

DISABILITY SA Voluntary Conference IRCSA 30 March 10

The three metropolitan regions are divided into Child and Youth Services and Adult Teams.

The Child and Youth Service has two programs:

Early Childhood Program – provides early intervention therapy services for children with disability under 5 years of age who have global developmental delay.

School Age & Youth Program – provides service coordination and inter-disciplinary developmentally focused services to school-age children and young people mainly with an intellectual disability.

Adult Team – provides service coordination for people with a range of eligible disabilities.

In Southern Adelaide there are two adult teams – Daw Park and Christies Beach and a Child & Youth Service across the region

In Central Adelaide there are two adult teams – Regency Park and 21 Gilles Plains and a Child & Youth Service across the region.

In Northern Adelaide there are two adult teams – 31 Gilles Plains and Salisbury and two Child & Youth Services based at 31 Gilles Plains and Salisbury.

Disability Services in country offices provide service coordination across the age range.

ISSUES	IN PLACE	IN PROCESS
<p>Priority of Access to services (that is eligibility to access services and the priority that clients should be given)</p>	<p>The Disability SA – Priority of Access Guideline details our Priority of Access for services for eligible clients.</p> <p>The Eligibility and Access Guideline details Priority of Access for entry into Disability Services and highlights groupings of clients that are considered to have an urgent need and therefore require a priority of access.</p> <p>Eligibility and Access Guidelines 7 April 08 4.4 Priority of Access to Disability Services</p> <p>Disability SA provides a range of preventative programs, workshops and activities. However, access to some services is on a priority basis and Disability SA assesses all needs to ensure that those in the most urgent need have access to services.</p> <p>Decisions about priority of access include consideration of a range of vulnerability indicators such as homelessness, access to services, age, health and capacity of carer, family situation, and isolation.</p>	<p>Eligibility Guidelines are currently under review. The review will be completed by July 2010.</p> <p>Discussions to be held with Team Managers – Adult, Children and Country Teams re Priority of Access guidelines to support workload issues with staff.</p> <p>As part of the review of the child and youth service model, three tiers of service have been proposed with the most intensive services being targeted to those in most need. Priority of access indicators have been developed to guide the determination of the most appropriate level of service and to aid in prioritising services within each level. If this proposal is ratified, an implementation plan will be developed by July 2010.</p> <p style="text-align: right;">A</p>

People in the following vulnerable groups are considered to have urgent need:

- Children or young people under the Guardianship of the Minister
- People with rapidly deteriorating neurological conditions
- Aboriginal people with disabilities
- People with disabilities in acute care settings awaiting discharge
- People under 50 years of age in danger of being placed in a nursing home

4.5 Scope of Service Response

Some individuals with a disability or multiple disabilities have other factors impacting on their functioning (such as high health needs, dementia, mental illness, drug and alcohol abuse). In these instances multi agency responses may be required. Where a person's disability is the principle cause of impairment, then Disability SA may undertake the role of lead agency, not negating the responsibility of other agencies to provide services. Where a person's disability is not the principle cause of impairment but the person is eligible for Disability SA services, then Disability SA's role will be limited in scope.

Homeless children – not appropriate that Disability SA should have responsibility for

In 2007, Families SA and Disability SA released a joint communiqué (attached) clarifying the roles and responsibilities of the respective divisions. In particular the communiqué clarified the role of both divisions in situations where a family are no longer able to cope with the ongoing care of a child or young person with a disability. The communiqué clarified that Families SA will only become involved in such situations where this is a significant care and protection concern. Disability SA will take responsibility for providing support and accommodation where there are no care concerns. This communiqué did not preclude joint planning and support between the divisions around individual children and young people even in situations where Disability SA may have the primary responsibility.

This is not a new position and follows on from the Protocol Guidelines for Coordinating the Provision of Alternative Care Services for Children with Disabilities between Disability Services Office, Options Coordination and Family and Youth Services in 1998. The former Intellectual Disability Services Council (IDSC) had been involved in providing alternative accommodation placements to children and young people under 18 years of

A meeting was held on 24 March 2010 with Jos Mazel, Chief Executive of Department for Families and Communities, David Waterford, Executive Director Families SA and Lynn Young, Executive Director Disability SA to review current framework and legal issues. At this meeting the current Protocols were confirmed and further meetings between Disability SA and Families SA will be held to outline formal arrangements for children not under the Guardianship of the Minister.

	<p>age where families were not longer able to cope and where the statutory child protection service considered there were no care and protection issues.</p> <p>There has been a significant increase in recent times where Families SA have no direct responsibilities. There is also an increase in the complexity of the needs of the young people and the difficulty in accessing both emergency placements and long term accommodation options which meet their needs.</p> <p>Currently, the Centralised Respite Coordinators support staff in identifying and developing emergency placements.</p>	<p>To assist staff, interim guidelines will be developed that provide instruction for staff in relation to:</p> <ul style="list-style-type: none"> • guardianship and legal issues, • decision making • financial arrangements, • safety and protection • roles and responsibilities of the respite coordinators, service coordinators, support agencies and parent/guardians. • Interface with Department of Education and Children's Services (DECS) and Child and Adolescent Mental Health Services (CAMHS) <p>A staff forum will be held to explore the issues relating to children in-out-of-home care and provide opportunities for key staff to consult on the development of the guidelines. Meeting is arranged for 20 April 10.</p>
<p>Review of the ratio of staff to clients</p>	<p>Current practice is to monitor case loads through Seniors and Team Managers. There is no expectation from the organisation for staff to work with caseloads that are beyond their capacity to manage.</p> <p>CENTRALISED PROCESSES Feedback from staff indicated that a centralised process to manage emergency situations for clients who need alternative accommodation and respite immediately would provide more efficient and effective outcomes for clients, agencies and staff. The Centralised Respite Program commenced in January 2010 and consists of two staff members. The positions were recruited from the regions, one position funded from a redundant vacancy and the other from the transfer of the Commonwealth DAP Ageing Carer program.</p> <p>Day Options are reviewed every year. This entails contacting families and then service providers to review goals and negotiate services for the next 12 months. One service provider would receive calls from a number of service coordinators negotiating individually on behalf of their clients. There was also difficulty with newer staff understanding the system. It was agreed by all that a more efficient way to review Day Options would be to manage this process centrally each year. The regions provide part of a salary to contribute towards these central positions which are for 4-6 months only. These positions are from March to August each year.</p>	<p>PARITY OF STAFF/CLIENT RATIOS Management are currently reviewing the distribution of staff across all the regions against patterns of referrals and client numbers. This is a process that would need regular review due to change of client numbers in growth areas across the state. This will be completed by the end of May 2010.</p> <p>INFORMATION SERVICE It has been identified that there are many clients/families who currently sit within regional client lists but only require at this time, accurate and timely information to provide them with an alternative service eg Newsletter, Information Sessions, Information Packs, access to groups, workshops etc. These clients/families will be identified and moved from current team case loads to an Information Service category. If there is a need for a service at any time, clients/families can contact the relevant office. This will be implemented by end June 2010.</p>

A centralised **Resource Allocation Panel** has been in place since February 2010 to oversee the allocation of resources for clients, families/carers in emergency situations. This process provides distance of responsibility for Service Coordinators in decision making and also from relaying responses for requests. The position was identified and has been funded from new funds.

CLIENT BUSINESS MANAGEMENT SYSTEM (CBMS)

An electronic process for contracting services for families/clients has been developed through the CBMS which allows for electronic development of a contract – (Request For Services) and for electronic approvals from the appropriate level of management. This reduces the impact of paperwork on Service Coordinators around contract management and allows access to information around an individuals current contracts.

CLINICAL LEADERSHIP

Lead Clinicians will be appointed in the Child and Youth Service in the disciplines of Social Work, Psychology, Speech Pathology, Occupational Therapy and Physiotherapy. These positions will provide clinical leadership within their respective discipline and undertake complex clinical interventions. This will result in an increase of 2.5 FTE positions in the Child and Youth Service. Implementation will commence by end of June 2010.

BEHAVIOURAL INTERVENTION

2.5 additional positions for behavioural intervention for families with children with challenging behaviours are being recruited. Role Descriptions are currently with HR and advertising will commence as soon as Role Descriptions are signed off.

SERVICE COORDINATION FOR DSA PERSONAL SUPPORT AND DEVELOPMENT CLIENTS

Regional Service Coordinators will not provide case management services to clients living in Disability SA managed accommodation in Personal Support and Development Directorate (PS&D) except during periods of transition. There are currently approx 230 clients identified who live in supported accommodation managed through PS&D who are also within Service Coordination. These will be identified and services negotiated with PS&D. This will be implemented by end June 2010.

The issue of workload management will be reinforced with Team Managers and strategies discussed.

<p>Quarantine new clients/better manage the waiting lists</p>	<p>There are differing practices between regions and teams.</p> <p>The Early Childhood Program (0-5yrs) receives the files from Intake and manages their own waiting lists for the therapies that they provide. Therefore, dependent on demand and current staff, a child could be receiving speech therapy but on a waiting list for a physiotherapy service.</p> <p>For the Adult and School Age & Youth teams, when a person is made eligible, the file is sent to the region who holds their own waiting lists for their teams. If the situation is urgent, Intake ensures that the region is notified. If the situation is not urgent, then the region holds the file until they can be allocated. In some instances, people are contacted when they come to the region but this is not always possible.</p>	<p>Disability SA are developing a central position to manage the waiting lists of clients moving from Intake to the regions. The role will encompass:</p> <ul style="list-style-type: none"> • Receiving files from intake • Recording on a data base • Contacting person/family • Providing information as required • Undertaking brief interventions • Maintaining contact at regular intervals with people waiting for a service • Liaising with team managers re individual waiting lists <p>Situations that require an urgent response will be forwarded to the regions. This will not apply to the Early Childhood Program. The position will commence in the middle of April 2010.</p>
<p>No involvement in responding to Ministerial enquiries</p>	<p>Ministerials are written by Team Managers/Regional Managers. Staff are requested to provide up to date information only. If Work Notes and Needs Assessments are current, then there is no additional work required. If information is required, only dot points pertinent to the ministerial are requested.</p>	<p>Discussions will be held with Team Managers and Regional Managers to reinforce information requirements from staff to enable Ministerials to be completed.</p>
<p>Provision of periods when there is no client contact – suggested that offices be closed on Monday morning and Thursday afternoon</p>	<p>Closing of local offices is not an option. However, 'non contact' time, where a staff member can choose a period of time each week is to be encouraged and should be discussed and negotiated during supervision.</p>	<p>DSA will ensure that all Senior's, Team Managers/Regional Managers support the notion of 'non contact' time with their staff and encourage staff to mark off appropriate weekly times in their diaries.</p>
		<p>SUMMARY: A meeting will be arranged before the end of April 2010 for line managers to discuss practices around:</p> <ul style="list-style-type: none"> • Priority of Access • Workload Management • Management of waiting lists • Role of staff with ministerial responses • Use of 'non contact time' for staff • Supervision practice and principles