• Overview

• Service approaches in Victoria

• National Disability Agreement

• Measurement of current and future need
Major Policy frameworks

- Charter of Human Rights and Responsibilities Act 2006
- A Fairer Victoria
- Disability Act 2006
- Victorian State Disability Plan 2002-2012
- Quality Framework
Current profile of the disability service industry...

- 300+ Community Service Organisations providing disability services
- 2,400 service outlets, workforce of 14,000
- Total expenditure $1.17 billion
Victoria’s investment in disability services

![Disability Services BP3 Output Budgets](chart.png)
Disability Services Budget 2008-09

2008-09 Budget by Output

- Individual Support, 40%
- Residential Accommodation Support, 47%
- Targeted Services, 6%
- Information, Planning & Capacity Building, 8%
Overview of service system

**Tertiary Supports**
- SSA
- Training centres
- Facility based day programs

**Care in the community**
- Respite
- Support & Choice
- Futures for Young Adults
- Behaviour intervention

**Self care and support**
- Aids & Equipment
- Case management
- Flexible support packages
- Low-level Support & Choice
- Advocacy

- Tertiary services limited to people with high needs and whom other options are not appropriate or feasible
- Increased focus on time limited and transitional arrangements to move people back to community supports if possible
- Early intervention and prevention
- Support families and carers
- Strategies to deliver more appropriate care and support in people’s homes
- Tailored packages of care that offer value for money
- Access to generic services and community based options supported by RuralAccess and MetroAccess
- Support independence and autonomy
- Whole of government and whole of community approach to disability (Disability Action Plans)
Service approaches in Victoria

• Move towards individual support packages will provide more varied accommodation options and a broader service mix

• Move towards self directed services will develop individual and family capabilities

• Progressively upgrading group home facilities

• Early intervention - active support at important life stages and transition points

• Community capacity building to make mainstream services accessible

• Carer support needs met through individual support, planning and respite
Service approaches in Victoria

• Industry development-
  – workforce planning and training
  – Provider capacity building
  – Governance development
  – Pricing reviews

• Progressively redeveloping older large-scale institutions/congregate care

• Introducing a new quality framework
  – Revised standards
  – Performance benchmarks
  – Independent monitoring
Service approaches in Victoria - moving towards individualised support

Now..

Individually attached

- Support & Choice
- Homefirst
- Community Options

Agency attached – individually focussed

- Flexible Support Packages
- Outreach
- Respite

Agency attached – group programs

- Day Services
- Respite

In future...

Streamlined individualised support package

- Assigned to an agency
- Implemented through financial intermediary
- Received as a direct payment
Service approaches in Victoria—expanding supported accommodation options

Individualised support and planning to explore people's support needs

Individuals and families supported in housing of their choice including accessing more flexible respite options, aids and equipment and home and vehicle modifications.

- Partnerships with private and community enterprises
  - Eg, Disability Housing Trust
  - Innovative Housing options
  - Individual Support Packages: expanding choice and system capacity

- Specialised new higher support models
  - Eg, future, my choice

- Shared Supported Accommodation

- DHS operated facilities
  - 2,828 bed capacity

- Community Sector Organisations
  - 2,357 bed capacity
New approaches to supported accommodation—metropolitan examples

- 12 dispersed properties on the former Commonwealth Games Site. Provides one and two bedroom units and a four bedroom town house. Has provided a range of people with housing opportunities, e.g. 3 people have exited Shared Supported accommodation (thereby freeing up places for others to access SSA) an opportunity for a younger person to exit RAC and live with his mother. Opportunities for people to move from family home (via DSR). All supported with an ISP with provider of their choice. For example:

Sue left her family home at 38 years of age to reside in a Shared Supported Accommodation (SSA) service, but always harboured a strong desire to live independently. She lived at the SSA for seven years. During the last three years, she longed to broaden her prospects and live independently. Sue’s family had reservations and were apprehensive about her leaving the SSA and living independently. She assured them that although the SSA was great, it no longer served its purpose as she had “outgrown the place”.

With an Individual Support Package, Sue was able to identify her support needs, including informal contributions from family and friends, and make the move to a more independent arrangement with the support required. She is now living in her own home, her own furniture and belongings, and her own space and time to live as independently as possible.
New approaches to supported accommodation—metropolitan examples

• Owned and operated by a community service organisation. 13 units are on a site. Two regions fund 12 ISPs (1 unit is for staff). The funding is pooled by the people with a disability to collectively purchase their support.

• A 3-bed residence owned by a community housing association and operated by a community service organisation and funded with ISPs.

• Operated by a community service organisation. The house has 4 residents, one is funded by TAC and 3 funded by DHS through ISPs. All residents have a brain injury.
New approaches to supported accommodation - rural examples

- Accommodation and support service operated by Healthscope. TAC funds 3 people in the house and Disability Services funds 2 people through ISPs.

- Two 2 bedroom units developed by Disability Housing Trust and community service organisation. All 4 people came from home (via DSR) and are supported with ISPs. Each person chooses own support provider. Due to shared arrangements this is a younger group who have chosen to share with a co-tenant for social reasons. Also families felt happier with this arrangement.
New approaches to supported accommodation - group home exits

- As at June 2008, 133 people have been supported through ISPs to move out of shared supported accommodation to housing and support options of their choice. 45% of these people have chosen to live alone, 33% have chosen to share and 18% returned to a family situation. This has in turn freed up 133 places for people who needed shared supported accommodation level of support.
New approaches to supported accommodation - mobile overnight support services

• Several other individuals are successfully continuing to live in their own homes with a combination of Individual Support Package funding and support from a local mobile overnight support service. The support provided by the mobile overnight support service might be infrequent or sporadic during the night, replacing the need for the person to move to a 24 hour staffed group home.

• At present a mobile overnight support service is operating in each of the department’s three metropolitan regions.
Supported accommodation for Victorians with a Disability

- At August 2008 there were 4,983 beds operating in the disability service system in Victoria
- A further 220 supported accommodation beds are being developed (mixture shared and individual units)
Victoria’s response to people with a disability and additional complex needs

- **Behaviour Intervention Support Teams (BIST):** regionally based specialist teams auspiced by DHS providing behaviour support to people with a disability living in either in funded accommodation or in their own homes or with family. Current activity allocation of $17.5 million.

- **Statewide Forensic Service (SFS):** provides assessment and treatment for serious offenders with a disability in the community and in prison. Running cost of $4.698 million per annum.
  - Community based programs comprise of group and individual treatment programs.
  - Compulsory treatment to serious offenders with an intellectual disability is provided through the Intensive Residential Treatment Program (IRTP) which has been gazetted as a Residential Treatment Facility (RTF) under the *Disability Act 2006*.
  - A Disability Prison Services coordinator position provides support to prisoners with a disability in the Victorian Prison System.
  - SFS work with Corrections Victoria to run the joint treatment program at the Marlborough Unit at Port Phillip Prison.

- **Criminal Justice:** regionally based support providing reports requested under the *Sentencing Act 1991* and the *Crimes (Mental Impairment and Unfitness to be Tried Act) 1997*. This support includes the development, monitoring and review of justice plans provided under section 80 of the Sentencing Act. Disability Services also provides the Statewide Short-term Accommodation and Support program, which has a focus on providing accommodation to people with a disability involved in the criminal justice system.
Victoria’s response to people with a disability and additional complex needs

- **ABI Behaviour Consultancy:** a state-wide behaviour consultancy service for people with an ABI provided by Epworth Healthcare. Annual funding of $410K for 160 individuals.

- **Youth Justice:** regionally based support providing reports requested under section 571 of the *Children, Youth and Families Act 2005* as well as the establishment of a jointly funded Senior Disability Advisor position for Youth Justice Custodial Services.

- **People with a mental illness and co-existing disability:** may receive assessment and support from the Victorian Dual Disability service funded ($858K pa) by Mental Health and Drugs Division and auspiced by St Vincent’s Health. In addition Mental Health & Drugs and Disability Services jointly fund ($424K) an Enhanced Regional Service Response demonstration project in North and West region to undertake assessments and provide secondary consultation to BIST.

- Mental Health & Drugs Division fund the Community Based Disability Assessment and Treatment Service to assess and respond to the needs of people with a mental illness and an acquired brain injury and to provide secondary consultation to community mental health service providers. Mental Health & Drugs and Disability Services are planning further joint work in the area of people with mental illness and co-existing disability as part of the Mental Health Reform strategy.
Victoria’s response to people with a disability and additional complex needs

- **Multiple and Complex Needs Initiative (MACNI):** is a specialist intervention for people 16 years & older identified as having multiple and complex needs including combinations of mental illness, substance abuse issues, intellectual impairment, acquired brain injury and forensic issues who pose a risk to themselves and/or to the community. Key components of MACNI are the regional gateway referral process and the emphasis on cross program support. $4.3M is provided across government in 2008-09.

- **The Office of the Senior Practitioner:** was established under the *Disability Services Act 2006* to ensure that the rights of people who are subject to restrictive interventions and compulsory treatment are protected and that appropriate standards in relation to restrictive interventions and compulsory treatment are complied with.
National Disability Agreement

Outcomes:

• People with disability achieve economic participation and social inclusion
• People with disability enjoy choice, wellbeing and the opportunity to live as independently as possible
• Families and carers are well supported
National Disability Agreement

Outputs:

• Services that provide skills and supports to people with a disability to enable them to live as independently as possible
• Services that assist people with a disability to live in stable and sustainable living arrangements
• Income support for people with disability and their carers
• Services that assist families and carers in their caring role
Funding – National Disability Agreement

Trends 2002/03 to 2007/08

Funding Share

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Interstate comparative investment in Disability

**Contribution from jurisdictions 2003-04 to 2007-08**

- **Vic**: 13% State contribution, 87% Commonwealth contribution
- **Average other States and Territories**: 19% State contribution, 81% Commonwealth contribution
Accommodation service use by jurisdiction

Number of users by accommodation type
2006-07

- Other accommodation support
- In-home accommodation support
- Group Homes
Impact of National Disability Agreement

• New agreement and associated SPP will deliver $408 million nationally over 5 years

• Victorians will receive increased planning, individual support packages, supported accommodation, respite and aids and equipment
Better measurement of current and future demand

MET DEMAND

UNMET DEMAND

POTENTIAL DEMAND

Total number of people with a severe and profound disability
Better measurement of current and future demand

- Enhancing the Survey of Disability, Ageing and Carers (SDAC)

- Developing a model for national estimates of potential demand

- Improving jurisdictional level unmet demand data (expressed demand)
Enhancing the SDAC

Increasing the sample size and modifying survey questions

Improving the reliability of SDAC estimates at jurisdictional levels

Separately identifying service needs and types of services
National estimates – potential demand

- Developing a projection model – projects current met and unmet demand to quantify future potential demand for ongoing disability services support.
Unmet demand measurement

• Developing a nationally consistent methodology and data collection for measuring unmet demand (expressed demand) for specialist disability services
Service planning

• National population benchmarks for key disability services under the National Disabilities Services Agreement

• Currently assessing options for benchmarking frameworks
Improving quality

• Developing a national quality improvement strategy based on agreed national disability standards

• Nationally agreed approaches to
  – quality assurance
  – quality management principles
  – consistent approach to verifications of compliance with standards
Other reform areas - National Disability Agreement

- Supporting older carers
- Early intervention strategies
- Simplifying access
- Access to support-indigenous Australians
- Workforce planning