# Victoria, Australia: Health and Personal Social Services for People with Disabilities State Report

# A Contemporary Developments in Disability Services Paper

**This paper is one of a series of background papers describing how disability services are organised and delivered in selected jurisdictions, to help inform how such services might be organised and delivered in Ireland.**



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# List of Abbreviations

|  |  |
| --- | --- |
| AUD | Australian Dollars |
| CSTDA | Commonwealth, State / Territory Disability Agreements |
| DHS | Department of Human Services |
| DoH | Department of Health |
| HACC | Home and Community Care |
| NDA | National Disability Agreement |
| PSD | Program for Students with Disabilities |
| SSA | Shared Supported Accommodation |
| SRS | Shared Residential Support Services |

# 1. Introduction

This paper is one of a series of background papers describing how disability services are organised and delivered in selected jurisdictions, to help inform how such services might be organised and delivered in Ireland. A composite report setting out key learning from across the six jurisdictions is also available (www.nda.ie). This composite report also draws on additional literature from the US and the National Disability Authority's (NDA) broader programme of work in the area of independent living for people with disabilities.

The jurisdictions were chosen after canvassing expert opinion on where there were opportunities for learning due to innovations in service procurement, design or delivery or evidence of quality. Data was collected for each jurisdiction under a common framework, although information was not always readily available across all elements of the framework for each jurisdiction. The sources of information included published and web sources, as well as interviews with three key informants, with different roles, in each jurisdiction. The draft paper was checked for accuracy and completeness with a national expert in each of the countries studied. Readers are advised that a key finding from this project is that disability service systems in all of the selected jurisdictions are in transition, and in some areas systems are undergoing rapid development. We welcome any feedback on any of the jurisdictions investigated that can update or enhance these background papers. The jurisdictions investigated include those set out below and can be found at www.nda.ie.

Table 1 - Population in selected jurisdictions

|  | Ireland [[1]](#footnote-1) | England [[2]](#footnote-2) | Scotland[[3]](#footnote-3) | Netherlands[[4]](#footnote-4) | Norway[[5]](#footnote-5) | Victoria[[6]](#footnote-6) | N. Zealand[[7]](#footnote-7) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Total Population 2009 | 4.45m | 51.81m | 5.19m | 16.48m | 4.78m | 5.42m | 4.32m |
| Ratio to Ireland | 1 | 11.6 | 1.2 | 3.7 | 1.1 | 1.2 | 1.0 |

# 2. Population

## 2.1 Population with a disability

Victoria has a population of population of just over 4.9 million people or approximately 1.2 times the population of Ireland. The 2003 Disability, Ageing and Carers survey showed that approximately 990,000 people, or 20% of the Victorian population had a disability[[8]](#footnote-8). Table 14 in appendix 7 provides a breakdown of disability status by age. 833,000 people with a disability were classified as having a physical condition and 158,500 were classified as having mental and behaviour disorders[[9]](#footnote-9). Of the 939,000 people with disabilities living in households 597,100 needed assistance for at least one routine activity while 342,700 did not need such assistance[[10]](#footnote-10).

## 2.2 Disability service providers per person

There are 262 disability service providers registered on the Victorian Register of Disability Service Providers[[11]](#footnote-11). Providers are required by the Disability Act to be registered to receive Department of Human Services (DHS) funding. It should be noted that external providers receive 58.5% of the total DHS disability budget (see below) and the DHS is itself by far the largest provider of certain services, most notably Shared Support Accommodation (group homes).

# 3. Health and Social Services for people with disabilities

Elements of disability service provision in Victoria are funded and delivered by three different levels of government; federal, state and local.

## 3.1 Federal level responsibilities for disability services

The role of the federal or Commonwealth level is set out in the National Disability Agreement which came into effect in January 2009. The National Disability Agreement is a framework for the funding and provision of the disability services agreed between the Commonwealth and the States (including Victoria) and Territories of Australia,[[12]](#footnote-12) and evolved from previous agreements which were developed to clarify responsibilities for service provision between different levels of government and establish shared strategic priorities.

The National Disability Agreement and preceding agreements set out the responsibilities for disability service provision of the Federal and state-level government[[13]](#footnote-13). In Victoria local government also has a disability service administration role for certain groups of people with disabilities.

Table 2: Disability service provision responsibility by level of government

|  |  |
| --- | --- |
| **Level of Government** | **Area of Responsibility** |
| Australian Federal Government | Disability planning and policy setting and management of specialised employment assistance |
| State of Victoria | Accommodation support, community support, community access and respite |
| Federal and State shared responsibility | Advocacy and alternative format material and services for people with a print disability |
| Local government | Home and Community Care (primarily aimed at older people with disabilities and carers of people with disabilities) |

The National Disability Agreement is focused on enhancing choice, social and economic participation and independent living[[14]](#footnote-14). It specifies objectives, outputs and outcomes, roles and responsibilities in delivering disability services. The Commonwealth financial contribution to states and territories towards achieving the objectives, outcomes and outputs, as specified in the National Disability Agreement, is funded by the National Disability Services Specific Purpose Payment. Victoria will receive 1128.9 million Australian Dollars (approximately €745 m.) over the term of National Disability Agreement 2008 - 2013.

Table 3: Disability Services Specific Purpose Payment[[15]](#footnote-15)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **$million** | **NSW** | **VIC** | **QLD** | **WA** | **SA** | **TAS** | **ACT** | **NT** | **Total** |
| **2008-09** | 142.8 | 99.9 | 83.2 | 37.7 | 43.1 | 13.5 | 6.3 | 4.6 | 431.1 |
| **2009-10** | 302.2 | 208.2 | 171.7 | 77.6 | 93.1 | 28.2 | 13.1 | 9.7 | 903.7 |
| **2010-11** | 344.8 | 243.9 | 199.2 | 93.2 | 99.9 | 31.1 | 15.5 | 11.4 | 1,038.9 |
| **2011-12** | 390.0 | 281.5 | 227.7 | 110.3 | 106.3 | 33.2 | 18.2 | 13.0 | 1,180.2 |
| **2012-13** | 399.3 | 295.4 | 245.4 | 119.3 | 105.5 | 32.6 | 18.8 | 13.0 | 1,229.3 |

1 AUD = 0.66 Euros on the 1 March 2010. All other euro figures provided in this report are calculated at this rate.

Federal funding for disability service provision is not insignificant but as table 3 above shows it is small compared to the $1,287.9 million AUDs (€850 m.) the Victorian Government Department of Human Services will spend on disability services in 2009 / 2010.

The NDA contains a commitment to the development by the jurisdictions of a Australian National Disability Strategy to guide disability policy across jurisdictions[[16]](#footnote-16). In addition to the responsibilities outlined above the Commonwealth Government has responsibility for national standards[[17]](#footnote-17) and for coordination of data collection on specialist disability support services[[18]](#footnote-18).

## 3.2 State level responsibilities for disability services

Until recently the Department of Human Services was responsible for a broad range of health and personal social services in Victoria. However, since August 2009 these functions were divided between two departments:

* The Department of Health (DoH) - is now responsible for prevention, mental health and drugs, public health, health services (including hospitals), community and rural health and aged care[[19]](#footnote-19).
* The Department of Human Services (DHS) which retains responsibility for housing; disability services; concessions [grants and allowances]; children, youth and families.

The purpose of the change was to provide "an intensive focus on health" and "to further embed new approaches to human services delivery, including early intervention, personalisation and recovery"[[20]](#footnote-20).

## 3.3 State funding mechanisms for disability services

The Victorian Department of Human Services is divided into eight administrative regions. 77% of DHS staff operate from these regional locations[[21]](#footnote-21). The eight administrative regions are both providers and commissioners of disability services. Funding is divided between the regions on the basis of population. These regions range in size[[22]](#footnote-22). Victoria has a budget of $1,287.9 m. ASD (€850m.) for disability support services in 2009/2010. The majority of the budget was distributed to the eight DHS regional entities. $754.5 m. ASD (€498m.) is distributed to external service delivery organisations, the remaining $533.4 m. ASD (€352m.) represents the cost of disability services directly delivered by DHS staff.

Table 4: Department of Human Services: Disability Support Services

internal/external delivery - central/regional budget breakdown[[23]](#footnote-23)

**2003-04 Total budget $844.4 million**

$69m.

or 5 %

managed at

central level

funding

$97m. 8%

managed at

central level

funding

$686m.

or 53%

managed at

regional level

funding

$437m.

or 34%

managed at

regional level funding

2009–10 total budget $1,288 m. (€850 m.)

850 million Euros

$755m. or 59%

External organisation funding

$533m. or 41%

Internally delivered services

The Victorian Government decides the overall budget for disability support services. The Disability Services Division (in DHS) decides the central - regional allocation and then agrees specific service targets with the eight regions[[24]](#footnote-24). The regions in turn sign Service Agreements with both the internal units[[25]](#footnote-25) and external service delivery organisations and outlets which specify outputs to be delivered (e.g. number of clients, number of places, hours of services), standards to be met and unit prices for services[[26]](#footnote-26). Rollover of recurrent funding is determined by whether quality standards have been met[[27]](#footnote-27). In practice the Department of Human Services would intervene and work with an organisation that is not meeting quality targets rather than withdrawing funding and would only withdraw funding if that process broke down[[28]](#footnote-28). In addition to the allocation of recurrent money, new or growth funding can be dispersed in a number of ways but it is usually through invited or open "submissions processes"[[29]](#footnote-29). Money for individual support packages and other programmes is portable and follows the service user.

DHS Disability support services historically were block funded. In the early 1990s unit prices were developed (though services still received block funding). Since the development of the State Plan for Disability all growth funding has been moving away from block funding organisations towards individually attached and portable funding[[30]](#footnote-30). Day services funding moved to individualised funding in December 2009[[31]](#footnote-31) and it is intended that residential services will be based on individualised funding within the lifetime of the state disability plan. The development of unit prices were originally devised by a relatively simple calculation[[32]](#footnote-32) and the move towards more individualised funding has resulted in pressure for more refined resource allocation mechanisms. In 2009 consultants were engaged to develop a support needs profiling tool, which will strengthen the equitable allocation of funding within a self-directed framework[[33]](#footnote-33).

## 3.4 Local-level responsibilities for disability services

Just over 83,000 people under 60 years of age with a disability receive support via the Home and Community Care (HACC) programme which is administered at the state level by the Aged Care unit(s) (which are now in the Department of Health)[[34]](#footnote-34) and delivered principally by local government. HACC will be discussed in more detail below.

## 3.5 Cross-Governmental strategy on disability in Victoria?

Yes, the Victorian State Disability Plan 2002 - 2010 is a

whole-of-government and whole-of-community approach to disability. It is the first Plan that looks at all aspects of life for people with a disability - including disability supports, health and community services, recreation, education, employment, transport and housing[[35]](#footnote-35).

It is also the first cross-disability plan in Victoria, as previous Victorian disability policies and legislation had addressed different disability types separately[[36]](#footnote-36). The State Disability Plan addresses both a mainstreaming agenda and the re-orientation of disability support services towards personalised, individualised supports[[37]](#footnote-37). The State Disability Plan contained a commitment to develop a disability "industry plan", which was agreed between service providers and the Victorian Government in 2006. The Industry Plan set out the implementation plan of the vision for individualised disability supports[[38]](#footnote-38).

In 2006 the Victorian Disability Act was enacted which furthered mainstreaming by requiring all Government Departments and prescribed statutory agencies and corporations to develop Disability Action Plans for how they will reduce barriers for people to access public services under their aegis[[39]](#footnote-39).

### 3.5.1 Standards and quality provision of the Disability Act, 2006

The 2006 Act also provided for the revision of the existing standards legislation. The revised standards, Standards for Disability Services in Victoria, now include Outcome Standards and the pre-existing Industry Standards.

The 2006 Act continued the Community Visitor Programme for disability services. Under the programme members of the public are appointed to conduct visits (with and without prior arrangment) to premises registered by disability service providers[[40]](#footnote-40). The programme is managed by the Office of Public Advocate. In 2008/2009 Community Visitor volunteers made just under 3,000 visits to disability services[[41]](#footnote-41).

The 2006 Act also requires that anyone with a disability receiving on-going support *must* have a support plan prepared for them within 60 days of receiving a service and that the plan as far as is reasonably practical be inter alia individualised, directed by the person and contain tailored and flexible responses to the individual goals and needs of the person with a disability[[42]](#footnote-42). A planning policy framework, based on the 2006 Act, was published in 2009[[43]](#footnote-43).

The 2006 Act established the Disability Services Commissioner to work with people with a disability and disability service providers to resolve complaints. The Commissioner commenced on 1 July 2007. The Commissioner is independent of government, the Department of Human Services and disability service providers and provides a free confidential and supportive complaints resolution process. The Commission dealt with 421 enquires and complaints in 2008/2009[[44]](#footnote-44). The Act also established the Office of Senior Practitioner which has responsibility for protecting those who are subject to restrictive interventions and compulsory treatment and developing standards and guidelines in this area[[45]](#footnote-45).

## 3.6 Explicit policy on independence and community living in Victoria?

There has been a policy to work towards closing disability residential institutions since the 1980s. In the State Disability Plan published in 2002 the Victorian Government made a commitment to develop a community where:

people with a disability should be able to live and participate in the life of the Victorian community, with the same rights, responsibilities and opportunities as all other citizens of Victoria.

## 3.7 Focus on selected services

### 3.7.1 Medical and allied health services for people with disabilities

People with disabilities receive medical services through mainstream medical service providers, accessed via their general practitioner. In planning for deinstitutionalisation there was a realisation that specialist medical care for people with developmental disabilities would need to be provided in the community. To this end a specialist unit (Centre for Developmental Disability Health Victoria) was established by the Victoria Government at Monash University to provide disability specialist training for medical staff (including GPs), research and clinical support[[46]](#footnote-46).

Some allied health care such as therapies are funded by the DHS Disability Services Division and are provided directly by DHS regional staff and by DHS funded agencies. In 2006 / 2007 9,992 people with disabilities accessed DHS funded therapy support[[47]](#footnote-47). It should be noted that just under 11,300 people with disabilities, 59 years of age or under, received allied health support via HACC (i.e. funded by federal and state dollars but delivered via local government coordinated home support packages).

Some of the key informants suggested that the division of primary health care for people with disabilities from disability supports, which has existed since deinstitutionalisation, posed challenges for people with disabilities accessing health care despite the specialist unit at Monash training a cohort of health professionals in developmental disabilities. There has been ongoing efforts to upskill mainstream health professionals in disability related health problems. However, accessing disability specialists in the mainstream health service can be difficult for people with disabilities, particularly for people with intellectual disabilities.

### 3.7.2 Care support for people with disabilities[[48]](#footnote-48)

One of the central aspects of the reorientation of disability services under the State Disability Plan in Victoria has been the expansion of self-directed care in the form of Individual Support Packages and Flexible Support Packages. These are designed to help people with disabilities to remain living in the community. Individual Support Packages typically consist of home help type services, equipment and respite support for carers[[49]](#footnote-49). Flexible Support Packages are used by families of children with disabilities and families of adults with acquired disabilities and can consist of a mixture of carer supports, equipment, respite and case management[[50]](#footnote-50). Support packages may also include services and supports purchased from mainstream services. Support package recipients can:

* have their allocation paid directly to one funding provider,
* work with a case manager to purchase bits of their support from different providers; or,
* have their allocation paid to a financial intermediary who will purchase bits of their service on their behalf[[51]](#footnote-51).

In 2006 8,260 people had individual support packages. Packages ranged from under $10,000 ASD (for 77% of recipients) to over $55,000 ASD (for 1% of recipients)[[52]](#footnote-52). By the end of 2009 all DHS Disability Supports Division recipients will be in receipt of an individual support package[[53]](#footnote-53).

An Individual Support Package can be used to help a person with a disability to:

* Live as independently as possible
* Strengthen relationships with family, friends and other community members
* Participate in the community
* Learn new skills[[54]](#footnote-54)

Individual Support Packages can be pooled between a number of people to make best use of their allocation[[55]](#footnote-55).

To access an Individual Support Package a person makes an initial application, usually with the assistance of Department of Human Service Intake and Response Service personnel, to be considered by the regional Priority for Access Panel. Once an indicative budget has been assigned, the person with a disability works with an assigned facilitator or disability service provider who will help them to develop a detailed individual plan and funding proposal[[56]](#footnote-56).

Individual Support Packages were seen by key informants to give people a chance to direct their own support requirements and have been used to develop innovative support solutions, for example, where support to access a mainstream activity is paid for instead of paying for respite hours for carers.

As mentioned above, disability service providers have unit price funding for the services which fall within the Individual Support Package, most of which are broken down into appropriate levels to allow someone to purchase, for example, case management or one-to-one support by the hour.

Criticisms of the new system of individual support packages are:

* that a corresponding support, for example accommodation, may not be available;
* that as many of the support packages are small they have led to circumstances where people are opting for less than optimal support options (one key informant told of a service provider assisting a group of Individual Support Package recipients to pool their support packages to cover the cost of support in a residential setting for about 10 residents);
* that some people did not have the awareness of the service system to make the most of the flexibility which an Individual Support Package has afforded them.

It was also noted that some service providers have found the transition to providing for people with Individualised Support Packages difficult (the administrative burden of reporting on, monitoring and providing individualised support is considerably higher than it is for block-funded group support models), and indicated that this is could lead to mergers or closures of disability services.

Key informants agreed there was a need for capacity-building work to be done with both service providers and people with disabilities to ensure that the flexibility afforded by individualised supports in Victoria was maximised.

In addition to the supports provided by the DHS Disability Services Division there is a programme of supports called Home and Community Care (HACC) to support those with everyday living activities to remain living in their own home, which is operated primarily by local councils. HACC developed from pre-existing home help programmes. The programme is funded by the Commonwealth Government and the Victorian Aged Care Services (now in the Department of Health) and Local Government and (means tested) consumer contributions. Services are coordinated locally by Primary Care Partnerships, which are voluntary alliances of local care organisations (including local councils) across 2 - 3 local government areas. Table 5 below shows that over 83,000 people under the age of 59 received HACC support in 2006 - 2007. Appendix 6 provides more details of types of supports available through HACC and level of assistance provided.

Table 5: Number and age range of Home and Community Care service users in Victoria[[57]](#footnote-57)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2002/2003** | **2003/2004** | **2004/2005** | **2005/2006** | **2006/2007** |
| Under 20 | 7,660 | 8,103 | 8,026 | 8,227 | 9,597 |
| 20-54 | 25,081 | 27,692 | 28,879 | 29,854 | 30,548 |
| 55-59 | 34,115 | 36,728 | 38,656 | 43,251 | 43,432 |
| 70+ | 136,218 | 141,358 | 144,724 | 145,611 | 160,882 |
| Total | 204,450 | 216,257 | 222,393 | 229,128 | 244,459 |
| Year on year increase |  | 5.8% | 2.8% | 3.0% | 6.7% |

### 3.7.3 Case Management

Disability case management services aim to assist people with disabilities to become more independent and active in community life. Case managers seek to establish a collaborative relationship with the person, and their support network, such as family members, and assist the person to identify, link with and organise the supports they need to deal with problems and achieve their goals[[58]](#footnote-58). Case management is one of the supports listed as suitable for people to access via their Individual Support Package/Flexible Support Package. In 2007/2008, just over 5,200 Department of Human Services, Disability Supports Division service users availed of case management[[59]](#footnote-59).

A criticism of case management from key informants was that while a person with a disability will need to see a case manager or facilitator to develop a plan, those plans often do not contain ongoing case management hours. The case manager or facilitator who assists in *designing* a plan is not responsible for *implementing* the plan and often has no ongoing contact with the person with a disability and so there is no feedback loop to ensure the plans are realistic and appropriate. Other key informants felt that this separation was appropriate as the case manager or facilitator should be independent of any agency and not lock people into receiving support from one particular agency.

### 3.7.4 Respite and Carer Supports

Recipients of Individual Support Packages or Flexible Support Packages can hire some family members (not parents or spouses) as paid carers in certain circumstances (such as if they live in remote rural areas). However, they cannot hire staff members directly and must do so via a service provider. As mentioned above over 8,200 people have these packages but a breakdown on what types of services were purchased is not available.

The other primary form of support for carers is respite. Families of children with disabilities were prioritised for respite services in 2007/2008 and 2008/2009. In the year 2007/8, just over 20,600 episodes of respite were provided[[60]](#footnote-60). Table 8 sets out the numbers of people accessing respite services and the types of respite services accessed. In addition to own home respite and centre-based respite, more flexible respite options in the form of camps / holidays and inclusion in community-based activities, for which brokerage and volunteer coordination can be funded.

Table 8: People accessing respite by respite type[[61]](#footnote-61)

|  |  |
| --- | --- |
| **Respite type** | People accessing service |
| Own home respite | 1,230 |
| Centre-based respite/respite homes | 5,077 |
| Host family respite/peer support respite | 449 |
| Flexible respite | 8,626 |
| Other respite\*\* | 1,008 |
| Total respite | 14,199\* |

\* Cumulative respite type figures do not equal total as people who access various respite types are included under all relevant headings.

Key informants suggested that with the introduction of Individual Support Packages there was an assumption that demand for centre-based respite would decrease as families chose more inclusive and innovative means of purchasing respite (such as sending a child to a summer camp instead of a respite centre) and investment in new centre-based respite facilities has largely ceased. However, key informants felt that while families were using Individual Support Packages to purchase more inclusive respite options, the demand for centre-based activity has not decreased as much as was anticipated and unmet demand for centre-based respite still exists.

### 3.7.5 Care supports in education

The Department of Education and Early Childhood Development funds the Program for Students with Disabilities (PSD) which provides a range of support and initiatives to assist government school students with additional learning needs, including students with disabilities[[62]](#footnote-62). The PSD provides additional support within the Student Resource Package for eligible students with disabilities in mainstream and specialist schools. In all (government) schools, all students receiving support through the Program for Students with Disabilities should have an Individual Learning Plan. In addition to the Individual Learning Plan a student should have a Student Support Group to apply for assistance under the PSD. A Student Support Group should normally consist of a parent/s, class teacher, principal (or nominee), a parent advocate (if requested), the student (where appropriate) and consultants as agreed by the group may also be invited[[63]](#footnote-63).

Once the Student Support Group has developed the Individual Learning Plan they can then apply for funding for the plan from Student Support Services Officers (education support professionals working for the Department of Education and Early Childhood Development). Funding allocated to the school to support a child's plan can be used to pay for specialist staff, professional development, education support staff, specialised equipment and building modifications[[64]](#footnote-64). It should be noted that Victorian schools operate a programme for all students with additional learning and welfare needs[[65]](#footnote-65) and a schools nursing programme[[66]](#footnote-66). There are, therefore, mainstream supports in schools operated by the Department of Education and Early Childhood Development, which students with disabilities can avail of.

Victoria has 81 specialist schools for children with disabilities with a combined enrolment of 6,500[[67]](#footnote-67). In May 2010 it was announced that a programme of developing "satellite" specialist classrooms in mainstream schools would commence. These "satellite centres" are "purpose-built on-site facilities will have specialist staff to meet students additional needs but will mean students can be part of the mainstream school community"[[68]](#footnote-68).

All Victorian schools are required to comply with the Disability Standards for Education introduced by the Federal (Commonwealth) Government in 2005. The standards aim to give students with disabilities the same rights as other students and cover enrolment, participation, curriculum development, accreditation and delivery, student support services and the elimination of harassment and victimisation[[69]](#footnote-69).

### 3.7.6 Direct payments

Direct payments are only at pilot project phase in Victoria. In 2006 ten people took part in a pilot direct payments project. The pilot was evaluated in 2007[[70]](#footnote-70) and it was recommended that the pilot be extended and expanded to 100 more participants[[71]](#footnote-71). This expansion took place and there are currently over 100 people in receipt of direct payments. Further evaluation work by DHS of direct payments has shown that recipients found that direct payments improved their control of supports, improved the quality of their supports and positively contributed to their ability to participate in community and family life. Direct payments are became an option for all DHS disability support services recipients from mid 2010. Direct payments are now open to all service users but the person signing the agreement to receive a direct payment must be someone who is considered to understand the consequences of the agreement. Guidance for providers and for service users has been developed and published[[72]](#footnote-72).

A direct payment can be paid to an adult with a disability, to an adult with a disability and a nominated person (facility member, carer, friend, etc., who is willing to take on some of the management and administration arrangements) and to a parent of a child with a disability. Direct payment recipients are free to negotiate prices with service providers and are therefore not bound be the DHS published unit prices.

### 3.7.7 Assistive Technology

After a review[[73]](#footnote-73) and consultation process[[74]](#footnote-74) Victoria has decided to move to a single service model for the provision of aids and appliances. The process of transition to the new model will take place from December 2010. The new single provider was chosen by an open, competitive tendering process.

The review found that the existing model, which had 22 aid and equipment issuing centres, has long waiting lists[[75]](#footnote-75) and different criteria for decision making from centre to centre.

In 2005 the DHS aids and equipment programme budget was just over ASD 22 m. (€15.7 m.). In the same year the programme received over 60, 000 applications. In 2007 an additional ASD 20 m. (€ 14.3 m.) over four years was announced with the aim of making aids and equipment available to more applicants.

# 4. Housing, Accommodation and Day services for People with disabilities

## 4.1 Residential services

The last residents in the last large disability residential institutional setting were moved out in March 2008. Some congregated settings still exist and have a combined population of a few hundred residents, as table 7 below indicates. Deinstitutionalisation began in Victoria in the early 1980s and a ten year plan to close all institutions was published in 1988[[76]](#footnote-76).

Over 4,500 adults with disabilities now live in Shared Supported Accommodation (SSA) or group homes.

Table 7: No. of people receiving accommodation supports provided by funded (disability specialist) services in 2006 - 2007[[77]](#footnote-77)

|  |  |  |
| --- | --- | --- |
| **Type of institution** | **Number** | **% of total receiving accommodation support from disability specialist services** |
| Large residential institutions | 355 | 2.54 |
| Small residential institutions | — | 0.00 |
| Hostels | 181 | 1.29 |
| Group homes | 4,551 | 32.59 |
| Attendant care/personal care | 325 | 2.32 |
| In-home accommodation support | 8,326 | 59.63 |
| Alternative family placement | 10 | 0.00 |
| Other accommodation support | 666 | 4.77 |
| Total accommodation support | 13,962 | 100.00 |

Both DHS Disability Services Division and the Aged Care Services (now in the Ministry of Health) provide packages of support to support people with disabilities to live in their own home[[78]](#footnote-78) as discussed further above in section 3.7.2.

People who are being placed in SSA (group homes) do not have a say regarding where and with whom they live. When the regional assessment panel is deciding on how to fill a vacancy or new place they are typically presented with the files of a number of suitable candidates[[79]](#footnote-79) and consider which candidate would be most suitable, including a consideration for existing residents[[80]](#footnote-80).

The appropriateness (in terms of costs and outcomes) of the group home model[[81]](#footnote-81) of providing residential services is currently under scrutiny[[82]](#footnote-82). The Victorian Government is trying to move towards a model where housing and support are "unbundled"[[83]](#footnote-83). The Victorian Government has made a commitment to further separate accommodation and support services and to progressively move away from group home or accommodation supports to a model based on more diversified accommodation supports[[84]](#footnote-84). There has been an almost complete cessation of funding for new group home places for the past decade[[85]](#footnote-85). However, significant unmet demand for accommodation supports (including group home placements)[[86]](#footnote-86) for people with disabilities continues and makes reform of accommodation supports difficult. Shared Support Accommodation (i.e. the 4,500 group home places) cost $395.6 m. ASD (or 37%) out of the total $1,070 m. ASD in the Department of Human Services, Disability Services Division budget.

## 4.2 Housing supports for people with disabilities

In line with the reorientation of residential support services mentioned above, the DHS Disability Supports Division has been reorienting its residential support budget towards less costly, more flexible housing options[[87]](#footnote-87). The stated policy ambition for accommodation supports is that people with disabilities, "should be able to choose where they live, with whom they live and what type of housing just like other members of the community"[[88]](#footnote-88). This position is largely understood as implying that packages of disability supports and housing supports will increasingly be delivered separately[[89]](#footnote-89). As table 7 above shows, the largest group receiving residential supports were actually receiving "in-home supports".

In practice this has meant that DHS Disability Supports Division capital investment in group homes in this period focused on upgrading and replacing stock rather than providing new places[[90]](#footnote-90). In 2006 DHS Disability Supports Division established Disability Housing Trust - and gave it an initial budget of $10 m. ASD - to develop innovative, flexible accommodation options for people with disabilities and committed to working with housing associations and the Office of Housing to develop new accommodation options (as opposed to support options) for people with disabilities.

Since 2005 DHS Disability Services Division has been funding a number of Accommodation Innovation projects across public, private and family-based arrangements which are often based on the "development of informal networks, sometimes called circles of support, which may complement the paid support available". These projects aim to make community based accommodation "long term and sustainable"[[91]](#footnote-91). Another innovation being developed in Victoria is the keyring model which has pioneered in the UK[[92]](#footnote-92).

People with disabilities, and in particular people with disabilities on low incomes**,** can access a range of accommodation options funded by the Office of Housing (which includes public rented accommodation, housing association and community managed housing)[[93]](#footnote-93). In fact people with disabilities receive a priority status on the local Office of Housing waiting lists. By far the largest of the proportion of the 77,000 properties directly or indirectly funded by the Office of Housing is the stock of public rented accommodation which consists of 63,069 units managed by local housing offices[[94]](#footnote-94). 51,768 tenants of these units receive a rebate based on the fact that they are in receipt of certain welfare payments[[95]](#footnote-95). Of these just over 18,000 or 34 per cent are in receipt of the disability support pension[[96]](#footnote-96). Therefore, people with disabilities appear to make up a large proportion of people who access mainstream social housing supports[[97]](#footnote-97).

Key informants noted that in practice mainstream housing authorities could be reluctant to allocate a house to someone who wasn't already in possession of an appropriate package of support to live independently. Similarly, people can arrange private or mainstream public housing and then fail to get an adequate support package to allow them to live independently.

However, there is a significant waiting list for public rented accommodation - over 36,000 in 2007/2008[[98]](#footnote-98). In light of this people with disabilities can end up living in sub-optimal accommodation settings, such as aged care facilities and Shared Residential Support Services (SRS). SRS are private enterprises (though they must register and are inspected by the state). They are not covered by the provisions of the Disability Act 2006, which means residents don't have personal plan or access to supports to enable them to participates in the community. They have an average of 28 residents but some have up to 77 residents. 42% of these facilities are "pension-level" meaning that residents forgo the majority of their welfare benefits in exchange for a bed and food. Almost 3,900 or 89% of SRS residents have a disability and in the pension-level facilities 96% had a disability[[99]](#footnote-99).

Table 8: Per cent disability type of all SRS residents with a disability

|  |  |
| --- | --- |
| **Disability type** | **% of all SRS residents with a disability\*** |
| Age-related frailty | 38 % |
| Psychiatric disability | 38 % |
| Dementia | 17 % |
| Intellectual disability | 14 % |
| Physical disability | 14 % |
| n | 3,878 |

\*

\* Percentages don't total 100 as categories are not mutually exclusive.

In the pension-level facilities there are greater percentages of people with psychiatric disabilities, intellectual disabilities, acquired brain injuries, and drug and alcohol disabilities. In the above pension-level facilities there are greater percentages of age-related frailty, dementia, physical disabilities, sensory disabilities[[100]](#footnote-100).

The average age of SRS residents is 70 but over 1200 people or 29% are under the age of 59[[101]](#footnote-101). The quality of care provided in SRSs, including the risk of abuse has been a major issue of public contention in recent years[[102]](#footnote-102).

In 2006 My Future My Choice was launched with an accompanying budget of $60 m. ASD (€40 m.) to provide alternative supports for those currently in SRSs to allow them to move out to more suitable accommodation; to enhance disability supports within SRSs and to minimise future admissions to SRSs [[103]](#footnote-103).

While stakeholders are generally supportive of the ambition to further separate housing from disability supports and welcome the innovations currently underway there is a sense that the level of unmet demand for housing and accommodation supports means that a state level strategy to look at how the public and private sector could generate sufficient housing options for people with disabilities needs to be considered[[104]](#footnote-104).

## 4.3 Day and Employment services

Day and employment services are run by two different levels of government. Day services are funded and run at the state level. Employment services are run at the federal level. In 2007/2008, 8,329 people were in receipt of day services[[105]](#footnote-105). Day services are delivered by 146 non-government organisations and focus on supporting access to further education and training, recreation and pre-employment training[[106]](#footnote-106). As of the end of 2009 all funding for day places have become individually-attached and portable[[107]](#footnote-107). Day service funding will at that point be part of the self-directed service options. This change is part of the broader reorientation of disability services taking place under the State Disability Plan framework. The change will mean that those with existing day services funding could, for example, spend three days out of five with a disability day service provider and purchase one-to-one support to access a mainstream community activity on the other days.

Employment services are run by non-government agencies funded directly by the Australian federal government. Table 9 below sets out the type of employment support received by people with disabilities by these employment support agencies.

Table 9: Employment support service users by support type[[108]](#footnote-108)

|  |  |  |
| --- | --- | --- |
| **Activity[[109]](#footnote-109)** | **Number** | **%** |
| Open Employment | 16,661 | 71.3% |
| Supported Employment | 4,859 | 22.5% |
| Targeted Employment | 57 | 0.2% |
| Total | 21,577\* | 100.0% |

\*The total figure refers to the cumulative total for the different categories of employment supports accessed. The number of people accessing employment supports in 2006 / 2007 was 21,314

# 5. Entitlement, Choice and User involvement

## 5.1 Entitlement

Australia has a system of universal health insurance (operated at Federal level) funded through progressive income tax and an income-related Medicare levy. Medicare provides access to:

* free treatment as a public patient in a public hospital, and
* free or subsidised treatment by medical practitioners including general practitioners, specialists, participating optometrists or dentists (for specified services only)[[110]](#footnote-110).

In addition to Medicare many Australians have private medical insurance.

Access to disability services is not based on entitlement, it is based on eligibility, having a priority status (discussed above) and availability of resources (place in group home, an available or new Individual Support Package, etc.).

## 5.2 Unmet Demand

Published commentary and the opinions expressed by key informants highlight that unmet demand is significant and is a contentious issue for Victorian disability services provision. As table 9 above shows there are almost 1,300 people waiting for accommodation support services and almost 1,100 people waiting for support to live in the community. The Auditor General's report on accommodation for people with disabilities pointed out that 1300 people waiting for accommodation support represented a waiting list of 30% of supply and indicated that demand was growing at between 4% and 5% annually[[111]](#footnote-111). Key informants indicated that similar levels of unmet demand exist across most disability service provision areas. Key informants also pointed out that the Disability Support Register is a record of those requesting support in the current year. There is no database which can be used as a planning tool to look at future needs. One of the recommendations of the Auditor General's report on accommodation for people with disabilities was the need for a system to systematically measure projected need[[112]](#footnote-112). Table 16 in appendix 7 gives more information on unmet need for services for people with disabilities.

## 5.3 Assessment and resource allocation

Although the 2006 Disability Act provides for service providers to perform needs assessments, in practice only the Department of Human Services Intake and Response Services regional services staff perform this task. Requests for ongoing disability support require a support plan to be developed for the applicant. Under the 2006 Act anybody can request an assessment. To receive an allocation it must be deemed that:

* the person has a disability, and;
* that a disability support, rather than a mainstream support, is appropriate, and;
* that "the person must be considered a priority for access to services before any requested disability supports can be provided"[[113]](#footnote-113).

A list of priority indicators are provided in appendix 3. Where no service is available people are placed on the Disability Support Services register[[114]](#footnote-114).

Table 10: Disability Support Register (June 2009)[[115]](#footnote-115)

|  |  |
| --- | --- |
| **Service** | **Number on Disability Support Register** |
| Disability Services Supported Accommodation options | 1,292 |
| Support to live in the community | 1,095 |
| Daytime activities | 188 |
| Total | 2,575 |

A Regional Priority for Access Panel - consisting of at least one person with a disability, a family or carer representative, non government providers representatives and regional DHS staff - effectively decides on service provision allocations between short listed applicants. The function of the regional panels is to:

* consider short-listed applications using [priority] factors for consideration
* recommend applicants for resource allocation
* document and forward recommendations to the regional delegate[[116]](#footnote-116).

In the context of significant unmet need (discussed below) one key informant highlighted the very difficult decisions that these panels had to make. Key informants also noted that the allocation system based on priority status has meant that it frequently responds to "crisis situations". Partly in a bid to counter this phenomenon priority indicators have recently been introduced which place a lesser weighting on crisis situations and more weight on indicators such as the potential impact of early intervention[[117]](#footnote-117).

## 5. 4 Public/private/NGO mix

Table 11 in appendix 5 gives a breakdown of the government/non-government service provision across a range of support areas. The overall figures (which exclude employment supports) of the almost 68,000 people who accessed disability services almost 19, 000 people (or 28%) were in receipt of State-delivered services and just over 57,000 people (or 84%) received services delivered by organisations other that State (i.e. NGO or private operators)[[118]](#footnote-118). Key informants noted that non-government service providers were able to provide services more cost effectively than state delivered services. A 2009 report showed that a placement in a State-delivered Shared Support Accommodation (group homes) was 14% more expensive to than a placement in a non-government sector group home[[119]](#footnote-119). A variety of cost components contribute to this cost difference but almost $ 23,000 ASD (€ 16,286) of the difference is attributed to direct care staffing costs[[120]](#footnote-120). While the source from which these figures are derived did not explain what drove the differences in the cost of direct care staffing, key informants indicated that different industrial relations arrangements in the two sectors was the main factor.

## 5.5 Single service or menu and choice

Key informants indicated that at the time of deinstitutionalisation there was a principled decision taken that disability services should not be wrap-around, "cradle to the grave" services, so day activities, accommodation supports, medical and allied health supports have been delivered separately for a number of decades. The reorientation of disability services under the State Disability Plan has moved disability service provision towards providing individuals and/or family and carers with choice. As discussed above people with Individual Support Packages and Flexible Support Packages put together a plan and funding proposal to purchase a mix of services from a list of (transparently priced) services with the help of a facilitator or case worker.

Though Victorian Government policy is to de-couple accommodation and other supports (this has been backed up by not funding new group home places and providing funding for accommodation support innovations) 4,500 adults with disabilities (principally adults with intellectual disabilities) live in group homes where support and accommodation are typically provided by the one provider i.e. the Department of Human Services. In responding to the recommendation of the Auditor General's review of group homes the Department of Human Services indicated that by the end of 2009 all SSAs (group homes) would be capable of delivering Person Centred Active Support, which would encourage 'choice and participation of residents in all aspects of daily living'[[121]](#footnote-121). While such an approach has been demonstrated to promote choice and participation for SSA residents[[122]](#footnote-122), it will not provide people with the choice to move from one SSA to another or to choose with whom they wish to live. Following a pilot programme, an Active Support programme is being rolled out to all DHS-run SSAs.

The shift in recent years of funding being directed towards individual support packages rather than going directly to service providers, has opened up the market to small for-profit providers. Some key informants noted that in practice this meant that those with less severe disabilities had significantly more choice, though those with high and complex needs were likely to continue to be supported by State or specialist non-government agencies.

## 5.6 Mainstream v specialist

The role of mainstream housing and health and personal services in supporting people with disabilities has been discussed above. This section therefore addresses the question of whether other personal social service systems (i.e. other than disability support services) cater for people with disabilities. Consideration in particular is given to whether or not mainstream pre-school and elder-care support systems support people with disabilities.

#### 5.6.1 Pre-school

Early Childhood Intervention Services are provided by approximately 60 agencies and nine Specialist Children’s Services teams managed by the Department[[123]](#footnote-123). The programme was administered by the Department of Human Services but was transferred in 2008 to the Department of Education and Early Childhood Development, which was established in 2007 to provide services for children from birth to age eighteen[[124]](#footnote-124). This is the means of support for most children under 6 years of age but some children with very high and complex needs are supported by the Department of Human Services Disability Supports Division[[125]](#footnote-125).

Early Childhood Intervention Services focus on enabling families and carers to support their child. Teams work in a trans-disciplinary way with one member acting as a case manager (called a Family Service Coordinator). While intervention can take place at home or in specialist centres there is a strong focus on natural environments. Therefore an important aspect of the intervention is supporting families to access mainstream services[[126]](#footnote-126).

Eligibility in most instances should be determined in consultation with the family and other relevant practitioners, that may include a paediatrician, general practitioner, maternal and child health nurse, therapist and early childhood teacher.

As discussed above families of children with disabilities may be entitled to a Flexible Support Package (for their care support needs, respite and case management) funded by the Department of Human Services, Disability Services Division. For children with high supports needs (severe disabilities) who want to access mainstream childcare services there is a programme of Kindergarten Inclusion Support Packages (funded by the Department of Education and Early Childhood Development). To access these packages a Programme Support Group must be formed to establish the child's needs (the group consists of parents, kindergarten teacher, Early Intervention Team member where appropriate)[[127]](#footnote-127). Services are funded as follows:

Department of Education and Early Childhood Development allocates funding to the agencies responsible for providing the inclusion support packages. These agencies provide kindergartens with the support required to provide a flexible, innovative and integrated service for children with severe disabilities requiring support to participate in kindergarten[[128]](#footnote-128).

#### 5.6.2 Elder care

As mentioned above the programme to support older people who have difficulties in performing everyday living tasks, Home and Community Care HACC, also supports people under 65 with disabilities. The programme is funded by the Elder Care Unit(s) of what is now the Department of Health and delivered via local governments. Tables 12 and 13 in appendix 6 give a breakdown of HACC services used by those over and under 65. Therefore, mainstream care in the community for elderly people is available to older people (and in fact younger people) with disabilities. Disability Support Services funded by the Department of Human Services are primarily aimed at those under 65.

The National Strategy for an Ageing Australia identified people with intellectual disability in particular as a group for which it was difficult to get mainstream eldercare support[[129]](#footnote-129). While a memorandum of understanding and protocols have been agreed between the Australian key disability support services and elder care providers and some 'ageing in place' pilots have been initiated, the issue, identified in National Strategy for an Ageing Australia, remains a difficulty[[130]](#footnote-130).

Key informants believed that poor cooperation between disability and eldercare services meant that older people with a disability were often moved out of disability services and into eldercare services when their needs increased rather than the two service systems coordinating to provide supports to the person where they were living.

## 5.7 Involvement of people with disabilities

The Disability Act 2006 established the Victorian Disability Advisory Council. Section 10 of the Act specifies that the membership of the Council be people who, "in so far as is possible have personal experience of disability" and that the Minister must ensure that, "a majority of the members of the Victorian Disability Advisory Council are persons with a disability"[[131]](#footnote-131). Membership of the council is principally people with disabilities and families/carers of people with disabilities. The function of the Council is to give advice to the Minister on:

* whole of government policy directions and strategic planning and the implementation of initiatives for persons with a disability;
* the barriers to full inclusion and participation in the community of persons with a disability and the strategies for the removal of those barriers;
* any matter relating to disability referred to the Victorian Disability Advisory Council by the Minister.[[132]](#footnote-132)

At the federal level there is also a statutory advisory body comprising of people with disabilities and families/carers, advocates and representatives called the National People with Disabilities and Carers Council.[[133]](#footnote-133)

# 6. Conclusion: Lessons for Ireland

Key informants agreed that the "vision" for disability services which had been set out the State Disability Plan 2002 - 2012, which makes supports flexible and allows people with disabilities to make decisions about what should be contained in their support package, via the individualised planning process, is a key strength of the Victorian system. Commitment to making this "vision" a reality and to driving the reform process by the Department of Human Services, Disability Supports Division was also noted as a key strength. Significant progress has been made in achieving this "vision". The goal of the policy is that by 2010 all Disability Supports Division service users will be in receipt of an Individual Support Package.

The system demonstrates a strong commitment to quality improvement. Disability service providers not meeting quality targets face the possibility of an "intervention" from DHS to bring them up to standard and ultimately of losing their funding. A related strength is the move towards standards and monitoring for disability supports providers which is based not only on industry standards but also on outcomes for people with disabilities. All organisations will be independently monitored on both outcome standards and industry standards by 2012.

The introduction of a new system of supports – Individualised Support Packages – has significantly increased the scope for people with disabilities, who are in receipt of services, to choose and direct the support that they receive.

Key informants also valued the infrastructure developed in the 2006 Disability Act to protect service users from poor standards of service or neglect. The Act allowed for a Community Visitors programme to be extended to disability services. This programme allows a panel of members of the public to visit (with or without prior arrangement) premises of registered disability services providers to speak to service users, staff and management. These volunteers made 3,000 visits in 2008/2009. The Act also established an independent Disability Services Commissioner to deal with complaints for disability service users and an Office of Senior Practitioner who has the responsibility of protecting those subject to restrictive interventions and compulsory treatment and developing standards in this area.

The issues of access to appropriate elder care and or ageing in place for people with disabilities has been recognised. At a Federal level a memorandum of understanding and protocols have been agreed between the Australian key disability support services and elder care providers and some 'ageing in place' pilots have been initiated in Victoria. However, as for most jurisdictions, significant work remains to be completed in this area.

The level of unmet demand and the inadequacy of funding to deal with same was cited as the key weakness of the Victorian system. The recent reform process is not seen as the cause of the unmet demand in the system but neither have these reforms eradicated the level of unmet demand.

It was noted by some that this level of unmet demand contributes to a crisis led system, in which a crisis can frequently be a factor in resource allocation. The level of unmet demand has led to some people (including people with disabilities, their families and carers) to call for more "economic models", such as clustered housing to be developed.

Some service providers have found the transition to supporting people in a more flexible way and reporting on same challenging. Views on the extent to which this was just normal change management tensions or something more significant varied. Some key informants questioned how specialised services for those with high and complex needs would cope in the coming years.

Key informants suggested that the main source of information on future needs for people with disabilities was the Disability Support Register (which is actually a record of present need) and this hindered detailed planning for future service provision.

While the recent changes allow for those in receipt of a disability service to choose and direct their own supports, key informants indicated that some service user and service providers had not managed to take full advantage of these changes. This could mean a person with an individual support package choosing a completely traditional service option. It is felt, therefore, that there is a programme of work required to build the capacity both of providers and people with disabilities, families and carers to allow them to take full advantage of the opportunity afforded to Victorians with disabilities by the availability of individual support packages.

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# Appendix 1 - Key Informant details

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# Appendix 2 - How health and personal services are overseen and monitored in Victoria

## 1) How are non-statutory services monitored

### New quality framework and monitoring arrangements for all services designated as 'disability services' under the Disability Act, 2006

## A new independent monitoring process is currently being phased in for Victoria.

Under the new system, health and personal service providers registered as 'disability services' under the Disability Act, 2006[[134]](#footnote-134) are required to:

* self-assess against approved [Standards](http://www.dhs.vic.gov.au/disability/improving_supports/quality_framework_for_disability_services_2007/implementing_the_quality_framework_2007/standards_for_disability_services_in_victoria_2007) and
* report each year on the findings of this assessment in respect of key quality indicators, general quality management, complaints and plans for continuous improvement.

The Department of Health (DoH) then conducts risk assessment on returns made and uses this assessment to inform its priority and more routine, ongoing cycles of supervision (incl. mandatory inspection to agreed Standards).

The DoH has significant powers of enforcement, including those of direction, sanction[[135]](#footnote-135) and initiation of further investigation under criminal law where it finds reasonable grounds for suspecting breaches of the law.

See notes at 3. and 5., below.

### Monitoring arrangements in respect of Supported Residential Services (SRSs)

The DoH monitors SRSs to ensure that the eight principles set out in Section 10 of the Health Services Act 1988 to guide the provision of quality care to residents are upheld. The principles relate to key areas such as dignity, safety, independence and choice. They are articulated in mandatory, regulatory Standards. (See notes at 4. and 5., below.)

The legislation also provides for the elective appointment of Community Visitors for each region to visit any premises where a 'disability service' provider is providing residential services.

The Department of Community Services may also adopt a monitoring role in respect of the compliance of a disability service provider in respect of the Standards.

## 2) How are state services monitored?

Under Victoria's Disability Act, 2006, the same standards and processes apply for independent monitoring to both state-services and outsourced-services (those managed by the DHS and Community Service Organisations).

## 3) Are services licensed?

### Licensing under the Disability Act, 2006

The DHS operates a statutory register of service providers funded to provide services to people with disabilities. Health and personal service providers must be registered in order to provide services deemed as 'disability services' under the Disability Act, 2006. 'Disability services' are defined by the Disability Act, 2006 as services 'provided specifically for the support of persons with a disability by a disability service provider'. Activities that are considered to be specifically for the support of persons with a disability include e.g. behavioural intervention services, day services and independent living training. Those that are **not** considered specifically for the support of persons with a disability include e.g.: aids and equipment, information services and building inclusive communities.

N.B.: Victoria's Disability Services Policy Statement in respect of registration of disability service providers, published in July 2007, is currently under review. It is expected that a revised policy document will be available early in 2011.

See notes at 4., below.

### More general forms of licensing

Service providers wishing to be registered as Chinese medicine practitioners, chiropractors, dental care providers, medical practitioners, medical radiation practitioners, nurses, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists fall under the provisions of Victoria's more general Health Professions Registration Act.

## 4) What regulations apply?

### Regulations introduced prior to the Disability Act, 2006 which still have effect

Regulations introduced prior to the Disability Act, 2006, but which still have effect, include those relating to: prescribed accommodation, residential services - visitors board elections, supported residential services, registration of premises, private hospitals and day procedure centres and prescribed regions. Other regulations which apply cover fee setting, health records, consultative councils, infectious diseases and pest control.

Provisions of the Intellectually Disabled Persons' Services Act 1986 and Disability Services Act 1991 continue also to apply.

### Regulations introduced alongside or subsequent to the introduction of the Disability Act, 2006

* 'Disability Regulations' were introduced in 2007 with the same effective date as the Disability Act 2006. These new regulations are intended to:

- ensure transparency and accountability of residents’ funds and residential charges

- safeguard the rights of people with a disability residing in residential services

- protect the rights of people subject to restrictive interventions and supervised treatment (formal Divisional approvals must be sought in respect of such from the Secretary of the DHS).

* Mental Health Regulations, introduced in 2008, emphasise patient rights and include provisions in respect of:

- treatment plans

- involuntary treatment orders

- licensing requirements for ECT and major non-psychiatric treatments

- appointments to the Community Visitors Board.

* In May 2008, the Government produced a Discussion Paper on the current regulatory scheme for SRSs - which applies to all services falling within a broad definition of supported residential services, irrespective of size, client base, revenue or location. The current scheme:

- sets out requirements for SRS proprietors to:

* + register both themselves and their premises, satisfy certain criteria about their personal and financial suitability to operate a SRS, operate according to agreed principles, meet minimum, mandatory standards regarding physical premises, staffing, financial management, care provision, upholding resident rights, prior conditions of registration
  + renew registration every two years, satisfying the same requirements

- establishes a statutory role for the Community Visitors in regard to visiting SRSs, inquiring into matters regarding the services provided and investigating complaints

- establishes administrative arrangements for the monitoring and enforcement of the regulatory scheme

SRSs are also subject to a range of other legislation and regulation relating to e.g. food and safety, occupational health and safety, medication management, etc.

## 5) Are services inspected?

See note at 1., above.

All services registered as disability services under the Disability Act, 2006, are required to have undergone an independent audit under the new quality framework by 2012 and show how they are consistently meeting mandatory Standards and improving their services in a quality plan.

Victoria's Department of Human Services (DHS) has recently engaged JAS-ANZ (Joint Accreditation System of Australia & New Zealand) to accredit certifying bodies to conduct independent audits of disability employment services under the new framework. Currently there is an independent monitoring demonstration project underway in Victoria, with statewide roll-out to follow.

## 6) What standards exist to support such inspections?

Under the Disability Act, 2006, it is the Minister for Community Services that determines the mandatory Standards for disability service providers.

A new set of outcome and industry Standards were introduced in 2008 as follows:

1. Outcomes standards - focusing on services and supports making a difference in the lives of people who use them. For example: whether a person with a disability using a particular service has been able to participate in the community or be more independent.
2. Industry standards - relating to disability service providers’ systems and processes. For example: how the service provider respects a person’s privacy and confidentiality and how they handle complaints.

A comprehensive package of framework maps, training packages and audit tools have been developed to support independent audits of facilities and services and preparatory self assessment by service providers.

## 7) Other developments of note

* In developing the new monitoring mechanism for disability service providers in Victoria, care has been taken to minimise duplication with:

- other jurisdictions such as: quality assurance schemes administered by the Australian Government, Victoria's Department of Families, Housing, Community Services and Indigenous Affairs

- other major quality frameworks used by disability service providers.

# Appendix 3 - Disability Services priority indicators for ongoing disability supports[[136]](#footnote-136)

When determining the priority of access to disability services, a disability service provider must consider the following priority indicators:

* the need to strengthen or support the role of the family, carer or person’s support network
* the need to provide support to ensure the safety and well being of the person with a disability, their family or carer or the wider community
* the existence of multiple disadvantage within the person with a disability’s personal, social or community context
* the immediate and potential benefit of the support to reduce the likelihood for more intensive assistance in the future
* the impact on the individual’s wellbeing, living situation and quality of life should the disability service be unavailable
* the presence and availability of informal and generic supports to complement the disability service (for example, a small amount of support such as respite may enable informal networks to continue their caring role)
* the provision of support is a mandatory requirement (for example as part of a justice plan or condition of an order).

# Appendix 4 - Users of CSTDA funded services, service type 2006 - 07

Table 11: Users of CSTDA funded services, service type 2006-07

|  |  |
| --- | --- |
| **Service Type** | **Service Users** |
| **Accommodation Support** |  |
| Large residential/Institutions | 355 (a) |
| Small residential/Institutions | - |
| Hostels | 181 |
| Group Homes | 4,551 |
| Attendant care/personal care | 325 |
| In-home accommodation support | 8,326 |
| Alternative family placement | 10 |
| Other accommodation support | 666 |
| Total accommodation support | 13,962 |
| **Per cent of column total** | **16.3** |
| **Community Support** |  |
| Therapy support for individuals | 9,992 |
| Early childhood intervention | 9,764 |
| Behaviour/specialist intervention | 2,054 |
| Counselling (individual/family/group) | - |
| Regional resource and support teams | - |
| Case management, local coordination and development | 18,541 |
| Other community support | - |
| Total community support | 35,645 |
| **Per cent of column total** | **41.7** |
| **Community Access** |  |
| Learning and life skills development | 14,992 |
| Recreation/holiday programs | 814 |
| Other community access | 7,496 |
| Total community access | 22,991 |
| **Per cent of column total** | **26.9** |
| **Respite** |  |
| Own home respite | 1,230 |
| Centre-based respite/respite homes | 5,077 |
| Host family respite/peer support respite | 449 |
| Flexible respite | 8,626 |
| Other respite | 1,008 |
| Total respite | 14,199 |
| **Per cent of column total** | **16.6** |
| **Employment** |  |
| Open employment | 16,661 |
| Supported employment | 4,859 |
| Targeted support | 57 |
| Total employment | 21,314 |
| **Per cent of column total** | **24.9** |
| **Total** | **85,506** |

# 

# Appendix 5 - Users of state and territory CSTDA funded services, agency sector 2006-07

Table 12: Users of state and territory CSTDA funded services, agency sector 2006-07

|  |  |
| --- | --- |
| **Service Group** | **Service Users** |
| **Accommodation Support** |  |
| Government | 3,952 |
| Non-government | 10,432 |
| Not stated | 54 |
| Total | 13,962 |
| **Community Support** |  |
| Government | 13,063 |
| Non-government | 24,825 |
| Not stated | - |
| Total | 35,645 |
| **Community Access** |  |
| Government | 2,256 |
| Non-government | 21,863 |
| Not stated | - |
| Total | 22,991 |
| **Respite** |  |
| Government | 2,416 |
| Non-government | 12,634 |
| Not stated | - |
| Total | 14,199 |
| **Total state/territory service users** |  |
| Government | 18,918 |
| Non-government | 57,035 |
| Not stated | 54 |
| **Total** | **67,986** |

# Appendix 6 - Home and Community Care

Table 13: Home and Community Care - Number of clients in service type and age group, 2005-2006[[137]](#footnote-137)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Domestic Assistance | Nursing | Allied Health | Meals | PAG | Personal Care | Property Maintenance | Respite |
| 70 and Over | 56,983 | 33,402 | 38,618 | 25,245 | 19,052 | 15,721 | 30,291 | 2,929 |
| 60-70 yr | 9,331 | 8,145 | 10,545 | 3,013 | 4,641 | 2,156 | 5,179 | 757 |
| 20-59 yr | 8,661 | 13,316 | 9,967 | 2,457 | 5,361 | 3,138 | 3,316 | 3,062 |
| 0-19 yr | 485 | 2,039 | 1,323 | 35 | 1,265 | 481 | 138 | 2,984 |

Table 14: Home and Community Care - Hours by service type and age group, 2005-2006[[138]](#footnote-138)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Domestic Assistance | Nursing | Allied Health | Meals | PAG | Personal Care | Prop. Maintenance | Respite |
| 70 and Over | 1,814,817 | 781,328 | 214,188 | 2,804,220 | 2,639,118 | 712,754 | 172,756 | 160,493 |
| 60-70 yr | 330,333 | 145,760 | 69,736 | 287,741 | 623,883 | 123,109 | 40,393 | 56,029 |
| 20-59 yr | 344,966 | 212,661 | 105,618 | 287,056 | 650,600 | 287,479 | 57,792 | 273,137 |
| 0-19 yr | 30,473 | 16,088 | 29,561 | 2,538 | 81,927 | 51,447 | 10,224 | 283,865 |

# Appendix 7 - Disability status by main health condition & service demand and unmet demand

Table 15: People with disability by age and disability status[[139]](#footnote-139)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | All with core-activity limitation | Schooling or employment restriction | All with specific limitations or restrictions | All with reported disability | No reported disability | Total in age cohort | % of age cohort with disability | |
| Age group | '000 | '000 | '000 | '000 | '000 | '000 | % |
| 0–4 | 10.0 | .. | 10.0 | 13.2 | 287.0 | 300.2 | 4.3 |
| 5–14 | 37.8 | 44.3 | 47.5 | 54.7 | 593.9 | 648.6 | 8.4 |
| 15–24 | 33.9 | 36.9 | 42.7 | 55.6 | 653.5 | 709.1 | 7.8 |
| 25–34 | 37.3 | 51.9 | 56.9 | 77.2 | 686.6 | 763.8 | 10.1 |
| 35–44 | 62.0 | 77.0 | 86.3 | 106.7 | 634.2 | 740.9 | 14.4 |
| 45–54 | 111.3 | 109.3 | 131.5 | 155.1 | 509.1 | 664.2 | 23.3 |
| 55–59 | 60.2 | 58.8 | 69.9 | 80.2 | 200.1 | 280.3 | 28.6 |
| 60–64 | 70.9 | 60.3 | 75.7 | 85.1 | 126.9 | 212.0 | 40.1 |
| 65–69 | 64.4 | .. | 64.4 | 75.0 | 103.1 | 178.1 | 42.1 |
| 70–74 | 68.3 | .. | 68.3 | 77.0 | 82.5 | 159.4 | 48.3 |
| 75–79 | 70.8 | .. | 70.8 | 80.3 | 55.9 | 136.2 | 58.9 |
| 80–84 | 68.0 | .. | 68.0 | 71.3 | 22.4 | 93.7 | 76.0 |
| 85–89 | 39.4 | .. | 39.4 | 40.0 | 11.0 | 51.0 | 78.4 |
| 90 | 21.0 | .. | 21.0 | 21.0 | 0.9 | 21.9 | 95.8 |
|  |  |  |  |  |  |  |  |
| Total | 755.2 | 438.5 | 852.2 | 992.3 | 3967.2 | 4959.5 | 20.0 |

Table 16: Persons with a Disability, Disability status by main health condition - Victoria - 2003[[140]](#footnote-140)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Profound or severe core-activity limitation(a) | Moderate core-activity limitation(a) | Mild core-activity limitation(a) | Schooling or employment restriction | All with specific limitations or restrictions(b) | All with reported disability(c) |
|  |  |  | '000 | '000 | '000 | '000 | '000 | '000 |
| Physical conditions |  |  |  |  |  |  |  |  |
|  | Cancer, lymphomas and leukaemia's |  | 3.6 | 1.8 | 4.5 | 7.8 | 12.9 | 15.3 |
|  | Endocrine, nutritional and metabolic disorders |  | 7.0 | 6.0 | 11.8 | 7.1 | 26.7 | 31.7 |
|  | Diseases of the nervous system(d) |  | 19.8 | 8.0 | 13.2 | 28.3 | 46.9 | 62.5 |
|  | Diseases of the eye and adnexa |  | 6.2 | 1.3 | 2.0 | 6.2 | 10.6 | 16.5 |
|  | Diseases of the ear and mastoid process |  | 13.7 | 5.6 | 33.2 | 15.8 | 55.6 | 72.9 |
|  | Diseases of the circulatory system |  | 30.2 | 12.3 | 34.1 | 22.0 | 80.3 | 88.6 |
|  | Diseases of the respiratory system |  | 18.1 | 7.4 | 14.5 | 25.8 | 48.7 | 60.8 |
|  | Diseases of the digestive system |  | 2.0 | 3.1 | 4.5 | 4.9 | 10.2 | 10.8 |
|  | Diseases of the musculo-skeletal system and connective tissue |  |  |  |  |  |  |  |
|  |  | Arthritis and related disorders | 45.8 | 35.6 | 35.1 | 43.2 | 123.4 | 141.3 |
|  |  | Other | 51.2 | 51.9 | 52.4 | 120.1 | 177.5 | 197.2 |
|  |  | Total | 97.0 | 87.5 | 87.5 | 163.3 | 300.9 | 338.5 |
|  | Congenital and perinatal disorders(e) |  | 5.7 | - | 1.3 | 4.5 | 7.6 | 8.9 |
|  | Injury, poisoning and other external causes |  | 19.1 | 16.7 | 18.6 | 33.6 | 62.9 | 73.4 |
|  | Other physical conditions(f) |  | 20.3 | 7.3 | 13.7 | 20.8 | 47.0 | 53.9 |
|  | Total |  | 242.8 | 157.0 | 238.8 | 340.2 | 710.2 | 833.8 |
|  |  |  |  |  |  |  |  |  |
| Mental and behavioural disorders |  |  |  |  |  |  |  |  |
|  | Psychoses and mood affective disorders |  | 35.7 | 3.7 | 7.6 | 25.9 | 52.3 | 56.8 |
|  | Neurotic, stress-related and somatoform disorders |  | 12.9 | 5.6 | 7.5 | 25.1 | 33.5 | 36.9 |
|  | Intellectual and developmental disorders |  | 21.4 | 1.1 | 6.1 | 32.0 | 37.6 | 42.4 |
|  | Other mental and behavioural disorders |  | 10.5 | 2.7 | 1.7 | 15.3 | 18.6 | 22.4 |
|  | Total |  | 80.5 | 13.1 | 23.0 | 98.4 | 142.0 | 158.5 |
|  |  |  |  |  |  |  |  |  |
| **Total** |  |  | **323.3** | **170.1** | **261.9** | **438.5** | **852.2** | **992.3** |

Table 17: Demand and unmet demand (Persons with a Disability, Living in Households. Disability status by assistance needed and assistance received)[[141]](#footnote-141)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Profound core-activity limitation(a) | Severe core-activity limitation(a) | Moderate core-activity limitation(a) | Mild core-activity limitation(a) | Schooling or employment restriction | All with specific limitations or restrictions(b) | All with reported disability(c) |
|  |  | '000 | '000 | '000 | '000 | '000 | '000 | '000 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Activities for which assistance needed |  |  |  |  |  |  |  |  |
|  | Self care | 79.3 | 63.6 | . . | . . | 74.9 | 142.8 | 142.8 |
|  | Mobility | 100.4 | 104.9 | . . | . . | 113.2 | 205.3 | 205.3 |
|  | Communication | 29.3 | 19.8 | . . | . . | 33.5 | 49.2 | 49.2 |
|  | Cognition or emotion | 58.0 | 55.5 | 26.9 | 25.5 | 143.3 | 187.7 | 198.8 |
|  | Health care | 85.5 | 72.0 | 50.1 | 55.4 | 128.3 | 268.6 | 273.9 |
|  | Paperwork | 50.4 | 23.3 | 10.8 | 12.9 | 51.5 | 102.7 | 105.2 |
|  | Transport | 77.8 | 71.0 | 46.7 | 34.2 | 110.7 | 232.9 | 238.6 |
|  | Housework | 71.0 | 63.4 | 48.3 | 44.6 | 119.8 | 234.4 | 238.9 |
|  | Property maintenance | 68.8 | 75.9 | 82.2 | 71.9 | 156.5 | 309.9 | 317.0 |
|  | Meal preparation | 49.0 | 14.0 | 9.0 | 3.7 | 32.9 | 76.3 | 76.3 |
|  | All persons needing assistance with at least one activity | 113.1 | 157.4 | 122.1 | 135.9 | 317.2 | 568.6 | 597.1 |
|  |  |  |  |  |  |  |  |  |
| Assistance not needed |  | 0.6 | 2.6 | 47.1 | 124.5 | 121.4 | 231.7 | 342.7 |
|  |  |  |  |  |  |  |  |  |
| Activities for which assistance received |  |  |  |  |  |  |  |  |
|  | Self care | 71.5 | 55.5 | . . | . . | 65.9 | 127.0 | 127.0 |
|  | Mobility | 93.6 | 93.9 | . . | . . | 107.0 | 187.4 | 187.4 |
|  | Communication | 28.1 | 19.3 | . . | . . | 32.3 | 47.4 | 47.4 |
|  | Cognition or emotion | 56.7 | 51.4 | 25.7 | 22.3 | 134.1 | 175.8 | 186.9 |
|  | Health care | 81.7 | 69.0 | 48.1 | 51.7 | 120.1 | 255.3 | 259.4 |
|  | Paperwork | 46.5 | 22.6 | 9.6 | 12.3 | 47.1 | 95.6 | 96.8 |
|  | Transport | 74.7 | 69.0 | 40.0 | 30.0 | 104.6 | 216.2 | 221.9 |
|  | Housework | 71.0 | 59.2 | 44.0 | 40.8 | 111.2 | 222.0 | 225.8 |
|  | Property maintenance | 66.8 | 73.0 | 78.1 | 66.8 | 147.3 | 295.8 | 301.7 |
|  | Meal preparation | 49.0 | 13.4 | 9.0 | 3.7 | 32.9 | 75.7 | 75.7 |
|  | All persons receiving assistance with at least one activity(d) | 111.8 | 154.9 | 117.0 | 129.8 | 304.6 | 550.9 | 575.1 |
|  |  |  |  |  |  |  |  |  |
| Assistance not received |  | 1.3 | 2.5 | 5.1 | 6.1 | 12.6 | 17.7 | 22.0 |
|  |  |  |  |  |  |  |  |  |
| Extent to which need for assistance met |  |  |  |  |  |  |  |  |
|  | Fully met | 51.6 | 86.6 | 72.4 | 97.2 | 171.3 | 332.7 | 351.7 |
|  | Partly met | 60.2 | 68.4 | 44.6 | 32.7 | 133.2 | 218.3 | 223.5 |
|  | Not met at all | 1.3 | 2.5 | 5.1 | 6.1 | 12.6 | 17.7 | 22.0 |
|  |  |  |  |  |  |  |  |  |
| Assistance not needed |  | 0.6 | 2.6 | 47.1 | 124.5 | 121.4 | 231.7 | 342.7 |
|  |  |  |  |  |  |  |  |  |
| **Total** |  | **113.6** | **160.1** | **169.3** | **260.4** | **438.5** | **800.4** | **939.7** |

# Appendix 8 - Schedule of Department Human Services 2007 - 2008 service prices

Table 18: Schedule of Department Human Services 2007 - 2008 service prices[[142]](#footnote-142)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Service type/activity**  **grouped by output** | **Unit of service** | **2008–09**  **FINAL PRICES**  **Includes department**  **NGO Index, 1:1 Support**  **adjustment and Fair Pay**  **Commission adjustment** | **2009–10**  **INDEXED PRICES**  **Includes department**  **NGO Index for new**  **three-year cycle**  **of 3.14%** |
| **Individual support output** | | | | |
| 17022 | Day programs  Core  High  Very high | Client EFT per annum  Client EFT per annum  Client EFT per annum | $15,473.00  $22,753.00  $25,204.00 | $15,959.00  $23,467.00  $25,995.00 |
| 17034 | Flexible support packages  *Making a difference*  Complex case management | hour of service $ | $46.47 | $46.47 |
|  | *Family options*  Funded organisation cost  element | Moderate  High  Very high | $16,915.00  $16,915.00  $16,915.00 | $17,446.00  $17,446.00  $17,446.00 |
|  | *Brokerage element* | Moderate  High  Very high | $6,476.00  $12,949.00  $12,949.00 | $6,679.00  $13,356.00  $13,356.00 |
|  | Caregivers’ – reimbursement  element  0–7 years | Moderate  High  Very high | $7,870.00  $11,243.00  $13,492.00 | $8,027.00  $11,468.00  $13,762.00 |
|  | 8–10 years | Moderate  High  Very high | $9,502.00  $13,573.00  $16,290.00 | $9,692.00  $13,844.00  $16,616.00 |
|  | 11–12 years | Moderate  High  Very high | $11,427.00  $16,321.00  $19,586.00 | $11,656.00  $16,647.00  $19,978.00 |
|  | 13+ years | Moderate  High  Very high | $16,009.00  $22,870.00  $27,445.00 | $16,329.00  $23,327.00  $27,994.00 |
|  | 16–17 years | Moderate  High  Very high | $11,382.00  $18,278.00  $22,854.00 | $11,610.00  $18,644.00  $23,311.00 |
|  | 18–20 years | Moderate  High  Very high | $10,767.00  $17,662.00  $22,239.00 | $10,982.00  $18,015.00  $22,684.00 |
|  | 21+ years | Moderate  High  Very high | $7,612.00  $14,508.00  $19,083.00 | $7,764.00  $14,798.00  $19,465.00 |
| 17201 | **Futures for Young Adults**  **(FFYA)**  Level 1  Level 2  Level 3  Level 4  Level 5  Level 5+  5+ Special facility-based service | Client EFT per annum  Client EFT per annum  Client EFT per annum  Client EFT per annum  Client EFT per annum  Client EFT per annum  Client EFT per annum | $8,356.00  $9,909.00  $15,473.00  $22,753.00  $25,204.00  $25,204.00  $29,025.00 | $8,618.00  $10,220.00  $15,959.00  $23,467.00  $25,995.00  $25,995.00  $29,936.00 |
| 17081 | **Individual support packages**  One-to-one support  Service coordination  Complex case management  (social worker)  Therapy – Professional  services | 1 hr of client contact service  1 hour of service  1 hour of service  1 hour of service | $33.99  $35.46  $45.06  $62.56 | $35.06  $36.57  $46.47  $64.52 |
| 17008 | **Outreach support**  Outreach support  (incorporating Lead  tenant)  Lead tenant volunteer  coordination  Volunteer  reimbursements | 1 hour of service  1 hour of service  Limits set in specification  and guidelines | $33.99  $37.15 | $35.06  $38.32 |
| 17010 | **Respite**  Facility-based/residential  service respite  8-hour worker  24-hour worker  Sleepover allowance | 1 hour of service  1 shift of service  Allowance per annum per  Facility | $39.66  $429.81  $31,617.00 | $40.91  $443.31  $32,610.00 |
|  | **In home/community access**  respite/group activities  Paid direct care staff  Volunteer coordination | 1 hour of service  1 hour of service | $33.99  $37.15 | $35.06  $38.32 |
|  | **Camps/holidays**  Outreach unit cost  24-hour care for paid direct care staff  Volunteer coordination | 1 hour of service  1 shift of service  1 hour of service | $33.99  $429.81  $37.15 | $35.06  $443.31  $38.32 |
|  | **Community-based weekend**  **Respite**  without public holiday (rate per weekend)\*.  \* For each additional staff on duty  All weekends and public  holidays (rate per annum)†  † For each additional staff on duty | 2 staff on duty\*  2 staff on duty† | $2,301.00  $1,150.00  $132,305.00  $66,154.00 | $2,373.00  $1,186.00  $136,459.00  $68,231.00 |
|  | Respite coordination | 1 hour of service | $38.39 | $39.60 |
| **Information, planning and capacity building output** | | | | |
| 17028 | **Case management**  Welfare support service  (welfare worker)  Complex case management  (social worker)  Statewide service  coordination (social worker)  Chronic illness case | 1 hour of service  1 hour of service  1 hour of service  Client package | $36.24  $45.06  $42.94  $13,965.00 | $37.38  $46.47  $44.29  $14,404.00 |
| 17033 | **Information services**  1 unit  2 units | 1 EFT worker  2 EFT workers | $95,231.00  $186,408.00 | $98,221.00  $192,261.00 |
| **Residential accommodation support output** | | | | |
| 17016 | Shared supported  accommodation  8 hour worker  24-hour worker (N/A for  premises where care is  provided to more than 9  residents)  Sleepover | 1 hour of service  1 shift of service  Allowance per annum | $39.66  $429.81  $31,617.00 | $40.91  $443.31  $32,610.00 |
| **Targeted services output** | | | | |
| 17025 | Aids and equipment  Professional services | 1 hour of service | $62.56 | $64.52 |
| 17026 | Behaviour Intervention  Services (BIS)  (Interim unit prices)  (BIS unit prices are subject to a  benchmarking exercise) | Standard intervention  Complex intervention | $3,275.00  $6,552.00 | $3,378.00  $6,758.00 |
| 17006 | **Criminal justice services**  Counselling  Outreach  Crisis/emergency  accommodation  Supported accommodation | Per client (interim)  Per client (interim)  Per client  Per client (interim) | $4,699.00  $5,270.00  $78,395.00  $83,573.00 | $4,847.00  $5,435.00  $80,857.00  $86,197.00 |
| 17023 | **Independent living training**  Unqualified assistant  Qualified assistant  Professional services | 1 hour of service  1 hour of service  1 hour of service | $28.85  $32.37  $62.56 | $29.76  $33.39  $64.52 |
| 17042 | **Therapy**  Unqualified assistant  Qualified assistant  Professional services | 1 hour of service  1 hour of service  1 hour of service | $28.85  $32.37  $62.56 | $29.76  $33.39  $64.52 |

# Appendix 9 - Internal / external sector group home cost comparison

Table 19 – Internal / external sector group home cost comparison[[143]](#footnote-143)

|  | **Internal sector (Average per client)** | **External sector (Average per client)** | **Variance ($)** | **Variance (%)** |
| --- | --- | --- | --- | --- |
| Direct care staffing | $87,808 | $64,822 | $22,986 | 26% |
| Client related costs | $782 | $2,409 | -$1,627 | -208% |
| Other direct service costs (excl. transport) | $3,182 | $4,464 | -$1,282 | -40% |
| Program Management | $7,088 | $7,831 | -$743 | -10% |
| Corporate overhead | $4,134 | $8,620 | -$4,486 | -109% |
| Total cost per client | $102,994 | $88,146 | $14,848 | 14% |

Source: KPMG, 2009

1. Central Statistics Office. Population and Migration Estimates April 2009 http://www.cso.ie accessed 17 August 2010 [↑](#footnote-ref-1)
2. Office for National Statistics. http://www.statistics.gov.uk/pdfdir/pop0610.pdf, accessed 17 August 2010 [↑](#footnote-ref-2)
3. General Register Office for Scotland. http://www.statistics.gov.uk/pdfdir/pop0610.pdf, accessed 17 August 2010 [↑](#footnote-ref-3)
4. Statistics Netherlands. Centraal Bureau voor de Statistiek http://statline.cbs.nl/StatWeb/publication/?DM=SLEN&PA=37296eng&D1=0-51,56-68&D2=56&LA=EN&VW=T, accessed 17 August 2010 [↑](#footnote-ref-4)
5. Statistics Norway. http://www.ssb.no/folkber\_en/tab-2009-12-17-01-en.html, accessed 17 August 2010 [↑](#footnote-ref-5)
6. Bureau of Statistics. Australian Demographic Statistics (cat. no 3101.0) http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/4B3D2204865A8CCCCA25772900202261/$File/13672do002\_201003.xls accessed, 17 August 2010 [↑](#footnote-ref-6)
7. Statistics New Zealand. http://www.stats.govt.nz/browse\_for\_stats/population/estimates\_and\_projections/NationalPopulationEstimates\_HOTPJun09qtr.aspx, accessed 17 August 2010 [↑](#footnote-ref-7)
8. Australian Bureau of Statistics., 2004, Disability, Ageing and Carers. http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02003?OpenDocument. [↑](#footnote-ref-8)
9. ibid, see table 12 in Appendix 7 [↑](#footnote-ref-9)
10. ibid, see table 13 in Appendix 7 [↑](#footnote-ref-10)
11. As the Victorian population is 1.2 times the size of the Ireland's, the 262 disability service providers would be equivalent on a population basis to 218 in an Irish context.

    Please note that a number of organisations receive disability support services funding who are not included in this figure, including some hospitals and local governments. [↑](#footnote-ref-11)
12. CSTDAs were signed for years 1992 - 1997, 1997 - 2002 and 2002 - 2007. CSTDAs were made up of multilateral agreements and bi-lateral agreement with the Commonwealth Government which covered responsibility and funding arrangements. [↑](#footnote-ref-12)
13. Australian Government - Department of Families, Housing Community Services and Indigenous Affairs, Commonwealth State Territory Disability Agreement Factsheet http://www.fahcsia.gov.au/sa/disability/pubs/policy/Pages/policy-cstda\_factsheet.aspx [↑](#footnote-ref-13)
14. Council of Australian Governments, 2008, http://www.coag.gov.au/intergov\_agreements/federal\_financial\_relations/docs/IGA\_FFR\_ScheduleF\_National\_Disability\_Agreement.rtf [↑](#footnote-ref-14)
15. Australian Government, 2009, Budget 2009 -2010 http://www.budget.gov.au/2009-10/content/bp3/html/bp3\_payments-03.htm [↑](#footnote-ref-15)
16. A document called SHUT OUT: The Experience of People with Disabilities and their Families in Australia, which is based on 750 submissions, has been produced to inform the development of an Australian National Disability Strategy and was published in August 2009; http://www.fahcsia.gov.au/sa/disability/pubs/policy/community\_consult/Pages/foreword.aspx [↑](#footnote-ref-16)
17. Australian Government - Department of Families, Housing Community Services and Indigenous Affairs, 1993, National Disability Services Standards. http://www.fahcsia.gov.au/sa/disability/standards/Documents/nsds1993.pdf [↑](#footnote-ref-17)
18. Australian Institute Health and Welfare, 2008, Disability Support Services 2006–07 National data on services provided under the Commonwealth State/Territory Disability Agreement. Canberra: Australian Institute Health and Welfare. <http://www.aihw.gov.au/publications/index.cfm/title/10654> [↑](#footnote-ref-18)
19. Primary care services, via which people with disabilities would generally access therapy supports, is located in the new Department of Health [↑](#footnote-ref-19)
20. Victorian Government Department of Human Services, 2009, New Stage in the Delivery of Excellent Human Services for Victoria; http://www.dhs.vic.gov.au/about-the-department/news-archive/new-stage-in-the-delivery-of-excellent-human-services-for-victoria [↑](#footnote-ref-20)
21. Victorian Government Department of Human Services, 2008, Department of Human Services Annual Report 2007 - 2008; http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0010/273952/DHS-Annual-Report-2007-08.pdf [↑](#footnote-ref-21)
22. For, example, in 2007 - 2008 the largest region, North and West Metropolitan, served an area with a population of 1,500,000 and had a budget of $ 697 million ASD (or $ 457 ASD per head of population), to deliver Department of Human Services directly by its own regional staff and via 250 agreements with community service organisations. Grippsland served a population of approximately 247, 000 with a budget of 199 million AUD (or $ 803 ASD per head of population),, through its own regional staff and 122 agreements with community service organisations. DHS 2009, Annual Report 2007 -2008, [↑](#footnote-ref-22)
23. Victorian Government Department of Human Services, 2009, Disability Services

    Policy and funding plan 2009–12; http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0009/385290/prm\_policyfundingplan200912\_1109.pdf [↑](#footnote-ref-23)
24. The Auditor General’s report on intellectual disability services gives a good overview of how services are funded. Victorian Auditor General ‘s Office, 2000, Service for People with Intellectual Disabilities http://archive.audit.vic.gov.au/reports\_par/par67id.zip [↑](#footnote-ref-24)
25. Agreements are signed between the DHS administrative region and any DHS service delivery units e.g. a DHS operated group home. [↑](#footnote-ref-25)
26. Information on unit prices for all DHS disability services is publicly available. A list of unit prices is included in table 13 in appendix 7 . However, it should be noted that these unit prices apply to the purchase of disability services from external providers (not DHS provided services). A study in 2009 compared costs of internally and externally delivered services and found for example that Shared Supported Accommodation (groups homes) cost 18% less when delivered by external providers. Department of Human Services / PricewaterhouseCoopers, 2009, Price Review Out of Home Disability Services http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0005/367268/PwC\_price\_review\_out\_of\_home\_ds\_final\_report\_pdf\_0309.pdf [↑](#footnote-ref-26)
27. Victorian Government Department of Human Services, 2006 Budget Context, http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0005/152681/pfp\_part4budgetcontext\_pdf\_061106.pdf [↑](#footnote-ref-27)
28. Please see appendix 2 for details of the quality assurance system in Victoria. [↑](#footnote-ref-28)
29. These "submissions processes" facilitate competition between providers for new money. However, these competitions are generally based on providers competing on the basis of quality of services to be offered not cost as costs are fixed by existing unit prices.

    Victorian Government Department of Human Services, 2007, Disability Services Policy and Funding Plan 2007-08 Annual Update; http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0018/232146/pfp\_update0708\_pdf\_220708.pdf [↑](#footnote-ref-29)
30. As will be explained below in section 3.6 "Care support for people with disabilities" once people are assessed and allocated a package of support they can choose what supports are is included in their support package, what providers they want support from and have choice about how their allocation is held and managed. So, for example, as day services funding has become individually attached and potable a person may opt to move from a five days a week day services programme to a three days a week day service programme and use the rest of their allocation to fund some support to access mainstream activity in their community or they could split their allocation between two different day service providers. [↑](#footnote-ref-30)
31. Victorian Government Department of Human Services, 2009, Reorientation of Day Services: Supporting Day Services to transition from block to individually attached and portable funding; http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0009/345465/reorientation\_info\_sheet\_for\_day\_service\_providers\_doc\_0509.pdf [↑](#footnote-ref-31)
32. Unit prices were calculated by simply dividing the total budget for a particular service type by the number of recipients [↑](#footnote-ref-32)
33. The Centre for Disability Studies, University of Sydney have been retained to do this work and are expected to report to the DHS in mid 2011. [↑](#footnote-ref-33)
34. Aged care is in fact divided between two divisions of the Department of Health - Rural and Regional Health and Aged Care Services Division and Metropolitan Health and Aged Care Services Division.

    http://www.health.vic.gov.au/doh/our-divisions [↑](#footnote-ref-34)
35. State Government of Victoria, 2002, State Disability Plan 2002 – 2012 http://www.dhs.vic.gov.au/disability/state\_disability\_plan/read-the-state-disability-plan [↑](#footnote-ref-35)
36. It should be noted that in 2009 a Sate Autism Plan was jointly developed by the Department of Human Services, the Department of Education and Early Childhood Development and Autism Victoria. Victorian Government Department of Human Services, 2009, State Autism Plan; http://www.autismvictoria.org.au/policy/documents/autism\_state\_plan\_000.pdf [↑](#footnote-ref-36)
37. Priority one (of five) of the State Disability Plan is concerned with reorienting disability services, priorities four and five are concerned with making communities and public services more accessible [↑](#footnote-ref-37)
38. State Government of Victoria, Department of Human Services, Partnering for the Future: Victorian Industry Development Plan; <http://www.dhs.vic.gov.au/disability/improving_supports/industryplan/partnering_for_the_future_victorian_industry_development_plan> [↑](#footnote-ref-38)
39. State Government of Victoria, 2006, Disability Act 2006, Section 38 http://www.legislation.vic.gov.au/Domino/Web\_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/0B82C05270E27961CA25717000216104/$FILE/06-023a.pdf [↑](#footnote-ref-39)
40. Department of Human Services, 2007, Information sheet 9 - Community Visitors Disability Act 2006, http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0004/152392/disact\_infosheet09communityvisitors\_pdf\_280607.pdf [↑](#footnote-ref-40)
41. Office of Public Advocate, 2009, Community Visitors Annual Report 2009, http://www.publicadvocate.vic.gov.au/file/file/Report/CommunityVisitors\_AnnualRep%202009\_Web.pdf [↑](#footnote-ref-41)
42. Victorian Government, 2006, Disability Act 2006, Section 52 http://www.legislation.vic.gov.au/Domino/Web\_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/0B82C05270E27961CA25717000216104/$FILE/06-023a.pdf [↑](#footnote-ref-42)
43. Victorian Government Department of Human Services, 2009, Disability Services Planning policy http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0016/152503/dsapp\_planningpolicy\_pdf\_170909.pdf [↑](#footnote-ref-43)
44. Disability Services Commissioner, 2009, Disability Services Commissioner Annual Report 2009, http://www.odsc.vic.gov.au/downloads/dsc\_annual\_report\_2009.pdf [↑](#footnote-ref-44)
45. http://www.dhs.vic.gov.au/disability/about\_the\_division/office\_of\_the\_senior\_practitioner [↑](#footnote-ref-45)
46. http://www.cddh.monash.org/index.html [↑](#footnote-ref-46)
47. The Australian Institute of Health and Welfare, 2008, Disability support services 2006–07: National data on services provided under the Commonwealth State/Territory Disability Agreement, <http://www.aihw.gov.au/publications/dis/dss06-07/dss06-07.pdf>. Please that this figure does not include children who access therapy via early intervention services. Early intervention services are discussed below. [↑](#footnote-ref-47)
48. The description below describes how care supports are acquired for those with an individualised support package. Individualised support packages and care supports should not be conflated as individualised support packages can be used to access a range of supports which include an element of care support but also include a range of other services. [↑](#footnote-ref-48)
49. Victorian Auditor General ‘s Office, 2008, Accommodation for People with Disabilities; http://download.audit.vic.gov.au/files/Disability\_Accomm\_Report.pdf [↑](#footnote-ref-49)
50. Department of Human Services, 2004, Flexible Support Package Guidelines http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0016/152332/fsp\_guidelines.pdf [↑](#footnote-ref-50)
51. Victorian Government Department of Human Services, 2009, Individual Support Package Guidelines, http://www.dhs.vic.gov.au/\_\_data/assets/word\_doc/0003/356286/cis\_ispguidelines\_word\_0709.doc [↑](#footnote-ref-51)
52. Victorian Auditor General‘s Office, 2008, Accommodation for People with Disabilities; http://download.audit.vic.gov.au/files/Disability\_Accomm\_Report.pdf [↑](#footnote-ref-52)
53. By the end of 2009 all DHS Disability Supports Division recipients will be in receipt of an individual support package, including people living in government run disability accommodation services for their day time supports. However, the accommodation costs are still funded separately and people will still be tied to the service providing their accommodation though they will be able to shop around for day services and other supports. [↑](#footnote-ref-53)
54. Victorian Government Department of Human Services, 2008, Individual Support Package Information Sheet; http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0009/257355/cis\_indivsupackinfosheetaug\_word\_0808.pdf [↑](#footnote-ref-54)
55. Victorian Government Department of Human Services, 2008, Individual Support Package Handbook http://www.dhs.vic.gov.au/disability/supports\_for\_people/individualsupportpackages#handbook . Key informants pointed out that although this is an option how exactly it should work has not been agreed to date. [↑](#footnote-ref-55)
56. Victorian Government Department of Human Services, 2008, Individual Support Package Handbook http://www.dhs.vic.gov.au/disability/supports\_for\_people/individualsupportpackages#handbook [↑](#footnote-ref-56)
57. Victorian Government Department of Human Services, 2008, Victorian Triennial Plan: Home and Community Care 2008 - 2011 Directions and Expenditure Priorities in Victoria; http://www.health.vic.gov.au/hacc/downloads/pdf/triennial\_plan.pdf [↑](#footnote-ref-57)
58. Victorian Government Department of Human Services, Disability Supports Division, Case Management Departhttp://www.dhs.vic.gov.au/disability/supports\_for\_people/information,\_planning\_and\_advocacy/case\_management [↑](#footnote-ref-58)
59. Victorian Government Department of Human Services, 2008, Annual Report 2007 - 2008; http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0010/273952/DHS-Annual-Report-2007-08.pdf [↑](#footnote-ref-59)
60. Victorian Government Department of Human Services, 2008, Annual Report 2007 - 2008; http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0010/273952/DHS-Annual-Report-2007-08.pdf [↑](#footnote-ref-60)
61. Australian Institute of Health and Welfare, 2008, National data on services provided under the Commonwealth State/Territory Disability Agreement; http://www.aihw.gov.au/publications/dis/dss06-07/dss06-07.pdf [↑](#footnote-ref-61)
62. Department of Education and Early Childhood Development, 2009, Program for Students with Disabilities Guidelines 2010; http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/Program\_for\_Students\_with\_Disabilities\_Guidelines\_2010.pdf [↑](#footnote-ref-62)
63. Association for Children with a Disability, 2009, Positive Education Planning, Supporting children with a disability in Victorian government primary schools; http://www.acd.org.au/information/content/Positive%20Education%20Planning/positive\_education\_planning.pdf [↑](#footnote-ref-63)
64. Association for Children with a Disability, 2009, Positive Education Planning, Supporting children with a disability in Victorian government primary schools; http://www.acd.org.au/information/content/Positive%20Education%20Planning/positive\_education\_planning.pdf [↑](#footnote-ref-64)
65. Department of Education and Early Childhood Development, 2009, Strengthening student support services directions paper The way forward…; http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/StudentSupportServices\_Directions\_Paper.pdf [↑](#footnote-ref-65)
66. 75.8 fte nurses cover all primary schools and 100 fte full time nurses cover 199 state secondary schools. Department of Education and Early Childhood Development http://www.education.vic.gov.au/healthwellbeing/health/schoolnursing/default.htm [↑](#footnote-ref-66)
67. Department of Education and Training, 2005, Specialist Schools and the new School Accountability and Improvement Framework for Government Schools. http://www.sofweb.vic.edu.au/edulibrary/public/account/operate/Spec\_Schl\_Rept.doc [↑](#footnote-ref-67)
68. Maxine Morand, Minister for Children and Early Childhood Development, 2010, Giving Children the Best Possible Start in Life. http://www.premier.vic.gov.au/newsroom/10243.html [↑](#footnote-ref-68)
69. Australian Government (Department of Education, Employment and Workplace Relations), 2005, Disability Standards for Education http://www.dest.gov.au/sectors/school\_education/programmes\_funding/forms\_guidelines/documents/Disability\_Standards\_for\_Education\_2005\_rtf.htm [↑](#footnote-ref-69)
70. The original participants included both people with physical and intellectual disabilities and some receipients were parents or carers of people with disabilities. [↑](#footnote-ref-70)
71. LDC Group (for Department of Human services, Disability Supports Division), 2007, Evaluation of Direct Payments Project: http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0004/189589/Evaluation-of-Direct-Payments-Project.pdf [↑](#footnote-ref-71)
72. Victorian Government Department of Human Services, 2010, Direct Payments http://www.dhs.vic.gov.au/disability/improving\_supports/direct\_payments\_project [↑](#footnote-ref-72)
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74. Victorian Government Department of Human Services, 2009, Service Delivery Model Consultation Report

    http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0008/348614/at\_aepconsultationssummaryreport\_word\_0609.pdf [↑](#footnote-ref-74)
75. The mean average waiting time was 142 days and the mean maximum waiting time was 745 days to reactive an aid or appliances. Figures calculated from KPMG (Victorian Government Department of Human Services), 2007, Final Report of the Review of the Aids and Equipment Program http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0004/152617/aep\_aepreport\_pdf\_121107.pdf [↑](#footnote-ref-75)
76. Victoria State Department of Community Services, 1988, Ten Year Plan for the Redevelopment of Intellectual Disability Services [↑](#footnote-ref-76)
77. Figures extracted from CSTDA data on service usage. Australian Institute of Health and Welfare, 2008, National data on services provided under the Commonwealth State/Territory Disability Agreement; http://www.aihw.gov.au/publications/dis/dss06-07/dss06-07.pdf [↑](#footnote-ref-77)
78. Support packages for people to live in independently in the community funded and administered by the Department of Human Services (Disability Services Division) are discussed below. [↑](#footnote-ref-78)
79. These files are prepared as part of the assessment and planning process [↑](#footnote-ref-79)
80. Victorian Auditor General‘s Office, 2008, Accommodation for People with Disabilities; http://download.audit.vic.gov.au/files/Disability\_Accomm\_Report.pdf [↑](#footnote-ref-80)
81. Group homes in Victoria tend to be 4 – 6 person units [↑](#footnote-ref-81)
82. ibid [↑](#footnote-ref-82)
83. Parliament of Victoria, Family and Community Development Committee, 5th of November 2008 Meeting (presentation by Liz Bishop, Sarah Fordyce and Kerry Presser); http://www.parliament.vic.gov.au/fcdc/inquiries/support\_accommodation/Transcripts/PDFs%205-11-08/National%20Disability%20Services%20Vic%205%20Nov.pdf [↑](#footnote-ref-83)
84. Victorian Government Department of Human Services, 2006, Future directions for housing and support in Disability Services, http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0003/152796/future\_directions\_house\_support\_0506.pdf [↑](#footnote-ref-84)
85. Victorian Auditor General ‘s Office, 2008, Accommodation for People with Disabilities; http://download.audit.vic.gov.au/files/Disability\_Accomm\_Report.pdf [↑](#footnote-ref-85)
86. There is a waiting list of 1370 for SSA and there are currently 4600 places - an unmet demand ratio of 30%. Demand is expected to grow by 4 to 5 per cent annually. Victorian Auditor General ‘s Office, 2008, Accommodation for People with Disabilities; http://download.audit.vic.gov.au/files/Disability\_Accomm\_Report.pdf [↑](#footnote-ref-86)
87. Victorian Auditor General ‘s Office, 2008, Accommodation for People with Disabilities; http://download.audit.vic.gov.au/files/Disability\_Accomm\_Report.pdf [↑](#footnote-ref-87)
88. State Government of Victoria, 2002, State Disability Plan 2002 – 2012 http://www.dhs.vic.gov.au/disability/state\_disability\_plan/read-the-state-disability-plan [↑](#footnote-ref-88)
89. Bigby, C and Fyffe, C, 2007, An Analysis of Current Policies on Housing and Support for People with Intellectual Disability and Complex or Changing Needs in Victoria, in Bigby, C and Fyffe, C, 2007 Second Annual Roundtable on Intellectual Disability Policy [↑](#footnote-ref-89)
90. Bigby, C and Fyffe, C, 2007, ibid [↑](#footnote-ref-90)
91. Victorian Government Department of Human Services (Fyffe, C, McCubbery, J and Bigby, C), 2008, Learnings from the Evaluation of the Disability Services Accommodation Innovation Grants, Developing and coordinating housing and support for people with disabilities http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0009/180387/cis\_learnevaluationaccominnovations\_pdf\_100208.pdf [↑](#footnote-ref-91)
92. Keyring model is based on a group of people who are living independently in close proximity to each other pooling their resources to contract appropriate support for all the group. DHS, 2006, Housing options unlocked: A guide to options and assistance available for people with a disability to achieve their housing goals or needs http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0003/152706/accom\_housingoptionsunlocked\_pdfAug07.pdf [↑](#footnote-ref-92)
93. Victorian Government Department of Human Services, 2006, Housing options unlocked: A guide to options and assistance available for people with a disability to achieve their housing goals or needs http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0003/152706/accom\_housingoptionsunlocked\_pdfAug07.pdf [↑](#footnote-ref-93)
94. Victorian Government Department of Human Services (Housing and Community Building Division), 2009, Summary of Housing Assistance Programs 2007–08

    http://www.housing.vic.gov.au/\_\_data/assets/word\_doc/0017/343034/housing-assistance-programs-2007-08.doc [↑](#footnote-ref-94)
95. Victorian Government Department of Human Services (Housing and Community Building Division), 2009, ibid [↑](#footnote-ref-95)
96. Victorian Government Department of Human Services (Housing and Community Building Division), 2009, ibid [↑](#footnote-ref-96)
97. No breakdown by age or disability type was available so this figure should be treated with a certain amount of caution. [↑](#footnote-ref-97)
98. Department of Human Services (Housing and Community Building Division), 2009, ibid [↑](#footnote-ref-98)
99. This figure includes both those under and over 65 years of age. [↑](#footnote-ref-99)
100. Victorian Government Department of Human Services / the Social Research Centre, 2009, 2008 Supported Residential Services Census

     http://www.health.vic.gov.au/srs/downloads/census08\_full.pdf [↑](#footnote-ref-100)
101. Victorian Government Department of Human Services / the Social Research Centre, 2009, 2008 Supported Residential Services Census

     http://www.health.vic.gov.au/srs/downloads/census08\_full.pdf [↑](#footnote-ref-101)
102. See articles from The Age 25th of September 2009 for example:

     http://www.theage.com.au/opinion/society-and-culture/failing-our-vulnerable-20090924-g4n1.html and http://www.theage.com.au/opinion/editorial/states-excuses-on-care-homes-are-wearing-thin-20090924-g4o1.html [↑](#footnote-ref-102)
103. Victorian Government Department of Human Services, 2006, My Future My Choice, <http://www.dhs.vic.gov.au/disability/supports_for_people/my_future_my_choice> [↑](#footnote-ref-103)
104. Bigby, C and Fyffe, C, 2007, ibid [↑](#footnote-ref-104)
105. Department of Human Services, 2008, Annual Report 2007 - 2008; http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0010/273952/DHS-Annual-Report-2007-08.pdf [↑](#footnote-ref-105)
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107. Department of Human Service, 2009, Reorientation of Day Services: Supporting Day Services to transition from block to individually attached and portable funding; http://www.dhs.vic.gov.au/\_\_data/assets/pdf\_file/0009/345465/reorientation\_info\_sheet\_for\_day\_service\_providers\_doc\_0509.pdf [↑](#footnote-ref-107)
108. Australian Institute of Health and Welfare, 2008, National data on services provided under the Commonwealth State/Territory Disability Agreement; http://www.aihw.gov.au/publications/dis/dss06-07/dss06-07.pdf [↑](#footnote-ref-108)
109. The categories of employment supports are defined as follows: "**open employment**, provides assistance in obtaining and/or retaining paid employment in the open labour market. The second type, **supported employment**, provides employment opportunities and assistance to people with disability to work in specialised and supported work environments. The third type, **targeted support**, provides people with a disability structured training and support to work towards social and community participation or opportunities to develop skills, or retrain, for paid employment". [↑](#footnote-ref-109)
110. http://www.medicareaustralia.gov.au/ [↑](#footnote-ref-110)
111. Victorian Auditor General ‘s Office, 2008, Accommodation for People with Disabilities; http://download.audit.vic.gov.au/files/Disability\_Accomm\_Report.pdf [↑](#footnote-ref-111)
112. Victorian Auditor General ‘s Office, 2008, Accommodation for People with Disabilities; http://download.audit.vic.gov.au/files/Disability\_Accomm\_Report.pdf [↑](#footnote-ref-112)
113. Victorian Government Department of Human Services, 2009, Disability Services Access Policy; http://www.dhs.vic.gov.au/\_\_data/assets/word\_doc/0012/153030/dis\_act\_2006\_access\_policy\_word\_0709.doc [↑](#footnote-ref-113)
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115. Victorian Government Department of Human Services, Disability Support Register how it works http://www.dhs.vic.gov.au/disability/supports\_for\_people/information,\_planning\_and\_advocacy/how-we-provide-services-to-people#june2009 [↑](#footnote-ref-115)
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     Percentage totals don't equal a hundred as the 68,000 people may be accessing more than one service and these may be from different service delivery systems. [↑](#footnote-ref-118)
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