

Disability Services Commission Submission to the Community Development and Justice Committee Inquiry into Accommodation and Intensive Family Support Funding for People with Disabilities

Introduction

The Disability Services Commission (the Commission) is the State Government agency responsible for purchasing and delivering supports and services for people with disability in Western Australia. As the Committee may be aware, the Commission is moving through a period of unprecedented change: it is adapting its business to operate in line with the National Disability Insurance Scheme (NDIS), transitioning approximately 60 per cent of Commission-provided accommodation services to the non-government sector, standing up Western Australia's first Disability Justice Centres, and incorporating significant State Government community services and procurement policies into its ongoing operation.

This submission seeks to outline the current processes used by the Commission in determining the distribution of funding to people with disability for both Accommodation and Intensive Family Support. This submission also aims to describe the steps being taken by the Commission to position Western Australia for sustainable, effective disability funding into the future.

At the outset, the Commission would like to note a recent change to its policy relating to the use of individual funding, as this may have an impact upon the considerations of the Committee. During 2013, as part of the Commission's preparation for both the NDIS and to bring its procurement practices in line with the *Delivering Community Services in Partnership Policy*, a new Individual Funding Policy was developed (Attachment A). This document describes how a person may use funds provided by the Commission.

The new policy introduced two significant changes. Firstly, all Commission funding allocated to individuals is now referred to as "individual funding". Funding streams of Accommodation Support, Intensive Family Support and Alternatives to Employment are no longer applied to funding allocated to individuals. The second major change results from this deliberate shift away from program boundaries and structures: people can use their Commission funding far more flexibly and as required according to their own individual plan. Previously, funding allocated based on an application for 'Accommodation Support' could only be used for accommodation support, and similarly for other funding streams. Under the new policy, funding can be used across any combination of support and services identified in the person's individual plan and is not restricted to use in the program category through which the funding was allocated.

The decision to move away from program funding was driven by feedback from people with disability and their families. People accessing support funding from the Commission are seeking greater control and flexibility over the way these funds can be used to purchase supports and services.

The decision to move away from program funding pre-dates, but is consistent with, the introduction of the NDIS.

Term of Reference 1: The adequacy of current processes for determining funding support for people with disabilities who live with their families.

The Disability Services Commission has received growth funding from the State and Commonwealth governments each year since 2000. Growth funding is used to address the growing demand for supports and services. It should be noted that all growth funding received by the Commission has been allocated to supports and services for people with disability and their families/carers.

A major proportion of the growth funding received by the Commission is allocated to people with disability on an individualised basis. Currently approximately 85% of funding for supports and services is allocated on an individualised basis.

Over the past 13 years the Commission has used a centralised funding mechanism to allocate the majority of the growth funding it has received from government. This centralised process has been known as the Combined Application Process (CAP). Put simply, the CAP is a mechanism that independently assesses and prioritises funding applications on the basis of critical and urgent need.

Many refinements have been made to the CAP process over the past 13 years based on consumer feedback.

The Commission uses the CAP to determine the level of support for the majority of Western Australians seeking individual funding. This system has been in place since 2000 and has been supported by successive Governments.

The reliance on CAP to allocate funding to individuals has reduced in recent years as the Commission has introduced alternative funding mechanisms. The move away from using the CAP system will now accelerate as the Commission implements a de-centralised funding mechanism required for the new NDIS My Way system (this will be discussed further in response to Term of Reference 3).

The CAP mechanism, at its core, operates on the basis of an independent panel - the Independent Priority Assessment Panel (IPAP) considering applications and assessing which applicants have the most urgent and critical need. CAP applicants found to have the greatest need, relative to other applicants in that round, are funded in priority order, to the extent of available budgetary resources. It is important to note that each funding round is a discrete process. A person's priority rating in one funding round may be quite different to the rating applied in subsequent rounds.

The operation of the panel is a closely managed and guided process that ensures panel members understand and are able to fulfil their responsibilities. Procedures are in place to manage conflicts of interest (real and perceived) and confidentiality. As detailed in previous correspondence to the Committee (Attachment B), panel members are a diverse group selected through a tender process, confirming that they have the necessary understanding of disability and available services, along with the analytical skills and personal qualities that will allow them to fulfil their role effectively.

The panel considers applications within program categories. While the expenditure of funding by individuals is not restricted to particular categories, its allocation, for federal reporting reasons, remains tied to Accommodation Support, Intensive Family Support and Alternatives to Employment. The panel will prioritise applications within each of

these allocation categories. For Intensive Family Support, there are four bands (corresponding to funding levels) in which applications are considered. This approach ensures panel members compare 'like with like' and are able to determine a prioritised list for each allocation category.

Panel members consider and score all applications independently, utilising a specialist computerised tool, prior to convening as a panel. The scores of all panel members are averaged to produce a provisional priority list for each allocation category. These lists are the basis for panel consideration during the prioritisation meeting. Members have the opportunity to identify any individuals they believe are not accurately reflected in the provisional priority lists and, as necessary, panel members may adjust their scores following group consideration. Once the panel has finalised the priority lists, available funding is considered and as many individuals, in priority order, are allocated funding as possible in each category.

Following the panel's meeting and scoring, its decision is put to the Commission's Director General and Board for approval. Applications that were not successful are resubmitted for consideration in the next CAP round, with individuals and families having the opportunity to update information if required. Applications are only ever removed from the CAP process after several unsuccessful attempts and when there has been no update to the application. Individuals are always notified and provided the opportunity to update their application before this occurs.

The Commission considers that this process results in the fair, complete consideration of all applications by an independent panel with the experience and knowledge to understand the impact and ramifications of the decisions it makes. This process does, however, result in significant numbers of applications in each round that are not able to be funded. A focus on urgent and critical needs, by its definition, means that many other eligible individuals who could be greatly assisted by government funding are not able to be supported within the Commission's budget constraints.

While separate from CAP funding decisions, the Commission would also like to highlight its Post School Options program for consideration by the Committee in the context of this inquiry. The Post School Options program commenced in 1992 and while it is currently being transitioned to school leaver support through individual planning (as further described in response to Term of Reference 3) it has provided school leavers, who may have difficulty obtaining employment, with meaningful activities and developmental opportunities to support continued engagement in their communities.

The level of funding provided to school leavers with disability has been based on an assessment of the individual, undertaken by Commission staff, in consultation with the individual's family and/or other close supports. Unlike CAP, the Post School Options program has allocated funding, albeit smaller packages than are typically provided through CAP, to all eligible individuals leaving school. Beyond enabling continued skill development and community participation to school leavers, the Post School Options program has had an incidental impact of also providing a respite effect for many families.

Term of Reference 2: The level of unmet need.

The Commission is aware that not all individuals who are eligible for funding and seek funding achieve this outcome through CAP. The process is known to be limited by available growth funding, resulting in many people not being successful in each round. The gap between available funds and the demonstrated need for support is one of the key reasons why the Western Australian State Government joined all other Australian governments in supporting the introduction of the NDIS.

The Commission publishes information regarding the funding it provides to Western Australians with disability via Disability Support Funding Bulletins which are available on the Commission's website. The most recent of these bulletins is included at Attachment C.

Acknowledging that every CAP round does have unsuccessful applicants, the Commission does provide funding and support to people with disability in Western Australia through a number of other mechanisms.

The Commission's Local Area Coordination model is widely seen to be a significant strength in Western Australia's support for people with disability. Local Area Coordinators are able to provide support, community referrals and connections and advice to families. Local Area Coordinators also have limited discretionary funding (up to a maximum of \$12,000 per Local Area Coordinator annually) they are able to allocate to meet short term financial support needs.

The Commission also provides direct services through its Statewide Specialist Services (therapies, specialist support, and advisory services) and Accommodation Services. While many people who have CAP-allocated funding are supported through the Commission's and non-government accommodation services, accommodation services are also provided in emergency and transitional situations where people have no CAP funding.

The Community Living Initiative and Family Living Initiative are alternative pathways for individuals seeking funding. These initiatives leverage off existing community or family supports to plan a relatively 'light-touch' option, using funding to meet support needs that an individual's family or community are unable to. Community and Family Living Initiative Plans are also considered by a Commission panel but, unlike CAP, the focus is on whether the application covers a sustainable plan that will yield positive results for the person. Community and Family Living Initiative plans are limited to a maximum funding level of \$24,000 and \$19,000 per annum respectively.

The Commission also supports Western Australians with disability through a mechanism termed 'block funding'. 'Block funding' refers to the Commission purchasing a set amount of a particular service from a provider for individuals who are generally not in receipt of individual funding for that support. Block funded respite services are likely to be of most relevance to the considerations of this Committee, although Disability Professional Services are also funded in this manner. Organisations that deliver block funded services are responsible for prioritising recipients of services, how much service those recipients receive, and for maintaining waitlists. It is recognised that demand for these services can outstrip supply; purchase of these services by the Commission is limited by budget.

Separate to these more direct types of support, the Commission also provides funding to peak bodies within the disability sector to ensure they are able to both represent and support people with disability individually and make systemic representation to various bodies. These peak bodies include National Disability Services (WA) and WA Individualised Services.

Term of Reference 3: The nature and extent of planning required to meet increasing demand for these support services in Western Australia into the future.

As briefly detailed in the introduction, the Western Australian disability sector, inclusive of the Commission, is in a period of reform and transition. Over the past 18 months, significant resources at the Commission have been devoted to planning and preparation for these reforms so Western Australia is well placed to ensure people with disability have the reasonable and necessary supports they require into the future. The part of these reforms most closely linked with the scope of this inquiry is the Commission's roll out of the My Way system.

My Way is the Commission's intended future mechanism for all eligible people with disability seeking support that may require individual funding from the Commission. My Way will use a decentralised allocative mechanism for determining the appropriate funding level required for each person with a disability based on an assessment of 'reasonable and necessary' supports.

Ultimately, as the State gradually moves to more closely align with an NDIS My Way model, almost all funding will be distributed in this manner, with many of the mechanisms described above (in response to Terms of Reference 1 and 2) being actively phased out. Over coming years, as My Way rolls out across the State, the proportion of people utilising My Way will increase and the proportion of people utilising CAP will decrease until the entire State has transitioned to the My Way mechanism.

My Way differs from the current CAP mechanism in several ways:

- My Way is not solely geared to meet urgent and critical need: it looks at what is 'reasonable and necessary' to support the individual. This means that individuals will be better able to access funding earlier, ideally meaning they will be able to purchase necessary supports before reaching a crisis point.
- My Way is a process based on person-centred planning, facilitated through ongoing personal relationships. A person with disability will have a My Way Coordinator who will work with them and their family to consider their life holistically, plan for how the person would like their life to be and determine strategies for achieving that. The focus is on the individual's plan, the goals and outcomes; not the funding.
- Where a person requires funding for a strategy, decision making regarding that funding will occur locally via a Commission representative, not by a panel in a centralised location. The Commission's experience is that decision making is more effective when it occurs closer to the affected person.
- The notion of funding being 'recurrent' or 'non-recurrent' will change. People's funding will be reviewable and renewable, so with their My Way Coordinator, people will assess whether their needs have changed and whether their funding needs to be adjusted. Again, these decisions will be made locally, not by a centralised panel.
- Current Commission tools such as the Estimated Required Standard of Support Instrument (ERSSI) will no longer be used. Assessment of what is reasonable and necessary for a person will be made with reference to NDIS-determined levels of support, including an adjusted assessment tool and reference packages to ensure a fair distribution of funding (these are still being developed and refined by the National Disability Insurance Agency).

Work to implement these changes is well advanced. My Way has been under development since July 2012 and is intended to commence, in fully-funded trial locations, in July 2014. The Commission seeks to use learnings from the NDIS My Way trial sites to strengthen the My Way process and ensure a sustainable system is able to be incrementally rolled out across the State.



Disability Services Commission

Individualised Funding Policy

1. Keywords

Individualised funding, self-directed supports and services, choice and control, individual plan, planning and funding principles.

2. Policy statement

This policy provides the Disability Services Commission's overarching framework for the use of individualised funding. People with specialist disability funding are able to self-direct their supports and services, have flexibility in how their allocated funding is used and have genuine choice and control over the design, planning and delivery of services they require. This is intended to lead to better outcomes for people with disability, their families and carers.

3. Purpose of the policy

The purpose of this policy is to build an overarching framework for the use of individualised funding following the relaxation of previous program boundaries and parameters for individualised funding packages.

4. Policy context

This policy is set against the larger public policy agenda of the Western Australian (WA) Government. The Economic Audit Committee (EAC) envisaged that Western Australians seeking services will exercise control over the range of services they access and the means by which they are delivered. The Delivering Community Services in Partnership (DCSP) policy 2011 was developed to improve outcomes for all Western Australians through a genuine partnership between Public Authorities and the not-for-profit community sector in the funding and contracting of sustainable community services in WA. The DCSP policy facilitates this by promoting flexibility, innovation and community responsiveness in the funding and contracting of services to better meet community needs. It prioritises the empowerment of service users in the planning, design and delivery of community services.

This policy is based upon the principles outlined in the Western Australian Disability Services Act 1993 Schedule 1 and in accordance with relevant Disability Service Standards. The principles for the use of individualised funding will be congruent with the My Way pilot project and the National Disability Insurance Scheme (NDIS) legislation.

The Commission has removed programmatic boundaries for individualised funding so people with disability can have choice and control over their funding. This allows people to determine how individualised funding is used to address needs and goals and produce the outcomes they want to achieve, within what is deemed to be reasonable and necessary (a description of reasonable and necessary supports is provided in Attachment 1). This will be achieved by a more holistic planning and service delivery process.

From 1 July 2013, all new funding allocated to people who are part of the My Way project will be based on individual plans. The plans will be reviewed at a time as determined when the funding is first allocated. Following reviews, funding will be renewed based on ongoing support needs and future outcomes identified.

People who are allocated an individual package of funding and are not part of the My Way project will, together with their chosen service provider or Local Area Coordinator, need to develop an individual plan that identifies the outcomes they wish to achieve and the strategies through which they will be accomplished. Where people have existing plans in place, mechanisms will need to be identified to ensure they are periodically reviewed in a timely manner.

Into the future, all individualised funding allocated by the Commission will be dealt with in this way.

5. Principles

Individualised funding packages will adhere to a number of principles.

Individual planning:

- Planning is directed by the individual and is central to the individualised funding approach.
- Planning should precede assessment and the determination of individual funding allocation.
- Any informal, family and community supports should be explored and supported in the planning process prior to consideration of any funded supports.
- Planning should, where possible, strengthen and build capacity of families and carers to support individuals who are children.
- Each person receiving an individualised funding package will have a plan that documents their outcomes and strategies and will be linked to funding.
- The person with disability and their future is central to the decision-making process.
- A plan will outline outcomes and strategies that are achievable and sustainable, reviewable and renewable.

Individualised funding:

- Maximising the independence of the individual.
- Maximising choice and control over supports and services by people with disability, their families and carers to achieve the outcomes identified in their plan.
- Determining the appropriate use of government funding to achieve outcomes, rather than working within defined programmatic guidelines.
- Funding should increase opportunity to access valued roles and community inclusion of people with disability.

Individualised funding scope:

The following will guide individuals, families and carers in determining how funding can be used to achieve desired outcomes:

- Funding will support incurred costs that are directly related to the additional costs of the impact of the person's disability on their life.
- Funding will be used to purchase supports deemed to be reasonable and necessary to achieve outcomes identified in the individual plan (refer to Attachment 1).

- Funding can be used flexibly and tailored to the individual.
- Funding will be reviewable and renewable based upon the outcomes in the individual plan.
- Any formal supports are complementary to, and supportive of, the primary role of family, friends, networks and community in ensuring a good life for the person and will not replace these more natural supports.
- Funding is used for purposes which are consistent with the person's choices and decisions, and balances the dignity of risk with duty of care.

What individualised funding will not fund or provide:

- replacement or supplementary income for family members (except in special circumstances approved by the Commission and according to the Commission's Policy I37 Family Members as Paid Carers)
- supports and services provided by another government department or agency (except in special circumstances approved by the Commission):
 - for example, accommodation which is more appropriate to be provided by other government agencies (such as children under 18 years of age in the care of the Chief Executive Officer of the Department for Child Protection)
- for purposes that are likely to cause harm to the person or pose a risk to others
- for purposes that are inconsistent with the best interests of the person
- illegal activities and / or gambling
- income replacement for individuals with disability
- costs not related to a person's disability support needs such as day-to-day living costs that are incurred by general members of the community (eg. standard rent, groceries, utility fees) and
- for purposes that duplicate other supports delivered under alternative funding through the Commission.

Quality assurance mechanisms

Quality assurance mechanisms will be aligned with current Commission practice and requirements.

6. Definitions

Choice and control: Where people know what supports are available, how effective they are, their price, how to access them and they can decide where they obtain their supports and services.

Disability support: Supports that specifically meet the needs and goals of a person with disability to reduce the impact of disability on their life.

Funder: A government body or statutory authority that provides funding for people seeking supports and services.

Individualised funding: A funding model through which a package of funds are allocated to a person with disability and are portable.

Individual outcome: The difference or differences for an individual as a result of their involvement in a service or activity, eg. in the planning process the individual may identify that they have finished school and want something meaningful to do. The individual's

stated outcome may be adequate training for work. The subsequent outcome could be to obtain paid work, a volunteering role or to change direction.

Individual plan: A document that describes the life a person would like to lead, how they will achieve this and who and what will help them achieve this. The plan will focus primarily on the natural supports which will contribute to achieving personal goals and, if required, it will include details of financial resources needed to implement the plan's strategies. It will clearly state how the person and the service will know they have achieved the desired results. This may include formal supports.

Natural supports: Family, friends, neighbours or organisations (for example, volunteer networks) that surround and support a person.

Person centred approach: A way of supporting and working with people with disability that keeps the person at the centre of decision making, across planning, funding and support and service arrangements.

Planning: A process that explores a person's needs, goals and aspirations and develops a plan for how they may be best met.

Self-directed supports and services: An approach which is characterised by people with disability, their families and carers having genuine choice and control over the planning, design and implementation of the supports and services they require. This includes access to personalised support arrangements and, where required, flexible funding that is tailored to the needs of the individual.

Strategies: Documented strategies include a series of practical and realistic actions the service provider and the individual agree to as part of the support plan to achieve the person's outcomes. Previously, organisations worked within program boundaries and were limited to providing a specific set of support strategies. The removal of program specific boundaries provides greater flexibility to the individual and organisation in determining how to achieve their desired outcome.

7. Consultation

This is a new policy replacing a number of existing policies to increase flexibility and innovation in responses for people with disability.

Consultation has occurred with all relevant stakeholders in the Commission and a number of peak bodies in the disability sector, namely National Disability Services Western Australia (NDS WA), WA Individualised Services (WAIS), People with Disabilities WA (PWdWA) and the Developmental Disability Council (DDC). The NDIS legislation and proposed rules have been studied to determine alignment of this policy.

8. Implementation

This policy will have a number of guidelines developed to facilitate the implementation of the policy. These guidelines will be developed by Commission directorates responsible for the implementation of the policy through consultation and collaboration with other directorates to ensure consistency.

9. Funding or resource implications

There are potential resource implications attached to the implementation of this policy. The administration of individualised funding in the new procurement environment is unknown.

10. Related policies and guidelines

- My Way position papers
- NDIS Legislation
- proposed NDIS rules March 2013
- individualised funding operational guidelines (under development)
- funding management guidelines (under development) and
- funding allocation mechanisms

11. Communication

This policy will be:

- communicated to the key internal and external stakeholders
- communicated to Commission staff through directorate communication processes and through Cheers and
- accessible through the Commission's intranet and internet.

12. Training

Relevant Executive Directors will identify staff responsible to implement the policy and / or who will be affected by the policy. Policy and Strategy will provide information as necessary to enable staff to comply with the activities described within this policy.

The extent of training required for disability sector organisations will be determined through the development of the operational guidelines. The responsibility for this training would rest with the Community and Sector Development Directorate.

13. Evaluation and review

This policy will need to be under regular review as contextual drivers progress. The move to individualised, self-directed funding is a priority of the National Disability Agreement (NDA). The My Way trial sites will provide evidence as to the planning and future direction of individualised funding implementation. This policy is not intended to be a static document and will require the Commission to make a commitment to its ongoing development.

For further information contact:

Wendy Murray
Executive Director
Policy and Strategy

Date: 12 August 2013

Attachment 1

Reasonable and Necessary Supports

The following is Section 34 of the National Disability Insurance Scheme Bill, 2012.

For the purposes of specifying, in a statement of participant supports, the general supports that will be provided, and the reasonable and necessary supports that will be funded, the Chief Executive Officer must be satisfied of all of the following in relation to the funding or provision of each such support:

- (a) the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations
- (b) the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation
- (c) the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support
- (d) the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice
- (e) the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide
- (f) the support is most appropriately funded or provided through the National Disability Insurance Scheme, and is not more appropriately funded or provided through other general systems of service delivery or support services offered by a person, agency or body, or systems of service delivery or support services offered:
 - (i) as part of a universal service obligation or
 - (ii) in accordance with reasonable adjustments required under a law dealing with discrimination on the basis of disability
- (g) the support is not prescribed by the National Disability Insurance Scheme rules as a support that will not be funded or provided under the National Disability Insurance Scheme
- (h) the funding of the support complies with the methods or criteria (if any) prescribed by the National Disability Insurance Scheme rules for deciding the reasonable and necessary supports that will be funded under the National Disability Insurance Scheme.

Our Ref: 84000012 Vol 1
Enquiries: Ms Fleur Hill
Contact No.: (08) 6104 9514
Email: Fleur.Hill@dsc.wa.gov.au

Dr Sarah Palmer
Acting Principal Research Officer
Parliament House
Perth WA 6000

Dear Dr Palmer

**Community Development and Justice Standing Committee Inquiry into
Accommodation and Intensive Family Support Funding for People with
Disabilities**

With reference to the letter 12 December 2013 from Ms Margaret Quirk, MLA
requesting information in respect to the Independent Priority Assessment Panel
please find attached the Disability Services Commission's response.

The nominated officer for liaison purposes is Ms Fleur Hill, Director Strategic
Services, Office of the Director General on (08) 6104 9514 or by email
Fleur.Hill@dsc.wa.gov.au.

Yours sincerely

Dr Ron Chalmers
Director General
Disability Services Commission

23 December 2013

Att

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Standing Committee.docx

**Community Development and Justice Standing Committee
Inquiry into Accommodation and Intensive Family Support Funding for People with
Disabilities**

Response to Committee Inquiry

1. How members of the Independent Priority Assessment Panel Score CAP applications.

The Independent Priority Assessment Panel process has been in place since 2000/01 and has been supported by successive State governments.

The Commission engaged an external consultant to develop the Risk Assessment Framework used by the Independent Priority Assessment Panel (IPAP) for the Combined Application Process (CAP). The Risk Assessment Framework was reviewed in 2007 and 2009 and minor adjustments were made.

When scoring CAP applications the IPAP members assess a number of risk factors including living arrangements, support needs, harm and behaviour and impact on family and the applicability, consequence, likelihood, and timing of each risk to the individual.

The prioritisation of an applicant is based on the information provided in the application form and supporting documents. Panel members must, when undertaking their assessment, also consider the applicant's environment and existing support network(s).

2. Disclosure of the identity of the members of the IPAP

The Commission has been granted a State Supply Commission's (SSC) Open and Effective Competition Policy exemption from disclosing the identities of IPAP members.

All members of the Independent Priority Assessment Panel sign a Declaration of Confidentiality and Conflict of Interest prior to their involvement each round. To preserve the Independent Priority Assessment Panel anonymity, the Chairperson is the public face of the panel, and will at times be asked to attend information sessions or workshops to represent the panel.

3. Evaluation of the CAP process/CAP applications to verify independence

The Independent Priority Assessment Panel rate and rank people according to their priority of need relative to other applicants in that round. The Panel's recommendations are approved by the Commission's Director General and Board.

The Risk Assessment Framework has been independently reviewed in 2007 and 2009.

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4. Cases where accommodation support has been granted as the result of an emergency

The Commission's may provide temporary funding or a temporary place in the Commission's emergency accommodation service to support a person experiencing crisis due to a major change in their circumstances or support needs that necessitate immediate support. This funding or service is only temporary until an application for a longer term solution can be considered by the Independent Priority Assessment Panel.

5. Public availability of demographic information relating to successful and unsuccessful CAP applications.

Demographic information from the CAP process is provided on a regular basis through the bulletins available on the Commission's website.

6. Details of the names, position titles and qualifications of IPAP members serving in the past year.

The Commission has been granted a State Supply Commission's (SSC) Open and Effective Competition Policy exemption from disclosing the identities of IPAP members.

A panel contract has been established for the Independent Priority Assessment Panel through an open tender process in 2010 requiring respondents representing the following four groups:

- Family representatives
- Consumer representatives
- Commission endorsed service provider representatives and
- Peak Body representatives.

The Request for Tender required respondents to provide evidence of:

- a) a demonstrated ability to read, analyse and synthesize information in context with impact on people's lives.
- b) a demonstrated understanding of the impact of disability on:
 - i. individuals with a disability
 - ii. carers
 - iii. family and their networks and
 - iv. the community.
- c) a knowledge and understanding of generic and Government funded services available to people with a disability in:
 - i. the metropolitan area and
 - ii. rural or remote areas.
- d) a demonstrated 'commitment to enhancing the lives of people, and fairness and equity in society'.
- e) the ability to use 'insight and astuteness' when making and communicating decisions.

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Disabilities**

- f) the ability to work as a member of a team, 'valuing people, partnerships and teamwork' and
- g) a capacity to demonstrate your ability for 'reaching creative solutions'.



Disability Support Funding Bulletin

Issue 2 – September 2013

The State Government allocates funding to support people with disability and their families and carers. The Disability Services Commission (the Commission) operates a number of streams through which funding is allocated. This funding is used to purchase a wide range of supports and services. Additional funding for disability services has increased at an average of 14 per cent per annum over the past six years (including indexation).

This bulletin provides information on funding for services and individuals and the Commission's existing expenditure on people with disability in Western Australia. In the 2012/13 financial year, \$48.5 million of new funding was available for people with disability, their families and carers, of which \$33.7 million was provided for new recurrent services to individuals and \$14.8 million for supports that included Local Area Resource funding, continence management and aids and equipment. This represents nearly six per cent of the Commission's expenditure on individualised services for people with disability, which reached more than \$600 million in the past year. Funding for services provided to individuals is referred to as individualised funding. **Table 1** details the streams and dollar value of growth allocations in 2012/13 and the number of people who accessed supports and services through these funding streams.

Table 1: New growth funding allocated by funding stream and the number of people who accessed support in 2012/13

| | | |
|---|----------------|--------------|
| Individualised funding accessed through the Combined Application Process, including Accommodation Support, Alternatives to Employment and Intensive Family Support (see Note 1 below) | \$23.6 million | 294 people |
| Individualised funding accessed through the Community and Family Living Initiatives | \$4.2 million | 241 people |
| Individualised funding accessed through: | | |
| • Post School Options or | \$5.9 million | 248 people |
| • Local Area Resource Funding | \$1.9 million | 1,348 people |
| Supports and equipment accessed through the Community Aids and Equipment Program and the Incontinence Pad Scheme | \$12.9 million | 8,883 people |

\$48.5 million total funding allocated

Note 1: Accommodation Support includes funding for people to live in out-of-home accommodation arrangements or with support in their own home.

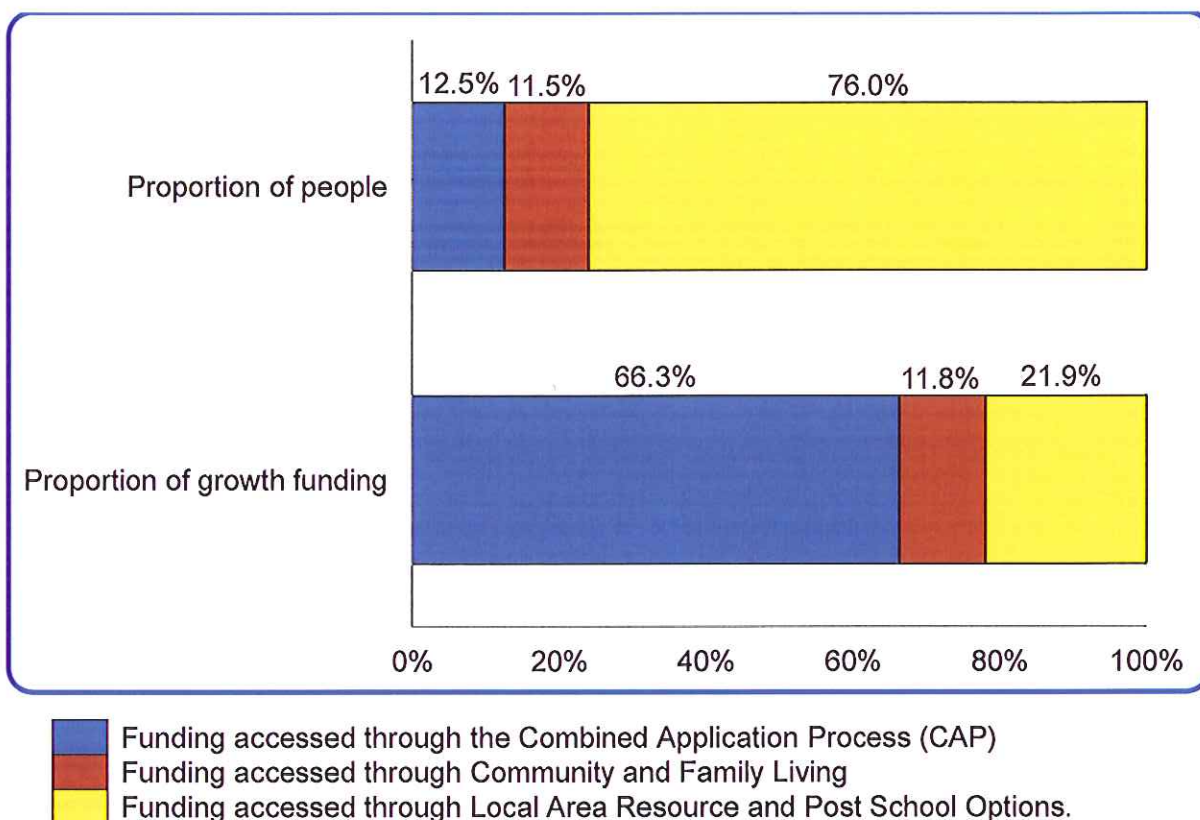
New individualised funding allocated in 2012/13

In 2012/13, 2,131 people received new allocations of Commission-funding. This included:

- 87 people who received new funding for Accommodation Support
- 112 people who received new funding for Intensive Family Support
- 63 people who received new funding for Alternatives to Employment
- 248 people who received new funding for Post School Options
- 71 people who received new funding for Community Living Initiative
- 170 people who received new funding for Family Living Initiative
- 32 people who received more funding for increased supports due to their needs changing and becoming more complex over time
- 1,348 people who received Local Area Resource funding through their Local Area Coordinator or My Way Coordinator.

Of the 2,131 people funded, most (76 per cent) received funding through Local Area Resource Funding and Post School Options, followed by funding accessed through the Combined Application Process (CAP) (12.5 per cent) and those accessing Community and Family Living supports (11.5 per cent). **Figure 1** provides comparison of the funding streams and the number of people who receive support from these in contrast with the funds allocated to each stream.

Figure 1: Proportion of new growth funding allocated to individualised service streams and the proportion of new people who accessed funding in 2012/13

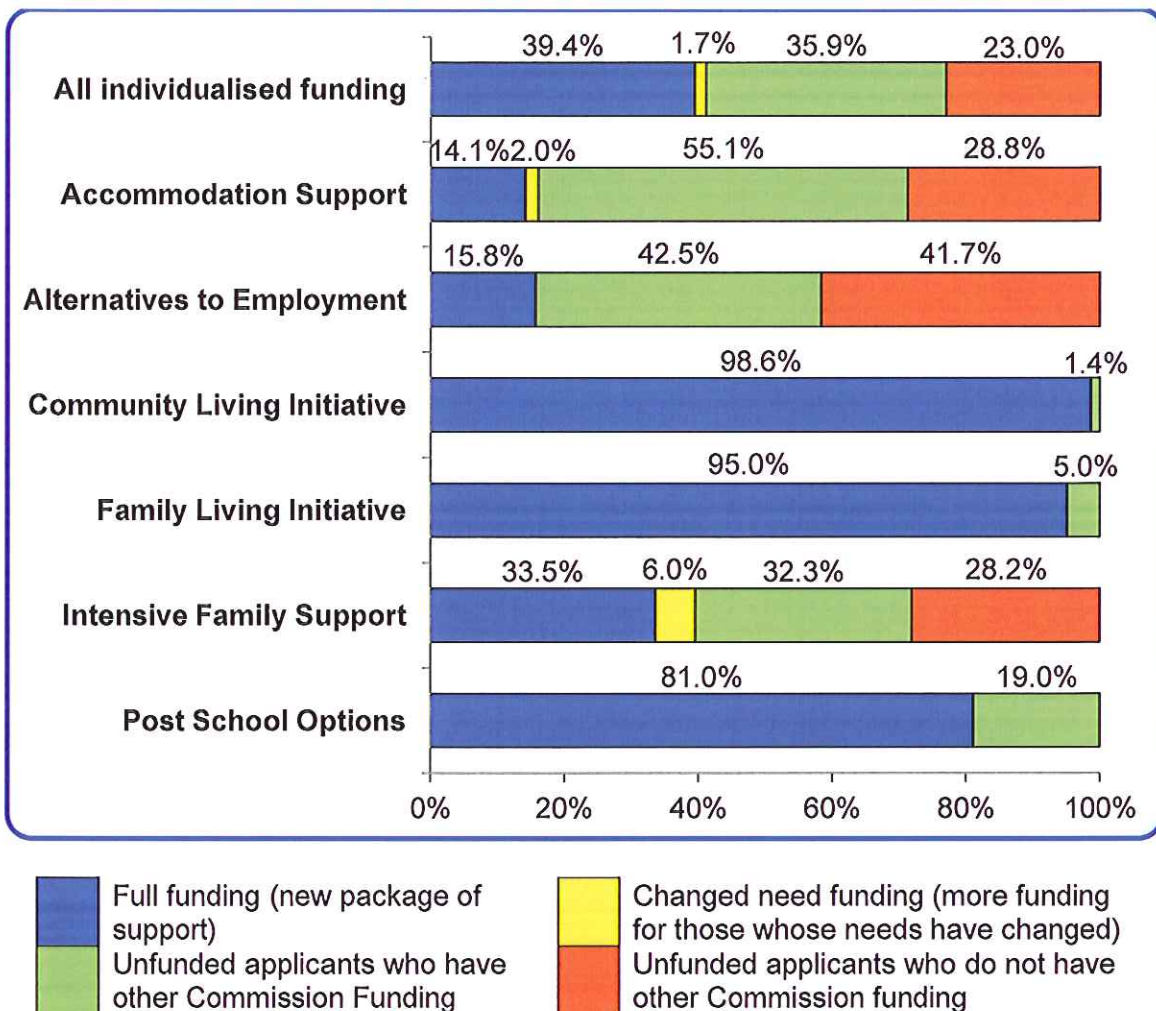


Individualised funding applications and allocations in 2012/13

In 2012/13, 1,911 people applied for individualised funding through CAP and other individual funding streams. Of these people about 39.4 per cent received the new package of funding as requested and close to two per cent received an increase in existing funding to support changes in need. **Figure 2** provides a breakdown of the percentages of applications that were supported, both new applications and increases to existing funding, and those not supported in 2012/13.

In 2012/13 many people who were not immediately successful with their application for funding through CAP received other forms of support from the Commission. Almost 60 per cent of the unfunded CAP applicants received and used alternative Commission funding during 2012/13.

Figure 2: Funded and unfunded applications by program area in 2012/13



Combined Application Process: trends from 2009/10 to 2012/13

This section provides information about the total increase in new funding accessed through CAP over the past four years. Between 2009/10 and 2012/13 the Commission allocated around \$117.2 million through CAP for Accommodation Support Funding, Intensive Family Support, and Alternatives to Employment. This money was in addition to existing supports provided through these programs. This funding has allowed 1,341 new individuals to be supported with another 251 receiving an increase in their level of support as their needs have changed or become more complex over time. **Table 2** details funding accessed through CAP from 2009/10 to 2012/13, along with the number of new people who accessed funding and those who received an increase in funding to support changes in need.

Table 2: Funding available for allocation through CAP and the numbers of people who received support from 2009/10 to 2012/13

| | 2009/10 | 2010/11 | 2011/12 | 2012/13 |
|--|---------|---------|---------|---------|
| Total new funding allocated (in millions) | \$21.1 | \$32.2 | \$40.3 | \$23.6 |
| Total number of new people receiving funding through CAP | 287 | 362 | 430 | 262 |
| Total number of people receiving more funding through CAP for increased supports | 35 | 96 | 88 | 32 |

Most CAP applications, if not funded, carry over into the next CAP round. On average two thirds of the applications processed in each CAP round carry over to the next. While a person may not receive their funding request immediately, most applicants access alternative services from a range of service providers while waiting for subsequent funding rounds to be processed.

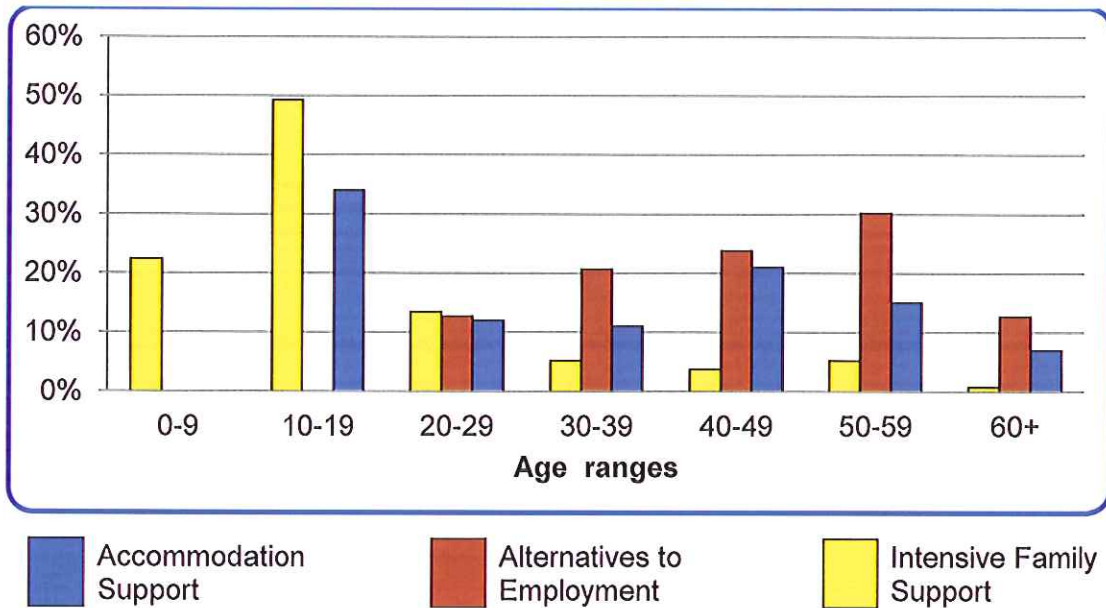
The average waiting period between an application being made to CAP and receiving funding was two years or less, 95.3 per cent of all people that received a CAP funding allocation in 2012/13 had their application in the process for this period.

Age distributions of people funded through CAP in 2012/13

Figure 3 provides information about the age distribution of people who were successfully funded through CAP for Accommodation Support, Alternatives to Employment and Intensive Family Support. The following observations can be made:

- Almost 34 per cent of people funded for Accommodation Support were aged between 15 and 19 years-of-age.
- Of those people funded for Alternatives to Employment in 2012/13, close to 54 per cent were aged between 40 and 59 years.
- Most people (69.4 per cent) funded for Intensive Family Support in 2012/13 were school of age, which is between 5 and 19 years.

Figure 3: Age distribution of those applying through CAP showing expressed support preference by age through the three CAP service areas in 2012/13



Further information

For further information please contact:

Michael Carroll
 Manager, Planning and Information Analysis Branch
 Policy and Strategy Directorate
 Disability Services Commission
 Phone: 9426 9776
 Email: michael.carroll@dsc.wa.gov.au