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# Review of the Local Area Coordination Program Western Australia

## March 2003

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## **EXECUTIVE SUMMARY**

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### **Introduction**

This Review of Local Area Coordination (the Review) was convened in order to fulfil an election commitment by the Gallop Government. In seeking improvements and efficiencies in the delivery of Government services, the Review was to determine whether the Local Area Coordination (LAC) program was clear and achievable, and was still providing value for money as a way of delivering individualised support to people with disabilities and their families.

The Review was conducted by a 13-member Review Steering Committee headed by Dr Philip Deschamp, the current chair of the Disability Standards Reference Group.

### **Terms of Reference**

The Terms of Reference for the Review were:

- a detailed summary of the history of the program and key changes over time;
- strategic consultations with consumers, agencies, community groups and key informants to determine clarity of role and purpose, and to analyse strengths and weaknesses;
- analysis of the value for money provided to Government by this approach; and
- development of recommendations for the future.

### **Methodology**

In addressing the Terms of Reference, the Review Steering Committee commissioned a review of 17 separate studies and evaluations of LAC since its introduction in 1988, and commissioned a number of other studies specifically for the purposes of the Review. These included:

- a study of the development of LAC and the major changes in the program from its commencement up to the time of the Review;
- a comprehensive overview of the program, with analysis of its current role and purpose;
- an analysis of current program operations and costs;
- a value-for-money analysis;
- a report on standards monitoring across LAC.

The outcomes of the LAC Framework Consultation conducted in 2001, and the biennial *DSC Consumer Satisfaction Survey* for 2002, which contained sections related to LAC, were made available to the Review.

Consultations with consumers (people with a disability, families and carers), non-government service providers, other community groups, local government, identified key informants, local area coordinators (LACs) and other Disability Services Commission staff were conducted via a number of complementary strategies, including individual personal and telephone interviews, focus groups and completion of survey instruments, all designed to ensure maximum opportunity for input.

## **Review Findings**

The Review Committee identified that LAC has grown very significantly in terms of the number of LACs, the scope of their role and the geographic coverage of the service since its inception in 1988. On all indicators, LAC workloads are increasing. The report identifies factors which have contributed to the increase.

Overall, and across all outputs, Western Australia compares very favourably with other states on key benchmarks related to service uptake, cost and consumer satisfaction. Comparisons to national benchmarks indicate that Individual Coordination (LAC in Western Australia) is providing services for a greater proportion of service users at lesser cost per person, than for Australia as a whole. All Western Australian key output areas had a higher level of consumer satisfaction than national equivalents.

A review of 17 previous studies of LAC concluded that LAC was "a success story" with positives far outweighing negatives, and that previous positive evaluations can be regarded as "continuous, enduring, long term and consistent over time."

The Review Committee found generally high levels of satisfaction with LAC among consumers. Identified strengths included:

- its empowering value base, and capacity to develop flexible, respectful personal relationships;
- the local nature, accessibility and relevance of the service; and
- it's "hands-on" practical approach.

Within the overall context of very positive views about LAC, some issues of concern to consumers were identified. These included:

- some perceptions of inconsistency in quality and levels of service;
- processes to manage dissent;
- the rate of turnover of LACs, especially in non-metropolitan areas; and

- expansion of the role and high workloads, reducing LAC capacity for direct work with consumers.

Levels of satisfaction were lower among consumers from Indigenous and culturally and linguistically diverse (CALD) backgrounds. In relation to both these groups, a need was identified for active strategies to increase the number of Indigenous and CALD people working as LACs, and to provide appropriate cultural awareness training to assist other LACs to understand the added complexities of disability in an Indigenous or CALD family setting.

Agencies and community groups were generally positive about LAC, identifying the local nature of the service, and its effectiveness in service coordination and case management as major strengths. There were perceptions from some of a lack of clarity about the role, inconsistency in service quality and how the role is practised by different LACs. Some agencies identified opportunities for LACs to work more collaboratively with other community agencies. This was a strong theme in relation to agencies providing services to Indigenous and CALD consumers.

The LAC program model received unanimous support in every Key Informant interview, with its coordination capacity, local focus, community-based approach and empowering values base all being identified as strengths. Key Informants expressed moderate levels of satisfaction with the current operation of LAC. Concerns were expressed about the impact of increased bureaucracy and administration on the role, the imbalance in the services provided to different people within the target group, and a perceived tendency for LACs to adopt "system-driven" rather than "consumer-driven" responses to identified needs.

Within the Commission, the Review Committee found that feedback from non-LAC staff was generally positive, but with perceptions of a greater capacity for LAC to form stronger relationships with other parts of the organisation.

LACs themselves expressed a strong belief in the effectiveness of the program, its value base, its capacity for relationship building and its flexibility. However, they identified a need to work more cohesively, and to have an alignment between their core work practices and the values of the program. The expansion of LAC was regarded as positive, but increasingly unmanageable workloads, as a result of changes to the program over time, were a major area of concern. Some LACs found their role to be overwhelming and conflictual within the broader Commission context. They sought clearer boundaries, attention to their role as advocates, and clarification of their funding accountability responsibilities.

Based upon measures of consumer satisfaction, family/carer satisfaction, consumer outcomes, service coverage, and cost effectiveness, LAC has proven to be a highly successful program over an extended period of time. Successive evaluations, consumer satisfaction surveys and program reviews

have confirmed that LAC is a highly effective and contemporary support system for people with disabilities and their families.

However, the increased demands on LAC, brought about by extensions to the scope, role and geographic coverage of the program, a growing constituency and increased requirements for accountability from within the Commission and from external sources, in combination, threaten its medium to longer term sustainability.

### **Future Directions for LAC**

The Review Committee has concluded that while LAC is highly valued by consumers, the full potential of the program is not being realised. Since the mid-1990s the program has been asked to perform an ever-increasing and diverse range of functions. This has reduced the capacity of individual LACs to focus on the original, and highly valued, core functions of the role. Other Commission programs and directorates have sought to use Local Area Coordination for a variety of purposes because the program has Statewide coverage and because of the close relationship between LACs and consumers. The cumulative effect of layering additional non-core tasks on to the duties of LACs has been substantial and has reduced the effectiveness of the overall program.

Changes are needed to re-focus the program on the values, core functions and quality processes required to consolidate and re-establish LAC as an effective, contemporary support system for people with disabilities and their families and carers.

Many of the changes required to improve the effectiveness of the LAC program do not require the allocation of significant amounts of additional resources. While it is essential that growth funding be allocated in future years to allow the LAC/consumer ratio to remain constant (to keep pace with the growth in consumer numbers), many of the changes needed to improve the program can be made by removing and simplifying certain tasks, duties and requirements of LACs and through the introduction of additional supports and quality control measures. It is likely, however, that some level of additional recurrent funding will be required to provide the administrative and program support for LACs, as well as to deal with the transfer of some complex funding plans to other providers.

The single most important finding to emerge from consultations is that the LAC program is highly valued by people with disabilities, their families and carers. The Review has shown that the work of LACs has had a positive impact on the lives of people with disabilities and upon the communities in which they live. The overwhelming message from consumers is that the LAC program is a highly valued Government service that needs to continue.

Several external evaluations of LAC in Western Australia and elsewhere - most particularly Queensland - as well as internal evaluations and the value-for-money study that was commissioned as part of this Review, have confirmed that the LAC model provides value-for-money outcomes not matched by any other areas of disability service delivery.

Steps need to be taken to clearly specify the purpose and scope of the LAC program. This will provide the basis for developing a clear role statement for LACs which can be understood easily by consumers, agencies, and the general community. Effective communication strategies should then be used to advise all stakeholders about the role of the LAC and the scope of their operations.

While the Review has shown that many Indigenous Australians and people from culturally and linguistically diverse backgrounds highly value the support they receive through the LAC program, there are other individuals and families from these sections of the population who are either unaware of, or are dissatisfied with, LAC.

There was a general view expressed that the Commission should develop and implement specific strategies for increasing knowledge within CALD and Indigenous organisations, carer groups and advocacy groups about LAC and other Commission programs.

The administrative workload associated with the funding arrangements and generally more stringent accountability requirements has been a significant factor in influencing LACs' capacity to meet other requirements of their job. LACs' capacity to deliver services has also been affected adversely by increasing workloads within their traditional areas of operation, and more broadly as the result of the extension of the eligibility net to cover a wider range of consumers, changes to external and internal policy, and changes to organisational management arrangements within the Commission.

There has been widespread agreement in the Review that action is required to free up LAC time to get back into the community and among consumers, and to spend less time office-bound on paperwork and meeting accountability requirements.

The Review has found that many LACs are spending a large amount of time assisting a small number of people with disabilities and/or their families to co-ordinate and manage their accommodation or family support arrangements. This significantly reduces the time available for the LACs to provide support to the other consumers in their local areas. The practice of having LACs co-ordinate/manage complex support options should be discontinued particularly in those situations where the individual/family self-management role has reduced significantly. The management of these support arrangements should be transferred to appropriate service providers.



The primary recommendation from this Review of LAC is that the Commission should maintain and continue to develop the LAC program as a community-based Government service which has the dual roles of supporting people with disabilities and their families/carers and supporting the development of inclusive communities.

While each of the 40 recommendations to emerge from this Review are important for the future development and success of the LAC program, highest priority should be attributed to the maintenance of growth funding in future years to ensure that the LAC program will have the resources required to keep pace with growth in the number of people who are eligible for LAC support.

On measures of consumer satisfaction, family/carer satisfaction, consumer outcomes, service coverage, and cost effectiveness, LAC has proven to be a highly successful program over an extended period of time. Successive evaluations, consumer satisfaction surveys and program reviews have confirmed that LAC is a highly effective and contemporary support system for people with disabilities and their families.

However, the increased demands on LAC, brought about by extensions to the scope, role and geographic coverage of the program, a growing constituency and increased requirements for accountability from within the Commission and from external sources, in combination, threaten its medium to longer term sustainability.

## **SUMMARY OF RECOMMENDATIONS**

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### **THEME 1: Future location and scope of the LAC program**

1. That the Disability Services Commission maintain and continue to develop the LAC program as a community-based Government service which has the dual role of supporting people with disabilities and their families and carers and supporting the development of inclusive communities.
2. That the LAC program be resourced at a level which will enable LAC/consumer ratios to average 1:64 (registered Level 2/3 consumers) in metropolitan areas and 1:62 (registered Level 2/3 consumers) in country areas<sup>1</sup>. This will ensure that the LAC program will have the resources required to keep pace with the growth in consumer numbers. Factors such as distance, isolation, number of funding plans, and the availability of alternative supports should be considered when allocating consumers to individual LACs.
3. That access to the full LAC program continues to be available to people with disabilities as per the current Commission policy (Level 2 and Level 3 registrations).
4. That LACs continue to provide a lower level information and advocacy service to people who self identify as having a disability (Level 1).

### **THEME 2: An agreed statewide framework and a sound values base**

5. That LAC operations in country and metro be guided by a statewide LAC framework.
6. That the work of LACs be re-focused on the key values of inclusion, community participation, individual/family empowerment and a respect for the rights of people with disabilities.

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<sup>1</sup> LAC/consumer ratio is calculated using the number of consumers registered for DSC services (Level 2 and Level 3) and the Full Time Equivalent (FTE) staffing allocation for Local Area Co-ordination. The LAC FTE does not include staffing allocation for LAC supervision or management.

**THEME 3: Recognise differences between country and metropolitan LAC**

7. That the current arrangements whereby LAC is managed separately in country and metropolitan areas be maintained and it be recognised that it is appropriate that there will be variations in the operation of the LAC program between country regions and the metropolitan area. A separate country LAC operation should be retained to ensure that country issues are well represented within the Commission.
8. That Metropolitan Services Coordination (MSC) and Country Services Coordination (CSC) directorates each establish a LAC program support and development capacity to maintain the focus and integrity of the LAC program and to reduce the demands on LAC for non-core duties.

**THEME 4: Clarification and communication of the LAC role**

9. That the LAC role statement be simplified and effectively communicated to all LACs, consumers, agencies (Government and non-government) and the general community.
10. That greater emphasis be placed on the LAC role in building community responses and support options for people with disabilities and families.
11. That steps be taken to clearly specify the LAC role in the *funder-purchaser-provider* model of service delivery.

**THEME 5: Modifications to make LAC more relevant and responsive to Indigenous Australians and people from CALD backgrounds**

12. That the new LAC induction and on-going professional development program include training and support for LACs in their work with Indigenous people with disabilities as well as people from CALD backgrounds.
13. That the Commission develops and implements specific strategies for increasing knowledge within CALD and Indigenous organisations, carer groups and advocacy groups about LAC and other Commission programs.
14. That LACs create and accept opportunities to build support arrangements for Indigenous people with disabilities that are complementary with existing supports and services which are valued by Indigenous families and communities.

**THEME 6: Establish an on-going evaluative framework for the LAC program (to include new consumer feedback mechanisms)**

15. That the Commission establish a mechanism to provide on-going evaluation of the LAC program.
16. That mechanisms be established which will encourage consumer issues, concerns and suggestions for improvement to be brought to the attention of management to be resolved without the necessity to move directly to formal dispute resolution processes.

**THEME 7: Improve LAC capacity to provide information to consumers and clarify LAC role in advocacy**

17. That new systems be developed and implemented to increase consumer access to information (via LAC or on the Commission Website).
18. That LACs contribute to the development of checklists which can be used to increase consumer knowledge about the LAC program, the Commission and other matters related to disability services.
19. That an LAC consumer package be provided to all individuals and families who become eligible for LAC support.
20. That the LAC role in advocacy be clarified. That the LAC role statement should recognise the difficulties which can sometimes exist for LACs, as public servants, when they are called upon to advocate on behalf of consumers for services particularly with other Government departments.
21. That LACs receive appropriate training in effective advocacy principles and techniques.
22. That additional resources be allocated by Commission to increase the availability and accessibility of independent advocacy services in country regions and in the Perth metropolitan area.

**THEME 8: Simplification and streamlining of administrative and funding process**

23. That the MSC and CSC directorates take steps to significantly reduce the administrative and funding processing roles for LACs.
24. That additional resources be provided to the Metropolitan Services Coordination and Country Services Coordination directorates to provide additional administrative support for LACs.
25. That the processes used to provide grants to consumers and the associated accountability mechanisms be simplified and streamlined. Accountability benchmarks should be reviewed and simplified to the minimum requirements of legislative, Treasury and audit requirements.

### **THEME 9: Improve LAC quality processes**

26. That new recruitment strategies be used to attract a wider field of applicants for vacant LAC positions.
27. That LAC selection processes be re-examined (and modified where necessary) to ensure that new recruits have the pre-requisite skills required for the LAC role.
28. That a comprehensive induction and on-going training program be developed and implemented for all LACs.
29. That the role of the LAC Supervisor (country and metropolitan) be re-examined to ensure that these positions are operating effectively within the LAC program. This should include a re-assessment of the current supervision and management structures and practices which exist in the Perth metropolitan area.
30. That the LAC Supervision and support processes be modified to increase the overall level of supervision and on-going support for all LACs.
31. That performance benchmarks be established to increase the level of accountability for the activities of LACs and LAC Supervisors. This would include the introduction of customer service benchmarks.
32. That steps be taken by the MSC and CSC directorates to increase the level of regional decision making in the LAC program.

### **THEME 10: Significantly reduce the LAC role in funding processes and administration**

33. That steps be taken to simplify the management and operation of program funding (both for LACs and for consumers). Funding allocated to individual consumers from multiple programs (eg Accommodation Support Funding, Alternatives to Employment, Flexible Family Support, Intensive Family Support, LAC Tied Funding) be aggregated into one resource package which can be used flexibly to meet changing needs. Aggregate and block funding systems should be used to simplify the current highly complex system of managing support funding for individual consumers. Output reporting requirements for each funding program should be managed by Commission central office staff.
34. That direct funding (providing grants directly to people with disabilities and their families) remain an integral component of the LAC program. However, the coordination and/or management of complex accommodation and/or complex family support arrangements should not be part of the LAC role, particularly where the individual/family role in self-management has significantly reduced. Steps should be taken to transfer complex, non-self-managing support arrangements to appropriate service providers.

35. That in situations where people with disabilities living in country areas have their support needs met by a funded agency the LAC should remain involved to continue relationship building and community inclusion strategies where appropriate. This reflects the historical practice of Country LAC and is in recognition of the scarcity of additional resources available to formal country services.
36. That the Commission examines strategies for increasing service capacity for the provision of accommodation support and family support options (to compensate for the withdrawal of LAC involvement in the management and coordination of complex support options).
37. That a limit be placed on the number of funding plans managed by individual LACs.

### **THEME 11: Implementation Strategy**

38. That an implementation committee comprising LACs, Commission senior officers, consumers and agency representatives be established to guide and monitor the implementation of the recommendations listed above.
39. That the Implementation Committee meet on a monthly basis during 2003 to guide and monitor the implementation of the endorsed changes to the LAC program.
40. That the Implementation Committee report to the Commission Board in May 2004 on the outcomes of the changes to the LAC program.

## 1. INTRODUCTION

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The Local Area Coordinator (LAC) Review was convened in order to fulfil an election commitment by the Gallop Government. In seeking improvements and efficiencies in the delivery of Government services, the Review was to determine whether the LAC program was clear and achievable, and was still providing value for money as a way of delivering individualised support to people with disabilities and their families.

In establishing the Review, the Honourable Minister for Disability Services stated:

*The State Government supports the concept of Local Area Coordination, but I am concerned that its role and purpose is not always clearly understood by families and the community. We also need to ensure that, more than a decade after it was established, it is still providing value for money as a way of delivering individualised support to people with disabilities and their families.*

As a part of this process the Honourable Minister announced the formation of a 13-member Review Steering Committee headed by Dr Philip Deschamp, the current chair of the Disability Standards Reference Group. The Steering Committee included representatives from parents of people with disabilities, non-government service providers and advocacy organisations, LAC representatives from metropolitan and country areas, non-government organisations and the Commission representatives.

The Terms of Reference for the Review were:

- a detailed summary of the history of the program and key changes over time;
- strategic consultations with consumers, agencies, community groups and key informants to determine clarity of role and purpose, and to analyse strengths and weaknesses;
- analysis of the value for money provided to Government by this approach; and
- development of recommendations for the future.

## 1.1. Terms of Reference

The Review was commissioned in four stages.

### Stage One

A detailed summary of the development of, rationale for and operations of LAC with the following specifications:

- clear description of the LAC program;
- current role and purpose of LAC;
- major changes in the program over time;
- key findings from previous studies and evaluations of LAC, (including standards monitoring reports and annual reports; and
- current operations.

### Stage Two

- Relationship between LAC and other key stakeholders (community, Government, the Commission, other agencies, families).
- Analysis of the current strengths and weaknesses of LAC.
- Clarity of purpose and role of LACs.

Stage Two included strategic and independently conducted and evaluated consultations with consumers, community groups, agencies and other relevant stakeholders, as well as telephone interviews with 600 households of individuals and families a part of the Commission's Consumer Satisfaction Survey.

### Stage Three

- Independent analysis of value for money compared with other approaches to service.

### Stage Four

- Synthesis of data from Stages One to Three.
- Development of recommendations for future development and operation of the LAC program and relative priority for future growth funding.

## 1.2. Committee Membership

The Review was overseen by a Steering Committee chaired by Dr Philip Deschamp (Chair, Disability Standards Reference Group) and with membership representing parents of people with disabilities, non-government service providers and advocacy organisations and



Disability Services Commission staff.

Membership of the LAC Review Steering Committee:

- Dr Philip Deschamp, Chair, Disability Standards Reference Group
- Ms Sue Harris, Executive Officer, Developmental Disability Council
- Ms Nicola Weinman, Advocate, People With Disabilities Inc
- Mr John Knowles, Chief Executive Officer, Cerebral Palsy Association
- Ms Mary Butterworth, Manager, Pilbara Home Care Inc
- Ms Wendy Townsend, Family Representative
- Ms Sue Agostino, Family Representative
- Mr Eddie Bartnik, Director Metropolitan Services Coordination, DSC
- Dr Ron Chalmers, Director Country Services Coordination, DSC
- Ms Jenni Perkins, Director Policy, Planning and Information, DSC
- Mr Bruce Langoulant, Board Member, DSC (Withdrawn)
- Ms Susan Stanford, Local Area Coordinator, Peel District DSC
- Mr Chris Maher, Local Area Coordinator Supervisor, Broome DSC
- Mr Mike Cubbage, Executive Officer, DSC

Mr Luke Garswood, Policy Advisor to the Minister for Disability Services was in attendance for some meetings.

The Steering Committee was originally constituted as a 13-member group, however, one nominated member withdrew due to the pressure of other commitments prior to the Review commencing.

The Committee was convened in May and met on the following occasions:

<b>DATE</b>	<b>TIME</b>	<b>VENUE</b>
• Friday 31 <sup>st</sup> May	1.30 – 4.30pm	DSC Myaree Office
• Thursday 13 <sup>th</sup> June	9.30 –12.30pm (Video Link)	DSC Board Room West Perth
• Monday 1 <sup>st</sup> July	1.30-4.30pm (Video Link)	DSC Board Room West Perth
• Monday 8 <sup>th</sup> July	1.30-4.30Pm (Video Link)	DSC Board Room West Perth
• Friday 2 <sup>nd</sup> August	1.30-4.30pm (Video Link)	DSC Board Room West Perth
• Friday 30 <sup>th</sup> August	1.30 –4.30pm (Video Link)	DSC Board Room West Perth
• Wednesday 2 <sup>nd</sup> October	9.00 12.00pm (Video Link)	DSC Board Room West Perth
• Friday 11 <sup>th</sup> October	1.30 –4.30pm (Video Link)	DSC Board Room West Perth
• Monday 28 <sup>th</sup> October	1.30-4.30pm (Video Link)	DSC Board Room West Perth
• Wednesday 6 <sup>th</sup> November	1 – 5pm (Video Link)	Room Two DSC West Perth
• Wednesday 13 <sup>th</sup> November	1-5pm (Video Link)	Room Two DSC West Perth
• Wednesday 18 <sup>th</sup> December	11am – 4pm (Video Link)	Room Two DSC West Perth
• Thursday 13 <sup>Th</sup> January	12md – 4pm (Video Link)	Room Two DSC West Perth
• Friday 14 <sup>th</sup> March	3pm - 5pm (Video Link)	Room Two DSC West Perth

### 1.3. Methodology

A large number of documents have been identified and analysed in the course of the Review, most having been considered in the development of the various papers that have been commissioned as part of this Review. The commissioned papers that have directly contributed to this Report are listed in Appendix 1 and are numbered for ease of reference. The relevant number and author's name appears in brackets after reference to the documents throughout the Report.

#### ***1.3.1. Term of Reference One: The development of, rationale for, and operations of, Local Area Coordination***

One of the central concerns for the Minister was that the role and purpose of LAC was not always clearly understood by families and communities. The First Term of Reference was an attempt to provide a factual and accessible description of the program in the following manner.

#### **Clear Description of the program including current role and purpose of Local Area Coordination**

The Executive Officer for the Review was assigned the task of providing a comprehensive overview of the program including an analysis of the current role and purpose. This was presented to and endorsed by, the Steering Committee.

#### **Major Changes in the program over Time**

The Executive Officer charted the major program changes in the development of LAC over time, with ideas and suggestions for improvements being furnished by the Steering Committee.

The paper and the accompanying visual map were developed and endorsed by the Steering Committee (cited in Appendix 1).

#### **Current Operations**

The Manager of Corporate Services for MSC undertook to provide a detailed breakdown of the current operations of the program, including costs per office and average costs per LAC. This paper, *History of the LAC Program and Key Changes over Time* was presented and endorsed by the Steering Committee (Cubbage 13).

#### **Review of previous studies and evaluations into LAC**

The LAC program has been the subject of 17 separate studies and evaluations since the time of its introduction in Western Australia in 1988. These studies were compiled and a brief for an independent consultant was drawn up by the Steering Committee. The Consultant (Dr Rod Chadbourne, Edith Cowan University) was appointed by the Steering Committee to evaluate these studies and evaluations in terms

of contents and methodological adequacy. A report *Review of Research on Local Area Coordination in Western Australia* was prepared and presented to the committee for discussion and ratification (Chadbourne 2).

***1.3.2. Term of Reference Two: Relationship between LAC and other key stakeholders (community, Government, the Commission, other agencies, families) and Analysis of the current strengths and weaknesses of LAC (consultations with consumers)***

**Consumer Satisfaction Survey**

Every two years the Commission conducts a Consumer Satisfaction Survey (CSS) as a part of the annual reporting mechanism. With the advent of the LAC Review, a decision was made to include additional questions in the survey that related specifically to LAC.

These questions were taken from previous CSS surveys with additional questions taken from the evaluation undertaken by Lewis (1995).

These questions were included to capture feedback about the current perceptions of people with disabilities, and their families and carers, about the support they receive from LAC, and were analysed in the *DSC Consumer Satisfaction Survey 2002* (Donovan 3).

The original sampling methodology for the CSS was to be a series of telephone interviews to 450 people over the age of 18 (either with a person with a disability or a family member). At the request of the Director of MSC, an additional 150 telephone interviews were undertaken with the next of kin/carers of those people aged over 18 who have contact with an LAC, as well as 150 telephone interviews with the next of kin/carers of people under the age of 18 who also had an LAC.

**Consumer Consultations**

The LAC Review occurred at a time shortly after MSC and CSC directorates had decided to revisit the LAC Framework of Vision, Charter Principles and Strategies that shape and guide the program. The existing documentation had been developed in 1995. An internally driven review was considered timely at the end of 1999, in view of developments both within and outside the LAC program since that time.

During 2000, over 400 people had input across the state in a process of local focus groups of people with disabilities and their families and carers as well as discussion with LACs. The feedback generated by this process was directed to an editorial working group comprising representatives of district focus groups.

A contemporary framework was developed from this writing task, presented to and in part endorsed by the Corporate Executive of the Commission in August 2001. The statements relating to the strategies of LAC were referred to the then forthcoming Review of LAC for further consultation and comment by people with disabilities, their families and carers, agencies, community groups, LAC staff and other Commission staff.

The current Review has presented an opportunity for these role statements to be tested with individuals, families and carers, agencies, community groups, Commission staff, including LACs, in addition to the other questions relating to the perceived current strengths and weaknesses that were relevant to the Review.

Mr Brendan McKeague was commissioned to conduct forums for people with disabilities, their families and carers in six sites across rural, remote and metropolitan Western Australia, to seek comments regarding their experience of LAC and their perceptions of the adequacy and clarity of the newly refined LAC Role Strategies (McKeague 4).

The choice of forum locations in country and metropolitan Western Australia reflected the desire of the Steering Committee to sample the views of people living in remote (Roebourne), rural (Narrogin) and regional (Albany) parts of country Western Australia. Sampling in the metropolitan area reflected the sample size of the largest of the country sites (Albany). The choices of location were Kenwick District (as an area where LAC has been established the longest), Coastal District (as the newest location) and Wanneroo (the furthest removed from Central Perth and with the least amount of human services).

Letters were then sent to approximately 200 individuals and families in each of these areas, inviting participation in a forum to be held in their local area. The choice of sample size was to reflect the population size of consumers in the rural areas and to replicate this as far as possible in the metropolitan sampling approach. In the remote area (Roebourne) this was not a feasible approach, particularly the use of letters in a predominantly Indigenous community, and a personalised approach was taken with the consultant meeting individually with individuals and families. Written reports on discussion within these forums were prepared by the consultant and presented to the Steering Committee.

Those individuals and families and carers who were not part of these areas received a letter from the Chair of the LAC Review either contained in the LAC newsletter or passed on directly from the LAC office. The letter explained the Review and methodology and offered people the choice of either completing a survey form (made available through their LAC and sent directly to the independent consultant upon completion) or alternatively, telephoning the consultant whose contact

number was provided in the letter. All responses generated in this way were sent directly to, and independently analysed by Mr McKeague. His separate reports on the *Consumer Telephone Survey* (McKeague 6) and *Consumer Written Surveys* (McKeague 5) were presented to the Steering Committee and endorsed.

Included in Mr McKeague's consultations were interviews with three Indigenous families in the metropolitan area (McKeague 20), and six Indigenous consumers in the Roebourne area (McKeague 9).

The Ethnic Disability Advisory Centre (EDAC) conducted consultations with 12 consumers and carers from CALD backgrounds (EDAC 23) in a group consultation process which was advertised through EDAC's own network.

All consumer responses were synthesised by the consultant into a summary report, which was subsequently endorsed by the Steering Committee.

### **Analysis of current strengths and weaknesses, clarity of purpose and role of LAC (consultations with community groups, agencies and other relevant stakeholders)**

In addition to questions asked of consumers as to the role purpose and clarity, a series of consultations were conducted with other major stakeholder groups as outlined below.

#### **Agencies and Community Groups**

Agencies were advised of the existence of the LAC Review through a direct e-mail from the Community Access and Information Branch. This e-mail directed interested agencies to the Commission's Website where an endorsed survey instrument was placed by the Steering Committee. The survey forms were returned to MSC and sent to an independent consultant for analysis and the development of a *Report on the Findings of a Survey of Agencies* (English 10).

This e-mail only reached agencies that receive funding from the Commission. In order to target agencies without a direct funding relationship with the Commission, and particularly those community groups who work with LACs in local communities, a letter was sent to LACs asking for their assistance in passing the survey instrument on to any agency group in their local area to offer these groups the opportunity to have a say. These were also returned to MSC and sent to the consultant for analysis.

A copy of the survey instrument was sent to the convener of the Local Government Community Services Association. This survey form was then passed on to every member of the association electronically. Thus all local government community services departments were able to have input.

An Indigenous Agencies Forum was conducted by Mr Brendan

McKeague (21) via a videoconference involving four agencies in the North-West and four in Perth. A second videoconference was conducted with a fifth agency in the North-West.

The Ethnic Disability Advocacy Centre conducted a group consultation with representatives of 12 service provider organisations that work with people from CALD backgrounds.

### **Commission staff**

Commission staff were invited to participate in the Review through an invitation sent via the relevant Director of each branch. Staff could choose to complete the survey independently or as a group. In all these surveys, anonymity was assured. All responses were sent to the consultant for independent analysis and for preparation of a *Report on DSC Staff Feedback* (Daisley 18).

### **Local Area Coordinators**

LACs were offered the opportunity to contribute to the Review in a number of ways.

In the metropolitan area, a series of three forums were facilitated independently by Mr McKeague, using a series of questions generated by the Steering Committee. LAC staff were free also to make individual submissions using an endorsed survey instrument. Some staff also chose to make submissions independently of this structure. The results of these forums and written input were prepared independently and presented directly to the Steering Committee as a *Report on LAC Forums* (McKeague 7).

LAC staff in the country were asked to complete a survey form approved by the Steering Committee. These responses were independently analysed by the Consultant and a separate report, *LAC Country Written Responses* (McKeague 14) was furnished.

All LAC responses were synthesised into a summary report, *Summary of LAC Surveys*, (McKeague 17) which was presented to, and endorsed by, the Steering Committee.

### **Key Informants**

This process was supplemented by externally facilitated interviews with "Key Informants", including individuals from Indigenous backgrounds (Murphy 22). These were people nominated by the members of the Steering Committee as sources of information central to the analysis of the role structure and function of the LAC program. These interviews had been an important source of information for the review of the Disability Services Act. The Steering Committee engaged the same consultant to conduct the mainstream Key Informant interviews as part of the LAC Review. This resulted in two reports, *Key Informants Interviews* (Daisley 9) and *Key Informant Interviews Supplementary Report* (Daisley 15).

## Standards Monitoring Reports

A Commission staff member from the Program Support section of MSC examined all standards monitoring reports for the past two years. A report *Standards Monitoring Across LAC* (Erskine 8) was prepared and endorsed by the Steering Committee.

### ***1.3.3. Term of Reference Three: Value for Money***

LAC program cost information as well as other relevant information was already available from National Benchmark Data from the Commission's Annual Reports. Additional information was requested by the Steering Committee to address the questions of future investments in service approaches. As such, the final questions that this report addressed were those defined by the Steering Committee. They provided information on:

- changes in program costs;
- the achievement of LAC against its objectives; and
- the flow-on effects of investment in this style of service delivery for those people in receipt of the LAC service.

The report on Term of Reference Three, *Value for Money* (Bartnik and Psaila-Savona 11) was developed by the Director MSC and the Manager of Corporate Support MSC. The information on "value for money" was presented to the Steering Committee at each stage of development, and was given to an external auditing body (State Treasury) for verification of the adequacy of costs related to the delivery of LAC.

### ***1.3.4. Term of Reference Four: Synthesis and Development of Recommendations***

All reports provided to the Steering Committee were commissioned with a view to the executive summary sections being synthesised and put in a common hand by an independent consultant whose job it was to provide a final report highlighting the key themes that have emerged from the consultation processes. The Steering Committee had responsibility for developing the recommendations that arose out of these key themes. The recommendations have been incorporated in the report for consideration by the Honourable Minister for Disability Services.

All reports generated by this Review have been stored electronically and are available in PDF format on the Commission's Website. Similarly, all working material, minutes and agendas have been archived in the Commission's filing system under the title "LAC Review".



## 2. TERM OF REFERENCE ONE

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A detailed summary of the history of the program, and key changes over time.

### 2.1. Introduction

This section is in three parts.

- a brief historical overview of the development of LAC from its beginning in 1988 until now;
- a description of the LAC program and its operating framework; and
- a description of major changes, internal to the Commission and external, that have impacted on the development and operations of LAC over time.

### 2.2. How LAC Began

Local Area Coordination was initiated in rural Western Australia by the Labor Government in 1988. The first LAC was appointed in Albany in the Lower Great Southern region of Western Australia under the auspices of the then Authority for Intellectually Handicapped Persons. The rationale guiding the introduction of this new program was the continuing reports of country families, despite the usually competent and tireless efforts of the then prevalent visiting teams from Perth, that many of their most pressing needs remained unmet. Lewis (1993:2) reports that:

*"It is not surprising that, whilst visiting teams were the predominant service response, some 200 country people with an intellectual disability were forced to leave their families and move into residential accommodation in Perth. It is estimated that a further 200 families saw their only option as being to move their families to Perth to be closer to services. Thus for families living in the country, there existed a one-in-three chance that they would have to send their child away, or leave their community and move to the city to be closer to sought after services."*

It was evident at that time that the greatest threat facing people with intellectual disabilities was removal from their family and community. In response, the LAC charter, developed in consultation with country people, sought to enshrine the goal of consumer control, empowerment and self-sufficiency. As such, the charter read as follows:

*To build individual, family and community self-sufficiency so that individuals with an intellectual disability can choose to live with their families, or in their local community without compromising quality of life.*

After the Albany pilot for people with intellectual disabilities in 1988, LAC was then phased in across country areas, achieving total coverage in rural areas in 1994-95. In 1991 LAC was piloted in metropolitan areas, and following evaluations in 1993 and 1996 (Lewis), which demonstrated consistently positive qualitative and quantitative data, approval was gained from the State Government under the first Commission business plan in 1995/96, to phase in Local Area Coordination across metropolitan areas, with full coverage by 2000.

### **2.3. The LAC program - A Description**

Consistent with the Government's 'Family Strength' policy, the LAC program considers supporting families as pivotal in supporting people with disabilities, particularly where decisions are not able to be made by individuals themselves, and/or where significant support is required. Family and friends provide 70 per cent of all assistance required by Western Australians with a disability (*Disability Services Commission Annual Report, 2001/02*).

LAC is characterised by the introduction of a fixed point of accountability to individuals with disabilities and families caring for a family member with a disability. LAC can be described as a generalist or eclectic approach, insofar as it contains elements of case management, personal advocacy, family support, community development and direct consumer funding.

The aim of LAC is to make disability services and supports more personal, local and accountable, and to support local people with disabilities and their families in their local communities. The shape of the service is deliberately kept fluid to respond flexibly to the changing needs of the clients.

LAC is funded in a way that recognises the value of engaging and involving people and services at the local level in building and maintaining support networks for community members with disabilities and their families. This approach is complemented by the ability of LACs to conduit funding directly to people with disabilities and their families and carers. This can occur either for one-off and emergency situations, where the need cannot be met through local supports and services, (LAC untied or discretionary funding) or through a formal application process, where recurrent funds are made available through the Service Purchasing and Development (SP&D) directorates of the

Commission and administered by the LAC to meet specified needs as outlined in a tied funding plan.

Both these funding streams are subject to the same rigorous accountability mechanisms. This approach to funding allows people who require formal services the support and resources to exercise greater choice and control over the services available to them.

Each LAC is allocated a defined geographical area within which to work, which corresponds to a number of people with a disability who are known to reside in that area. The number of people with disabilities who can be adequately supported by one LAC is between 45 and 60. This number reflects the history and growth of the program where the program was previously funded on the basis that both the metropolitan and country areas were considered together. The range of consumer numbers reflected the distance encountered in remote versus metropolitan areas of the State. As will be discussed in the next section, in some areas, the ratio is significantly higher.

The development of a close local knowledge, and a commitment to working in one defined geographical area with the people who live in that community, makes enduring relationships possible with local people with a disability, as well as other community members and service providers. It is the nature and quality of this relationship, and having one point of contact for local people that is reflected consistently in satisfaction ratings with the LAC program.

In the metropolitan area, LAC is organised into districts with 8-10 LACs supported by a district supervisor who has primary management of the staff, budget and district planning processes. There are currently 10 metropolitan districts and 82 LACs. Country services are provided by a network of LACs in every major country town throughout Western Australia. Each region has a supervisor who works with local people and who also supports a number of LACs. Currently there are 42 country LACs.

In total, there are 7,054 people with disabilities registered with LAC across Western Australia as at November 2002. Of this number, LAC is currently (2002) working with 6,149 people.

#### **2.4. The LAC Operating Framework**

LAC operates at the level of individual, family and community, and is supported by a Charter and Principles, which emphasise the development of self-sufficiency as an outcome for those people in receipt of LAC support.

The LAC Framework consultation in 2001 led to an increased emphasis on self-sufficiency, competency, control, choice and quality of life and resulted in:

- a focus on "a good life"/family leadership;
- emphasis on strengthening community capacity and less on funding/choice;
- greater emphasis on planning for the future, importance of personal networks, importance of community connections, complementary role of services and partnerships;
- inclusion of assumptions underpinning the principles, thereby making the thinking and ideas more transparent;
- new statements regarding the LAC approach taken directly from individual and family feedback. (These are central to the feedback on the program received during the LAC Review); and
- stronger emphasis for family leadership, work with communities to support inclusion and the valued contribution of people with disabilities.

#### **2.4.1. LAC Vision**

The LAC Vision Statement reads:

*All people live in welcoming communities that provide friendship, mutual support and a "fair go" for everyone, including people with disabilities, their families and carers.*

*Developing a vision for a good life is a personal and individual matter. However people with disabilities and their families throughout the state have expressed their view that a good life in the local community requires opportunities for valued relationships, security for the future, contribution and challenge.*

#### **2.4.2. LAC Charter**

The LAC Charter is:

*To develop partnerships with individuals and families as they build and pursue their goals and dreams for a good life, and with local communities to strengthen their capacity to include people with disabilities as valued citizens.*

#### **2.4.3. LAC Principles**

As a result of the LAC Framework Consultation, the following key principles now characterise the LAC approach:

- as citizens, people with disabilities have the same rights and

responsibilities as all other people to participate and contribute to the life of the community;

- people with disabilities and their families are in the best position to determine their own needs and goals, and to plan for the future;
- family, friends and personal networks are the foundations of a rich and valued life in the community;
- people with disabilities and their families have natural authority and are best placed to be their most powerful and enduring leaders, decision makers and advocates;
- access to timely and accurate information enables people to make appropriate decisions and to gain more control over their lives;
- communities are enriched by the inclusion and participation of people with disabilities, and these communities are the most important way of providing friendship, support and a meaningful life to people with disabilities and their families and carers;
- the lives of people with disabilities and their families are enhanced when they can determine their preferred supports and services and control the required resource, to the extent that they desire;
- services provided by Government and community agencies complement and support the primary role of families, carers and communities in achieving a good life for people with disabilities;
- partnerships between individuals, families and carers, communities, governments, service providers and the business sector are vital in meeting the needs of people with disabilities; and
- people with disabilities have a life-long capacity for learning, development and contribution.

#### 2.4.4. Eligibility

The Commission has developed a three-tier system of eligibility for services related to functional responsibilities.

<b>LEVEL</b>	<b>ELIGIBILITY</b>	<b>ACCESS TO SERVICES</b>
<p><b>Level 1</b> Access to Commission roles and functions</p>	<p>Available to all people with disabilities ie approximately 381,000 people and their families and carers.</p>	<p>Covers the Commission functions of policy and planning, legislation, advisory bodies, standards, community education, advocacy support, information and referral and Disability Services Plans</p>
<p><b>Level 2</b> Access to funded and provided services</p>	<p>Based on assessment of need – applies to approximately 66,100 people with a severe or profound disability (where the disability manifests and assistance is sought before age 60 and their families and carers</p>	<p>Services include Local Area Coordination, Community-based Support, Day Options and Accommodation Services funded by the Commission</p>
<p><b>Level 3</b> Access to Commission provided services</p>	<p>Based on assessment of need, for people with an intellectual disability or autism  12,518 people registered with the Commission are eligible for these services</p>	<p>Access to Commission-provided services (previously provided by the Authority for Intellectually Handicapped Persons) to people with intellectual handicap or autism on eligibility and needs basis included the Commission provided community-based support and accommodation services.</p>

Annual Report (2000-01:40)

### ***2.4.5. LAC in 2003***

In 2001, the Commission's Corporate Executive and Board approved the new LAC framework components of:

Vision;  
Charter;  
Principles;  
Assumptions; and  
Approach.

With the commencement of the LAC Review, a decision was made to refer the LAC strategies to the Review for further consultation and feedback from people with disabilities and their families and carers, agencies and community groups, Commission staff and LACs as part of Term of Reference One.

Currently the proposed major strategies for the role of LAC are as follows.

- Get to know and develop relationships with people with disabilities and their families. Offer assistance and support to people with disabilities and their families to plan, develop and pursue their goals and dreams.
- Provide accurate and timely information. Assist people with disabilities and their families to access information through a variety of means. Promote self-advocacy and provide advocacy support when required.
- Assist people with disabilities and their families to maintain, build and strengthen personal networks and community connections.
- Assist people with disabilities and their families to access needed formal services
- Assist people with disabilities and their families to design and engage needed supports, including the use of individualised and direct funding as appropriate.
- Support people with disabilities and their families to monitor the quality and quantity of services and supports. Provide the Commission with aggregated information about gaps in local supports and services. Alert other branches of the Commission about local issues associated with the provision of services by Government and non-government agencies.
- Provide opportunities for people with disabilities and their families to engage in training and development that supports their central position in influencing positive change in their communities.
- Work with individuals, families and communities in a way that

supports the inclusion of people with disabilities and values the contribution of all people.

- Manage available resources to ensure a high degree of accountability in LAC practice to individuals, families, the local community and the Commission.

These strategies have been considered in the Review and are the subject of Recommendations in Section 5.

## **2.5. Key Changes to LAC over Time**

As noted previously, the LAC program was established in Albany in 1988, primarily to address the needs of people with disabilities and their families and carers in rural Western Australia. LAC has spread as a service across Western Australia and was piloted in the metropolitan area in 1991. This growth has been accompanied by continuous (on average two studies or evaluations per year) positive feedback from people with disabilities and their families and carers until reaching full state coverage in June 2000.

### ***2.5.1. Program Phases***

During the 12 years since the start of the LAC program, there have been three distinct phases within the program, that have been reflected in the changing framework that underpins the work of LACs (Cubbage 13).

The first period (1989–1995) reflected a time of establishment for the program which had a focus on supporting family and community life as the key for quality of life.

The second phase (1995-2001) reflected a greater focus on people identifying their own needs, exercising choice and having control over resources to allow people to pursue their chosen lifestyle.

The third phase (2001 onwards) reflected the outcome of consultations with over 300 people who use the service from across the state and 100 LACs. This most recent framework emphasises the role of LAC in strengthening community capacity and less on funding.

The framework also has a greater emphasis on planning for the future, the importance of personal networks, importance of community connections and the complementary role of services and partnerships.

As the LAC program has expanded across Western Australia the number of people that the programs supports has grown.

In 1996-97, 3,674 people (3,122 people with intellectual disabilities and 552 people with other disabilities) were eligible for LAC support.

By the end of June 2002 this number had grown to 7,151 (6,149 people with intellectual disabilities and 1,002 people with other



disabilities).

In November 2002 these figures had grown to 7,380 (5,249 people in the metropolitan area and 2,131 people were supported by LAC in rural and remote Western Australia).

### **2.5.2. Numbers of LACs**

When the program commenced in Albany in 1988 there was one LAC. It has grown over the past 14 years to employ 124 LACs based in every metropolitan area and regional centre throughout the state in 2001-02. By December 2002, there were 81 LACs in the metropolitan area (average consumer ratio 1:64) and 39 LACs in the country (average ratio 1:62).

### **2.5.3. LAC Workloads**

On all indicators, LAC workloads are increasing.

The average number of people registered/supported by each LAC for ongoing Level 2 and 3 support has increased by 16 per cent since the start of the program, resulting in steadily higher consumer/LAC ratios.

Two indicators reflect the steady increase in the number of people needing to be supported by each LAC:

- people eligible for LAC support, some of whom may not be currently accessing services for a range of reasons; and
- People who are eligible for LAC support, and are currently accessing services.

The raw data of both indicators, as well as a graphical illustration of the general increasing trend of LAC ratios (using both indicators) is provided below:

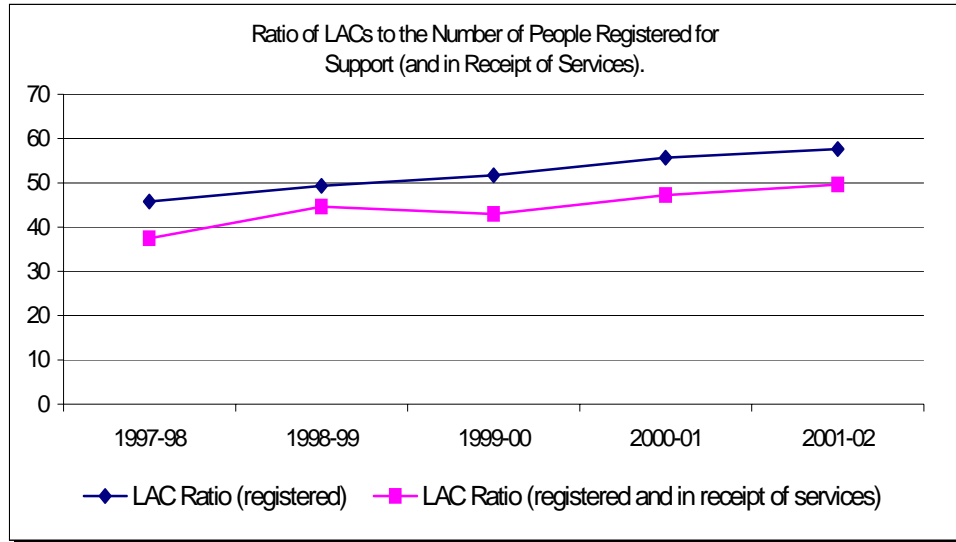
#### ***LAC Registration and 'In Receipt of Services' Data***

	Number of people				
	1997-1998	1998-1999	1999-2000	2000-2001	2001-2002
Consumers eligible for the LAC program	4,440	5,323	6,156	6,793	7,151
Consumers eligible for and accessing the LAC program	3,635	4,819	5,110	5,764	6,147

In addition to population growth, recent changes in eligibility criteria regarding autism and cognitive disability, as previously discussed, also have had an impact on workloads.

Data on the number of people who are provided with Level 1 support (information and advocacy) without leading to registration for ongoing support also shows an upward trend. A total of 3,279 additional people received Level 1 LAC support in 2000-01.

***LAC Ratios- Registration and 'In Receipt of Services' Data***



The accepted ratios are 1:40-60 with the lower end (that is, more staff to fewer consumers) for remote and rural communities and the higher end for more central communities.

By April 2002, 17 LAC areas were experiencing ratios in excess of 1:70, 12 in the metropolitan area and five in the country.

In addition to population growth, recent changes in eligibility criteria regarding autism and cognitive disability are also having an impact.

The LAC program maintains data on the number of people who are provided with Level 1 support (information and advocacy) without leading to registration for ongoing support. As at 30 June 2001, there were 3,279 additional people who received Level 1 support in 2000-01.

The number of people with funding plans administered through LAC Direct Funding has increased significantly.

The average number of funding plans per LAC as increased in the metropolitan area from 7.2 in 1999-2000 to 12 in 2001-2002, and in the country from 7.1 in 1999-2000 to 9.7 in 2001-2002.

**Costs of the LAC Service.**

A more detailed analysis of the cost of the LAC Service will be found in discussion in relation to Term of Reference Three (Bartnik and Psaila-Savona 11).

National Benchmark Data as reported in the Commission Annual Reports (1999-00 and 2000-01) shows that overall and across all

outputs, Western Australia compares very favourably with other states on key benchmarks related to service uptake, cost and consumer satisfaction.

Total costs for the LAC program has grown from \$12,011,000 in 1995-96 to \$23,703,000 in 2001-02 (DSC Annual Report 2001-02).

The overall service costs have decreased from \$4,827 per service user in 1995-96 to \$3,856 in 2001-02 while the average grant per service user (data only available for the past two years) shows a similar downward trend (\$7,549 to \$7,198). This pattern of expenditure reflects an increasing emphasis on smaller amounts of funding to larger numbers of people.

In the years leading up to 2001-02, the Commission Annual Report provided a total cost of Output 3 which included the cost of direct funding as a part of the overall program cost. In 2001-02 the cost of direct funding was separated from the operational cost of the LAC program. As such, the actual cost of operating the LAC program was reduced to \$2,314 per service user. This approach was applied retrospectively for 2000-01 to indicate the operational cost of LAC rose marginally from \$2,289 (2000-01) to \$2,314 (2001-02)

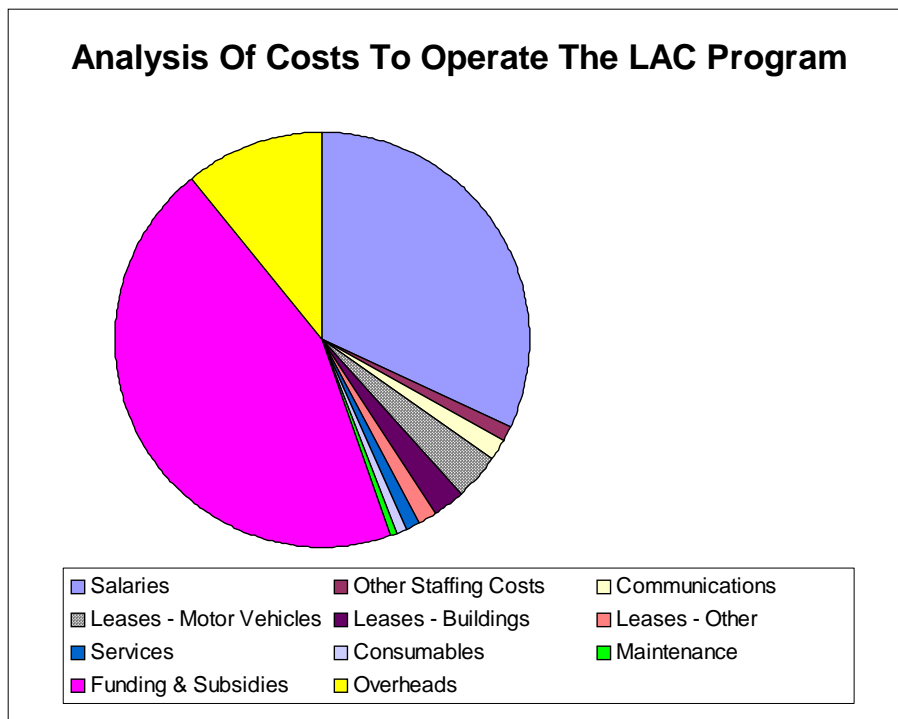
**INDIVIDUAL COORDINATION  
TOTAL ACTUAL EXPENDITURE – 2001-02**

		MSC \$		CSC \$
<b>Salaries</b>				
<b>INDIVIDUAL COORDINATION</b>	10 - MSC	623,885	10 - CSC	578,535
* LACs	80 - MSC	4,367,192	34 - CSC	1,970,077
		<u>4,991,076</u>		<u>2,548,612</u>
<b>Other Staffing Costs</b>		<b>49,055</b>		<b>229,063</b>
<b>Communications</b>		<b>216,009</b>		<b>176,044</b>
<b>Leases</b>				
Motor Vehicles		540,498		343,959
Buildings		307,341		287,891
Other		130,079		160,454
		<u>977,918</u>		<u>792,304</u>
<b>Services</b>		<b>139,006</b>		<b>131,204</b>
<b>Consumables</b>		<b>129,751</b>		<b>95,871</b>
<b>Maintenance</b>		<b>76,688</b>		<b>48,503</b>
<b>Funding &amp; Subsidies</b>		<b>7,652,399</b>		<b>2,856,316</b>

<b>Overheads</b>		
Superannuation	468,430	226,570
Insurance	270,274	130,726
* Other (includes CABS, Director General, leave accruals, FBT, shared office expenses)	1,008,304	487,696
	<b>1,747,008</b>	<b>844,992</b>
<b>Total Operating Expenses</b>	<b>15,980,995</b>	<b>7,722,909</b>
<b>Combined MSC / CSC Total (As per DSC 2001/02 Annual Report)</b>	<b>23,703,904</b>	

*\* Notes*

Salaries include a proportion of Directors', Managers' and Administration Support salaries to support the LAC program.



**2.5.4. Growth in Consumer Direct Funding.**

Direct funding to people with disabilities and their families is a major element of the Commission's future directions, as outlined in the Second Business Plan and the Commission's Strategic Plan, and embraces key values of choice, control and flexibility.

At the broad level, LAC operates two different types of direct funding.

**Untied** funding is made available through the application of small one-off grants for critical and urgent needs that cannot be met through the resources available to people in their local community. Each LAC has access to \$8,000 in untied funding.

**Tied** funding is available through a centralised application process

administered by the Service Purchasing and Development Directorate. Referred to as "Program Funding" (of which there are multiple streams) this is recurrent funding based on demonstrated need as outlined in the application form, and reflected in a Tied Funding Plan developed by LACs in conjunction with the applicant after central panel approval has been gained.

LACs also support a number of people to access small, recurrent grants (Flexible Family Support Funding) designed to provide support for non-critical and urgent needs that enhance family capacity and quality of life. These funding packages are designed primarily for families caring for older people, and are assessed at a local LAC level.

Through LAC, individuals and families are able to self-manage these various sources of funding. Self management takes the form of individuals and families receiving funding, purchasing supports and services and providing an acquittance of the funding. It may involve, as an example, purchasing a service from a personal assistant, paying a leisure fee or obtaining needed household help.

In all cases the approved category of expenditure has been agreed beforehand with the LAC, and there is an agreed timeline from the purchase of supports and services to the acquittance of the funding. People may purchase these supports or services beforehand and seek re-imburement from the available funding on an agreed basis.

The growth in the number of funding plans has mirrored the growth in program funding sources with the Commission (Cubbage 13).

When LAC first started in 1988, only LAC Untied (non-recurrent grants) and LAC Tied (recurrent funding) were in place and allocated and administered by LAC.

In 1990 a centralised Post Schools Options Funding model was introduced to support school leavers to gain access to employment support, and in 1993 Accommodation Support Funding was added as a centralised decision making process.

Since 1995-96 and the split of funder/purchaser/provider functions in the Commission, most funding decisions have now become the domain of the SP&D directorate. The sources of funding during this period have grown from the original two in 1988 to 13, each with their own requirement for audit and accountability.

The resulting complexities of administering this funding alongside the requirements to support individuals and families to self-manage the funding, has imposed a significantly greater commitment of time by LACs to this aspect of their work.

In 2000-01 there were 912 people in receipt of \$7.8 million in direct funding. In 2001-02 this figure had grown to 1,317 people in receipt of \$11.7 million. The number of funding plans LACs are responsible for

has grown in the metropolitan area from an average of 7.2 in 1999-2000 to 12 in 2001-02, while in the country the growth has been from 7.1 to 9.7 plans for the same period.

In addition to recurrent (Tied) funding, LAC also supports individuals and families through the application of one-off funding for critical and urgent nature (untied funding).

In 2001-02 LAC provided \$629,200 in untied funding to 1,065 people in the metropolitan area in the form of 1,837 grants.

In the country, LAC provided \$219,000 in untied funding to 291 people in the form of 497 grants.

This untied funding is supplemented by third party funding in the form of grants disbursed to consumers by LACs in the form of funding gained from other sources (eg Red Cross Carer Centres). In 2001-02 there is a notional allocation of \$269,000 for additional third party funding to be channelled through LAC.

In 1994-95, 75 per cent of direct funding grants consisted of program funding with the remaining 25 per cent allocated for "untied" funding purposes. In contrast by 2001-02, 87 per cent of direct funding grants consisted of "program funding", 8 per cent allocated to untied funding purposes and 5 per cent for other funding purposes (TOR 3 Report).

The loss of funding flexibility inherent in this change is apparent.

#### ***2.5.5. Support to People with Disabilities Not Formally Registered for DSC Services (Level One Support)***

In addition to Level Three and Level Two registrations, LAC also supports increasing numbers of people who self-identify themselves as having a disability (Cubbage 13).

Level One statistics are records of contact between Local Area Coordinators and those people who contact the LAC program with a self-identified disability (as per the Disability Services Act 1993) but who, for one reason or another, may not become formally registered for DSC services. A person may either contact LAC directly, be referred by agencies or contact may come from their families, carers and friends.

Disability affects 381,000 Western Australians (*DSC, Annual Report 2002*) the incidence of which has increased throughout Australia from 14.6 percent in 1981 to 18.8 percent in 1998. By 2021 the number of people with disabilities in Western Australia is expected to increase by more than 200,000.

Records kept by LAC reflect this upward trend in the amount of time spent by LACs in supporting people at Level One. In 1996-97 a total of 1,757 hours was spent by 70 LACs at an average of 25.1 hours per LAC per year. By 2001-02 LAC recorded 4,014 hours by 124 LACs at an

average of 30.2 hours per LAC.

Many of the issues that are now presenting to LAC are those that arise due to "Gaps in the System". The reader is referred to section 2.5.8 and 2.5.9 for discussion of these "gaps".

### ***2.5.6. Management Structure***

There have been four key phases in the management of the LAC program (Cubbage 13).

LAC started as a country service and was managed by the Director of Country Services. The growth of LAC in country areas allowed a personalised and flat management structure with all administration support emanating out of the head office in West Perth.

Any dedicated management did not accompany the expansion into metropolitan areas, rather the LACs reported directly to the AIH Regional Directors, as they were then known.

In 1993-94, with the continued growth of metropolitan LAC, a decision was reached to create LAC as a directorate. The LAC directorate had both purchaser and provider status, and was responsible for the allocation and distribution of direct funding.

The management support developed progressively by this structure included the three positions of Manager LAC North, South and East Metropolitan, with responsibility for country LAC shared between the three managers and the Director LAC. This structure was supported in 1995-96 with the introduction of Metropolitan Supervisors and the drawing of boundaries around smaller district teams of LACs (usually eight to nine people)

In 1998-99 the Review into funder/purchaser/provider directed that LAC become a provider and with the continued formalisation of purchasing arrangements, the SP&D directorate was established.

Funding decisions were centralised, and levels of funding standardised through the introduction of the ERRSI assessment instrument. Metropolitan LAC was split from country LAC, and became MSC gaining responsibility for Regional Individual and Family Support (IFS) and recreational services which have approximately 120 community-based professional and direct care staff.

This new responsibility resulted in a split of function across Metropolitan Directors and Managers, and a dilution of support to LACs. Management support to country LACs was strengthened by the introduction of the Director of Country Services, however, the split across metropolitan and country has created logistical issues in the maintenance of a coherent statewide program.

In late 2001, management realignment in the Commission saw the reintroduction of positions of Manager LAC North Metropolitan and LAC

South Metropolitan, which resulted in separate positions focussed on LAC support. These positions previously had responsibility for both LAC and Individual and Family Services.

Following the most recent realignment (2002), MSC has retained responsibility for the IFS and LAC programs and has gained responsibility for Metropolitan Autism services. The Country Services Coordination directorate has retained responsibility for the Country Resource and Consultancy program and LAC, and has gained responsibility for country autism services and the Health Resource and Consultancy Team.

### ***2.5.7. Metropolitan and Country LAC Differences***

The rate of change and growth in metropolitan LAC has been greater than in the country. From August 1996 to August 2002, the number of metropolitan LACs increased from 33 to 83, and the number of people registered for support increased from 1,705 to 5,163. In the country over the same period, LACs increased from 30 to 44, and the number of people registered for support increased from 1,620 to 2,075. During this period of rapid expansion, the Commission's 1999 directorate management realignment reduced the resources available for metropolitan LAC management support.

There are also differences between metropolitan and country LAC in terms of the agency and funding contexts within which they operate. Metropolitan LACs manage an average of 12 funding plans per LAC, compared with 9.7 in the country. Overall aggregate funding grants in the metropolitan area are \$9.2 million, compared with \$3.1 million in the country as at January 2003.

While sharing the same operating framework and values base, metropolitan and country LACs face different challenges. The lack of available services in some country areas is contrasted in the metropolitan area with a complex network of service providers, often spanning LAC districts or operating across the whole metropolitan area. Some outlying metropolitan areas experience a lack of availability of services that in many ways, is similar to some country areas.

### ***2.5.8. Key Internal Policy Changes***

#### **Changes in Purchasing Arrangements.**

With the implementation of the funder/purchaser/provider review in 1998-99 LAC became a provider (Cubbage 13). Funding decisions and policies were increasingly centralised and standardised and program funding sources and subsequent complexities increased as outlined earlier.

Metropolitan and country LAC were required to have purchasing agreements with the SP&D directorate.



Lack of sufficient Accommodation Support Funding has led to a growing list of people waiting for funding to provide accommodation or family support. In turn, this has increased pressure on LACs to provide support to families in critical and urgent situations. A recent study (*Home Environment Services* 2002) has highlighted the role of LAC in supporting families to care for people with disabilities following the unsuccessful application for funding.

### **Changes in Eligibility**

When LAC first started under AIH, only those people with intellectual disabilities were eligible for LAC support (Cubbage 13).

With the introduction of Commonwealth funding to expand LAC as a pilot program across rural and remote Western Australia, the Commonwealth definition of disability was applied and eligibility was expanded to people with other disabilities.

With the introduction of the State Disability Services Act in 1993, a similar definition of eligible disabilities was applied to State services, and LAC Statewide expanded to cover people with autism spectrum disorders, physical, sensory, neurological and cognitive disabilities.

The number of people with other disabilities eligible and supported at Level Two by LAC has risen from 552 in 1996-97 (average 7.9 per LAC) to 1,002 in 2001-02 (Average 8.1 per LAC). The take-up of LAC services by people with other disabilities has remained relatively stable over time, and has not presented issues to the LAC program.

In the past two years, two eligibility issues have arisen which have a significant impact on LAC.

First, the number of children with autism spectrum disorders has grown. This reflects the introduction of this new diagnostic category and the exclusion of these children who may have once accessed services from other sources (ie Child Development Centres, Child and Adolescent Mental Health Services).

In addition, there also is a small but growing trend in the referral of people with cognitive disabilities, particularly in the area of "organic personality disorders". This trend is likely to expand as awareness of this category of eligibility becomes more widespread among practitioners. For all these groups, LAC is the main provider of services from the Commission and determination of eligibility can be problematic and contentious.

### **Introduction of Strategic Planning and Directorate Operational Planning.**

At the organisational level, the Commission introduced strategic planning and operational planning in 1993-94.

In recent years there has been a requirement that operational plans align more closely with the strategic plan. Associated with this

requirement has been the development of a more formalised process for the development, approval and reporting of operational plans against the strategic plan.

In 2000-01, the Commission introduced a new Strategic Plan with strategies to strengthen individuals, families, communities and services under the new Government's approach to "strengthening capacity" as a community development approach.

LAC operational plans are likewise aligned to the three key areas of this Strategic Plan. As part of the Annual Report and Treasury Budget Paper process, LAC identifies "Planned Achievements" that are subsequently reported on in the following year as well as reviewing the achievements of the program on a six-monthly basis against the Commission's Strategic Plan. This approach aligns the LAC approach with the objectives of the Government's purchased outputs from the Commission.

### **Other Accountability Measures**

Other accountability measures have been introduced in line with those described above (Maher and Stanford 13).

An electronic Local Area Data System (LADS) has been introduced with an increased requirement for record keeping and financial management. This also supports LACs to track the rates of contact with local people for annual report data collection purposes, to monitor and record performance reporting requirements and to meet accountability benchmarks in the provision of direct consumer funding.

The LADS system has been subject to further refinements, which will streamline the LAC requirements in accounting for funding, in the writing and reviewing of Tied Funding Plans as well as in other reporting requirements.

### ***2.5.9. Key Interface Issues With Other Programs***

Issues and lack of clarity in the interface with other government departments have also had implications for LAC.

Major issues at a State level include:

- absence of an agreed policy and funding framework governing the interface between the Department of Community Development (DCD) and the Commission regarding children who are out of home. Whereas previously there were guidelines covering the reciprocal roles of DCD and the Commission in supporting children in out of home placements, these guidelines no longer have status between the respective departments;
- the lack of an agreed policy and funding framework governing the interface between the Department of Health and the Commission regarding children who are medically fragile. Work at a policy level

is currently underway to develop this framework; and

- the lack of a finalised policy and funding framework governing the interface between the Mental Health Division of the Department of Health and the Commission regarding People who have a Mental Illness and Intellectual Disability to support people to live with support in the community. (Note: Draft interagency protocols for people with dual diagnoses are under development and will be implemented soon).

The lack of clarity in all these areas, means that all staff in the LAC program need to consult widely and at various levels, and negotiate agreements on each separate occasion, a time consuming process. These instances represent emerging groups of people who fall between the gaps in the systems.

### **3. TERM OF REFERENCE TWO**

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Strategic Consultations with Consumers, Agencies, Community Groups and other Stakeholders to determine clarity of role and purpose, and to analyse strengths and weaknesses.

#### **3.1. Introduction**

This Term of Reference is addressed in five parts, all following a similar format.

First, the outcomes of the consultations with consumers is described and analysed in relation to their perceptions of the clarity of the role and purpose of LAC, its strengths and weaknesses. The outcomes of the consultations with agencies and community groups are then considered, then other key informants, the Commission staff and finally, the consultations with LACs themselves are discussed.

#### **3.2. Consumer Consultations**

As described in Section 1, consultations with consumers (eligible for level two and three support) took place in three ways (McKeague 16).

1. At Consumer Forums convened in one remote, two country and three metropolitan locations. Forty-eight consumers attended these meetings (McKeague 4).
2. Consumers also had opportunities to provide input through a written survey. The Chair of the LAC Review wrote to all eligible consumers through the LAC Newsletter for that district inviting consumers to request a survey form from their LAC. Completed surveys were sent directly by respondents to the consultant. Seventy consumers participated in this way (McKeague 5).
3. Finally, consumers had the opportunity to respond via a telephone survey. Thirty three respondents participated in this process (McKeague 6).

In addition, within this consultation framework, specific consultations were conducted with key Indigenous informants, (Murphy 22) Indigenous consumers (McKeague 19, 20) and Indigenous agencies (McKeague 21), and with consumers, carers and service providers from CALD backgrounds (EDAC 23).

The Steering Committee also gave consideration to the following documents, which provide comprehensive additional information on the consumer perspective on LAC.

A Review of Research on LAC, which was commissioned for the Review, and which examined 17 reports into LAC across the past 12 years, summarising their findings and providing comment on their methodological adequacies (Chadbourne 2).

Report on Standards Monitoring Across LAC (1999-2002) (Erskine 8).

The Commission's Consumer Satisfaction Survey 2002, which contained information specifically sought for this Review (Donovan 3).

### ***3.2.1. Overview of the Consumer Perspective***

LAC is generally very highly regarded by consumers, (McKeague 17) other than those from Indigenous and CALD backgrounds, whose particular needs and issues are discussed in more detail below.

There was some variation in the extent of support for LAC across the consumers that participated in forums, those that participated in the telephone survey and those who provided written input. Those who were involved in the telephone survey were generally supportive, but less strongly so than those who contributed through the other channels. However, across all three consultation processes, there was a high level of support for LAC.

The *Review of Research into Local Area Coordination* (Chadbourne 2) noted that the number of LAC clients/families who have had input into LAC Reviews totals over 850; although it is not possible to determine whether some individuals have participated in more than one study.

It found that information across the 17 reports portrays LAC as:

*A program introduced to satisfy a grass-roots appetite for localised and individualised services and support.....*

It found that overall, the 17 studies portray LAC as a success story, with positives far outweighing the negatives. Due to the times that the studies were conducted, the positive evaluations can be regarded as:

*...continuous enduring, long term and consistent over time.*

The Report confirmed the methodological soundness of the studies which led to these positive conclusions.

In relation to the studies that have centred on outcomes for clients and their families and carers, the Review found that LAC gave clients and their families:

- greater peace of mind and increased security;
- increased optimism about the future;

- improved functioning and well being;
- enhanced self-sufficiency and competence to organise their own services and supports'
- more choice and control of services; and
- a more customised and diverse array of support to meet their needs.

In considering the studies that make comparisons between LAC and other disability service programs, including some on a national level, the Report finds that LAC emerges as one of the highest rated programs in the Commission, and one of the top rated disability service programs across Australia.

The *Report on Standards Monitoring Across LAC (1999-2002)* (Erskine 8) encapsulates and summarises the key information and comments from 20 reports completed by Standards Monitors between 1999 and 2002. It captures the outcomes of assessments, with particular reference to the stories of individuals and families who have contributed to Standards Assessment processes over the past 12 months.

The Report notes that comments from individuals and families were:

*...generally very positive, particularly regarding the relationship between themselves and LACs, the provision of information, levels of support and understanding, respect, confidence building, and allowing opportunities for real choice.*

The 2002 the Commission Consumer Satisfaction Survey (Donovan 3) covered an expanded range of issues particularly in relation to LAC, as part of the process of this Review. The survey asked questions about LAC of four sample subgroups:

- clients;
- surrogates (representing the views of clients unable to express their views themselves);
- next of kin/carers for the over 18 age group sample; and
- next of kin/carers for the under 18 age group sample.

The first two groups represented the clients' point of view and the latter two the next of kin/carers' point of view.

Very similar levels of overall satisfaction with LAC were recorded for both the client point of view and the next of kin/carer point of view, both for strong satisfaction (50 per cent and 46 per cent respectively) and for total satisfaction (81 per cent and 79 per cent respectively)

When the client point of view was considered separately to the surrogate point of view, the level of satisfaction was 90 per cent.

Overall satisfaction was higher among those living outside the metropolitan area (88 per cent in the country and 76 per cent in the metropolitan area). This is of interest because in a number of review processes, as will be discussed later in the Report, there were views that LAC has remained closer to the original model in the country than it has in the metropolitan area.

Older next of kin/carers were more strongly satisfied (68 per cent very satisfied compared with 48 per cent where the next of kin/carer was aged 45-64 and 43 per cent where the next of kin/carer was under aged under 45).

Where the client was female, next of kin/carers were significantly more likely to be strongly satisfied with their LAC (55 per cent females and 41 per cent males).

Half (50 per cent) of all client and next of kin/carer respondents said that LAC has increased the number of choices available for different supports and services that can be used, and just over half (51 per cent) say that LAC has increased the clients' feeling that they can do things for themselves.

Having an LAC was not a factor in the degree to which clients liked their current living arrangements, but those with an LAC were significantly more likely to report that they felt very safe. Of those with an LAC, 71 per cent reported that they felt very safe in their current living arrangements, compared with 56 per cent of those without an LAC.

The interviews with key informants suggested that consumer satisfaction is contingent upon:

- the amount of service being received and the regularity of contact;
- the performance of the individual LAC; and
- the compatibility between the LAC performance and the role as the consumer understands it.

These views are broadly reflected in the outcomes of the consumer consultation processes.

In 1999-2000, National "service uptake" and consumer satisfaction data were compared with Western Australian data. This indicated that all Western Australian key output areas had a higher level of consumer satisfaction than their national equivalents. Individual coordination had a take-up rate 366 per cent higher than the national rate and a satisfaction level of 77 per cent compared with a national level of 65 per cent (Bartnik and Psaila-Savona 11).

Although the consultations with Indigenous and CALD consumers and carers involved a relatively small number of people, they indicated that while there are consumers who are satisfied with the services received from a particular LAC, satisfaction levels overall in these two groups is

considerably lower than it is for other consumers and carers.

### ***3.2.2. Consumer Views - Clarity of LAC Role and Purpose***

Overall, those consumers consulted as a part of the current LAC Review had a clear and accurate picture of the role and purpose of LAC. A large majority considered that the proposed Role Statement (Appendix 2) accurately reflected how LACs currently operate. There were some suggestions that the language of the Role Statement needed to be reviewed and reworked into plain English, and some that it would be difficult to translate into action, and to measure.

The need to frame the Role Statement in terms that could be measured through an accountability dimension was raised in two consultation processes.

A small number considered that the boundaries of the LAC service were not clear, and were not consistent from LAC to LAC.

Some consumers observed that local agencies and the general community were unclear about what LAC did and for whom.

Both Indigenous and CALD consumers expressed particular concerns about lack of understanding of what LAC could offer, and the limitations and boundaries of the role.

### ***3.2.3. Consumer Views - LAC Strengths***

Much of the strength of LAC was seen to come from its strong value base. The areas of particular strength that were consistently identified across all sources of consumer input to the Review, including those Indigenous and CALD consumers who identified strengths, were that:

- LAC is based on a flexible, respectful, personalised, holistic relationship - a partnership;
- it is local;
- it is reliable, it provides timely, accurate information that is relevant to the consumer's personal circumstances and location;
- it empowers, encourages, and supports, it doesn't take over, it respects the authority of the family;
- it is hands-on, provides practical information and assistance; and
- it can be trusted.

The accessibility of the LAC service across the State was identified as a particular strength, as was the capacity for long term relationships.

The Review of Research on LAC in Western Australia (Chadbourne 2) noted that most product evaluations of LAC have centred on outcomes for clients and their families and carers. These studies found that LAC gave clients and their families:



- greater peace of mind and increased security;
- increased optimism about the future;
- improved functioning and well being;
- enhanced self-sufficiency and competence to organise their own services and supports;
- more choice and control of services; and
- a more diverse and customised array of supports to meet their needs.

#### **3.2.4. Consumer Views - LAC Weaknesses**

Although LAC has very strong support among consumers, there were some consistent themes about its points of weakness.

##### **Promotion of the Role**

Some consumers considered that the availability of LAC needed to be promoted more systematically and rigorously.

Some related experiences of being unaware of LAC and incurring stress and costs that could have been avoided had they known that they could access LAC at an earlier stage.

Lack of awareness of LAC was a significant issue raised by CALD consumers, who identified a need for more active outreach and promotion of the program into ethnic communities. They identified that the majority of contacts with LACs are initiated by ethnic service providers, rather than LACs outreaching into communities.

##### **Inconsistency in Quality and Service Level**

Issues of quality assurance in the LAC system, that LAC is only as good as the LAC who is providing the service to the particular consumer, were raised in several forums.

Across all sources of consumer information, including Indigenous and CALD background consumers, there were comments about the variable service provided by different LACs, even within one area.

*....getting a good LAC is somewhat like a Lottery. If you get a good one they are invaluable, but a mediocre LAC is like missing out completely.*

*LACs can be very good and very poor - and many in between.*

A perception of a lack of formalised, standard processes across LAC was noted in one consultation to result in service gaps and a lack of consistency across areas.

It was consistently observed that LACs need to have some life experience, or personal experience with disability to engender

consumer confidence and to be effective in the role. Both Indigenous and CALD background consumers identified that in addition to these attributes, LACs needed to be exposed to appropriate cross cultural training in order for them to maximise their effectiveness.

There were some views that LAC is not a suitable job for a very young person. The perception of some consumers is that the standard of LACs has reduced.

Some consumers, including Indigenous and CALD background consumers, have perceptions of inequality in the level of service provided to different families. In some cases, there is no obvious reason apparent to the observer, in some it is attributed to the "squeaky wheel" syndrome, and in others, more so in the country, to whether the personal relationship between the LAC and the consumer is strong or indifferent.

### **Process to Manage Dissent**

A small number of consumers expressed the opinion that they have been disadvantaged by not having a good relationship with their LAC, and have perceived a degree of bias or discrimination in the allocation of resources as a result.

The absence of choice for the consumer when the relationship between them and their LAC is strained, was another source of concern.

There were some views that dissenting voices, such as those who do not share a belief in all the values that underpin LAC, are not welcome and not listened to, even though there could be learning to be had from their dissatisfaction.

The Commission Consumer Survey 2002 (Donovan 3) found that 9 per cent of clients and 7 per cent of next of kin/carers had made a complaint about a Commission service in the past two years. Surrogates made double the level of complaints than clients did themselves (11 per cent compared with 5 per cent).

Of those who made a complaint, 53 per cent were happy with the process, and 57 per cent with the outcome.

The perceived absence of a clear procedure to deal with grievances in relation to LAC was noted in some of the consumer consultation processes.

### **High Turnover Rates**

As long term relationships were noted to be a strength of LAC, the corollary was that high turnover rates are a weakness. This was particularly mentioned in relation to country LAC, but was also raised in relation to the metropolitan area.

The fundamental importance to effective LAC of long term relationship building with the client and their family/carers, and within the local

community, means that by definition, where there is a high turnover in LACs, it is less effective. A frequent change in LACs was identified to be a source of stress and frustration to consumers.

The problem is exacerbated in some cases by an absence of standard practices for record keeping, so that when an LAC leaves an area, knowledge that their successor needs is lost as well.

Comments from Indigenous consumers indicated that the issue of turnover is exacerbated in relation to Indigenous families, because of the time it takes for trust to be built with a non-Indigenous LAC, and for the LAC to develop an understanding of how to work with a family in an Indigenous context.

### **Setting up Unrealistic Expectations**

In the 2002 Commission Consumer Satisfaction Survey, (Donovan 3) three in four or more respondents said that LAC achieves what it promises (79 per cent of clients and 77 per cent of next of kin/carers).

However, "over promising and under delivering" also was an issue raised in the consumer consultations.

Some consumers expressed concern that some LACs set up false hopes and expectations, and are then unable to deliver. This was seen in part to be due to less than adequate assessment of the resources that were actually available in the community to meet the particular need, and sometimes to over optimism on the part of the LAC. Those with these views suggested that they would prefer to be given a realistic outlook, rather than a more positive one that could not be realised.

"Overstating the case" to enhance the chance of funding was also noted in the Review of Research on Local Area Coordination in Western Australia (Chadbourne 2).

### **Expanding Role, Higher Workloads**

There were concerns from some consumers that the LACs were taking on more work and broader roles, and that this was having a negative impact on the time the LACs have for direct work with consumers and their families and carers.

Some reported a tendency for their LAC to be available at a time of crisis or major decision making, but less available to maintain the relationship between these significant times than they had observed to be the case in the past.

As will be discussed later in the Report, this concern about higher workloads and broader demands on LACs' time is strongly supported by statistical evidence as well as consumers' observations.

### **Business Hours Access**

A small number of consumers noted that the effectiveness of the LAC service was reduced because it was only available in business hours,

and could not respond in the event of an after-hours emergency. This was more of an issue for country areas than metropolitan.

### **Partnership Opportunities not Realised**

The notion of a relationship predicated on an equal partnership was one of the strengths identified by consumers.

However, a smaller number sought greater opportunities to work with their LACs in areas such as monitoring local services, being involved in LAC performance reviews, and promoting the LAC role in the community.

## **3.3. Agencies and Community Groups Consultations**

### ***3.3.1. Overview of the Agency and Community Group Perspective***

The views of agencies were primarily obtained through a survey to which 80 agencies contributed. (English 10) A majority of these were non-government agencies (44.2 per cent) or Local Government Authorities (20.8 per cent). The views expressed were generally positive about LAC, with case management and coordination, and the local presence and knowledge of LACs being noted.

Information from the survey was supplemented by videoconference forums involving nine Indigenous agencies, and a consultation with representatives from 12 CALD agencies.

*The Review of Research on Local Area Coordination in Western Australia*, (Chadbourne 2) *The Report on Standards Monitoring 1999-2002* (Erskine 8), and the *Key Informant interviews*, (Daisley 9,15) all referred to previously, also provided information on the agency and community group perspective.

### ***3.3.2. Agencies and Community Groups Views - Clarity of LAC Role and Purpose***

The most frequently mentioned key issue in relation to LAC, identified by 20 per cent of respondents to the survey, centred on a lack of clarity, confusion, and/or inconsistencies in the role of LACs. This was also a significant issue for the Indigenous and CALD agencies.

It was noted that there was no consistency in LAC across districts and that some tasks and duties to be undertaken by LAC are unclear. There are variations in interpretation of the role of LACs between themselves and between LAC offices. A need for more consistency in the philosophy of practice by all LACs was identified.

LAC needs to do more to locally promote the service and what it does as some agencies are not aware of LAC or its role, and some families are not aware of LAC.

Both Indigenous and CALD agencies identified a high need for better networking between LAC and Indigenous and CALD communities and the agencies that work with them, so that agencies develop a better understanding of what LAC can and cannot offer.

### **3.3.3. Agencies and Community Groups Views - LAC Strengths**

#### **Development of Community Services**

The *Review of Research on Local Area Coordination in Western Australia* (Chadbourne 2. p3) noted that one of the ways that LAC has benefited the broader community has been through helping to establish community agencies such as Home and Community Care services, competitive employment training and placement, toy libraries, a family support association, and family extension program.

#### **Service Coordination and Case Management**

In the survey, the most frequently identified strength (36.2 per cent) of the LAC program was its service coordination and case management. It was considered that LAC:

- provides a point of contact/liaison between agencies and families;
- gives agencies access to young people with disabilities;
- provides information/advice/direction to clients seeking support from what is often a range of agencies, and assists families to develop a "package" of support;
- supports an area of community that is not specifically catered for by other agencies;
- acts as a connection point for carers; and
- establishes a strong link between agencies and the Commission.

#### **Local Presence**

The local presence and local knowledge of LACs - providing local solutions to local problems - was mentioned as a strength by 30 per cent of respondents. Local presence was also identified as strength in Indigenous consultations.

Advocacy and empowerment, and the individualised and personalised nature of support were identified as strengths by 23.7 per cent of all respondents.

Other areas of strength were identified to be:

- the capacity of LACs to provide more informal and cost-effective respite and family support;
- the wide range of information and advice offered through LAC; and
- LACs community development model of practice and development of community relationships.

## **Other Comments**

Communication and networking was noted to be a strength by 17.5 per cent of agencies, good service to clients was noted by 15 per cent and joint casework/involvement and service planning and collaboration in general were noted by 13.7 per cent of respondents.

### ***3.3.4. Agencies, Community Group Views - LAC Weaknesses***

#### **Role Definition**

As noted above, issues around lack of clarity, confusion and perceived inconsistency in the LAC role was the single most frequently identified weakness, being raised by 20 per cent of respondents in the survey, and in Indigenous and CALD background consultations.

*Many are confused over what LACs do, who they are and what they are able to offer.*

#### **Service Scope**

The second most frequently identified weakness centred on the limited scope of LAC services, and perceived lack of LAC responsiveness in some situations including:

- clients who are transient, difficult, non-cooperative and mentally unwell;
- women with disabilities living in domestic violence situations;
- clients recreational needs; and
- clients wishing to make a transition to self-managed accommodation options.

#### **Working Collaboratively**

Networking and collaboration was mentioned by 12.5 per cent of respondents, who indicated that LACs:

- should be more familiar with client needs and assist more in the coordination of support and professional services;
- give up, and do not refer on to other professionals in the Commission or other agencies when families are "too hard"; and
- would benefit from paying more attention to communication protocols between agencies.

There was some suggestion that LAC needed to do better in working with agencies that did not totally share and endorse its value base. There was a view that LAC tended to ignore these agencies rather than work with them.

The need for much stronger collaboration was a clear theme in both Indigenous and CALD background consultations. In both, respondents saw the need for this to be a two-way process. The initiative needed to

be taken by LAC to improve understanding of the LAC role, so that other agencies were better able to make use of collaborative opportunities.

*There is a clear need for agencies working with Aboriginal people to make better connections with each other.*

*By networking with ethnic communities in a proactive manner, LAC could enable greater access by CALD consumers and carers.*

### **Skills and Attitudes**

Also mentioned by 12.5 per cent of respondents, were issues that centred on LAC skills and attitudes.

They noted that:

- LACs should strive for a real connection and involvement with local service providers rather than disengage because a service provider does not agree with all of the LAC philosophy;
- there is a huge variation in the quality of service; and
- there is a lack of follow-up to ensure everything/everyone who said they were going to do something is doing it.

Indigenous and CALD respondents also noted issues of variation in service quality, and additionally noted the need for LACs to undergo cross cultural training to assist them to better understand how disability is perceived in other cultures, the special issues that arise in working in a cross cultural situation, and how to address them.

## **3.4. Key Informant Consultations**

Interviews were conducted with a series of 26 key informants. (Daisley 9, 15, Murphy 22, EDAC 23) These were individuals selected by the Review Steering Committee as a sample of the range of perspectives on the LAC program model and its operation. Those interviewed represented Commonwealth service providers, consumers, non-government agencies, other government organisations and individuals with historical involvement in LAC, providing national and international perspectives.

### ***3.4.1. Overview of the Key Informant Perspective***

The LAC program model enjoyed the unanimous support of those interviewed in the mainstream Key Informant interviews, and there were moderate levels of satisfaction with the current operation of LAC.

The support of Government, the Commission, consumers and service providers was seen as strength of the current program and critical to its continued success.

Key Indigenous informants and CALD background informants were clearly less satisfied with the LAC program. Only three of 14 Indigenous informants expressed satisfaction. Most considered that the LAC service had deteriorated, with current LACs generally not perceived to have the commitment of those in place in the earlier days of the program.

#### ***3.4.2. Key Informant Views - Clarity of LAC Role and Purpose***

There was support for the continuation of the traditional role of LAC focussing on the goal of empowering families through recognising the consumer as the central decision maker.

LAC was perceived to take an holistic view of the consumers' circumstances and to work with their strengths to develop innovative, local responses using community resources and building on naturally occurring events. Key informants considered that if this role was to continue, then the relationship between the consumer and LAC is pivotal, and the development of these relationships must be supported.

It was considered that promotion and understanding of the LAC program Framework, and underpinning principles to all stakeholders, including LACs, would lead to the development of realistic expectations by stakeholders of what LAC can deliver, and would contribute to improving the consistency of LAC service provision. All key informant interview processes indicated that currently, lack of consistency in LAC service provision and approach was an issue of concern.

A number of key informants questioned whether the role continued to be one that was most appropriately located within a government agency. Various views were expressed about the merits or otherwise of the LAC function being outsourced to a community-based agency.

There were mixed views of the place of advocacy as part of the LAC role. On the one hand a capacity to advocate on behalf of a client was regarded as a strength, on the other, one of the key issues identified in the key informant interviews was the need to develop clarity around the role of the LAC as an advocate for consumers.

The view was that as employees of the Commission, LACs' ability to be truly independent is compromised, but that not all consumers are aware of the implications of this, and they do not have realistic expectations of how far an LAC can take the advocacy role.

#### ***3.4.3. Key Informant Views - LAC Strengths***

The values base of LAC and the extent to which that value base drives LAC was strongly identified to be a major strength.

Other strengths that were consistently identified were:

- LAC is a point of contact for people with disabilities with the Commission and a point for coordination of supports;



- the local focus of LAC - its capacity to provide assistance in the local area and to develop local responses;
- the community-based approach, which develops community resources and builds on naturally occurring events; and
- the LAC focus on empowerment of families, through recognition of the consumer as the central decision maker in determining the sorts of supports and services that they want to meet their needs as they see them, and in matters concerning their own lives.

#### ***3.4.4. Key Informant Views - LAC Weaknesses***

The primary weaknesses/limitations were identified as follows.

##### **Increased Administration and Bureaucracy**

This has reduced the time available to LACs to interact with consumers on a regular basis. It has been brought about largely by program growth, internal and external expectations for greater transparency and accountability, and a focus on funding.

It has resulted in LACs having reduced opportunities to develop and maintain relationships and to make regular contact with their client group, both of which will have an impact on consumer satisfaction.

##### **Imbalance in Services to the Target Group**

With the increasing role of LACs in accessing, acquitting or managing funding for consumers, it was observed by some key informants that LACs have become more occupied with the minority of people with disabilities who access support services, rather than the large majority, who may benefit from no or low cost non-recurrent solutions.

##### **The Place of the Consumer in the LAC Program and Role.**

The greater nexus between the LAC and the system (perceived to be at the expense of consumers) has led to responses being developed for consumers that are generated by what the system can offer, rather than working from the basis of what the consumers see for themselves.

This has reduced creativity and led to the development of more mainstream responses. The pre-eminence of the place of the consumer in LAC was considered by some to have been lost.

##### **The Funding Framework**

The funding framework was considered to be inconsistent with the holistic approach traditionally taken in relation to needs identification for consumers. Some stakeholders observed increasing divergence between the traditional goals of the LAC program and the way the Commission is currently operating. It was suggested that a realignment of goals might be required at all levels of the organisation if this is to be addressed.

## **Advocacy**

Issues around the advocacy role have been noted in relation to the outcomes of other consultations. Limitations on the freedom of LACs to advocate on behalf of their consumers are seen to arise from the potential conflict of interest as Commission employee and advocate, and the perceived unwillingness of the Commission to accept criticism.

CALD background key informants believed that the advocacy role caused a conflict of interest and that advocacy issues should be referred to disability advocacy services.

## **Program Boundaries**

Some key informants noted a lack of clarity about the LAC role, and the boundaries of eligibility for support.

## **Human Resources Issues**

The nature of the work, and the freedom that LAC staff need to operate effectively, requires particular qualities in staff who undertake the role.

It was perceived that pressures on recruitment have resulted in staff being appointed to LAC positions without the personal requisites to make them suitable for the position. This was a significant issue across all Key Informant processes, but was of particular concern to Indigenous and CALD background informants, who identified the importance of cultural understanding as a key success factor for LAC in relation to Indigenous and CALD background consumers and carers.

There is an absence of safeguards and controls around the use of LACs' authority, given the potential harm they can do, even if well intended.

Additionally, there are also LACs who neither understand nor are appropriately skilled to adequately undertake tasks added onto the role and to implement any required changes in approach.

There needs to be a mechanism which supports consumers to obtain alternative assistance if they are not satisfied with the performance of, or their relationship with their LAC.

## **Networking/Relationships with Other Agencies**

For Indigenous and CALD background key informants, there were clear views that LAC would be more effective in relation to their various communities, if there were active and positive working relationships between LAC and the other agencies that work with families and local communities.

## **Lack of Indigenous and CALD Background LACs**

Both Indigenous and CALD background key informants noted that there is a need for the Commission to be proactive in appointing Indigenous and CALD background people to LAC positions. CALD background key

informants noted that in areas where an LAC is from a CALD background, there appears to be greater networking and understanding of ethnic issues.

### **3.5. Staff Consultations**

Commission Staff were invited to participate in the Review through an invitation sent via the Director of their branch. Staff could choose to complete the survey independently or as a group. A total of 15 responses were received, two from Directorates, one of which was a summary of the views of 80 staff, and 13 from individual staff.

Eleven responses were from a therapy/professional area, three from management/administrative staff and one from a direct care worker. All were from the metropolitan area.

#### ***3.5.1. Overview of the Staff Perspective***

As with other consultations, the feedback from staff was generally positive. Again, the localised nature of LAC, and the capacity to develop localised knowledge of services and supports were identified as significant strengths. The particular perspectives of others internal to the Commission were apparent in the identified areas of weakness. The highest need for improvement, identified in 40 per cent of responses, was in the area of the relationships LAC has with professional staff. Better information sharing practices, consultation, and use of professional staff were specifically mentioned.

#### ***3.5.2. Staff Views - Clarity of LAC Role and Purpose***

The need to achieve greater levels of consistency across LAC practice was the most frequently identified issue in relation to the LAC role.

Ten of the 15 responses (66 per cent) identified inconsistency of LAC practice as an area of concern. Three responses (20 per cent) made comment that the lack of role clarity for both consumers and LACs has led to unrealistic expectations of the services that LAC is able to provide. Issues raised in relation to role included:

- a need for consistency in information, staff participation and approach;
- differences in service quality and the level of service provided to families with similar needs;
- lack of LAC guidelines;
- vagueness of role description; and
- differing abilities and skills of LACs contributing to inconsistency.

There was a suggestion that the LAC role would be clearer if the role statement was written in outcome, rather than activity statements.

The need for greater clarity in the interface between the LAC role and IFS to ensure that families receive the services they need was also noted. Responses suggest that there is a positive interface between LAC and the Service Purchasing and Development Directorate, but that there is no similar ongoing working relationship between LAC and IFS.

Perceptions of lack of consistency and quality in the way the LAC role is performed reflected comments made by consumers, (McKeague 6) other agencies (English 10) and key informants, (Daisley 9) and in the Standards Monitoring Report (Erskine 8).

In relation to the proposed role statement, it was suggested that it would be helpful to articulate what LAC does, but to achieve greater consistency in the role it would also be necessary to have clarification on how things are done.

While the advocacy role was identified as a strength by four (26 per cent) respondents, three respondents (20 per cent) noted that conflicts between different aspects of the LAC role, including the role conflicts in undertaking an advocacy function, needed to be addressed. It was considered that the role in assisting consumers to consider a range of support options potentially conflicts with the role of LAC as a service provider, (self-managed options) and that the advocacy role also becomes difficult when the needs and interests of the person with a disability and their family, are inconsistent.

### ***3.5.3. Staff Views - LAC Strengths***

The staff perspectives on LAC strengths were closely aligned to those expressed in other review surveys.

Local presence and knowledge, and the ensuing capacity to develop services and supports in the local area, was the most frequently identified strength of LAC. The second most frequently identified strength was the support that LAC provides to people with CAP funding applications. Providing a single point of reference for consumers with the Commission and the broader disability sector was also noted.

### ***3.5.4. Staff Views - LAC Weaknesses***

The area most frequently identified as requiring improvements was in the interface between LAC and the Commission's professional staff. Six submissions (40 per cent) raised this issue. A need for better information sharing and consultation with the Commission's professional staff was the common theme.

Responses identified that:

- more professional input is needed to support consumers to achieve their goals;
- professional resources are used inappropriately by LACs, and are insufficient;

- better information sharing should be pursued with other services providers in the local area; and
- there is a need for improved communication and promotion of the LAC role with therapy staff.

As noted above, inconsistency of practice between LACs was also an issue of concern, with observations that some LACs provide one type of support whilst others choose not to, and that the same issue will have quite different policy parameters in one area than it has in another.

The third most frequently identified issue related to consistency, completeness and accuracy of information provision. Respondents cited as examples:

- consumers being misinformed about funding policy and parameters;
- families being offered only self-management by their LAC, and not advised of their right to use a service provider; and
- information being provided only in relation to what the LAC thinks is best for the consumer, rather than the full range of available options.

Conflicts between the various roles of the LAC and the role of advocate, as discussed above, were also raised.

Except for the internal issue of the interface between LAC and the Commission's professional staff and IFS, the themes identified in the Staff Feedback are broadly consistent with the themes identified in other Review processes.

### **3.6. LACs Consultations**

LAC consultations took place through:

- a series of three forums were independently facilitated metropolitan forums, using a series of questions generated by the Steering Committee (McKeague 7, 17);
- individual submissions, by using an endorsed survey instrument, or by making comments independently of this structure (McKeague 7, 17); and
- a survey form for country LACs, approved by the Steering Committee (McKeague 14).

In total, 59 LACs attended a forum, 12 metropolitan based LACs submitted written responses and 16 country LACs completed the written survey for country LACs. All LAC responses were synthesised into a summary report, which was presented to, and endorsed by, the Steering Committee.

### ***3.6.1. Overview of the LAC Perspective***

There was a strong level of support for the LAC role, and for the value base which underpins it. A common theme was that changes to the program over time, in terms of the breadth of the client group, the range of duties LACs are expected to undertake, and the place of LAC in the Commission structure, have all reduced capacity for LACs to operate in the way that they believe to be most effective.

Unmanageable workloads were the most important concern of all to LACs.

### ***3.6.2. LACs' Views - Clarity of LAC Role and Purpose***

There was a common view across LACs that the LAC role is not clearly understood beyond, and increasingly within, the program itself. There are perceptions of confusion and lack of clarity among consumers, the wider community, other agencies, other areas of the Commission, and in other government departments.

There is a need for clarification of vision, values and goals so that the role of LACs can be more clearly linked to these values and can be communicated effectively to the wider community.

LACs have a strong desire to work cohesively and to have an alignment between their core work practices and the values of the program. At present some LACs find their role to be overwhelming, confusing and conflictual, and their confidence about the role of LAC within the Commission is reduced.

While respondents believe that LAC is still a very effective program, they believe that further work is needed to review the boundaries of the service provided in order to keep the role manageable. Issues related to the addition of responsibility for autism funding, the meaning of inclusivity and the increase in administration time required for additional funding programs were all identified as needing to be addressed.

It was also suggested that boundaries need to be clearer, and attention needs to be given to the advocacy role, given the potential conflicts of interest between this role and funding accountability responsibilities.

LACs expressed a view that the role outlined in the proposed role statement was worthy in terms of LAC vision, values and goals, but their capacity to achieve it has been eroded over time by changes to the program. Particular reference was made to the impact on LAC role of:

- organisational restructuring which resulted in LAC losing its identity as a directorate through being absorbed into a broader structure, and which saw a split in the administration of metropolitan and country LAC;

- significant increases in bureaucracy and administrative workloads, which have reduced a capacity to focus on the original core functions of LAC; and
- workload increases due to expanding LAC eligibility boundaries.

The changes were considered to have contributed to a reduced connectedness to the original LAC value base.

There were views that the role as outlined in the proposed role statement was not achievable when consumer ratios move beyond 1:60.

### ***3.6.3. LAC Views - LAC Strengths***

Across the three mechanisms through which LACs contributed to the Review, there were commonly expressed views about the strengths of LAC. There were no significant differences between metropolitan and country LACs in terms of their views of the program's strengths.

The major strengths identified were as follows.

#### **Relationship Building**

The capacity for LACs to develop personal relationships with people with disabilities and their families that are characterised by trust and rapport was regarded as an important strength.

LACs see this as adding value to the lives of families in response to changing needs and circumstances.

#### **Values Framework**

Notwithstanding concerns about changes to the program having eroded its original value base, LACs' values and commitment to inclusiveness, empowerment, and acknowledgement of the natural authority of families, was identified to be fundamental to the success of LAC and to strengthening LACs in their work through providing them with a clear purpose for what they do.

#### **Community Relationships**

LACs identified that by being located in local communities, they can build local credibility and are well placed to nurture supportive networks between families and the wider community. They have first-hand knowledge of local community networks and how to work collaboratively with others.

#### **Flexibility**

LACs have the ability to respond quickly, flexibly and creatively to the unique needs of families in different locations.

### **3.6.4. LAC Views - LAC Weaknesses**

#### **Rapid Expansion in LAC**

Expansion of LAC has been a positive, in that it now has statewide coverage.

However, the pace of this expansion, combined with increasing numbers of clients due to new groups being included and to restructuring within the Commission, have combined to result in LACs having a sense of diminishing control over the direction and implementation of the program. LACs perceive that the changed conditions within which they are now performing their duties have reduced the degree to which they can operate authentically and efficiently.

#### **Increased Bureaucracy and Administrative Requirements**

The perceived erosion of these core values, as evidenced by the increased bureaucratic requirements and inappropriate management structures, are considered to have eroded the program's strong value base, and impacted on LACs perceptions of the value the Commission places on their work.

This apparent disconnection from the original values base has led to an overloading with administrative tasks, increasing caseloads, a stifling of creativity, conflicting messages about their role and a decrease in their sense of 'joy in the job'.

They would like to see more appropriate supervision, support and positive affirmation of their work so that they can continue to provide a quality service to people with disabilities in the community.

#### **Funding Role**

The increase in LACs roles in funding, and the bureaucratic workload and specific accountabilities that come with working in a financial management area has come without commensurate reductions in case loads or administrative support.

LACs estimate that almost 18 per cent of their week, or just under seven hours, is spent on the task of supporting people accessing direct funding (Maher and Stanford 12).

LACs consider the expectation that they will:

- maintain previous levels of service to families;
- be effective in the traditional core LAC duties; and
- implement the focus of the current DSC Strategic Plan in relation to strengthening families and communities;

while at the same time, taking on considerable additional responsibilities such as the administration of funding programs, to be a



very unrealistic one.

There are concerns that increasing importance is being accorded to accountability and less to LAC direct service delivery, with resources being directed away from consumers.

### **Changed Program Management Arrangements**

The loss of a separate identity for LAC as a directorate, combining LAC with other functions in the organisational structure, and splitting metropolitan and country LAC were all considered to have had a negative impact on LAC.

It was perceived that there is a growing divide between the values that LAC operates from and that are officially the values endorsed by the Commission, and how the Commission operates in practice.

Some LACs feel this places them at odds with the Commission, in contrast to the earlier LAC environment when they were confident of a synergy between their work and the broader work and approach of the Commission.

### **Insufficient Support for LACs**

Related to the comments above, there is reduced confidence about the degree to which the role is valued within the Commission.

LACs expressed concern about the adequacy of arrangements for their supervision. They see a need to have the supervisory role separated from the management role.

Issues associated with the management role, such as urgency of requests for reports, unachievable time lines, and increasing funding responsibility and accountability are identified as leading to frustration and stress and requiring attention, but needing to be addressed separately to supervision and support in relation to the primary LAC direct service role.

### **Metropolitan and Country LAC**

A number of respondents, LACs and others, perceive that country LAC remains closer to the traditional LAC roots. The Commission's Consumer Survey 2002 found that on those dimensions where differences between metropolitan and country consumers who have an LAC could be determined, country consumers were generally more satisfied than metropolitan consumers. The particular contextual differences related to the growth and operation of LAC in the metropolitan area compared with country were outlined on pages 26.

Some concerns were expressed that the cohesion of the LAC model was being challenged, with differences in how the program operates in the metropolitan area and the country. An alternative view was that failure to acknowledge differences was in itself, a weakness.

Country LAC reported under recognition by the Commission of the unique difficulties encountered by LAC in the country, particularly in remote areas, where there is no recognition of the vast distances travelled, the time this takes, the absence of services into which consumers can be linked, and the additional development work that is required to reduce the impact of these factors.

The lack of after-hours access was raised by a small number of people across consultations but was considered to be a particular issue in country areas, where access to other supports in an emergency is either restricted or non-existent. LAC is often the only source of help. For this reason, the inaccessibility of the LAC service outside of standard business hours was seen to be a particular weakness in country areas.

## 4. TERM OF REFERENCE THREE

Value for money as compared with other approaches to service

### 4.1. Introduction

This section will be addressed in two parts, both derived from the Value for Money study that was commissioned as part of the Review process (Bartnik and Psaila-Savona 11).

First, there is consideration of the historical investment in LAC, with an overview of the developmental years of the program, and examination of its achievements, outcomes and operational costs. Comparisons are made to national benchmarks and other models of service delivery.

Second, there is consideration of the future investment in LAC and exploration of the case for making additional funding available to the program compared with other competing service demands.

### 4.2. Value for Money Criteria

The Steering Committee identified a set of criteria as a framework for a value-for-money assessment. These are summarised below.

Criterion	Basis of Criterion
✓ <i>The 'placing' of the LAC program against comparable National benchmark data with specific regard to the number of people accessing the service (service uptake), the cost per service user and consumer satisfaction.</i>	<i>The basis of this criterion is to consider value for money in the context of how the Western Australian LAC model compares with comparable services across other States and Territories. For the LAC program to be considered as representing good value-for-money, it would be expected that on a comparable basis the program reaches more people, at a cost-effective unit cost with a high level of consumer satisfaction.</i>
✓ <i>The extent that LAC program objectives have been met, and the 'strategic value' of program achievements.</i>	<i>The basis of this criterion is to consider the LAC program in the context of annual achievements, and the extent that achievements are aligned with Government and organisational strategic direction. For the LAC program to be considered as representing good value for money, it is expected that the program could demonstrate achievements across a</i>

	<i>range of organisational priority goal areas, with a high level of public accountability.</i>
✓ <i>Demonstrated preventative and multiplier effects of investment in LAC.</i>	<i>The basis of this criterion is to consider the extent that any investment in the LAC program results in a positive 'multiplied' effect within a community, as well as preventing any unnecessary and/or costly alternative service response strategies.</i>
✓ <i>Cost effective operational costs (within and across other service types), and the change in costs over time.</i>	<p><i>For the LAC program to represent good value-for-money, it is expected that operational costs:</i></p> <ul style="list-style-type: none"> <li>▪ <i>could be easily justified in the context of service outcomes;</i></li> <li>▪ <i>would remain static or increase at a slower proportional rate to the number of additional people supported over a period of time; and</i></li> <li>▪ <i>would compare favourably with unit costs of other State service areas.</i></li> </ul>
✓ <i>The assessment of the LAC program by other national benchmarks and studies.</i>	<i>The basis of this criterion is to consider the assessment of the LAC program using national benchmarks and studies that have previously evaluated all, or part of, the LAC program. For the LAC program to be considered as representing good value-for-money, it is expected that the general findings of past studies/evaluations would be positive.</i>
✓ <i>The opportunity cost and risk of not continuing with the LAC program.</i>	<i>The basis of this criterion is to consider the LAC program in a cost-benefit context. For the LAC program to represent good value-for-money, it is expected that the overall benefits of providing an LAC service would outweigh the opportunity cost of not providing one.</i>

### 4.3. National Benchmark Comparisons

Each year, the Australian Institute of Health and Welfare compares National 'service use' data with comparable State data. In considering this data, as a service system, Western Australia generally provides a service to more people at a lower per capita cost.

Based on information reported in the Commission Annual Report (2000-01), nationally comparable financial data from the Productivity Commission shows that Western Australian spending on disability services is at about the national level.

In 1999-00, national 'service uptake' and 'consumer satisfaction' data were compared with Western Australian service data (see Table 1 below). Direct comparisons of national and State 'cost per service user' benchmark data was not made. Whilst benchmark data in subsequent years is available, 1999-00 data has been used as it was in this year that comparable national consumer satisfaction data was also made available.

**Table 1: Comparison of National and State Service Uptake, Consumer Satisfaction and Cost per Service User Data Across State Output Areas**

	Service Uptake (per 1000 people)		Consumer Satisfaction		Cost per Service User	
	Australia	Western Australia	Australia	Western Australia	Australia	Western Australia
Residential Services	22	25	85%	87%	N/A	\$61,944
Non-Residential Services	57	103	71%	78%	N/A	\$3,899
Individual Coordination (LAC)	3	14	65%	77%	N/A	\$3,316

*Source: Disability Services Commission Annual Report, 1999-00*

Comparisons with national benchmarks show that Western Australia is providing services for a greater proportion of potential service users at lesser cost per person than Australia as a whole. In other words, Western Australia is performing more effectively and more efficiently in meeting the needs of people with disabilities, when compared with performance levels elsewhere in Australia. Western Australia has:

- a 'snapshot day' service take-up rate of 150 per 1,000 Western Australians in receipt of the Disability Support Pension, which is 58 per cent greater than the national take-up rate of 95 per 1,000 Disability Support Pension recipients; and
- a cost per service-user of \$32,526, which is 35 per cent below the national level of \$49,956 (DSC Annual Report 2000-2001).

#### ***4.3.1. Service Uptake, Consumer Satisfaction and Cost per Service User***

In using the above data, some inferences can be made in terms of how many people are being supported in Western Australia, how satisfied they are and how the indicators compare to national benchmarks. Some cost comparisons across Western Australia service (output) areas can also be made:

Based on the information provided in Table 1, the variations by Western Australian key service (output) areas in 1999-00 were as follows:

- Residential services had a 13 per cent higher take-up rate than the national rate (that is, 25 per 1,000 people in Western Australia compared with the national rate of 22 per 1,000 people);
- Non-residential services had a 81 per cent higher take-up rate than the national rate (that is, 103 per 1000 people in Western Australia compared with the national rate of 57 per 1,000 people);
- Individual Coordination had a 366 per cent higher take-up rate than the national rate (that is, 14 per 1,000 people in Western Australia compared with the national rate of three per 1,000 people); and
- all Western Australia key output areas had a higher level of consumer satisfaction than their national equivalents.

In comparison to other States/Territories, Western Australia has a pattern of investment that has adopted strategies that are preventative and community-based in nature.

The high take-up rates in Western Australia (across all service areas) indicate that more people in Western Australia are being provided with a disability service than the national benchmark. Given that national 'consumer satisfaction' data was collected in the same year, it is also important to note that the satisfaction data for the Western Australian LAC program was assessed as being 77 per cent, compared with a national figure of 65 per cent.

National 'cost per service-user' data is not available for comparison with state data. This notwithstanding, whilst direct cost comparisons across state services should be made with caution due to the very different models and support levels of the people that are supported, it still stands that alternative services to the LAC program that are currently available to individuals/families have a higher per capita cost (as per Table 1). As such, in the absence of the LAC program (at a per capita cost of \$3,316), the current alternatives to providing services to individuals/families would be residential services (at a per capita cost of \$61,944) or non-residential services (at a per capita cost of \$3,899).

#### **4.4. Achievements of LAC Against its Objectives**

Each year, as part of the Annual Report process, the Disability Services Commission/LAC program identifies 'Planned Achievements' that are subsequently reported upon in the following year.

The 'Planned Achievements' identified in the Annual Report are a more comprehensive version of 'Planned Achievements' identified in the annual State Government/Treasury budget process (Budget Papers) and these achievements are only a 'sub-set' of all achievements of the LAC program.

In addition, annual 'Operational Planning' is also undertaken to ensure that program objectives are clearly documented, and on a six-monthly basis, a 'status report' (Operational Plan Acquittance) is undertaken to gauge the extent that objectives will be achieved by the end of each financial year.

Within LAC, all objectives are aligned with the Commission's Strategic Plan goals, specifically 'Strengthening Individuals, Families and Carers', 'Strengthening Communities' and 'Strengthening Partnerships and Support Services'. All LAC 'Planned Achievements' within these reporting processes have been achieved.

#### **4.5. Operational costs of LAC**

The cost of providing an LAC service is reported annually in the Commission's Annual Report and the State Government Budget process.

As at the end of June, 2002, the total operational expenditure budget (excluding corporate overhead costs) for the LAC program was \$21.3 million, consisting of:

- 35 per cent service coordination (salary) costs,
- 12 per cent operational costs; and
- 53 per cent Direct Funding grants to individuals/families (Disability Services Commission, Corporate and Business Services, 2002).

The \$7.4 million dedicated to salaries, supports the employment of 124 LACs who, in 2001-02, provided support to 6,147 people on a Statewide basis and recurrent Direct Funding to 1,317 people.

As described in Section 2.5.5 of the Report, program costs in 2002 were \$3,856 per service user, which compares favourably with the Western Australian benchmark of \$29,329 across all output areas and the national benchmark of \$38,328.

From 1994-95 to 2001-02, there has been a significant increase to the LAC program's grants budget of \$9.3 million, compared with the increase in service coordination and operational costs. That is, there is a significantly higher proportion of the LAC program budget that is dedicated to grants (53 per cent) compared with 1994-95 data (38 per cent).

The proportion of the LAC program that is dedicated to staffing has decreased, illustrating the increase in ratios over time of staff supporting people with disabilities. Whilst the recommended ratios are 1:40-60 with the lower end (that is, more staff to fewer consumers) for remote and rural communities and the higher end for more central communities, there are now some LAC officers who support in excess of 80 people;

When compared with the costs of providing an alternative service, Individual Coordination (Output 3) has remained reasonably static over time when compared with the higher and increasing costs of alternative residential accommodation (Output 1) and non-residential services (Output 2) such as day options and therapy services.

#### **4.6. Other National Benchmarks and Studies**

The Review of Local Area Coordination Research (Chadbourne 2) confirms that there have been a number of studies since the establishment of the LAC program in 1988, which have demonstrated that the involvement of LACs with individuals/families has supported them in their local communities.

In addition to national benchmarks relating to cost effectiveness there are several national studies that have focussed on the overall effectiveness of the LAC program, or programs with a similar focus of building the strength of individuals, families and the community. These studies are an important consideration in the broader context of determining the Government's role in providing disability services and supports, as well as understanding the general direction being adopted by other States/Territories.

*Building the Capacity of Individuals, Families and Communities (2002): An evaluation of the Local Area Coordination pilot program in Queensland* (based on the Western Australian LAC model) has identified that:

*"The LAC program in its pilot phase has made a significant impact on the lives of people with disabilities and families and is beginning to impact on those communities where LAC is operating" and that "LAC is a low-cost strategy with high benefit outcomes and is, therefore, a remarkably efficient*



*and effective approach to disability support.*

LAC was identified as being a contemporary approach of providing a quality service in a cost-effective manner, comparing favourably with 'similar style' funding approaches used by other States/Territories.

In considering 'funding per service user', the Western Australian LAC program demonstrated one of the lowest per capita costs.

In 1998, the Commonwealth/State Productivity Commission selected the Western Australia LAC program as an exemplary case study of major service reform in the disability sector. The study was one of five studies chosen across all areas of Government, and the only case study within the disability sector.

Within this Review, LAC was identified as being a contemporary approach of providing a quality service in a cost-effective manner, comparing favourably with 'similar style' funding approaches used by other States/Territories. In considering 'funding per service user', the Western Australian LAC program demonstrated one of the lowest per capita costs. In addition, the Productivity Commission also identified that the LAC program was a cost-effective program for a range of reasons, including the following:

- by having a primary focus on informal supports and networks, the LAC program minimises the pressure on available Government resources. As such, the LAC cost per service user of \$3,856 (Disability Services Commission Annual Report, 2001-02) excludes the 'cost' of unpaid support from family and friends, thereby resulting in a significant saving to Government; and
- providing individuals/families with funding provides them with an incentive to obtain the highest level of service for that level of funding. Particularly in metropolitan areas where people can use funding to purchase services from a range of sources, including Government services, non-government agencies or private individuals, service providers should also face incentives to improve the efficiency of their services that families can purchase using their funding.

As part of the National Disability Strategy, the National Disability Administrators (overseen by a Commonwealth and State Steering Committee) commissioned the '*Nucleus Group*' to review current responses and effective strategies to support families.

The *Nucleus Group Report* (2002) found that the return on investment may be measured partly by the capacity of LAC to facilitate access to self-help and low-intensive resources, potentially negating or delaying the need for more (long term) intensive supports.

LAC considers all avenues of support within the community, the Government and the private sector in supporting individuals/families to achieve positive outcomes. As a result, via the investment of time dedicated by an LAC, additional supports are often agreed to and provided by a range of Government and non-government organisations, community groups and local authorities.

Apart from the social support/capital strategy being closely aligned with the Commission's Strategic Plan of strengthening individuals, families and communities, there is also a strong link between the LAC community initiatives and the Government's Sustainability Policy.

Recently the Commission submitted a paper to the State Government supporting the Government's Sustainability Strategy as being fundamental in achieving an inclusive community (Disability Services Commission, State Sustainability Strategy, 2002).

Within this paper, there were several examples of 'best practice', for which LAC-involved initiatives were included, including the "Fellowship, Awareness, Inclusion and Relaxation (FAIR) project" and "Kwilena". Both projects provide opportunities for people with disabilities, their families and community members by investing in the development of relationships, promoting natural support networks and interdependency, as well as promoting inclusion and community partnerships.

The LAC program also recognises the importance that the role carers have in the disability sector, given that one in 10 Western Australians is a carer of a person with a disability (Disability Services Commission, Annual Report, 2001-02). Consistent with the Government's "Caring for Carers" policy, the LAC program has implemented a range of strategies that strengthen the role of carers and family members, and provides them with the support required to meet their distinct needs into the future.

Since commencing in 1988, the LAC program has adopted a strategy of providing 'small' grants to people with disabilities and their families as an effective strategy to strengthen and support them in their local communities, prevent unnecessary out-of-home placement and dislocate people from their local community. Indicative data suggests that such strategies have positive outcomes. For example:

- between 1998 and 1999, through the Service Plus program, approximately 133 people were provided with an average grant of \$7,700 per annum after being given a 'Priority 1' status by the Commission's Accommodation Support Funding Panel; and
- since that time, 47 of the 133 people have been allocated additional funds, with the remaining people continuing to be supported by

their LAC and existing community supports (Disability Services Commission, Metropolitan Services Coordination, 1999).

Where possible, LAC ensures that individuals/families access generic services (eg health, education, local government) that are available to the general community. As identified by the Nucleus Group Report (2002), by 'leveraging' other generic supports, this reduces the demand for specialist disability services.

LAC has recently been selected by State Governments in Queensland and New South Wales for implementation as a preferred method of providing support to individuals and families. In addition, following a National Review of Learning Disability Strategy in Scotland, LAC has been selected as the preferred mechanism for individual coordination and direct funding that will systematically replace case management strategies in local authorities.

In each interstate and overseas case, the LAC approach has been selected after a review of alternative service approaches and the outcomes achieved by each.

#### **4.7. The Consequences of Discontinuing the LAC Program**

As the provision and availability of services should be considered in the context of current and future demand, the following data is important in providing a strategic context for the consideration of the consequences of discontinuing the LAC program:

- the number of Western Australians with a disability is currently estimated at 381,000 and is expected to increase in line with general population growth, estimated at being an increase of approximately 8,500 people per year (Disability Services Commission, Annual Report, 2000/01);
- the number of Western Australians with disabilities, up to 65 years of age is forecast to increase by about 3,200 per year (Disability Services Commission, Annual Report, 2000/01);
- the total number of people with a disability is forecast to increase to 564,900 by 2021. Over half of the increase (from 355,000 in 1998) is accounted for by older Western Australians with associated age-related disabilities (Disability Services Commission, Annual Report, 2000/01); and
- the number of people with a profound or severe 'core activity' restriction can be expected to increase from 107,700 to 164,800 people from 2001 to 2021 (Disability Services Commission, Progress Report, Estimation of Projected Demand for Accommodation Support Services, 2002).

When considering national and state data in the context of the LAC role of supporting individuals and families, as well as addressing unmet need, it is also useful to note the following:

- recent work by the Australian Institute of Health and Welfare<sup>2</sup> suggests that unmet demand in Western Australia may (conservatively) be in the vicinity of:
  - 300 people needing accommodation support;
  - 950 people needing respite; and
  - 800 people needing community access
- based on population figures from the Australian Bureau of Statistics, it is projected that the Western Australian disability population under 65 years will increase 1.18 per cent annually over the next 20 years, with a projected annual growth rate over the next five years of 1.64 per cent, compared with 1.01 per cent nationally
- work undertaken by the Social Policy Research Centre suggests the application of a "demand adjustment" factor of 3.73 per cent (adjusted for Western Australia's population), which provides a method of adjusting funds ..."so that the relationship between the supply of services and the demand for those services remains constant."
- the Accommodation Blueprint Committee (Disability Services Commission 2002) has identified the need for the accommodation support system to develop the capacity over the next five years, to meet the needs of an additional 548 people.

Over the past five years, the number of people with disabilities living in the family home has also increased significantly - 79 per cent increase of service users aged over 25 years and 115 per cent increase of service users aged over 35 years (Disability Services Commission Annual Report, 2001-02).

The above information provides some indication of future demand, and the subsequent need for cost-effective support services, and is, therefore, important in considering the consequences of discontinuing the LAC program.

The Review Steering Committee supports the Commission's, Functional Review Response, 2002, that any reduction or a cessation of the LAC program is likely to have the following implications:

- an increase in reliance on formal Government and non-government services that will result in an increased demand for specialist services and costly accommodation services. By using innovative

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<sup>2</sup> Australian Institute of health and Welfare 2002 Effectiveness of Existing Funding to Reduce Unmet Need and Any Remaining Shortfalls.

and informal means, the LAC program is able to achieve a significantly lower average cost per person to address individual support needs;

- immediate and major negative impact on over 6,000 people not being able to access intensive services available via the LAC program;
- a loss of 'presence' of Commission representation, particularly in rural and remote areas where LAC staff are the only Commission staff and where specialist disability services are limited or non-existent and replacement services could not be found;
- the transfer of 1,317 (2001-02) people supported by individualised direct funding to non-government agencies. This may require significant increased funding to meet agency costs (compared with LAC costs). This will depend on a range of factors, including the agency of choice and the needs of the person being supported;
- increased difficulty in finding replacement agencies to provide services to people with complex support needs would also be likely to be experienced;
- major community backlash;
- a loss of a key preventative strategy for the disability sector;
- a need to find employment alternatives for approximately 140 staff;
- a significant reduction in information and advocacy support (approximately 3,279 (June 2001) people annually) that is provided to people who are eligible to access; and
- reduction in Level 1 support, thereby leading to these people seeking more costly formal services.

## 5. TERM OF REFERENCE FOUR

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Synthesis of data from Terms of Reference 1, 2 and 3.

Recommendations for future development and operation of the LAC program and relative priority for future growth funding.

### 5.1. Introduction

This section of the report presents the conclusions of the Review of the LAC program. These conclusions have emerged from the analysis of the data drawn from the multiple sources which have informed the Review.

The section is organised in five parts. It commences with a brief statement of the overarching conclusions from the Review. Second, a summary of the key findings from the consultations conducted with consumers, agencies, LACs, community groups and other stakeholders, is presented from the perception of each stakeholder group. Third, more in-depth details of the conclusions of the Review are outlined. Fourth, a series of constructive proposals for the future development of Local Area Coordination in Western Australia are listed. Finally, the conclusions and proposals for the future have been synthesised into 10 key themes. The 10 themes are used as the framework for the Review recommendations which are presented in the next section of the report.

### 5.2. Overarching Conclusions

The following overarching conclusions can be drawn about the Local Area Coordination program. First, on measures of consumer satisfaction, family/carer satisfaction, consumer outcomes, service coverage, and cost effectiveness, the model has proven to be highly successful over an extended period of time. Successive evaluations, consumer satisfaction surveys and program reviews have confirmed that LAC is a highly effective and contemporary support system for people with disabilities and their families. These have been independently confirmed in the *Review of Research on Local Area Coordination in Western Australia* (Chadbourne 2) to be methodologically sound.

Four key features of LAC provide the firm foundation for the on-going success of this program. These are:

- getting to know people well over time;
- assisting vulnerable people to build connections to their local

communities;

- having positive values and assumptions about individuals/families and communities; and
- emphasising community capacity rather than relying solely on service provision.

LAC encourages individuals and families to access supports and services from generic sources and to plan for a future that is similar in outlook to the hopes and aspirations of most community members. By having a primary focus on informal networks and community-based supports, the LAC program minimises the pressure on available Government resources.

The LAC statements of Vision and Charter contain specific reference to family leadership and a good life for people with disabilities that is characterised by opportunities for valued relationships, security for the future, choices, contribution and challenge. These goals and values are the basis for an effective LAC operating framework.

Overall, the positives about the LAC model far outweigh any negative features.

Second, the increased demands on LAC, brought about by:

- extensions to the scope, role and geographic coverage of the program;
- a growing constituency; and
- increased requirements for accountability from both within the Commission and from external sources,

in combination, threaten its medium to longer term sustainability.

The Review Committee has concluded that while LAC is highly valued by consumers, the full potential of the program is not being realised. Since the mid-1990s the program has been asked to perform an ever-increasing and diverse range of functions. This has reduced the capacity of individual LACs to focus on the original, and highly valued, core functions of the role. Other Commission programs and directorates have sought to use Local Area Coordination for a variety of purposes because the program has Statewide coverage and because of the close relationship between LACs and consumers. The cumulative effect of layering additional non-core tasks on to the duties of LACs has been substantial and has reduced the effectiveness of the overall program.

Changes are needed to re-focus the program on the values, core functions and quality processes required to consolidate and re-establish Local Area Coordination as an effective, contemporary support system for people with disabilities and their families and carers.

Once this re-focusing has been achieved it will be important to ensure that the layering of new tasks and duties on to the LAC program does not re-commence.

The Committee considers that many of the changes required to improve the effectiveness of the LAC program do not require the allocation of significant amounts of additional resources. While it is essential that growth funding be allocated in future years to allow the LAC/consumer ratio to remain constant (to keep pace with the growth in consumer numbers), many of the changes needed to improve the program can be made by removing and simplifying certain tasks, duties and requirements from LACs and through the introduction of additional supports and quality control measures. It is likely, however, that some level of additional recurrent funding will be required to provide the administrative and program support for LACs as well as to deal with the transfer of some complex funding plans to other providers.

### **5.3. Summary of the key findings from the consultations conducted with consumers, agencies, LACs, community groups and other stakeholders**

The Review Steering Committee used a variety of consultative processes to obtain the views of consumers, agencies, LACs and other key stakeholders about the LAC program. All of these groups have affirmed the worth, relevance and necessity of the LAC program. There is a strong and consistent view expressed by these groups and individuals that the LAC program should be maintained and strengthened. LAC should continue to be the Commission's front-line, community-based support system for people with disabilities and their families.

The consultations conducted with consumers, agencies, community groups and other stakeholders identified a wide range of strengths in the Local Area Coordination program.

#### ***5.3.1. Areas of strength identified by people with disabilities, families and carers included:***

- LAC is based on flexible, respectful, personalised, holistic, long-term relationships;
- reliability and trustworthiness;
- local supports;



- single point of contact;
- the provision of practical information and support; and
- unsolicited contact by the LAC builds relationships.

***5.3.2. Strengths identified by agencies included:***

- service coordination;
- local presence and knowledge;
- effective advocacy;
- personalised supports; and
- community development.

***5.3.3. The major strengths identified by LACs were:***

- the development of long-term relationships with people with disabilities and their families;
- a focus on the values of inclusion and empowerment;
- the development of local community networks; and
- flexibility and creativity, and the ability to respond quickly to the changing needs of consumers.

The consultations conducted with consumers, agencies, community groups and other stakeholders also highlighted a number of weaknesses in the current program.

***5.3.4. Areas of weakness in the LAC program which were identified by people with disabilities, families and carers included:***

- low awareness about the LAC program in the general community;
- lack of clarity and understanding of the LAC role;
- some inconsistency in the quality of LAC support;
- increasing LAC workloads and an associated reduction in contact with families; and
- no mechanism for feedback from consumers.

***5.3.5. Weaknesses identified by agencies were:***

- variability in the way individual LACs interpreted their roles;
- lack of responsiveness by LACs in some situations;
- lack of willingness to work collaboratively and network with some agencies; and
- high variability in skills amongst LACs.

**5.3.6. Weaknesses identified by LACs included:**

- high level of bureaucracy and administrative tasks;
- insufficient administrative and program support for LACs;
- a weakening of the values base of LAC; and
- an increase in the amount of time required to manage program funding.

Consumers, agency representatives and LACs also indicated that there are many areas in which the LAC program could be improved to increase its overall effectiveness.

**5.3.7. What do consumers say they would like to see in the LAC program?**

- more access to their LAC;
- greater consistency in the quality of LAC support;
- increased attention paid to recruiting LACs with appropriate skills, abilities and life experiences;
- a long-term relationship with their LAC; and
- a user-friendly process for providing feedback about issues or concerns.

**5.3.8. What do agencies say they would like to see in the LAC program?**

- clearer understanding of the LAC role;
- increased awareness in the community about LAC;
- greater consistency in the interpretation of the role by LACs;
- increased engagement and collaboration by LACs with local agencies; and
- greater consistency in the quality of LAC support.

**5.3.9. What do LACs say they would like to see in the LAC program?**

- a reduction in bureaucratic and administrative requirements;
- increased administrative and program support;
- a reduction in the amount of time spent on managing consumer funding;
- increased support and supervision;
- the capacity to spend more time to support consumers and to influence communities; and

- a re-focus on the strong values base of the LAC program.

The single most important finding to emerge from the consultations is that the LAC program is highly valued by consumers. The Review has shown that the work of LAC has had a positive impact on the lives of people with disabilities and upon the communities in which they live. The overwhelming message from consumers is that the LAC program is a highly valued Government service that needs to continue.

Analysis of the data gathered from the consultations has also shown that there are issues and problems associated with the operation of LAC which, if left unaddressed, will compromise the program and reduce its effectiveness.

The following conclusions from the LAC Review have emerged from a careful analysis of the findings from the consumer consultations combined with the value for money analysis and the findings from previous evaluations and of the LAC program.

#### **5.4. Conclusions: Major Strengths of the LAC program**

##### ***5.4.1. Pre-eminence of the values base as a key success factor***

The identification of the strength of the values base of the program as its pre-eminent success factor was universal across the whole range of stakeholder groups consulted and in the various studies conducted for the review.

Its values base is fundamental to the degree of support that LAC enjoys, especially its commitment to inclusiveness, empowerment, and respect for the natural authority of families.

From consumers, key stakeholders and LACs themselves, there were views that the extension of the role into a broader range of areas, particularly funding management and its associated accountability requirements, was a threat to aspects of the values base, and in the view of some, is proving to be incompatible.

While there is confidence that the values base has largely remained intact and has continued to drive the program during its recent years of significant growth, there is not the same level of confidence that this can continue into the future. LACs expressed strong opinions that the values base has been, and continues to be eroded and diluted by bureaucratic and administrative process, and the lack of connection between these processes and the LAC values.

An increasing disparity between professed organisational values that are consistent with LAC values, and perceptions of actual organisational practice driven by different values and external pressures to justify and be accountable, has also been noted.

One of the strongest messages received by the Review Committee was that the LAC program should re-focus on the core values of inclusion, community participation, and individual/family empowerment. LACs should be guided by these values as they strive to achieve their overall goal which is to support people with disabilities to lead good lives. There was also strong endorsement for LACs to focus on building and strengthening local communities to become more responsive and accessible for people with disabilities.

#### ***5.4.2. High Levels of Consumer Satisfaction***

The high level of consumer satisfaction with LAC was confirmed in the *Consumer Consultations*, (McKeague 4,5,6,16) the *Commission's Consumer Survey*, (Donovan 2) the Report on *Standards Monitoring 1999-2002*, (Erskine 8) and the Report on *Research on Local Area Coordination* (Chadbourne 2) that was commissioned for the Review. Comparative analysis of levels of consumer satisfaction with service coordination in Western Australia and nationally also confirms higher levels of satisfaction here than elsewhere.

There are indications, however, that consumers are beginning to feel that aspects of the service are showing signs of being available only at times of crisis or critical decision making, that some LACs are failing to follow through, and that the regular long-term relationship building that has characterised LAC is less assured than it used to be. All of these features are consistent with the work practices of people who are trying to accommodate increasing levels of work at a cost to levels of service.

Concerns about reducing levels of quality of staffing in LAC were raised by consumers, LACs themselves and key informants. It is very clear that satisfaction levels with LAC are closely correlated to satisfaction with the individual LAC relationship, and insofar as current trends threaten that relationship for some consumers, levels of satisfaction with LAC are likely to diminish.

#### ***5.4.3. Value for Money***

Several external evaluations of both LAC in Western Australia and elsewhere - most particularly Queensland - as well as internal evaluations and the value for money study that was commissioned as part of this Review, have confirmed that the LAC model provides value-for-money outcomes not matched by any other areas of disability service delivery.

Further, the operational costs of LAC have remained relatively stable over time, compared with other forms of service delivery.

Compared with national benchmark data, LAC provides more supports to more people, with a high level of satisfaction, at a cost that is more likely to be able to be afforded by Government.

However, the review has also identified that accepted ratios of Consumers to LACs have risen significantly and in 17 areas now exceed 70:1, and in some of these have passed 80:1. On the one hand this could be considered to be an excellent productivity outcome. On the other, evidence presented to the Review about the impact of ratios of this magnitude on LACs' capacity to perform effectively in the role, suggests that at these levels, value is actually lost because the role cannot be performed effectively. At this stage, because the number of LAC districts where ratios are consistently significantly above the accepted levels are still relatively few, there has not been a marked impact at the whole of program level. Some indicators could be interpreted as early signs of warning, that if ratios of this level become the norm, there will be significant negative impact on the extent to which value-for-money outcomes are achieved.

For example, although there is no conclusive evidence of correlation, it is highly probable that increasingly unmanageable workloads are a major contributory factor to reduced LAC morale, and reduced morale leads to higher levels of resignation. LAC turnover has already been identified as a source of concern to stakeholders, and the difficulties of recruiting suitable staff to train as LACs has also been identified.

The recruitment, selection and training costs to secure staff rapidly impacts upon these program's value for money if those staff members do not stay in their positions. The cost to erosion of the skill and knowledge base of LAC and the loss of community experience to clients, families and communities through high staff turnover is more difficult to quantify.

In essence, while the value-for-money analysis at this stage is a very favourable one for LAC, consideration will need to be given to ensuring that areas, particularly "behind the scenes" areas that can impact significantly on the value-for-money equation, are addressed as a result of this Review. This includes a need to monitor consumer-LAC ratios to ensure that they remain within an acceptable band level, and that when that level is exceeded, remedial action is taken.

#### ***5.4.4. Program Responsiveness and Flexibility***

A major strength of LAC lies in the ability of individual LACs to be responsive to the changing needs and goals of the people they support. Flexibility and creativity in responding to the needs of individuals and families have been cited as positive features of the LAC approach.

To maintain the core strength of individual and local responsiveness and flexibility in balance with demands for common practices and often externally imposed pressures for common accountability, will be an ongoing challenge for LAC. This has been evident in the Review.

Consumers, (McKeague 4,5,6,16) LACs (McKeague7,14,17) and Commission staff (Daisley 18) and key informants (Daisley 9,15) on the one hand, express strong support for the maintenance of the program's flexibility and capacity to respond to individual needs and circumstances. On the other, they express concerns about perceived inconsistencies in approach and outcomes between individual LACs and their clients, and between LAC districts which they suggest could be addressed by having a more explicit common framework guiding LAC practice across the state, possibly with an outcomes rather than activity focus.

## 5.5. Conclusions: Proposals for the Future

The broad range of constructive proposals for the future development of LAC provided to the Review was indicative of the extent to which all stakeholders are confident about the future of LAC and committed to seeing its position being strengthened. It is not possible to include every suggestion in this final report. The focus of the discussion which follows is on those issues which will have the greatest strategic impact on the future development of LAC and on those issues most consistently raised across the range of inputs the Review has received. The following proposals for the future are presented as 10 key themes. These themes will be used as the framework for the Review recommendations in Section 6 of this report.

### 5.5.1. *Future location and scope of the LAC program*

- (1) The number of Western Australians with a disability is currently estimated at 381,000 and is expected to increase in line with general population growth, estimated at being an increase of approximately 8,500 people per year (Disability Services Commission, Annual Report, 2000-01);

The number of Western Australians with disabilities up to 65 years of age is forecast to increase by about 3,200 per year (Disability Services Commission, Annual Report, 2000-01);

The number of people with a profound or severe 'core activity' restriction can be expected to increase from 107,700 to 164,800 people from 2001 to 2021 (Disability Services Commission, Progress Report, Estimation of Projected Demand for Accommodation Support Services, 2002);

These projections provide some indication of future demand for LAC, and the subsequent need for cost-effective support services. This information is useful in the consideration of the future role that LACs will have in the disability sector in the context of managing increasing demand within limited resources.

If there is a significant increase in the number of people with

disabilities in the population, there will be at least a commensurate increase (if other eligibility factors remain constant) in people who are eligible for LAC services.

Records kept by LAC confirm an upward trend in the amount of time spent by LACs in supporting people at Level One (low level information and advocacy). In 1996-97 a total of 1,757 hours was spent by 70 LACs at an average of 25.1 hours per LAC per year. By 2001-02 LAC recorded 4,014 hours by 124 LACs at an average of 30.2 hours per LAC.

These projections strongly suggest that the growth that has stretched LAC will continue, and without commensurate adjustments to LAC consumer ratios, the challenges in maintaining adequate levels of effectiveness amidst increasing levels of complexity, will increase.

In summary, to maintain the integrity of the LAC program into the future, growth funding will be required to ensure that the numbers of LACs keep pace with the growth in numbers of people with disabilities they support.

- (2) The issue of outsourcing the LAC function, and making it a function in the non-government service sector was raised in different forums and by five key stakeholders. Views ranged from those who suggested it should be entirely outsourced, to those who suggested some aspects should be outsourced to others who felt strongly that no aspects of LAC should be outsourced.

The high levels of consumer satisfaction with LAC as managed within the Commission and the value for money that can be demonstrated under its current management arrangements, combine to indicate that LAC is a function that should be retained within the Commission.

- (3) Setting clear boundaries for LAC is very important for the future of the program. In some cases interagency relationships could be enhanced through the development of Memoranda of Understanding, or protocols to guide the relationship and to make clear what the participating parties can and cannot deliver. This is in relation both to external agencies and other directorates within the Commission.

There was support, especially in the Key Informant interviews, (Daisley 9,15) for the concept of a Charter of Working Arrangements which would provide a constructive and efficient way for LACs and other providers, such as local Government, non-government and other government agencies to work collaboratively.

It was considered that this strategy would assist in the development of positive collegiate attitudes of LACs towards working with service providers, and provide greater clarity around the roles and expectations of each party.

As a priority, negotiations should proceed with key agencies such as the DCD and the Department for Health, to finalise policy and funding frameworks governing the interface between the DCD and the Commission regarding children who are out of home, and the Department for Health and the Commission, regarding responsibilities for medically-fragile children and people who have an intellectual disability and a mental illness. In a vulnerable constituency, these are especially vulnerable groups and it is important that both Government and community are agreed about where responsibilities lay.

- (4) The range of functions ascribed to LAC has increased markedly since its inception in 1988, especially in the past five years, to the extent that there are signs that the model is now being compromised.

Each addition to the LAC role slowly dilutes the capacity of the LAC to respond to longer-term issues and developmental needs within communities and redirects efforts into work of a more critical and urgent nature. This erosion of long-term capacity building is an issue central to the direction of State Government policy that directs investment in processes that support individuals, families and communities to build capacity to support all people who live within them.

#### ***5.5.2. An agreed statewide framework and a sound values base***

One of the strongest messages received by the Review Committee was that the LAC program should re-focus on the core values of inclusion, community participation, and individual/family empowerment. LACs should be guided by these values as they strive to achieve their overall goal which is to support people with disabilities to lead good lives. There was also strong endorsement for LACs to focus on building and strengthening local communities to become more responsive and accessible for people with disabilities.

The existing LAC framework should be updated and endorsed to serve as a guide for the operations of all LACs across country and metropolitan areas. This framework should be based on the core values listed above and should be used as the basis for supervising LACs in both the country and metropolitan directorates.



### ***5.5.3. Recognise differences between country and metropolitan LAC***

With the growth in the complexity of LAC, in terms of its statewide coverage, the breadth of the role, and the number of LACs in the field, there have been increasing challenges in providing a management structure that satisfactorily links the multiple functions that LACs now perform, and provides sufficient support in the areas of "traditional" LAC activity and a holistic perspective on LAC.

Restructuring within the Commission has posed challenges in the ability of the management structure to provide dedicated support to LACs and a consistent statewide approach to the program. Some of the more recent restructuring may have achieved overall organisational benefits, but there is some evidence that this has had a destabilising effect on the management and coherency of LAC.

Following the most recent realignment (2002), MSC has retained responsibility for the IFS, Recreation and LAC programs, and has gained responsibility for Day Options and Metropolitan Autism services. The CSC directorate has retained responsibility for the Country Resource and Consultancy program and LAC, and has gained responsibility for country autism services and the Health Resource and Consultancy Team.

The complexity of LAC and projections for future demand strongly suggest that LAC should have dedicated management in a structure that is responsive and close to LACs in the field. A flat management structure is needed to ensure effective management and local ownership of issues.

The Review has also highlighted the differences between LAC in country areas and metropolitan Perth. While it is accepted that the work of all LACs should be guided by the same basic framework, it is considered both inevitable and appropriate that the program will operate differently between the country and metropolitan areas.

### ***5.5.4. Clarification and communication of the LAC role***

Given the significant amount of change that the program has accommodated, especially over the past four years, it should not be surprising that there is a level of confusion, to some degree within the Commission, but more so among external agencies and key informants, about expectations of LAC - what it is, what it can do and for whom.

The increasing breadth of the constituency, especially in areas such as Level One consumers and children with autism spectrum disorders, have added to this, as has the markedly increased role in funding.

Overall, the level of common understanding about LAC across the various stakeholder groups who contributed to the Review was

relatively high. However, the number of people who raised the need for a clearer articulation of the role was high enough to suggest that there is a capacity to do more to inform other agencies about the role and what reasonably can be expected to be achieved through LAC.

In the Survey of Agencies, (English 10) issues around the lack of clarity of the LAC role, confusion and perceived inconsistencies in the role was the single most frequently mentioned issues, attracting comment from 20 per cent of respondents. Other stakeholder groups (McKeague 4,5,6, 16 Daisley 15, 18) also raised the issue.

There has been consistent support for an articulation of the role of LAC, and general (but not overwhelming) support for a statement such as the Proposed LAC Role, which was put out for consideration as part of the Review.

Steps need to be taken to clearly specify the purpose and scope of the LAC program. This will provide the basis for developing a clear role statement for LACs which easily can be understood by consumers, agencies, and the general community. Effective communication strategies should then be used to advise all stakeholders about the role of the LAC and the scope of their operations.

One of the major causes of role confusion for LACs stems from a requirement for them to wear a number of hats within the Commission's funder/purchaser/provider model of service provision. It will be important to clearly specify the LAC role within this model – for the benefit of consumers and LACs.

#### ***5.5.5. Modifications to make LAC more relevant and responsive to Indigenous Australians and people from CALD backgrounds***

While the Review has shown that many Indigenous Australians and people from CALD backgrounds highly value the support they receive through the LAC program, there are other individuals and families from these sections of the population who are either unaware of, or are dissatisfied with, Local Area Coordination.

There was a general view expressed that the Commission should develop and implement specific strategies for increasing knowledge within CALD and Indigenous organisations, carer groups and advocacy groups about LAC and other Commission programs.

It was also felt that LACs should do more to liaise and build productive relationships with key Indigenous and CALD organisations and carer groups.

There was strong support for the proposition that LACs create and accept opportunities to build support arrangements for Indigenous people with disabilities that are complementary with existing supports and services which are valued by Indigenous families and communities.

The very low number of LAC from Indigenous and CALD backgrounds was raised as an issue in the Review. There was a strong view that new strategies should be used to increase the number of CALD and Indigenous LACs.

***5.5.6. Establish an on-going evaluative framework (to include new consumer feedback mechanisms)***

- (1) The Review found that the LAC program has been the subject of 17 separate studies and evaluations since the time of its introduction in Western Australia in 1988. The current Review is the most extensive analysis of the program. To avoid the necessity for further individual reviews in the future it is recommended that an evaluative framework be developed which will allow the program to be monitored on an on-going basis.
- (2) While for a significant majority of consumers their relationship with LAC is a positive one, for the small minority whose experience with LAC and LACs is not positive, there are not sufficient safeguards in the system.

There is scope to more effectively and consistently address situations of difference or conflict between a consumer and LAC, and to provide alternatives to consumers and families when the relationship between them and the LAC does not work.

The Review has highlighted the need to establish a mechanism which will allow consumer issues and concerns to be brought to the attention of management and be resolved without the necessity to move directly to formal dispute resolution processes.

***5.5.7. Improve LAC capacity to provide information to consumers/clarify LAC role in advocacy***

The Review has found that the provision of information and advocacy support are two important and valued aspects of the LAC role. However, significant improvements are needed within the LAC program to ensure that people with disabilities and their families can access timely and accurate information to assist with decision making, planning and coordination.

On the one hand, advocacy was identified to be a strength in a number of forums but it was also identified to be a weakness.

Difficulties are often presented for the LAC in being called upon on to advocate against other Government services, a difficult position in the long-term and one that exposes the problematic nature of advocacy in the LAC Role Statements. The nature and amount of independent advocacy support, especially for people who do not fit within service eligibility guidelines, but also in general, continues to be a pressing issue for LAC.

Conflicts also arise in the LAC as advocate role, when the consumers needs, interests and preferences are not those of their family. It is not possible for the LAC to advocate in situations when the two core elements of its constituency are themselves in conflict.

In the more traditional areas of LAC operations there are tensions in undertaking the role of an advocate, and these are likely to increase as funding and administrative roles expand.

There is a fundamental and irreconcilable tension for LACs in endeavouring to fulfil an advocacy role and being employed by a Government agency that has as its core function, the service area in which the individual is expected to advocate.

The advocacy role of LACs should be clearly defined and communicated. Specific training initiatives should be taken to increase skill levels in this important area of LAC work.

#### ***5.5.8. Simplification and streamlining of administrative and funding process***

LAC processes should be simplified and streamlined, especially in relation to direct consumer funding. Administrative and reporting requirements from the Commission's SP&D directorate have become very complex and increasingly time consuming. Change is required to remove these complex administrative processes. Changes also are needed in the administrative and program support areas to reduce the amount of time spent by LACs on low-level administrative and processing tasks. This will increase the amount of time available for LACs to focus on the core aspect of their role, which is to support people with disabilities and their families and to support communities to become more inclusive.

#### ***5.5.9. Improve LAC quality processes***

Across all consultations there are perceptions that as LAC has grown, there is less confidence in the quality and consistency in approach of individual LACs and between LAC districts.

On the one hand, this could be regarded as an inevitable bi-product to the rapid growth of the program in terms of its geographical coverage, service scope and client numbers, but on the other, the review has identified particular factors that have contributed to this situation and these need to be considered.

The consultations seem to suggest that the skills, life experience and personal capacities that make an individual a highly effective LAC are not necessarily the same set of skills, experiences and capacities that make an individual a highly effective administrator or bureaucrat. The quality measures for each are not the same, yet both outcomes are expected of the LACs.

There were also concerns that the coherency of the model in terms of the quality of service provision was adversely affected by the splitting of metropolitan and country LAC, and the focus on LAC as a single function has yet to be regained.

Concerns about a reduction in the overall quality of staff in LAC were expressed in a number of forums - but need to be considered in the context of very high levels of satisfaction overall. As the number of LACs increases, it will be the case that the traditional ways of communicating between them, methods of supervision and strategies to assure quality will need to be reviewed and changed. In particular, there would seem to be scope for a formalised mentoring system, to pair new, inexperienced LACs with a more experienced colleague for the first 12 months of their service.

Further to the issues noted above, growth has posed, and will continue to pose into the future, a number of issues for the program in the recruitment of suitable people to do the job as well as in the induction, training and supervision of LACs.

Concerns about recruitment of people deemed "unsuitable" to be LACs by virtue of personality characteristics, age, lack of life experience and lack of experience with disability have been expressed across a range of forums in the Review. It is clear that the extended role of LAC and increasing workloads, would test most LACs and make the shortcomings in those whose performance is marginal, more apparent.

Some consumers sought a greater role in the recruitment and selection process.

It would seem opportune that a review of recruitment and selection processes, including criteria for selection be undertaken, taking into account the comments that have been received in the Review.

Similarly there is a need to review supervision and professional development strategies to ensure that they are appropriate for the full range of LAC duties and are responsive to organisational personal and community needs.

#### ***5.5.10. Significantly reduce the LAC role in funding processes and administration***

Since 1994-95, the main injection of funds into the LAC program has been for grants to individuals/families with a lesser proportion of funds dedicated to LAC expansion. Whilst this is positive in the context of 'more people' receiving 'more money', there is an implication on the capacity of LAC staff to support growing numbers of individuals/families with grants administration.

In effect, increasing numbers of people receiving funding grants, as well as the complexities surrounding various funding programs (in addition to their associated guidelines) will clearly have had an impact

on the capacity of LAC staff to dedicate their time to 'non-grants' areas (eg service coordination, community capacity building).

The combining of the earlier "traditional" roles of LAC with an increasing array of administrative responsibilities has significantly increased the complexity of the role, and again posed challenges for the recruitment of people suitable for the job. The set of LAC service delivery skills, attributes and knowledge are not the same as the set of skills required to administer increasingly complex funding arrangements.

The administrative workload associated with the funding arrangements and generally more stringent accountability requirements has been a significant factor in influencing LACs capacity to meet other requirements of their job.

LAC capacity to deliver services has also been adversely affected by:

- increasing workloads overall, both within their traditional areas of operation, and also more broadly as the eligibility net has been extended to cover a wider range of consumers;
- external and internal policy changes; and
- changing organisational management arrangements within the Commission.

There has been widespread agreement in the Review that action is required to free-up LAC time to get back into the community and among consumers, and to spend less time office-bound on paperwork and meeting accountability requirements.

Some respondents proposed removing LACs from the funding role. The impact of a significantly increased role in funding on LAC capacity for direct work with consumers has been clearly demonstrated in the Review. Among LACs themselves, there were a range of views extending from removing the funding role completely, to reducing caseloads so that the administrative role could be managed, to retaining the funding role but with adequate dedicated administrative support.

On balance, while there are some who have objections to the funding role because they perceive it to intrude into their capacity to work directly with consumers, families and the community to achieve more strategic outcomes, it seems that a majority see linkages between the funding role and their role with consumers and families, and would be prepared to continue to perform the role if there were adequate administrative support arrangements in place.

Some key informants noted that funding is becoming more central to families and that as such, LACs have an increased involvement in this area. There are also comments that the level of bureaucracy attached to the LAC role has negatively impacted on the time available for LACs to work with families, their values-based focus and their holistic approach to working with consumers and their communities.

The prevailing view overall appears to be that if there is to be a funding role, it must be appropriately balanced with the traditional LAC role by providing adequate administrative supports at a local level, and there must be recognition of the impact of funding responsibilities on the LACs' role. Time spent in funding management needs to be more accurately factored into calculations of consumer LAC ratios.

The Review has found that many LACs are spending a large amount of time assisting a small number of people with disabilities and/or families to co-ordinate and manage their accommodation or family support arrangements. This significantly reduces the time available for the LACs to provide support to the other consumers in their local areas. The practice of having LACs co-ordinate/manage complex support options should be discontinued particularly in those situations where the individual/family self-management role has significantly reduced. The management of these support arrangements should be transferred to appropriate service providers.

## **5.6. Alternative Futures**

Following careful analysis of all the data gathered through the review processes, the Steering Committee considered four main options for the future of the LAC program.

1. Continue with the program in its current form and implement minor changes in response to identified problems.
2. Clarify, simplify and re-focus the LAC program to address the issues and problems identified by consumers, agencies, key informants and LACs.
3. Outsource LAC.
4. Re-shape LAC into an information, advocacy and community development service.

The Committee identified a fifth option which was to wind-up the LAC program. This was not pursued because there was no support for this position from any of the information provided to the Steering Committee.

The Committee did not consider the option of broadening the scope of the LAC program (other than the on-going growth required to meet the increase in consumer numbers) because of the budgetary implications.

The advantages and disadvantages of each of the four options considered by the Committee are summarised in the following table.

**TABLE 2 Options for the Future of the LAC program**

	<b>Advantages</b>	<b>Disadvantages</b>
<p><b>Option 1</b></p> <p>Continue with the program in its current form and implement minor changes in response to identified problems.</p>	<ul style="list-style-type: none"> <li>• Provides a 'front line' Government service to people throughout the state.</li> <li>• Local, personalised, individualised support.</li> <li>• Dual focus on supporting individuals/families and community development.</li> <li>• Mechanism for consultation and input to policy development.</li> <li>• Assists consumers to access Commission programs.</li> </ul>	<ul style="list-style-type: none"> <li>• LAC role is too complex and poorly defined.</li> <li>• Low awareness about LAC in some parts of the community.</li> <li>• Unmanageable workloads for LACs.</li> <li>• LACs become all things to all people.</li> <li>• LACs overburdened by administration and program funding.</li> <li>• Increases in the time spent by LACs in managing funding.</li> <li>• Balance between community development and individual support is difficult to achieve.</li> <li>• Not independent of Government.</li> </ul>
<p><b>Option 2</b></p> <p>Clarify, simplify and re-focus the LAC program to address the issues and problems identified by consumers, agencies and LACs.</p>	<ul style="list-style-type: none"> <li>• Increase the time available for LACs to work with individuals, families and communities.</li> <li>• Clarity in LAC role.</li> <li>• Reduce time spent on program funding and administration.</li> <li>• Provides a 'front line' Government service.</li> <li>• Dual focus on supporting individuals/families and community development.</li> <li>• More time available for LACs to liaise and consult with their local community.</li> <li>• Assists consumers to access Commission programs and community supports.</li> <li>• Improved quality of service and consistency in LAC response.</li> </ul>	<ul style="list-style-type: none"> <li>• Requirement for increased capacity in independent advocacy.</li> <li>• Not independent of Government.</li> </ul>



	<b>Advantages</b>	<b>Disadvantages</b>
	<ul style="list-style-type: none"> <li>• Provides greater capacity to promote inclusion community participation.</li> <li>• More time available for LACs to assist consumers to access the supports they need via universal platforms (services available to all people).</li> </ul>	
<p><b>Option 3</b> Outsource LAC.</p>	<ul style="list-style-type: none"> <li>• LAC seen to be independent of Government.</li> <li>• Reduce confusion about LAC role in advocacy.</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of a 'front line' Government service.</li> <li>• Loss of system for informing Commission and Government about demand and service issues.</li> <li>• Loss of mechanism for coordination across Government.</li> </ul>
<p><b>Option 4</b> Re-shape LAC into an information, advocacy and community development service.</p>	<ul style="list-style-type: none"> <li>• Simplification of LAC role.</li> <li>• Increase consumer access to advocacy support.</li> <li>• Increased focus on finding local solutions to meet the needs of consumers.</li> <li>• Increased emphasis on community development.</li> </ul>	<ul style="list-style-type: none"> <li>• New structures would need to be created to manage roles currently performed by LACs (eg program funding).</li> <li>• No statewide coordination function.</li> </ul>

The LAC Review Steering Committee strongly recommends that Option 2 be pursued by Government and by the Commission. The Committee considers that clarifying, simplifying and re-focussing the LAC program on the basis of the specific recommendations listed below offers the best prospect for maintaining the positive features of the current system while ensuring that the program is sustainable into the future.

## **6. RECOMMENDATIONS**

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### **THEME 1: Future location and scope of the LAC program**

1. That the Commission maintain and continue to develop the LAC program as a community-based Government service which has the dual roles of supporting people with disabilities and their families and carers and supporting the development of inclusive communities.
2. That the LAC program be resourced at a level which will enable LAC-consumer ratios to average 1:64 (registered L2/3 consumers) in metropolitan areas and 1:62 (registered L2/3 consumers) in country areas<sup>3</sup>. This will ensure that the LAC program will have the resources required to keep pace with the growth in consumer numbers. Factors such as distance, isolation, number of funding plans, and the availability of alternative supports should be considered when allocating consumers to individual LACs.
3. That access to the full LAC program continue to be available to people with disabilities as per the current Commission policy (Level 2 and Level 3 registrations).
4. That LACs continue to provide a lower level information and advocacy service to people who self-identify as having a disability (Level 1).

### **THEME 2: An agreed statewide framework and a sound values base**

5. That LAC operations in country and metropolitan areas be guided by a statewide LAC framework.
6. That the work of LACs be re-focused on the key values of inclusion, community participation, individual/family empowerment and a respect for the rights of people with disabilities.

### **THEME 3: Recognise differences between country and metropolitan LAC**

7. That the current arrangements whereby LAC is managed separately in country and metropolitan areas be maintained and it be recognised that it is appropriate that there will be variations in the operation of the LAC program between country regions and the metropolitan area. A separate country LAC operation should be retained to ensure that country issues are well

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<sup>3</sup> LAC-consumer ratio is calculated using the number of consumers registered for DSC services (Level 2 and Level 3) and the Full Time Equivalent (FTE) staffing allocation for Local Area Coordination. The LAC FTE does not include staffing allocation for LAC supervision or management.

represented within the Commission.

8. That MSC and CSC directorates each establish a LAC program support and development capacity to maintain the focus and integrity of the LAC program and to reduce the demands on LAC for non-core duties.

**THEME 4: Clarification and communication of the LAC role**

9. That the LAC role statement be simplified and effectively communicated to all LACs, consumers, agencies (Government and non-government) and the general community.
10. That greater emphasis be placed on the LAC role in building community responses and support options for people with disabilities and families.
11. That steps be taken to clearly specify the LAC role in the funder/purchaser/provider model of service delivery.

**THEME 5: Modifications to make LAC more relevant and responsive to Indigenous Australians and people from CALD backgrounds**

12. That the new LAC induction and on-going professional development program include training and support for LACs in their work with Indigenous people with disabilities as well as people from culturally and linguistically diverse backgrounds.
13. That the Commission develops and implements specific strategies for increasing knowledge within CALD and Indigenous organisations, carer groups and advocacy groups about LAC and other Commission programs.
14. That LACs create and accept opportunities to build support arrangements for Indigenous people with disabilities that are complementary with existing supports and services which are valued by Indigenous families and communities.

**THEME 6: Establish an on-going evaluative framework for the LAC program (to include new consumer feedback mechanisms)**

15. That the Commission establish a mechanism to provide on-going evaluation of the LAC program.
16. That mechanisms be established which will encourage consumer issues, concerns and suggestions for improvement to be brought to the attention of management to be resolved without the necessity to move directly to formal dispute resolution processes.

**THEME 7: Improve LAC capacity to provide information to consumers and clarify LAC role in advocacy**

17. That new systems be developed and implemented to increase consumer access to information (via LAC or on the Commission website).
18. That LACs contribute to the development of checklists which can be used to increase consumer knowledge about the LAC program, the Commission and other matters related to disability services.
19. That a LAC consumer package be provided to all individuals and families who become eligible for LAC support.
20. That the LAC role in advocacy be clarified. That the LAC Role Statement should recognise the difficulties which can sometimes exist for LACs, as public servants, when they are called upon to advocate on behalf of consumers for services particularly with other Government departments.
21. That LACs receive appropriate training in effective advocacy principles and techniques.
22. That additional resources be allocated by Commission to increase the availability and accessibility of independent advocacy services in country regions and in the Perth metropolitan area.

**THEME 8: Simplification and streamlining of administrative and funding process**

23. That the MSC and CSC directorates take steps to significantly reduce the administrative and funding processing roles for LACs.
24. That additional resources be provided to the MSC and CSC directorates to provide additional administrative support for LACs.
25. That the processes used to provide grants to consumers and the associated accountability mechanisms be simplified and streamlined. Accountability benchmarks should be reviewed and simplified to the minimum requirements of legislative, Treasury and audit requirements.

**THEME 9: Improve LAC quality processes**

26. That new recruitment strategies be used to attract a wider field of applicants for vacant LAC positions.
27. That LAC selection processes be re-examined (and modified where necessary) to ensure that new recruits have the pre-requisite skills required for the LAC role.
28. That a comprehensive induction and on-going training program be

developed and implemented for all LACs.

29. That the role of the LAC Supervisor (country and metro) be re-examined to ensure that these positions are operating effectively within the LAC program. This should include a re-assessment of the current supervision and management structures and practices which exist in the Perth metropolitan area.
30. That the LAC Supervision and support processes be modified to increase the overall level of supervision and on-going support for all LACs.
31. That performance benchmarks be established to increase the level of accountability for the activities of LACs and LAC Supervisors. This would include the introduction of customer service benchmarks.
32. That steps be taken by the MSC and CSC directorates to increase the level of regional decision making in the LAC program.

**THEME 10: Significantly reduce the LAC role in funding processes and administration**

33. That steps be taken to simplify the management and operation of program funding (both for LACs and for consumers). Funding allocated to individual consumers from multiple programs (eg Accommodation Support Funding, Alternatives to Employment, Flexible Family Support, Intensive Family Support, LAC Tied Funding) be aggregated into one resource package which can be used flexibly to meet changing needs. Aggregate and block funding systems should be used to simplify the current highly complex system of managing support funding for individual consumers. Output reporting requirements for each funding program should be managed by Commission central office staff.
34. That direct funding (providing grants directly to people with disabilities/families) remain an integral component of the LAC program. However, the coordination and/or management of complex accommodation and/or complex family support arrangements should not be part of the LAC role, particularly where the individual/family role in self-management has significantly reduced. Steps should be taken to transfer complex, non-self managing support arrangements to appropriate service providers.
35. That in situations where people with disabilities living in country areas have their support needs met by a funded agency, the LAC should remain involved to continue relationship building and community inclusion strategies where appropriate. This reflects the historical practice of country LAC and is in recognition of the scarcity of additional resources available to formal country services.
36. That the Commission examines strategies for increasing service capacity for the provision of accommodation support and family support options (to

compensate for the withdrawal of LAC involvement in the management and coordination of complex support options).

37. That a limit be placed on the number of funding plans managed by individual LACs.

**Theme 11: Implementation**

38. That an implementation committee comprising LACs, Commission senior officers, consumers and agency representatives be established to guide and monitor the implementation of the recommendations listed above.

39. That the Implementation Committee meet on a monthly basis during 2003 to guide and monitor the implementation of the endorsed changes to the LAC program.

40. That the Implementation Committee report to the Commission Board in May 2004 on the outcomes of the changes to the LAC program.

## CONCLUSION

This Ministerial review of LAC is the most comprehensive and detailed analysis of the LAC program since it commenced in 1988. Members of the Review Steering Committee wish to thank the Minister for Disability Services for establishing the Review as a means of determining if the program's goals are clear and achievable and to assess the extent to which LAC is providing value for money in the delivery of individualised support to people with disabilities and their families.

The Steering Committee also wishes to thank the many people who contributed their ideas and opinions to the Review. The various consultative processes used during 2002 and 2003 enabled over 800 individuals, groups and organisations to make contributions to the LAC Review. A special thank you is extended to the people with disabilities and their family members who contributed to the Review through participation in one of the forums, via telephone interview or by written submission.

The findings contained in this report are the outcomes of an extensive and detailed analysis of the LAC program. The recommendations are designed to ensure that LAC can continue to be an effective, contemporary support system for people with disabilities and their families and carers.

**Source Documents**

- 1 Mike Cabbage (2002) Key Program Changes. Second Draft Paper for the LAC Review Steering Committee.
- 2 Rod Chadbourne (2002) A Review of Research on Local Area Coordination in Western Australia. Consultants report to the LAC Review Steering Committee.
- 3 Donovan Research (2002) DSC Consumer Satisfaction Survey. Final Draft.
- 4 Brendan McKeague (2002) Consumer Forums. Report to the LAC Review Steering Committee.
- 5 Brendan McKeague (2002) Consumer Written Surveys. Final Report to the LAC Review Steering Committee.
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- 8 Robert Erskine (2002) Report on Standards Monitoring Across LAC (1999-2002) Report to the LAC Review Steering Committee.
- 9 Jacquie Daisley (2002) Key Informants Interviews. Consultants Report Summary to the LAC Review Steering Committee.
- 10 English Kretschmar & Associates (2002) Report on the Findings of a Survey of Agencies. Report to the LAC Review Steering Committee.
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- 12 Susan Stanford and Chris Maher (2002) LAC Hours in Support to People Accessing Direct Funding. Report to the LAC Review Steering Committee.
- 13 Mike Cabbage (2002) History of the LAC Program and Key Changes over Time. Report to the LAC Review Steering Committee.
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- 15 Jacquie Daisley (2002) Key Informants Interviews Supplementary Report to the LAC Review Steering Committee.
- 16 Brendan McKeague (2002) Summary of Consumer Feedback. Report to the LAC Review Steering Committee.



- 17 Brendan McKeague (2002) Summary of LAC Surveys Report to the LAC Review Steering Committee.
- 18 Jacque Daisley (2002) DSC Staff Feedback. Report to the LAC Review Steering Committee.
- 19 Brendan McKeague (2003) Indigenous Consumers in Roebourne Report to the LAC Review Steering Committee.
- 20 Brendan McKeague (2003) Interviews with Individual Indigenous Consumers Report to the LAC Review Steering Committee.
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- 23 Ethnic Disability Advisory Centre (EDAC) (2003) Consumers/Carers and Service Providers Focus Groups and Interviews Report to the LAC Review Steering Committee.

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