

Principal Research Officer

Community Development and Justice Standing Committee

Legislative Assembly Committee Office

Level 1

11 Harvest Terrace

West Perth WA 6005

10 December 2013

Dear Sir / Madam,

Please find enclosed a response to each term of reference for the inquiry into Accommodation and Intensive family Support Funding for People with Disabilities. This response constitutes considered input to the inquiry by Therapy Focus – Western Australia's leading provider of therapy to school aged children with disabilities.

At Therapy Focus our Purpose is "*Helping Children Grow*". We do this by working with our values of Respect, Inclusion, Courage and Integrity and in so doing we inevitably work with others who are working to a similar end – including accommodation and support service providers.

We trust you will consider this input and give the recommendations, listed for ease of reference on the following page, due credence when forming your own recommendations to Parliament when the inquiry reports in time.

We look forward to the progress of this inquiry and will follow with interest the government's response to its findings.

Yours faithfully,

Matt Burrows

CEO

## List of recommendations

### **Recommendation 1**

***Increased funding, with careful consideration of the application of resources to assist families to access that funding, be made available for accommodation and intensive family support needs.***

### **Recommendation 2**

***The government ensure that children with disabilities and/or learning disadvantage are supported through their school life and into post school options (equivalent to VET) and transitions between critical years are coordinated between services, ensuring continuity of services to that child by providers external to school.***

### **Recommendation 3**

***Waitlists should be managed to ensure minimum negative impact on any child's continuity of care and/or learning plan. Oversight of waitlists should be central to the child and independent from any service provider.***

### **Recommendation 4**

***In all instances where people with disabilities and/or learning disadvantages are engaging with the sector, the government should facilitate social inclusion programs with outcomes for participation and independence supported financially.***

### **Recommendation 5 (from NDS Policy Paper Baker, K. P. Angley; 2011, p8)**

***Reform is needed – with an “end-to-end” solution for consumers, which includes awareness and information; support to select the most appropriate item/s of aids and equipment; installation and training; and maintenance and repairs.***

### **Recommendation 6**

***The government considers technology application to teaching techniques and invests in non-traditional forms to enhance both learning outcomes and social inclusion.***

### **Recommendation 7**

***The government ensures that quality considerations are integral to all service designs and implementations, with independent verification of outcomes including by consumers.***

Therapy Focus is a not-for-profit organisation based in Perth Western Australia. It employs nearly 200 staff, most of whom are therapists (physiotherapist, occupational therapist, speech pathologist, psychologist) and delivers therapy services to over 2,000 children with disabilities annually.

Therapy Focus is funded primarily by the WA Government via the Disability Services Commission. It is funded under the Disability Professional Services Program, and does not receive funding from the Accommodation and Intensive Family Support Program. Whilst this is the case, it provides the following comments as a broader sector provider that has an interest in advocating for improved services for clients and their families. Comments are made from a paediatric therapy perspective, but can be applied to the broader context of Accommodation and Intensive Family Supports in most instances.

The following points are submitted for consideration by the Inquiry.

### **1. The adequacy of current processes for determining funding support for people with disabilities who live with their families**

The Intensive Family Support Program provides a wide range of flexible assistance to families/carers who provide support to a household member with a disability. The primary aim of the program is to build and enhance family well-being and strengthen family, carer and community relationships.

A quick scan of the guidelines suggests that accessing the program is not easy. They state that access is via the Combined Application Process (CAP) which involves a 27 page document covering Intensive Family Support (IFS), Alternatives to Employment (ATE) and Accommodation Support. It is a demanding task to complete all sections and is likely to require the support of a Local Area Coordinator (LAC) or other significant support agent – a process that disempowers families rather than empowers them.

The CAP document clearly states that the panel decides “within the available resources, which people are most in need of support”. In other words, people who cannot articulate their need for support, may not get any support. Equity of access becomes paramount in these competitive application processes, and a level of moderation should be imposed to ensure people are not disadvantaged due to literacy or other factors for example.

A simpler application process would be beneficial. Not only are families often unaware of funding available, they are also unaware of supports to access the funding. Whilst LACs are in a position to assist families, their role is advocacy and they do not always assist in the writing of the applications. This can lead to perverse outcomes whereby valuable resources are diverted – for example a therapist’s time may be spent assisting with application writing, rather than in the provision of therapy support to enhance participation and independence of the individual with a disability.

In short, resources to access funds are required, as well as more funds across the program. When a family is able to access resources and submit a competitive application, it is very disheartening to learn their circumstances are not “as desperate as someone else’s”.

### ***Recommendation 1***

***Increased funding, with careful consideration of the application of resources to assist families to access that funding, be made available for accommodation and intensive family support needs.***

## **2. The level of unmet need**

### Gaps in Service at Life Transition Stages

The primary issue facing children with disabilities and/or learning disadvantage is timely diagnosis and subsequent access to therapeutic and support services as an early intervention (i.e. in the 0-6 year range). The more efficient this process is, the more effective the intervention will be and the more dramatic the improvement in a child's response to the therapy.

A major factor beyond the diagnosis and admittance to a therapy service is the management of transition points in a child's life. The transition from early intervention to school age therapy (5-6 years), the transition from primary to secondary school (11-12 years) and the transition from school to post-school (17-18 years) are critical points requiring seamless transition. However in reality they are poorly managed.

Children in WA who are granted a place with a service providing early childhood intervention services, such as Therapy Focus, are not guaranteed a service when they transition to school age. They must reapply at that point. Likewise children who access services at school age finish their schooling and not only face the challenges of all other children at that point in their lives, but also lose the support and potential that access to therapy offers.

### ***Recommendation 2***

***The government ensure that children with disabilities and/or learning disadvantage are supported through their school life and into post school options (equivalent to VET) and transitions between critical years are coordinated between services, ensuring continuity of services to that child by providers external to school.***

### Negative Impact of Waitlists

Where a child does face a lapse in the continuity of a service – whether therapeutic, health care, or education - an avenue should be available for it to be managed. Whilst waitlists are a normal and accepted way of managing people accessing services, it should be noted that extended periods on a waitlist are not only disruptive to a child's therapeutic care, but are also negative to the child's perception of the value of therapeutic care, and also on the family (and possibly teacher's) commitment to participating in the therapy. The same is true for accommodation needs and other intensive supports.

### **Recommendation 3**

***Waitlists should be managed to ensure minimum negative impact on any child's continuity of care and/or learning plan. Oversight of waitlists should be central to the child and independent from any service provider.***

#### Opportunity for publically funded programs to enhance Social Inclusion

In all instances where children with disabilities and/or learning disadvantage are engaging with publically funded services, the government should facilitate social inclusion programs. Not only are there benefits for the society more generally, with increased understanding of individuals' circumstances and therefore a higher acceptance of differences, but also a direct benefit to health outcomes for the child or the person with a disability (Baker, K. P. Angley; 2011).

### **Recommendation 4**

***In all instances where people with disabilities and/or learning disadvantages are engaging with the sector, the government should facilitate social inclusion programs with outcomes for participation and independence supported financially.***

## **3. The nature and extent of planning required to meet increasing demand for these support services in Western Australia in the future**

#### Need for Knowledge and Support of Families and the Business Community

Whilst all therapy is aimed at building on the capacity of every child so that they may live life to their full potential, disabilities are such that some children will never live a life with full participation in society. Some children will transition from schooling to group homes or other care arrangements – supported accommodation or otherwise.

The transition from the education period of life to the “wide world” is intimidating for almost everyone. With disabilities it adds to the complexities. The better the transition is coordinated, the less disruptive the transition to the young person's life and to the family that cares for that young person (Davis, J. et al; 2011).

There is a great need for information and support for families during the teenage years of their child with a disability, towards building their understanding of the options and choices available to their child in their post-school life. Therapy Focus recognises this and delivers a program of bus trips to different providers of alternatives to employment, for children and families of children with a disability in years 10, 12 and 12. Greater investment in publically funded experiences to support families during this time and possibly earlier in the child's life, would further assist families in their planning and choice-making.

Coming from the other angle, actually building the capacity and confidence of business to provide real employment opportunities for people with a disability should be the ultimate aim and is a lead priority for the sector and its peak body National Disability Services.

## Making Use of Technology

Technology is a broader theme that affects all aspects of our lives. It is interesting that the National Disability Agency included a special section in its Draft 2013-2016 Strategic Plan that addresses just technology. For these very reasons: connection, innovation, knowledge and efficiency, the government needs to invest in technology at the individual, organisational, sector and intersectoral levels to support people with disabilities and to optimise the benefits of choice under the NDIS.

With technology moving so quickly, it is difficult to prescribe the different types of technological aids that are eligible for government subsidy. The iPad for example is not eligible for funding under the WA Government's Community Aids and Equipment Program (CAEP) as this program funds only basic and essential equipment. CAEP does not fund equipment that is solely for use at school as this need is expected to be met by the school. The challenge for government is to be responsive to technological change, and not exclusive.

***Recommendation 5 (from NDS Policy Paper Baker, K. P. Angley; 2011, p8)***

***Reform is needed – with an “end-to-end” solution for consumers, which includes awareness and information; support to select the most appropriate item/s of aids and equipment; installation and training; and maintenance and repairs.***

Other forms of technology also assist with learning, including for example “You Tube” and the broader social networking phenomenon. Where children have issues with sociability, technology may assist in providing a supportive environment for individuals who are challenged by face-to-face social communication.

***Recommendation 6***

***The government considers technology application to teaching techniques and invests in non-traditional forms to enhance both learning outcomes and social inclusion.***

Technology should also be considered in all aspects of communication between children, their parents/carers, teachers and therapists. As with health and the implementation of Personally Controlled Electronic Health Records (PCHER), a student's web-based portal for records, access to services, enrolments, Individual Education Plans (IEPs) and Therapy Service Plans (TSPs) etc, would be beneficial. It could also then be integrated across sectors.

## Quality Planning Processes

Sector planning is still in its infancy in the disability sector in WA, and remains insular from other major sectors – namely the health and education sectors. To identify the level of unmet need across the sector, a dedicated resource needs to be applied in a sustained manner to planning.

Planning needs to be ongoing and needs to evolve – from inputs, to outputs, to outcomes. It also needs to commit to quality improvement. Funding, both program and individualised,

needs to have quality measures accounted for. Whether a JAS-ANZ certified accreditation oversight is employed – or a self-reporting system – some commitment to using funds efficiently and effectively needs to be evident, thereby promoting independence and not dependence. From a therapeutic sense this means supporting care plans with independence and participation goals. The same is true for accommodation and intensive family supports, albeit the throughput factor (triage, treatment and discharge) takes on a different character.

***Recommendation 7***

***The government ensures that quality considerations are integral to all service designs and implementations, with independent verification of outcomes including by consumers.***

## References

Baker, K. P. Angley. Health and aged care reforms: What they could offer people with disability; April 2011. National Disability Services Policy Research Unit.

Davis, J. L. Gatley, B. Marchbank, C. Masolin, A. Cornish, A “Good Practice Model” for engaging carers when their relative moves into supported accommodation; June 2011. Nulsen Haven Inc.

Moore, T. DEECD Early Childhood Intervention Reform Project: Revised Literature Review. December 2010. Centre for Community Child Health, Murdoch Children’s Research Institute, The Royal Children’s Hospital Melbourne. (available <http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/intervention/ecislitreview.pdf>, accessed 14 December 2011).

National Disability Insurance Agency Draft 2013-2016 Strategic Plan; 2013. (available <http://www.ndis.gov.au/document/671>, accessed 19 December 2013).