory annual refresher courses for epilepsy (seven cases) were expired and no follow-up of refresher courses had been identified; and
- 10 out of 15 staff members did not attend Riskman training. Audit was advised by the Training Unit that most of these staff had attended the training but the records had not been updated.

Implications and risks

5.52 Training and development of staff is one of the strategies used to address staff recruitment and retention. Effective training is vital to achieving a number of purposes, including the:

- improvement of knowledge, skills and practices for specialist disability services;
- ability to respond and adapt practices to emerging needs;
- recognition of clients' needs for specialised care and equipment for bathing, toileting, etc. and knowledge of how to go about meeting these needs;
- development and recognition of staff competency and qualification in their provision of quality specialist services; and
- improvement of staff retention.

5.53 Audit found that Disability ACT's systems and processes in managing staff training and professional development needs were not effective. There is a need

to improve the existing systems and processes, including management reviews, to achieve effective training strategy.

- 5.54 DHCS advised Audit that a review of all learning and development areas has been undertaken and that all DHCS training units would be centralised with new systems and processes to manage the effective delivery of training needs of all DHCS staff.

Recommendation 9

Disability ACT should enhance its staff training and development by:

- clearly defining and regularly reviewing individual staff training requirements;
- regularly monitoring attendance at mandatory specialised and competency based training and annual refresher courses; and
- updating staff training records in a timely manner.

COMPLAINTS AND FEEDBACK SYSTEMS

Complaints processes

- 5.55 The appropriate management of complaints is a crucial element of any effective monitoring and evaluation system. Effective management of complaints, including analysis of all complaints on a systematic basis, would provide useful information for improving service delivery.
- 5.56 Disability ACT adopts the DHCS complaints policy and procedures to manage its complaints and feedbacks from clients, their families, carers or other concerned individuals.
- 5.57 Clients and community members can make their complaints to:
- DHCS or Disability ACT Information Service via phone, email or submission of DHCS Feedback Forms;
 - DHCS Consumer Advocacy and Quality Service, an independent area within DHCS;
 - the Minister; or
 - the Disability Discrimination Commissioner or the Human Rights Commissioner.
- 5.58 Upon receipt of the complaint, Disability ACT's procedure is that it will acknowledge the complaint within 24 hours and briefly advise the complainant of the options that may be followed. Disability ACT's intention is to resolve any complaints within 21 days. However, complex complaints may sometimes take three months to resolve, including a formal response to the complainant with outcomes and recommendations.
- 5.59 Disability ACT advised Audit that the complaint and feedback framework was being developed using a Riskman module.

Complaints and feedback to Disability ACT

- 5.60 Disability ACT advised Audit that its complaint register (maintained on an Access database) by Information Services was corrupted. Therefore, Disability ACT could not provide Audit with relevant key information within a reasonable time. Audit reviewed the register and noted that:
- from January 2004 to March 2008, Disability ACT recorded 116 complaints, of which only seven related to respite service;
 - key information relating to complaints such as the 'date of complaints', 'date action due' and 'date complaint closed' had not been updated for most complaints. Audit was therefore unable to confirm whether the complaints had been settled promptly within the timeframe in accordance with DHCS and Disability ACT's complaint management policy; and
 - the register had not been properly maintained since 2007.
- 5.61 Consequently, Audit considered that the register was not a reliable record of the effectiveness of Disability ACT's complaint management system.
- 5.62 Audit reviewed the seven complaints relating to respite services and noted that:
- relevant supporting complaint documentation could only be found in four (57 per cent) of the relevant clients' files; and
 - the handling of three of these four complaints did not comply with the DHCS process, and the complaints were not responded to within a reasonable time.
- 5.63 During Audit's visits to the government respite houses, Audit examined the 'communication books' maintained in the houses and found several records of informal complaints primarily relating to matters such as missing clients' clothing. However, Audit also found some positive feedback from the clients' families indicating that they were happy with the care provided to the clients.

Ministerial and Human Rights Commission correspondence

- 5.64 Complaints (or other communication) are occasionally made to a Minister or the ACT Human Rights Commission (including Human Rights and Discrimination Commissioner, Children and Young People Commissioner; Disability and Community Services Commissioner and Health Services Commissioner). Correspondence from the Minister's Office or the Human Rights Commission is transmitted to the DHCS Executive, where it is recorded and passed to Disability ACT to prepare a reply. Ministerial and Human Rights Commission complaints are managed separately and are not included in the complaints register maintained by the Disability ACT Information Service referred to above.
- 5.65 Audit reviewed two complaints relating to respite care service to the Minister and one complaint via the Human Rights Commission in the recent years. Audit noted that these complaints were actioned and documented by DHCS in a systematic manner. There was evidence of an effective and timely follow-up of these

complaints, with the reply to the complainant being sent out, on average, within one month of the complaint being received.

Summary

- 5.66 Disability ACT did not have reliable processes to manage all complaints and feedback. Audit noted that:
- the complaints, except for those formal complaints to the Minister and the Human Rights Commission, were not managed in accordance with DHCS complaint policy and procedures;
 - there was no systematic procedure to record and follow-up the complaints; and
 - the register of complaints was incomplete and unreliable, and hence underestimated the level of complaints.
- 5.67 Audit considers that the practices adopted by Disability ACT in managing complaints to the Minister and the Human Rights Commission were sound. These good practices should be extended to manage complaints from other sources.

Recommendation 10

Disability ACT should improve its complaint management systems and processes by:

- maintaining a complete and accurate register of complaints;
- following up complaints effectively and documenting the action that has been taken and discussed with clients; and
- analysing all complaints received through DHCS, Disability ACT Information Service, the Minister's Office and the Human Rights Commission to provide useful information for improving service delivery.

QUALITY AND PERFORMANCE MONITORING

Quality assurance

- 5.68 Part 9 of the Commonwealth, States and Territories Disability Agreement (CSTDA) requires all jurisdictions to comply with the NDSS, and work towards continuous improvement in services and quality assurance processes and systems, including service review processes.
- 5.69 Disability ACT commissioned a review of Individual Support Services in October 2004 and DHCS internal audit conducted reviews of Group House Expenditure in July 2007 and Disability ACT Supported Accommodation in January 2008. Disability ACT also conducted a baseline self-assessment of its services against the NDSS in 2004-05 but no further self-assessment process was performed since then. Disability ACT advised Audit that the government respite houses had not been subject to any internal or independent review in recent years to assess whether the services delivered at the houses met the service standards outlined in the NDSS.

5.70 Disability ACT required its non-government service providers to comply with the NDSS and monitored their performance and quality of services through:

- a quality self-assessment process for all disability services based on the NDSS. The process involved service providers completing an annual self-assessment and developing quality improvement plans to address areas of weakness; and
- a program of annual audit of five service providers by external consultants.

5.71 As the focus of the audit was on the respite services provided by the government respite houses, Audit did not perform any detailed review of the effectiveness of services provided by the external service providers or NGOs. However, Audit conducted a brief review of the effectiveness of the self-assessment process to monitor performance of service providers and noted that:

- there was no evidence of review and follow-up action by Disability ACT staff since May 2006, following the departure of the Relationship Managers who were responsible for monitoring the performance of the service providers; and
- at least 15 service providers' reports had not been requested and followed up by Disability ACT during Audits' review of May 2006 records of performance reports.

5.72 In relation to the annual audits of five service providers conducted by Disability ACT's consultant, Audit noted that the latest review report included the review of Canberra Blind Society, Epilepsy ACT, Koomarri, Woden Community Services and Community Programs Association (LEAD). The review was completed in February 2008. However, Disability ACT could not provide Audit with details of the audit programs and all the review reports completed in the recent years. Audit was advised by Disability ACT staff that it was difficult to locate these records.

5.73 The consultant stated in its 2008 review report that:

- the majority of the organisations focussed their continuous improvements on NDSS Standards 1, 8 and 9 (refer **Appendix B**);²⁵
- previous self-assessments against the NDSS indicated that these organisations were already at satisfactory level for most of the Standards;
- all of the organisations reviewed would welcome a continued partnership approach to the management of the service agreements between their organisations and Disability ACT. However, they identified the need to be able to discuss more regularly the issues surrounding the delivery of services and to be able to develop a mutual understanding of their organisation and client focus; and

²⁵ Disability ACT adopts the WA Disability Service Commission Service Standards for self-assessment by service providers. WA Service Standards include two additional standards i.e. Standard 9 - Staff recruitment employment and training (each person employed to deliver services to a person with a disability has relevant skills and competencies) and Standard 10 – Protection of human rights and freedom from abuse (the service provider acts to prevent abuse and neglect and to uphold the legal and human rights of service recipients).

- the current reporting does not enable any reporting on outcomes and this would be achieved by more regular contact between the two parties.²⁶
- 5.74 Disability ACT advised Audit that the cost-effectiveness of its annual audit program of the selected service providers was under review as it was considered that the annual audit program had not provided any benefits to the service system.
- 5.75 Some service providers and key stakeholders informed Audit that there have been significant delays in finalising their service agreements since December 2007. Notwithstanding assurance provided to the service providers that funding agreements would be renewed for another three years when the new service agreements were finalised, the service providers considered that transitional arrangements put in place by Disability ACT to extend the funding agreements every three months during the past 15 months would impact on their long-term planning, staff recruitment and retention and certainty in service delivery.
- 5.76 Disability ACT advised Audit that the delays were primarily due to centralisation of Disability ACT's contracting and grant administration within DHCS's Contract and Grant Unit as a result of a functional review of DHCS in 2007. The process of finalisation of the new agreements with the service providers had been further delayed until November/December 2008, partly because of the additional services included in the agreements as a result of extra funding from the Commonwealth for delivery of the CSTDA services. Disability ACT also advised that it had closely liaised with the service providers in relation to the progress of the funding arrangements and the new agreements had recently been finalised.

Implications and risks

- 5.77 Since May 2006, there has been the lack of a systematic approach to managing the performance of service providers through self-assessment processes such as regular reviews and follow-up of any areas for improvement. As a result, there was limited assurance to Disability ACT that services delivered by service providers had met the acceptable level of industry standards or the NDSS. Without independent feedback provided by Disability ACT staff on these self-assessment reports, there is a risk that service providers will not report accurately on compliance with the NDSS.
- 5.78 Disability ACT has funding agreements with 41 service providers to provide various disability services. It would take about eight years for Disability ACT to review all service providers under the current policy of selecting five organisations for its annual review. Audit considers that the existing monitoring controls and quality assurance systems were not effective since each provider would only be subject to independent review every eight years. This indicates to service providers that their performance is not being effectively monitored, especially when the self-assessment process was not reviewed.

²⁶ Henny Oldenhove, Consultant, *2007-08 Review of Service Funding Agreements for five Community-funded Organisations* pages 4 and 5.

- 5.79 Further, a lack of internal or independent review of the operations of the government respite houses against the NDSS did not provide assurance to Disability ACT that its direct support service had met the NDSS.

Recommendation 11

Disability ACT should:

- conduct independent reviews of the performance and quality of service provided by non-government providers based on risks, i.e. selection of high risk service providers for independent review;
- effectively manage the annual self-assessment process conducted by service providers to ensure that any non-compliance with industry standards, and areas for improvements have been properly reviewed and followed up with regular feedback to service providers; and
- undertake review of services that it provides directly (such as respite care) to ensure they comply with the industry standards or the NDSS.

Quality Management Framework

- 5.80 Research conducted by Audit found that most jurisdictions such as NSW, Victoria, Queensland and Western Australia have adopted a quality management framework or quality management systems to manage and monitor service performance and delivery in government and non-government disability services funded under the CSTDA. For example, Queensland Disability Quality System (QDQS) is primarily based on the Australian/New Zealand Standards, ISO 9001:2000 *Quality Management Systems* (currently updated to ISO 9001:2008)²⁷ which covers a diverse range of service types and service delivery models. The QDQS approach also reinforces a cycle of development, implementation and continuous improvement.²⁸
- 5.81 The Western Australian Disability Services Commission has adopted and progressively implemented a new QMF since 2006 with the key elements of quality assurance, risk management, quality improvement and capacity building based on the ISO 9001:2000.
- 5.82 The implementation of the QMF or quality management systems by most jurisdictions based on the principles outlined in the ISO 9001:2008 would provide an internationally recognised quality standard and accommodate different service delivery types.
- 5.83 Disability ACT did not have a documented quality improvement system and a quality management framework to enhance its quality management and meet quality improvement activities required in the CSTDA. Audit noted that a new

²⁷ ISO 9001:2000 was revised in October 2008 as ISO 9001:2008. The 2008 version appears to be following the same pattern of reviewing and updating the standards every five years and the ISO Committee is describing the changes in 2008 version as 'minor editorial and clarification changes only'.

²⁸ Disability Services Queensland, QDQS ISO 9001:2000 *Supplementary Resource Kit* refer <http://www.disability.qld.gov.au/quality>.

section, namely Quality Improvement, was being created in Disability ACT's intranet site. Disability ACT advised Audit that the existing Quality Framework was being reviewed and updated in line with the review of the NDSS being undertaken as part of the reforms to the new National Disability Agreement (refer paragraph 2.14). Audit understood that the development of measurable qualitative standards around the reforms is planned as part of this process.

Implications and risks

- 5.84 Audit considers that Disability ACT did not have assurance that the new service model of individualised support has met appropriate standards and achieved the best outcomes for people with a disability, due to the lack of formalised strategies and policies in managing quality and service performance of services provided by government and external providers (or NGOs). Disability ACT should adopt a strategic and systematic approach to develop and implement its new proposed quality improvement framework, taking into account better practices being adopted by other jurisdictions.

Recommendation 12

Disability ACT should develop and implement a Quality Management Framework and Quality Improvement System designed to provide assurance that:

- there will be continual improvement of performance and effectiveness in service delivery;
- quality of service meets the industry standards; and
- there will be compliance with standards and performance measurement processes and complaints and grievances procedures.

CONCLUSION

- 5.85 There have been no severe incidents in its government respite houses reported in Disability ACT's Riskman system in recent years. Nevertheless, Audit found shortcomings in Disability ACT's management systems and processes including maintenance of clients' Individual Care Plan and records, client risk management and assessment, incident reporting, staff training, complaints and feedback and quality assurance. These expose Disability ACT to significant operational, legal and reputational risks. To mitigate these risks, it is essential for Disability ACT to review and address the matters identified by Audit as well as to ensure relevant procedures and systems are implemented and effectively managed.
- 5.86 Audit concludes that the respite care services provided by the government respite houses would look after the clients' basic safety and care needs but would be unlikely to enhance their experience and quality of life. Poor practices in developing and reviewing Individual Care Plans, and inadequate clients' visit records as well as non-performance of clients' risk assessment reduce the ability of Disability ACT staff to promote the development of individual clients, and the capacity to enrich clients' life and progress.

6. ASSESSMENT OF THE PERFORMANCE OF RESPITE CARE SERVICES

INTRODUCTION

- 6.1 This chapter assesses whether the government respite care services are equitable, effective and efficient compared to national benchmark standards published in the Productivity Commission's 2009 Report on Government Services (ROGS). It also examines how Disability ACT manages and monitors unmet demand.

KEY FINDINGS

- In the years ended 30 June 2007 and 2008, the number of respite centre-based bed nights slightly exceeded the performance indicator targets. At the same time, the demands for respite services and emergency accommodation also increased.
- Analysis of the trend movements in the ACT indicated that access to respite services had not increased proportionately to meet the growth in demand for service in recent years. Further growth in demand for services is anticipated as a result of increased number of aged primary and informal carers.
- People with a severe or profound disability used 91 per cent of ACT respite services. This is in line with the national benchmark of 93 per cent and indicates that access to the services is provided to those with the greatest level of need.
- Twenty-six per cent of the total 386 clients and carers responded to the 2007 client satisfaction survey, and respite clients and their carers recorded overall satisfaction level of 85 per cent.
- The administrative expenditure incurred by Disability ACT in proportion to total recurrent expenditure on disability services was in line with the national average.
- Disability ACT incurred a significantly higher cost per respite user compared to the service cost provided by non-government service providers.
- Available funding for all disability services was not sufficient to meet demand. Funding applications processed in 2007-08 amounted to \$11.1 million and only \$2.8 million was granted. The shortfall in funding of \$8.3 million represents the amount of 'known unmet demand'.
- Disability ACT's current disability funding model takes into account known unmet demand (based on the annual funding application process) rather than the estimated total level of unmet need. The estimated disability funding for future services are not adequate to meet the need for services.

OUTPUT INDICATORS

Accountability indicators

- 6.2 The Audit Office is required by the *Financial Management Act 1996* (FMA) to review statements of performance prepared by departments and authorities.

- 6.3 These reviews provide assurance that performance information is accurately reported by reference to reasonable supporting evidence.
- 6.4 Disability ACT's accountability indicators for respite services were reported in DHCS's Statements of Performance for the 2006-07 and 2007-08 financial years under Output 1.1, Disability Services and Policy. Table 6.1 compares the actual result to the original target of the accountability indicators for respite services for the years ended 30 June 2007 and 2008.

Table 6.1: Accountability indicators for respite

Indicators	Original Target	Actual Result	% Variance	Comment
30 June 2008				
Respite – centre-based (number of bed nights)	8 900	9 059	2%	This indicator measures the number of bed nights provided to clients in respite houses operated by Disability ACT and the NGOs. Disability ACT provided 7 479 bed nights (or 83% of the actual result). Other NGOs provided 1 580 bed nights (17%).
Respite – in own home (number of hours)	38 100	37 643	(- 1%)	This indicator measures number of hours provided to clients in respite houses operated by Disability ACT and the NGOs (i.e. no overnight stay). Disability ACT provided 36 724 hours (or 98% of the actual result). Other NGOs provided 919 hours (2%).
30 June 2007				
Respite – centre-based (number of bed nights)	7 846	8 423	7%	Refer above for the definition of the indicator. Disability ACT provided 6 843 bed nights (or 81% of the actual result). Other NGOs provided 1 580 bed nights (19%),
Respite – in own home (number of hours)	37 000	38 481	4%	Refer above for the definition of the indicator. Disability ACT provided 37 879 hours (or 98% of the actual result). Other NGOs provided 602 hours (2%).

Source: DHCS Statements of Performance for the years ended 30 June 2007 and 2008.

Assessment of performance

- 6.5 Audit understands that the targets of the accountability indicators for 2007-08 had increased against the 2006-07 targets (bed nights by 13 per cent and number of hours by 3 per cent) due to an increase in funding to meet additional demand for respite services.

- 6.6 There was no significant variance between the target and the actual result for the financial year ended 30 June 2008. The actual result of the accountability indicators in relation to respite centre-based (number of bed nights) increased by 159 bed nights (or 2 per cent) against the target. This reflected higher occupancy in government respite houses due to longer stays in respite by clients and higher emergency bed night utilisation.
- 6.7 The 2006-07 results indicated that:
- centre-based respite (number of bed nights) increased by 577 bed nights (7 per cent) due to additional funding to the NGOs to provide 365 bed nights and the high occupancy rates in the government respite houses as a result of emergency accommodation; and
 - respite in own home (number of hours) increased by 1 481 hours (4 per cent) primarily due to increase in funding to the NGOs to provide additional respite hours in clients' own home.
- 6.8 The results for 2006-07 and 2007-08 reflected an increased supply for respite services in government houses and emergency accommodation. Disability ACT staff advised Audit that most emergency respite requests were primarily due to unexpected demands from clients' families, and all government houses had procedures to deal with these demands. At the same time, the overall demand for respite services also increased.

PERFORMANCE INDICATORS

Performance reporting under the CSTDA

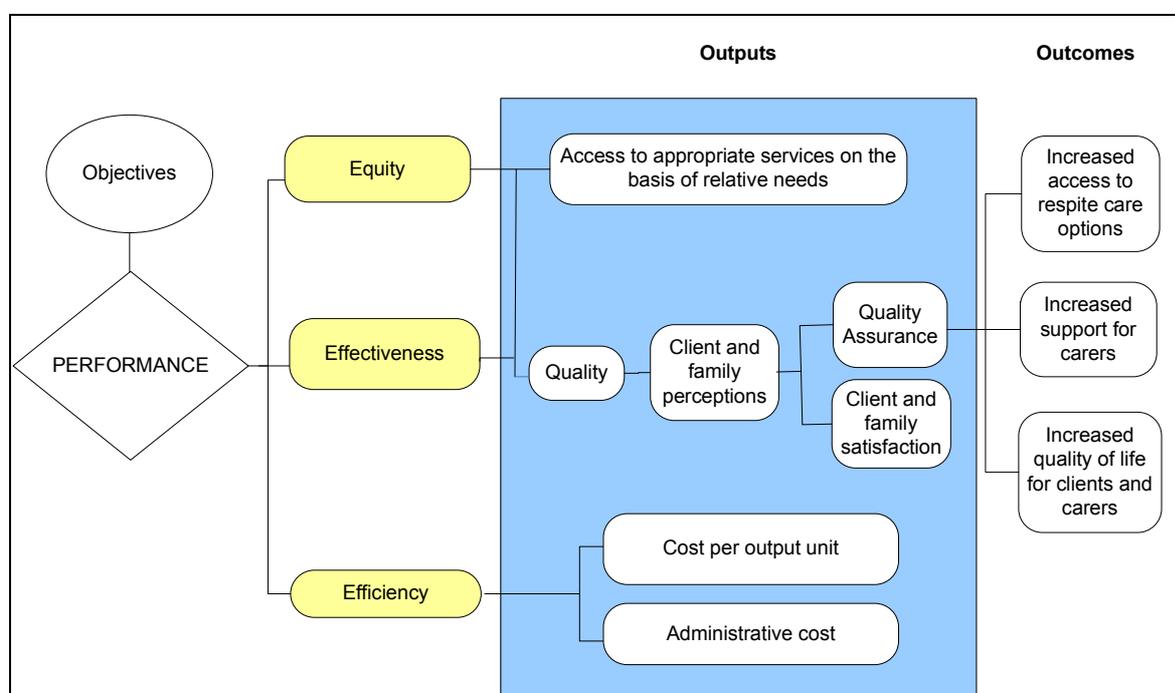
- 6.9 Under the Commonwealth, States and Territories Disability Agreement (CSTDA), all jurisdictions are required to submit information and performance data known as National Minimum Data Set (NMDS) to the Australian Institute of Health and Welfare (AIHW) within six months after the end of each financial year. The purpose of the CSTDA NMDS collections is 'to facilitate the annual collation of nationally comparable data about CSTDA-funded services and obtain reliable, consistent data with minimal burden on disability service providers'.²⁹
- 6.10 AIHW undertakes statistical analysis of NMDS data submitted by jurisdictions and publishes an annual report on *Disability Support Services – National Data on Services provided under the CSTDA*. In this report, AIHW provides the data and does not perform any detailed analysis and comparison of data. The AIHW's 2007-08 report will be available in mid 2009.
- 6.11 The Productivity Commission produces a *Report on Government Services* (ROGS) every year to provide information on the effectiveness and efficiency of government services in Australia. The 2009 ROGS, which was published on 30 January 2009, covers various government services including early childhood, education and training, justice, emergency management, health,

²⁹ AIHW *Current and future demand for specialist disability services* June 2007 p9.

community services and housing. The CSTDA-funded disability services are reported in chapter 14 of the 2009 ROGS, which includes performance data based on CSTDA NMDS collected by AIHW for the financial years from 2003-04 to 2006-07.

- 6.12 The performance indicator framework for CSTDA-funded services provides information on equity, efficiency and effectiveness, and defines the outputs and outcomes of government funded services for people with a disability.³⁰
- 6.13 Audit adopted the framework as shown in Figure 6.1 below to benchmark Disability ACT’s respite care services against other jurisdictions using national performance output indicators (the actual services delivered). No comparison of outcomes (the impact of the respite services on the status of the clients) was made due to lack of performance data or indicators.

Figure 6.1 Performance indicators for respite services for people with a disability



Source: ACT Audit Office based on Productivity Commission’s 2009 ROGS (Section 14.18)

EQUITY AND ACCESS INDICATORS

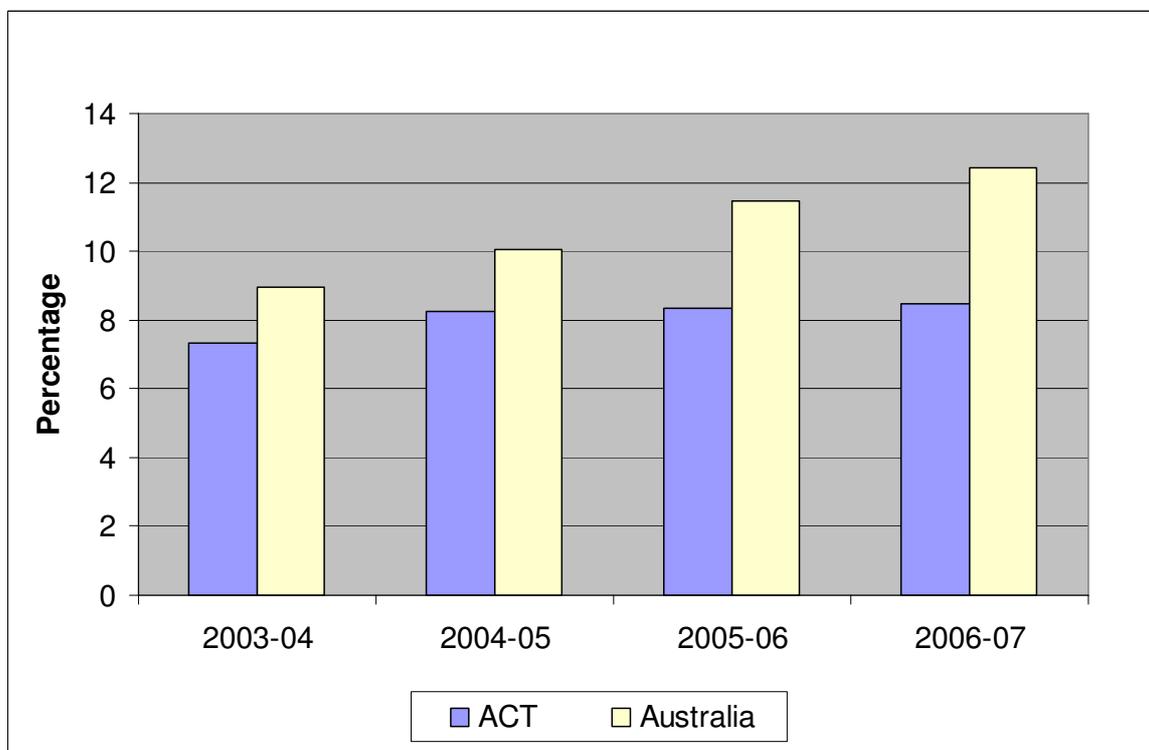
Access to respite services on the basis of relative needs

- 6.14 The ‘Access to CSTDA funded respite services indicator’ is defined as the number of people using a CSTDA funded respite service divided by the ‘potential population’ for that service. The potential population estimate for respite services is the number of people aged under 65 years with profound or severe core activity limitations who also reported a primary carer. A higher proportion of the relevant estimated potential population using respite service suggests greater access to that

³⁰ Productivity Commission, ROGS 2009, Chapter 14, section 14.18.

service. This indicator does not provide information on whether the services are appropriate for the needs of the people receiving them, or accessed by those most in need.

Figure 6.2: Users of CSTDA funded respite services as a proportion of the estimated potential population for respite services



Source: Productivity Commission 2009 ROGS Table 14.13

6.15 Table 6.2 compares the ACT data (percentage of potential population using respite services) to the national data for the financial years from 2004-05 to 2006-07. Nationally, 12.4 per cent of the estimated potential population (who reported having a primary carer) were using CSTDA funded respite services in 2006-07. In the ACT, only 8.5 per cent of the estimated potential population were using CSTDA funded respite services in 2006-07.

Table 6.2: Users of CSTDA funded respite services as a proportion of the estimated potential population (ACT vs Australia)

Year	Percentage of potential population		Number of respite service users		Number of potential population	
	ACT	Australia	ACT	Australia	ACT	Australia
2004-05	8.2	10.1	287	21 797	3 482	216 511
2005-06	8.3	11.5	292	25 200	3 503	219 848
2006-07	8.5	13.4	305	30 058	3 592	224 816

Source: Productivity Commission 2009 ROGS Table 14A.18

Audit comment

- 6.16 A comparison of the ACT and Australian data (refer Table above) indicated that:
- the percentage of potential population using respite services had slightly increased from 8.2 per cent in 2004-05 to 8.5 per cent in 2006-07. The rate of annual increase during the past three years was less than the national growth in CSTDA-funded respite services from 10.1 per cent in 2004-05 to 13.4 per cent in 2006-07; and
 - the number of users of respite services funded by the ACT Government had only increased by 6 per cent since 2004-05 while the national number of respite users increased significantly by 38 per cent.
- 6.17 Audit understands that each jurisdiction had provided various types of respite services such as flexible respite, host family respite, centre-based respite or respite house, own home respite and other flexible respite in different combinations. For example, Victoria and Western Australia provided large proportions of flexible respite, which has enabled them to increase occasions of respite services significantly in recent years. Other jurisdictions, such as the ACT that mainly provided respite services in its government respite houses, might not be able to increase their services in the same manner.
- 6.18 In summary, analysis of the trend movements in the ACT indicated that access to respite services had not increased proportionately to meet the growth in demand for service in recent years. Further growth in demand for services is anticipated as a result of increased number of aged primary and informal carers (refer discussions later in the chapter).

Service use by severity of disability indicator

- 6.19 The ‘Service use by severity of disability indicator’ refers to the proportion of people who access CSTDA funded services, by severity of core activity limitation. Three categories of core activity limitation are reported in the ROGS: profound, severe, and moderate to no core activity limitation. This indicator does not provide information on whether services are targeted to those clients and carers with the greatest level of need. Core activity limitation data are identified by user or carer and not based on formal clinical assessment of individual limitations.³¹

³¹ Productivity Commission, ROGS 2009, Chapter 14, section 14.26.

Table 6.3: CSTDA-funded respite services, by severity of core activity limitation

Core activity limitation	2004-05 (% of total users)		2005-06 (% of total users)		2006-07 (% of total users)	
	ACT	Australia	ACT	Australia	ACT	Australia
Moderate to No	8.5	7.1	11.7	7.3	8.9	7.5
Severe	39.4	38.8	35.1	41.7	41.3	41.6
Profound	52.1	54.1	53.2	51.0	49.8	50.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Productivity Commission 2009 ROGS Table 14A.23

- 6.20 For 2006-07, in the ACT, 91 per cent of total funded respite users under CSTDA had severe (41 per cent) to profound (50 per cent) core activity limitations, which was comparable to the national figure of 93 per cent.
- 6.21 The high proportion of people with a profound or severe core activity limitation using respite service suggests access to this service type is directed to those with the greatest level of need.

EFFECTIVENESS INDICATORS

Quality assurance processes

- 6.22 Quality assurance processes are measured by the proportion of government and non-government disability service outlets that have been assessed (either by an assessing agency or through a self-assessment process) against service standards or performance indicators. All services funded under the CSTDA are required to comply with national standards. It is expected that the jurisdictions implement monitoring of quality assurance processes, including service quality reviews and self-assessment, in a rolling process over several years.³²
- 6.23 In the 2009 ROGS, Disability ACT reported that:
- ... [it] continued implementation of a new quality improvement system for all funded agencies. Individual agencies undertook self-assessment against the National Disability Service Standards ... [Disability ACT] engaged an external consultant to undertake an independent audit of 10 per cent of service providers with actions plans developed, monitored and implemented to address identified issues.³³

Audit comment

- 6.24 Audit reviewed Disability ACT's quality assurance and monitoring systems and observed that its quality assurance system was not implemented effectively (for details, refer to chapter 5, paragraph 5.77).

³² Productivity Commission, ROGS 2009, Chapter 14, section 14.50.

³³ Productivity Commission, ROGS 2009, Chapter 14, section 14.52.

Client and carer satisfaction

- 6.25 'Client and carer satisfaction' is an indicator of governments' objective to deliver and fund quality services for people with disability that meet the needs and expectations of the client (or carer of the client) receiving them.³⁴
- 6.26 In the 2009 ROGS Report, results of client satisfaction surveys were available from Victoria, Queensland, Western Australia and the ACT only and these data were not directly comparable.
- 6.27 ACT client satisfaction rates for government provided CSTDA services were:
- accommodation services: 90.2 per cent;
 - respite services: 84.8 per cent;
 - community access services: 78.9 per cent; and
 - community support services: 89.7 per cent.³⁵

Review of client satisfaction survey results

- 6.28 Disability ACT informed Audit that the client satisfaction surveys were conducted biannually and the 2007 survey was specific to clients of government provided services only. The 2007 survey results were compared to those obtained in 2005 to provide information on changes in the quality of services over time.
- 6.29 Table 6.4 below summarises and compares the methodology and the results of the surveys conducted by Disability ACT in 2005 and 2007. As the methodology used in evaluating the survey results between 2005 (10 point scale) and 2007 (5 point scale) was different, direct comparisons of the survey results between these two years cannot be reliably made. Disability ACT informed Audit that the 5 point scale used in 2007 survey was the acceptable method applied in the current surveys.

³⁴ Productivity Commission, ROGS 2009, Chapter 14, section 14.53.

³⁵ Productivity Commission, ROGS 2009, Chapter 14, section 14.56.

Table 6.4: Comparison of the survey methodology and survey results

Subject	2005	2007
Sample size	407	386
Number of respondents	144	99
Respondent rate	35%	26%
Methodology	10 point scale	5 point scale
Overall satisfaction	6.9 of 10 point scale	4.2 of 5 point scale
Overall satisfaction	Not estimated (a)	86%
Respite respondents as a percentage of total respondents	49%	44%
Respite overall satisfaction level	7.4 of 10 point scale	85%
Note: (a) Conversion of the result of 10 point scale into percentage could not be reliably estimated.		

Source: ACT Audit Office

6.30 In the 2007 survey, DHCS set 80 per cent satisfaction level as its performance target. For respite services, there were 44 respondents. Results of the 2007 survey are summarised in the following Table.

Table 6.5: Results of Disability ACT’s 2007 client satisfaction survey

Aspects	Satisfaction level
Respite premises:	
Physical environment of the respite houses	82%
Access to respite	81%
Disability ACT’s performance and staffing issues:	
Staff’s trustworthiness	89%
Staff’s concern about client welfare	88%
Protection of privacy and confidentiality	86%
Areas that least pleased respite clients and carers (i.e. not met DHCS satisfaction target of 80%):	
Quality of respite support workers	75%
Range of activities	54%
Amount of information about other services	39%
Opportunities for skill development	34%
Areas that required improvement:	
Client complaint process	54%
Quality monitoring	53%
Consistency of staff	65%
Staff turnover	44%

Source: Disability ACT 2007 client satisfaction survey

6.31 Audit examined the written comments provided by respite clients and their carers in the 2007 survey. Several examples of these comments are provided below.

Client survey comments 2007

- I was extremely unhappy ... [my son] had not been bathed or shaved for the whole time he had been there.
- Activities then depend on extra staff coming into the house and there have been occasions when this hasn’t happened. It is really important that activity programs are part of respite stay.
- There have been weekends when our daughter [was] booked in and it has been cancelled at the last minute due to lack of permanent staff.
- Elouera House management has been as good as can be expected when regular staff are there. Problems occurred when the regular [staff] were away or off duty, or understaffing when unpredictable [or] aggressive clients are in.

Audit comment

- 6.32 While the survey results reflected an overall satisfactory rate of 86 per cent, Audit was concerned that the overall respondent rate of 26 per cent in the 2007 survey might not fairly represent the view of the remaining 74 per cent. Forty-four per cent of the total number of respondents (or 44 of 99 respondents) provided comments on respite services.
- 6.33 Audit understood that the low respondent rate may have been due to inadequate follow-up after sending out the survey forms to sampled clients.

Recommendation 13

Disability ACT should revise the process of conducting client satisfaction surveys in order to improve the response rate and hence the overall validity of the data.

EFFICIENCY (COST-EFFECTIVENESS) INDICATORS

Administrative expenditure as a proportion of total recurrent expenditure

- 6.34 The indicator of ‘administrative expenditure as a proportion of total recurrent expenditure’ is defined as government expenditure on administration as a proportion of total recurrent CSTDA expenditure. Major capital grants to non-government service providers are excluded to improve comparability across jurisdictions and over time.³⁶
- 6.35 Table 6.6 below shows that the percentage of administrative expenditure as a proportion of total recurrent expenditure on services provided by Disability ACT was similar to the national average.

Table 6.6: Government administrative expenditure as a proportion of total recurrent expenditure on services

Year	ACT (% of administrative expenditure to total expenditure)	Australia (% of administrative expenditure to total expenditure)(a)
2005-06	9.0	8.2
2006-07	8.5	8.6
2007-08	8.2	8.2

Note: (a) Australia figure included all jurisdictions’ administrative expenditure including the Commonwealth Government’s expenditure based on estimated average staffing level.

Source: Productivity Commission 2009 ROGS Table 14A.45

³⁶ Productivity Commission, ROGS 2009, Chapter 14, section 14.70.

Administrative expenditure on respite service provided by government and non-government organisations

6.36 In comparing the efficiency of the respite service between government respite houses and non-government service providers, Audit analysed the cost of respite service per user, based on AIHW and Disability ACT’s data. The following Table summarises the results of the analysis.

Table 6.7: Cost per user between government and non-government respite services

Data	2004-05	2005-06	2006-07
Government direct respite services			
Total respite expenditure (\$)	\$2 615 570	\$2 774 393	\$3 124 592
Number of users	176	169	176
Cost per user (\$)	\$14 861	\$16 417	\$17 753
Non-government respite providers			
Total respite expenditure (\$)	\$1 336 494	\$1 757 326	\$1 582 875
Number of users	126	140	145
Cost per user (\$)	\$10 607	\$12 552	\$10 916
Difference between government and non-government providers (cost per user - \$ and % increase)	\$4 254 40.1%	\$3 865 30.8%	\$6 837 62.6%
Note: Respite expenditure (government and non-government) was based on Disability ACT’s financial data and number of users was based on AIHW’s 2003-07 <i>National Data on services provided under CSTDA</i> Table 2.3. 2007-08 user data was not available and therefore no comparison was made for 2007-08.			

Source: ACT Audit Office

6.37 Based on the above analysis, Audit noted that the cost per user provided by government respite services was higher than the cost per user provided by non-government providers, ranging from \$4 254 in 2004-05 to \$6 837 in 2006-07.

6.38 Disability ACT advised Audit that:

- (a) government respite services provided a higher amount of unit-based overnight respite with higher costs per user;
- (b) non-government respite providers’ figures included a higher amount of short-term, in-home respite options that incurred lower costs; and
- (c) the government respite care services provided support with more complex needs requiring different support arrangements than people accessing non-government respite services.

- 6.39 Disability ACT commissioned a review of the role of Government as a provider of disability services in 2006. This review has been completed and the ACT Government has decided that delivery of support services should be provided by both government and non-government service providers.

UNMET NEED

Background

- 6.40 The issue of unmet need or demand in disability services has been raised by the community for many years. There is general acceptance that there is a significant problem of unmet need in relation to the provision of support and assistance for people with disabilities.
- 6.41 The Commonwealth, State and Territory governments had increased funding under the CSTDA to address unmet need for services. However, the Commonwealth Senate Standing Committee on Community Affairs (the Senate Committee) stated that a significant level of unmet need remained. It was suggested in the submission by the Victoria Office of the Public Advocate that ‘the incremental increase in resources that has been provided through the CSTDA is no longer sustainable’ and that ‘there is truly a crisis of unmet need for services and support for people with disabilities, their carers and families’.
- 6.42 The issue of unmet need for disability services in the ACT was also raised by key NGOs during discussions with Audit. Audit understood that some people with a disability and their carers were not able to access Disability ACT’s respite service.
- 6.43 Unmet need has several components. *Known unmet demand* is based on applications for assistance. Not all of these applications would meet eligibility criteria; only eligible applications would constitute *unmet need*. There is also *unknown unmet need*, which refers to potential applicants who have not come into contact with Disability ACT. Unknown unmet need can be inferred by considering population characteristics.

Assessments of known unmet need

- 6.44 In November 2005, Disability ACT engaged a consultant to develop a model to forecast the funding required to eliminate known unmet demand over a five-year period. The model, which was based on 2003 to 2005 data, addressed all formal disability services (accommodation support, community support, community access, and respite). The model did not include any allowance for funding for improvement in the quality of service delivered.
- 6.45 The funding model used the results of the 2004-05 funding applications for Individual Support Packages (refer paragraph 4.16) as the base to estimate the level of ‘unmet demand’. As the applicants’ requests for services had not been formally assessed, Disability ACT considered them as ‘unmet demand’ (or

referred to as ‘known unmet demand’ in Disability ACT’s report titled *Precis of the Disability Funding Model*) rather than as ‘unmet need’.³⁷

6.46 Audit considered that the funding model developed in 2005-06 was reasonable at the time, in view of limitations of available data on disability services and the assumptions built in the model. The amount of ‘known unmet demand’ for all disability services was adjusted each year based on annual funding application requests. As the unmet demand was only based on the application requests made to Disability ACT rather than assessed needs, the extent of unmet need had not been considered and measured in the funding model.

6.47 Based on this funding model, Disability ACT estimated the funding required to eliminate known unmet demand over five years, assuming a 2.4 per cent increase in met demand per year over five year period from 2006-07 to 2010-11, as shown in Table 6.8 below.

Table 6.8: Additional funding required to eliminate unmet demand over a five-year period

Funding	2005-06 (\$'000)	2007-08 (\$'000)	2008-09 (\$'000)	2000-10 (\$'000)	2010-11 (\$'000)
Total disability	53 987	62 755	68 429	74 639	81 439
% annual increase	-	16.2%	9.0%	9.1%	9.1%
Respite Service					
Government	2 181	2 536	2 759	3 003	3 268
Non-government	1 991	2 276	2 455	2 648	2 857
Total expenses	4 172	4 812	5 214	5 651	6 125
% annual increase	-	15.3%	8.4%	8.4%	8.4%
Note: 2005-06 was a base year and 2007-08 funding included 2006-07 estimated expenditure.					

Source: Disability ACT funding model

6.48 The Disability ACT’s current funding model projected that the gross level of unmet demand was \$9.3 million and would be reduced to \$6.3 million in 2005-06, after allocations of the additional funding. Audit notes that funding applications processed in 2007-08 amounted to \$11.1 million and only \$2.8 million was granted, indicating that the amount of ‘known unmet demand’ increased to \$8.3 million recently.

6.49 It was acknowledged by Disability ACT that many people with legitimate needs did not apply for funding as they were either unaware of the funding round or were dissuaded from applying because they were not currently in a crisis

³⁷ Disability ACT, *Precis of the disability funding model* refer http://www.dhcs.act.gov.au/disability_act/publications.

situation. Consequently, Audit believes that there would be greater unmet need or demand than what had been estimated in the Department funding model.

Unknown unmet need

- 6.50 The 2007 AIHW's report on *Current and future demand for specialist disability services* found that in 2005 there were 23 800 people aged 0 to 64 in Australia with unmet or under met need for accommodation and respite services. The report projects that by 2010 there will be 752 000 people with a profound disability, an increase of 4.8 per cent or 34 600 from the estimated figure in 2006.³⁸
- 6.51 AIHW also projected that the number of people in the ACT with a severe or profound core activity limitation would increase by 8.8 per cent between 2006 and 2010, reaching a total of 20 600.³⁹ This was primarily due to high growth in the age groups of 65 years and over (18.1 per cent or 1 300 people) and 45-64 years (7.8 per cent, or 400 people).⁴⁰
- 6.52 The projected growth in the number of people with a severe or profound disability in the ACT suggests that there will be increasing demand for specialist disability services including respite services. Further the ageing of carers leading to reduction in informal care is seen to be an important issue that may impact on the increase in demand for disability services.⁴¹
- 6.53 Audit considers that the current funding model has not reliably estimated the gross level of unmet need and a new funding model should be developed to include the estimated unmet need rather than 'known unmet demand'. Disability ACT informed Audit that a new funding model was being planned.

Recommendation 14

Disability ACT should:

- review its funding model and develop a new model to estimate its future unmet needs for disability services; and
- develop strategies and policies to manage the unmet needs.

CONCLUSION

- 6.54 Overall, Disability ACT's performance outputs were generally in line with average national standards as assessed against CSTDA performance indicators, except for the following:
- the ACT has a lower access indicators to CSTDA funded respite services; and

³⁸ AIHW, *Current and future demand for specialist disability services*, June 2007, p 118.

³⁹ AIHW, *Current and future demand for specialist disability services*, June 2007, p 155 and 164.

⁴⁰ AIHW, *Current and future demand for specialist disability services*, June 2007, p 87 and p 155.

⁴¹ Commonwealth Standing Committee on Community Affairs, *Funding and operation of Commonwealth, State/Territories Disability Agreements*, February 2007, p 65.

- uncertainty in the results of the ACT client satisfaction survey due to the low response rate of 26 per cent.
- 6.55 In view of the significant amount of known unmet demand and the projected increased numbers in the ACT of people with a severe or profound disability as well as the ageing of informal carers, Disability ACT should develop and implement effective strategies and policies to monitor and manage the known and unknown demand or need.

APPENDIX A AUDIT CRITERIA, APPROACH AND METHODOLOGY

AUDIT CRITERIA

DHCS has complied with the statutory requirements specified in the Commonwealth State and Territory Disability Agreement (CSTDA) and the Bilateral Agreement between the Commonwealth and the ACT

- DHCS has broadly met the Territory's roles and obligations for disability services outlined in the CSTDA and the Bilateral Agreement between the Commonwealth and the ACT Government.
- CSTDA performance reporting requirements have been made on a timely basis.

Governance and accountability arrangements for the management of the Respite Care Services are sound

- There are written policies and practices to assist the management of respite services in accordance with the National Disability Services Standards.
- The processes to assess the needs of clients and their families and achieve the best outcomes for them (client focussed services including client experience and satisfaction with the services and building individual capacity) are sound.
- Risk and incident management to identify and mitigate any possible risks and areas of vulnerability to people with a disability, their families and staff is documented, is consistent with risk management principles, and addresses all known risks.
- There are standard monitoring systems to ensure high quality services provision in government and non-government respite services.
- Support staff have relevant skills and experiences in provision of services and have capacity to manage any emergency respite care needs.
- An on-going feedback mechanism to clients, their families and staff, including any disputes and complaints, is implemented and the results used to improve services.
- An appropriate Quality Management Framework (QMF) has been established to focus on quality assurance, risk management, quality improvement and capacity building in provision of respite services, based on the better practices and standards (e.g. AS/NZS ISO 9001:2000, Quality Management Systems - Requirements).

Provision of respite services is equitable, effective and efficient

- The performances of government respite services are comparable to the national benchmark standards published in the latest Reporting on Government Services (ROGS), including:

Equity and access indicators

- Access to CSTDA funded respite services as a proportion of the estimated potential population for respite services
- Service use by severity of disability

Effectiveness indicators

- Effectiveness of DHCS Quality Assurance processes
- Client and carer satisfaction with the quality of services received

Efficiency (cost-effectiveness) indicators

- Administrative expenditure as a proportion to total expenditure
- Cost per output unit (government and non-government services)

AUDIT APPROACH AND METHODOLOGY

The audit approach and methodology consisted of:

- review of legislation and its requirements;
- reviews of DHCS procedures, documentation and case files;
- consultation with DHCS' executives, managers and staff including the support staff in the government respite houses;
- review of Commonwealth disability programs, insofar as they relate to the ACT;
- a literature review on respite care for the disabled;
- examination of relevant reports, including:
 - ACT Legislative Assembly and Committee Hansard debates, including Report No. 5 of the Standing Committee on Health and Community Care on 'Respite Care Services in the ACT' (March 2000);
 - other reports and reviews of respite care in the ACT, and elsewhere;
- reviews of performance audits reported by Audit Offices in Australia and overseas; and
- consultation with relevant stakeholders, including:
 - the Disability and Community Services Commissioner in the ACT Human Rights Commission;
 - Members of Legislative Assembly;
 - peak bodies for disability services, non-government organisations, and other eligible persons.

APPENDIX B NATIONAL DISABILITY SERVICES STANDARDS

The National Disability Services Standards (NDSS) were developed in the context of the Commonwealth States and Territories Disability Agreements (CSTDA) by a working party comprising representatives of the Australian government, other jurisdictions, consumers and service providers in 1993. Each of the following eight Standards is a statement of the results to be achieved for each consumer from the implementation of that standard. Each Standard has a number of supporting standards and each supporting standard is a key practice that the service should have in place to achieve results for consumers.

STANDARD 1: SERVICE ACCESS

Each consumer seeking a service has access to a service on the basis of relative need and available resources.

STANDARD 2: INDIVIDUAL NEEDS

Each person with a disability receives a service which is designed to meet, in the least restrictive way, his or her individual needs and personal goals.

STANDARD 3: DECISION MAKING AND CHOICE

Each person with a disability has the opportunity to participate as fully as possible in making decisions about the events and activities of his or her daily life in relation to the services he or she receives.

STANDARD 4: PRIVACY, DIGNITY AND CONFIDENTIALITY

Each consumer's right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.

STANDARD 5: PARTICIPATION AND INTEGRATION

Each person with a disability is supported and encouraged to participate and be involved in the life of the community.

STANDARD 6: VALUED STATUS

Each person with a disability has the opportunity to develop and maintain skills and to participate in activities that enable him or her to achieve valued roles in the community.

STANDARD 7: COMPLAINTS AND DISPUTES

Each consumer is free to raise and has resolved, any complaints or disputes he or she may have regarding the agency or the service.

STANDARD 8: SERVICE MANAGEMENT

Each agency adopts sound management practices which maximise outcomes for consumers.

AUDIT REPORTS

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