



# Local Area Coordination Review

## Term of Reference 3: Value-for-Money

### Final Report

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15 May, 2003

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## **INTRODUCTION**

In 1988, the Labor Government initiated the Local Area Coordination (LAC) program in rural Western Australia.

The aim of the LAC program is to make disability services and supports more personal, local and accountable, and to support people with disabilities and their families in their local communities. Consistent with the current Government's 'Family Strength' policy, the LAC program considers 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).

The LAC program 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 Local Area Coordinators to conduit funding directly to people with disabilities and their families, in order to meet their specified needs. This can occur either for one-off and emergency situations, where the need can not be met through local supports and services (LAC untied funding) or through a formal application process, where recurrent funds are applied for through the Service Purchasing and Development directorate of the Disability Services Commission.

The LAC Review was convened in order to fulfil an election commitment by the Western Australian 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 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".*

The Terms of Reference of the Review were to:

1. provide a detailed summary of the history of the program and key changes over time;

2. undertake strategic consultations with consumers, agencies, community groups and key informants to determine clarity of role and purpose, and to analyse strengths and weaknesses;
3. analyse the value-for-money provided to Government by the LAC approach; and
4. synthesise the first three Terms of Reference and develop recommendations for the future.

The Review was overseen by a Ministerial 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 comprised:

- 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 of Western Australia;
- 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, Disability Service Commission;
- Dr Ron Chalmers, Director Country Services Coordination, Disability Services Commission;
- Ms Jenni Perkins, Director Policy, Planning and Information, Disability Services Commission;
- Mr Bruce Langoulant, Board Member, Disability Services Commission (withdrawn);
- Ms Susan Stanford, Local Area Coordinator, Mandurah-Murray District Disability Services Commission;

- Mr Chris Maher, Local Area Coordinator Supervisor, Broome Disability Services Commission; and
- Mr Mike Cabbage, Executive Officer, Disability Services Commission.

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

This report addresses the question of value-for-money of the LAC program and has been completed in response to the third Term of Reference of the LAC Review. The Steering Committee enlisted to oversee the LAC Review agreed that the Value-for-Money Term of Reference should be conducted on three levels, as follows:

1. **Theoretical framework on cost-benefit, cost-effectiveness and value-for-money:** The Term of Reference, as agreed by the Steering Committee, should consider the value-for-money of the LAC program as compared to similar approaches to providing services. In particular, the concept relates to the use of national benchmark data, especially comparative data on service uptake, costs per service user and consumer satisfaction.
2. **Discussion and agreement of key questions:** The Steering Committee initially indicated an interest in a number of more practical questions relating to the actual costs of LAC, as well as comparisons to other service approaches. The questions were based on two key areas: an 'Historical Investment in Local Area Coordination' and the 'Future Investment into Local Area Coordination'. Following the Steering Committee's consideration of responses to all questions, the final report includes only those questions that contribute most and/or are directly relevant to the concept of value-for-money. All responses to remaining questions were submitted to the LAC Review Steering Committee as separate information that contributed to the development of future recommendations.
3. **Method for independent verification of data:** The Steering Committee identified that all data used in the final report should be independently verified by an external auditing body for validation of the report's findings. Following consultation, the Western Australia Department of Treasury and Finance agreed to undertake this work.

(Disability Services Commission, Terms of Reference 3: Value for Money, 2002)

The process adopted in completing this report has been to consider the LAC program against a set of value-for-money criteria. The criteria were established following agreement by the Steering Committee on key questions that should be asked of the LAC program in considering the concept of value-for-money, as follows:

## Value for Money Criteria

Criterion	Basis of Criterion
<p>1. 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.</p>	<p>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.</p>
<p>2. The extent that LAC program objectives have been met, and the 'strategic value' of program achievements.</p>	<p>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 range of organisational priority goal areas, with a high level of public accountability.</p>
<p>3. Demonstrated preventive and multiplier effects of investment in LAC.</p>	<p>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.</p>
<p>4. Cost-effective operational costs (compared with other service types), and the change in costs over time.</p>	<p>For the LAC program to represent good value-for-money, it is expected that operational costs:</p> <ul style="list-style-type: none"> <li>▪ could be easily justified in the context of service outcomes;</li> <li>▪ would remain static or increase at a slower proportional rate to the number of additional people supported over a period of time; and</li> <li>▪ would compare favourably to unit costs of other State service areas.</li> </ul>

Criterion	Basis of Criterion
5. The assessment of the LAC program by other national benchmarks and studies	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.
6. The opportunity cost and risk of not continuing with the LAC program.	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.

\* Following consultation with the Department of Treasury and Finance, the last criterion was included in order to assess the impact that discontinuing the LAC program would have.

Detailed individual responses to the above criterion are provided within the body of this report using a factual and 'evidence-based' approach. The report has primarily used a range of internal and external studies and evaluations that have been conducted since 1988 to provide responses to each criterion. No interpretation of the data was provided on the basis that the responsibility of this task was more appropriately placed with the LAC Review Steering Committee. Following completion, The Department of Treasury and Finance reviewed the report and provided independent verification that all findings were reasonable and based upon a sound research and audit framework.

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15 May, 2003

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***Criterion 1:***

***As a result of the overall investment in the Statewide LAC program in Western Australia, how does LAC and the service system overall compare with national benchmarks related to service uptake, cost per service user and consumer satisfaction?***

Each year, the Australian Institute of Health and Welfare compares national 'service use' data with comparable State data. In considering this data, Western Australia generally provides a service to more people at a lower per capita cost. As the provision and availability of services should be considered in the context of current and future demand, the following data is important to consider in this broader context:

- the number of Western Australians with a disability is currently estimated at 381,000 and is expected to increase in line with the general population growth. This is 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);
- 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); and
- the demand for accommodation services on a regional basis indicates that between 2002 and 2026, approximately 71% of additional people seeking residential accommodation will be in the Perth region, and the remaining 29% in Country regions (Disability Services Commission, Progress Report, Estimation of Projected Demand for Accommodation Support Services, 2002 - not yet published).

In considering National and State population data, a link can be made between the effect that growth will have on the future demand for specific services such as accommodation support. Whilst numerous studies have aimed to quantify the exact increase in demand for accommodation support services that will arise from population growth (as well as other factors), a National and State consensus has not been reached. Nonetheless, what remains consistent across the studies is that the future demand for services will increase significantly enough to warrant close

attention. In addition, over the past five years, the number of people with disabilities living in the family home has also increased significantly - 79% increase of service users aged over 25 years and 115% increase of service users aged over 35 years (Disability Services Commission Annual Report, 2001/02). With these trends in mind, it may be useful to consider how the LAC role of supporting individuals/families in the community may assist to address unmet need in an environment of limited resources.

#### National Benchmark comparison: Western Australian Service System

Based on information reported in the Disability Services Commission Annual Report (2000/01), nationally comparable data from the Productivity Commission shows that Western Australian spending on disability services is at about the National level. *“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”* (Disability Services Commission Annual Report 2000/01, p. 57).

Overall 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% greater than the national take-up rate of 95 per 1,000 Disability Support Pension recipients;
- a cost per service user of \$32,526, which is 35% below the national level of \$49,956.

#### National Benchmark comparison: Western Australian Services

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

Note: In 1999/00 the higher service uptake rate in Western Australia reflects the more advanced stage of implementation of Individual Coordination compared with other States/Territories. More recent service uptake data indicate a National rate of 9 per 1,000 people compared with a Western Australian rate of 29 per 1,000 people.

Source: *Disability Services Commission Annual Report, 1999/00 and 2001/02*

*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 with 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% higher take up rate than the national rate (that is, 25 per 1000 people in Western Australia compared to the national rate of 22 per 1000 people);
- Non-residential services had a 81% 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 1000 people);
- Individual Coordination had a 366% higher take-up rate than the national rate (that is, 14 per 1000 people in Western Australia compared to the national rate of 3 per 1000 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 Australian expenditure on disability services underpins strategies that are intended to be preventive and community-based in nature. The high take-up rates in Western Australia (across all service areas) signify that more people in Western Australia are being provided with a disability service than the national benchmark. Along with other services, the LAC program has played a major role in supporting a significant number of people (6,147 in 2001/02) in a preventive and community-based manner. Given that national 'consumer satisfaction' data was collected in the same year, it is also worthy to note that the satisfaction data for the Western Australian LAC program was assessed as being 77%, compared with a national figure of 65%.

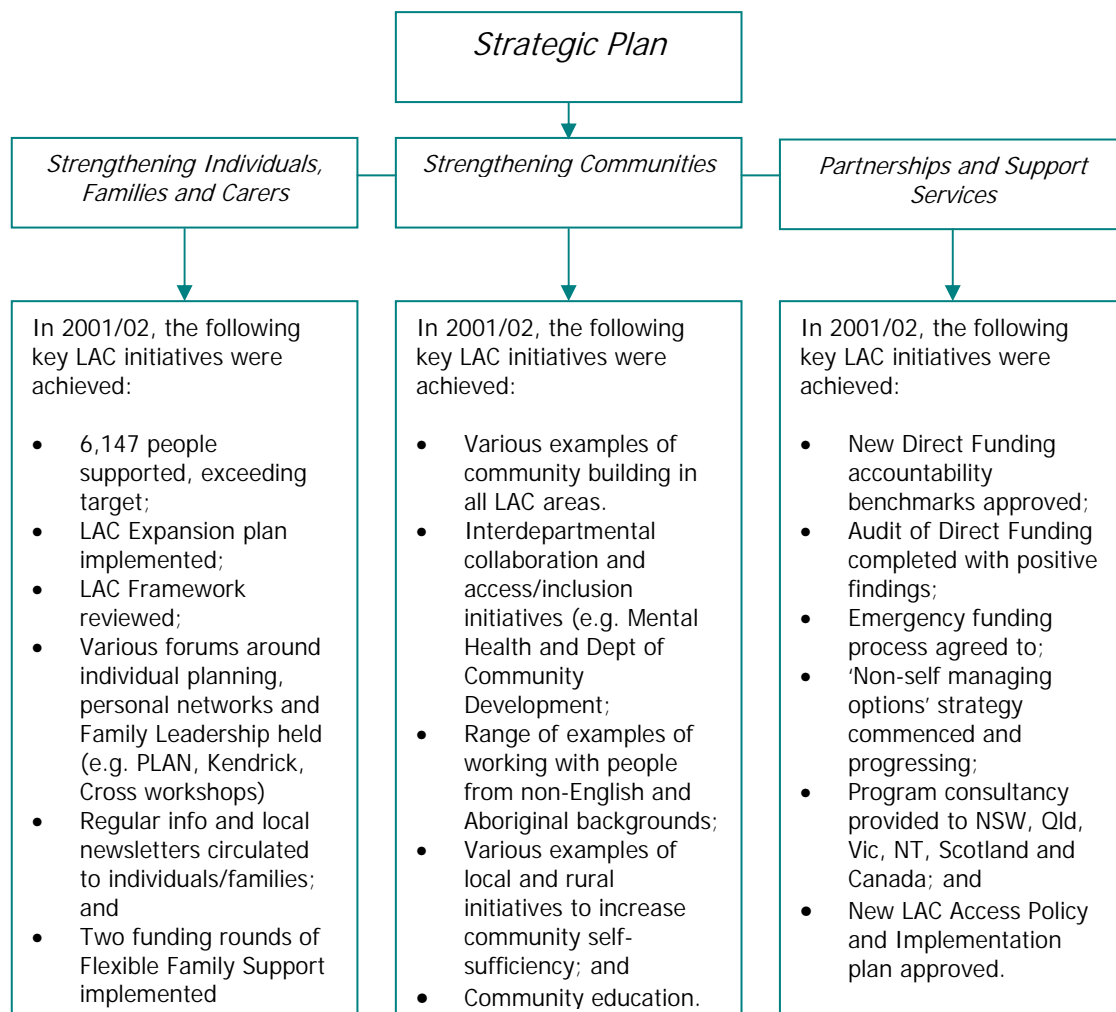
National 'cost per service user' data is not available for comparison to State data. This notwithstanding, whilst direct cost comparisons across State services should be made with caution due to the very different models and support levels of the people that are supported, it nonetheless still stands that alternative services to the LAC program that are currently available to individuals/families have a higher per capita cost (as per Table 1).

**Criterion 2:**  
***What have been the achievements of LAC against its objectives?***

Each year, as part of the Annual Report and the State Government/Treasury budget process, the Disability Services Commission/LAC program identifies 'Planned Achievements' that are subsequently reported on in the following year. In summary, all 'Planned Achievements' within these reporting processes have been achieved (see Attachment 1).

As 'Planned Achievements' are only a sub-set of all program achievements, other objectives are documented within the Disability Services Commission's annual 'Operational Plan' process. 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. A summary of the key initiatives achieved in 2001/02 is provided below, and detailed information on other LAC achievements is available in the Disability Services Commission Metropolitan and Country Operational Plan Acquittance (2001/02).

***Figure 1: LAC Achievements***



**Criterion 3:**  
***What have been the preventive and multiplier effects of investment in LAC?***

The LAC program is a preventive program that is aligned to the Government's strategy of strengthening individuals, families and communities. The LAC program recognises the importance of informal supports to achieve sustainability within the disability sector.

A key objective of the LAC program is to provide support to people with disabilities so that they can continue to live in their local communities. It has been demonstrated that LAC has prevented unnecessary out-of-home placement in the dislocation of people from their local community, as well as engaging other local stakeholders to make complementary and innovative investments into people, thereby 'multiplying' the effect of the initial Disability Services Commission investment.

Guided by the findings of internal and external studies/evaluations, the key strategies adopted by the LAC program that have resulted in a preventive and/or multiplier effect include the following:

1. *Combination of informal and formal supports:* Family and friends provide 70% of all assistance required by Western Australians with a disability (Disability Services Commission Annual Report, 2001/02). By investing in natural networks and local communities, the LAC program aims to achieve a 'good life' for people with disabilities and their families by increasing their social supports and maximising their inclusion within their local community. In LAC, the initial focus is to consider the support of family and friends before considering formal services that are able to be purchased from a range of service providers, at variable cost. By focusing on supporting and strengthening family and community networks as an essential complementary strategy to the provision of formal services, the need for formal services consequentially tends to reduce. Consistent with the Government's 'Family Strength' policy, the LAC program considers 'family' as being 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.
  
2. *The 'presence' of local support:* The nature of the LAC service being localised and easily accessible to individuals/families is a fundamental and important trait of the program. The importance of this characteristic has been identified in several evaluations, including the following:
  - i. Three evaluations of LAC, conducted independently in 1990, 1993 and 1995 found that the majority of individuals, families and agencies who were surveyed placed "great value" on the local services and supports organised

via the LAC as having long-term value, and, as a result, “they were more optimistic about the future” (Disability Services Commission, post 1995, Appendix 1);

- ii. The Home Environment Follow-Up Study (Disability Services Commission, 2002) is a follow-up report on an initial 1987 study that focussed on families who had made a request for an accommodation placement to the (then) Authority for the Intellectually Handicapped Persons. One of the aims of the original study was to assess ‘support factors’ that may assist carers to continue to provide care in the family home. The 2002 follow-up study had a similar focus to the original study, with a particular emphasis on comparing situations where care continued to be provided in the family home, with situations where an alternative residential accommodation placement was eventually obtained. In the follow-up study, carers were questioned regarding what support, resources or other elements they believed helped them to continue to provide care at home. One of the major conclusions of the study, as it relates to the role of LAC program is best summarised by the following quote:

*“For carers in this study who continue to provide care in the family home, LACs were cited as being one of their most valued sources of support and seen to be a resource which has assisted them to continue managing care in the home”* (Disability Services Commission, Home Environment Services Follow-Up Study, 2002, Executive Summary, page iii); and
  - iii. With respect to the overall objective of keeping families and communities intact, in a two-year evaluation (1988-1990) of LAC that was based in the Lower Great Southern Division (Lewis, 1990), the presence of local support was proven to be a highly effective strategy in preventing people from unnecessary out-of-home placements and/or having to leave their local community.
3. *Social Support:* The importance of social support or ‘social capital’ was recently identified at the 13<sup>th</sup> World Congress of Inclusion International (September, 2002) as being a key factor in achieving positive outcomes for people with disabilities and their families. Social capital may be defined as “the sum of all resources, actual or virtual, that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalised relationships of mutual acquaintance and recognition” (Bourdieu and Wacquant, 1992 in Chenoweth and Stehlik, 2002). In the absence of social capital, the potential for social isolation, rejection and ‘paid’ social networks for people with disabilities is likely (Chenoweth and Stehlik, 2002). Chenoweth links the social capital themes to the LAC program (Queensland), stating that the program plays an important ‘local’ role in establishing social connections and community networks. In so doing this, individuals/families are provided with many opportunities to meet

other people in the community that enhances the likelihood of them providing each other with mutual support, as well as encouraging the natural exchange of information that typically results in community group settings.

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 Disability Services 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.

4. *Development of innovative options:* LACs are encouraged to 'think outside of the box' and use Government funds in innovative ways that maximises the dollar value of available grants. Examples of this have been identified in the following studies:
  - 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. In addition, a focus of LAC is to consider 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; and
  - in the Lower Great Southern Division Two Year Evaluation of Local Coordination (1990), it was identified that *"for every dollar injected through the (Local Area) Coordinator.....a further two dollars has been injected by other funding agencies"* (Authority for Intellectually Handicapped Persons, 1990, page 3). This finding was based on the additional outlays from other organisations, including (then) Homeswest, Department of Community Services and Health, Lotteries Commission, Home and Community Care, Health Department and the Ministry of Education (amongst others). Whilst

this evaluation was conducted 12 years ago, the practice of fostering partnerships with external organisations continues to be 'built into' the LAC Operational Plan, and reflects everyday practice within the LAC program.

5. *Caring for Carers:* The LAC program also recognises the importance that the role of 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 to provide them with the support required to meet their distinct needs into the future (for example, information, social support, access to flexible support funding).
  
6. *Provision of family support grants:* Since 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/or dislocate people from their local community. Indicative data suggests that such strategies have positive outcomes. The two most recent strategies, as well as their findings, are as follows:
  - *Service Plus Program:* Between 1998 and 1999, approximately 133 people were provided with an average grant of \$7,700 per annum via the Service Plus Program after being given a 'Priority 1' status by the Commission's Accommodation Support Funding Panel. A key objective of this strategy was to provide individuals/families with funding that could be used in a flexible manner, thereby supporting them to continue to provide support within the family home and prevent any unnecessary out-of-home placements. Since that time, only 47 of the 133 people have been allocated with additional funds, with the remaining people continuing to be supported by their LAC and existing community supports (Disability Services Commission, Metropolitan Services Coordination, 1999); and
  - *Flexible Family Support Program:* During 2000/01 and 2001/02, approximately 466 people were provided with an average grant of \$3,000 per annum via the Flexible Family Support program. The aim of this strategy was "to strengthen and support families to identify and address problems at an early stage and prevent crisis" (Disability Services Commission, Making a Difference Information Sheet for Service Providers, 2000/01). An evaluation of this program is currently being conducted. Indicative outcomes for 91 people who were provided with funding in 2000/01 (provided in the evaluation's interim paper) indicates that a year after funding was approved, there has been a significant and positive impact on the goals that were initially set by family members (Disability Services Commission, The Flexible Family Support Funding Evaluation-Interim Paper, 2002).

7. *Service coordination using generic supports:* Where possible, LAC ensures that individuals/families access generic services (e.g. 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.

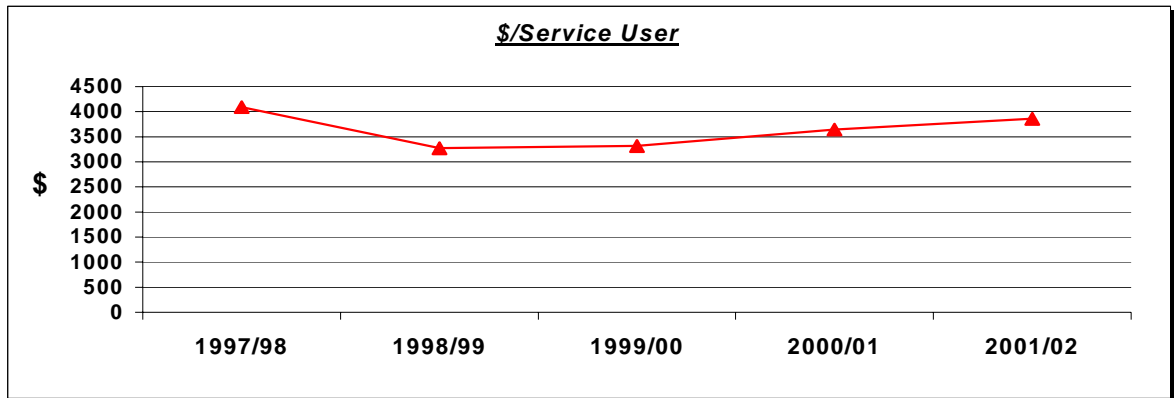


**Criterion 4:**  
***What are the current operational costs of LAC? How have they changed over time? How do they compare to the costs of other services (e.g. accommodation)?***

*Current Operational Costs:*

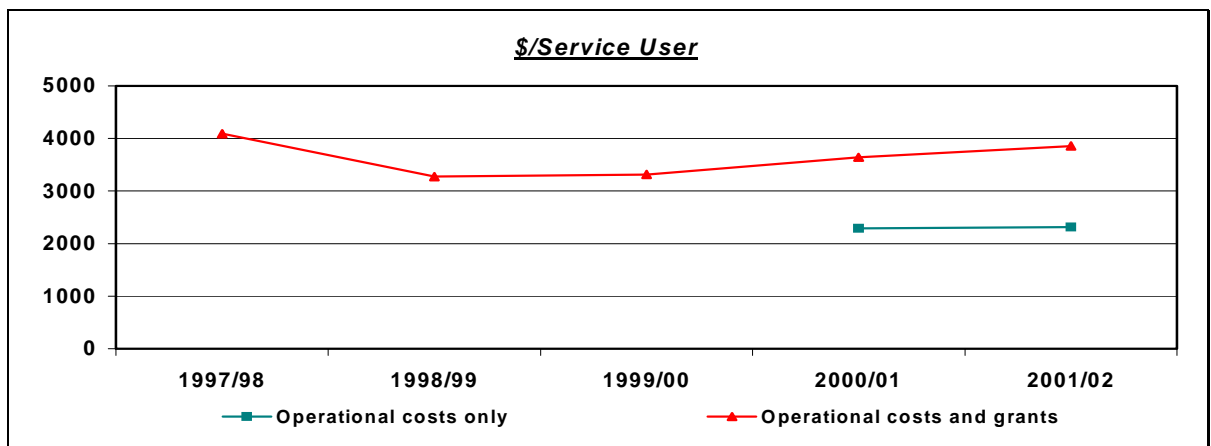
The cost of providing an LAC service is reported annually in the Disability Services Commission Annual Report and State Government budget process (described as 'Individual Coordination'). The cost is a 'unit cost' that is derived by dividing the total funds spent on the LAC program (salaries, operational costs, grants) by the number of people who received a service. In the past five-year period, the operational cost has remained reasonably static, as follows:

**Graph 1: Cost of Providing an LAC Service**



In 2000/1, LAC 'operational costs' were separated from 'grants' to provide a more accurate reflection of program costs. This enabled a 'truer' reflection of operational costs to be illustrated without the possibility of the data being skewed by the volume of grants channelled through the LAC program. Over the past two years, the revised operational costs have also remained static, as follows:

**Graph 2: Cost of Providing an LAC Service/Revised LAC Operational Cost.**

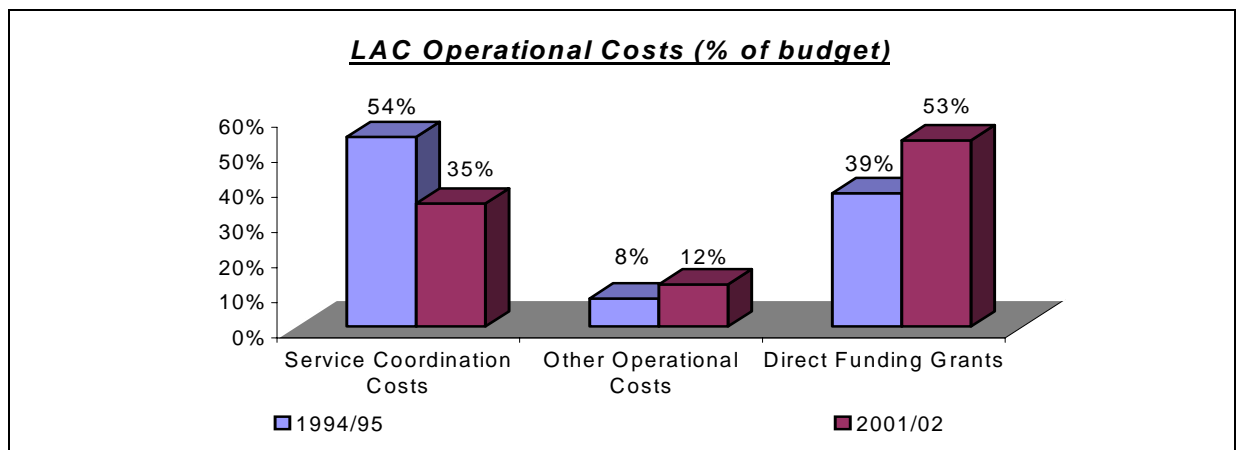


As at the end of June 2002, the total operational expenditure budget (excluding corporate overhead costs) for the LAC program was \$21.3 million, consisting of 35% service coordination (salary) costs, 12% operational costs and 53% Direct Funding grants to individuals/families (Disability Services Commission, Corporate and Business Services, 2002). Of the \$7.4 million dedicated to salaries, there are 124 LACs employed who, in 2001/02, provided support to 6,147 people on a State-wide basis and recurrent direct funding to 1,317 people.

*Changes over time*

Whilst there have been some changes to operational structures over the period that the LAC program has been run, some comparisons of current costs with costs identified in 1994/95 (Lewis, 1996) can be made, as demonstrated below:

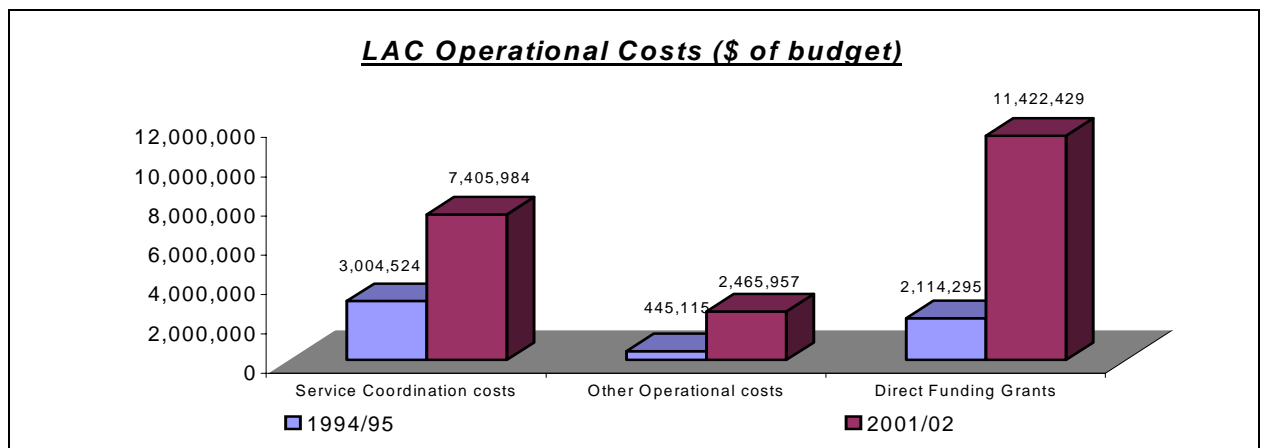
**Graph 3: LAC Operational Costs (% of budget).**



*Note: Service Coordination costs in 2001/02 exclude corporate overheads (e.g. superannuation, workers' compensation), but include an apportionment of program management (central) costs. It is unclear from the 1994/95 costs whether the same methodology was adopted.*

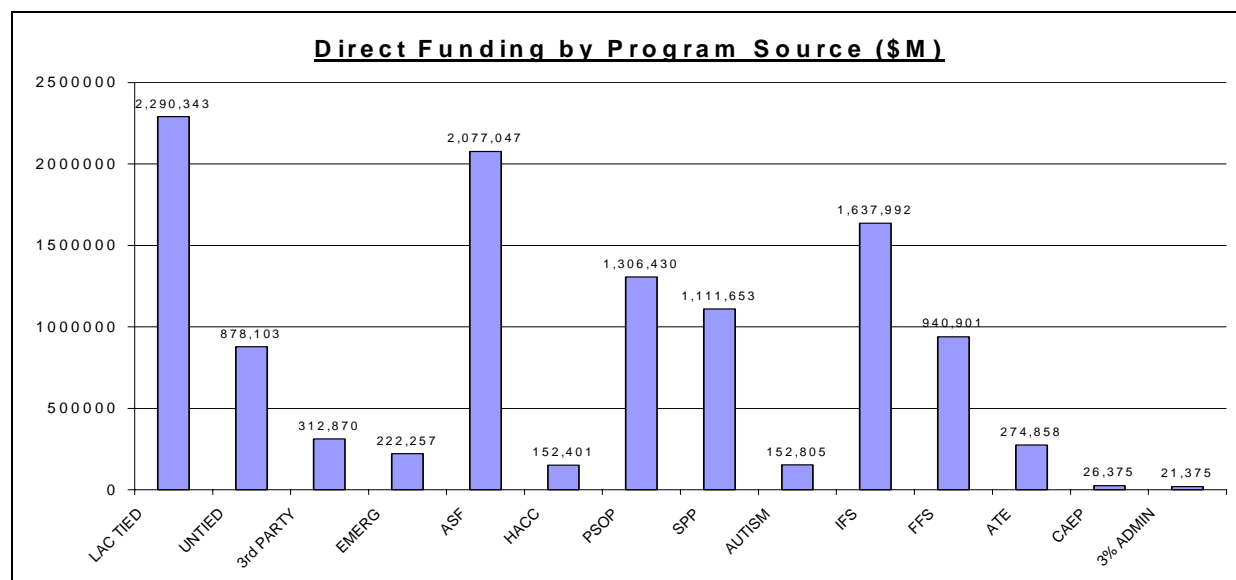
Or alternatively, in terms of funding:

**Graph 4: LAC Operational Costs (\$ of budget).**



Of the \$11.4 million provided to individuals/families in 2001/02 through the Direct Funding mechanism, the allocation of grants across program funding sources was as follows:

**Graph 5: Direct Funding by Program Source.**



**Key:**

<i>LAC TIED: LAC Tied Funding.</i>	<i>Untied: Untied Funding.</i>	<i>3<sup>rd</sup> Party: Third Party Funding from external sources.</i>
<i>EMERG: One-off funds for emergency funding.</i>	<i>ASF: Accommodation Support Funding.</i>	<i>HACC: Department of Health Home and Community Care funding.</i>
<i>PSO: Post School Options.</i>	<i>SPP: Service Plus Program.</i>	<i>Autism: Autism Early Intervention Funding.</i>
<i>IFS: Intensive Family Support.</i>	<i>FFS: Flexible Family Support.</i>	<i>ATE: Alternatives to Employment.</i>
<i>CAEP: Community Aids and Equipment.</i>	<i>3% ADMIN: 3% funding provided for administration purposes.</i>	

From the graphs above (and other supplementary information), the following points are important to note:

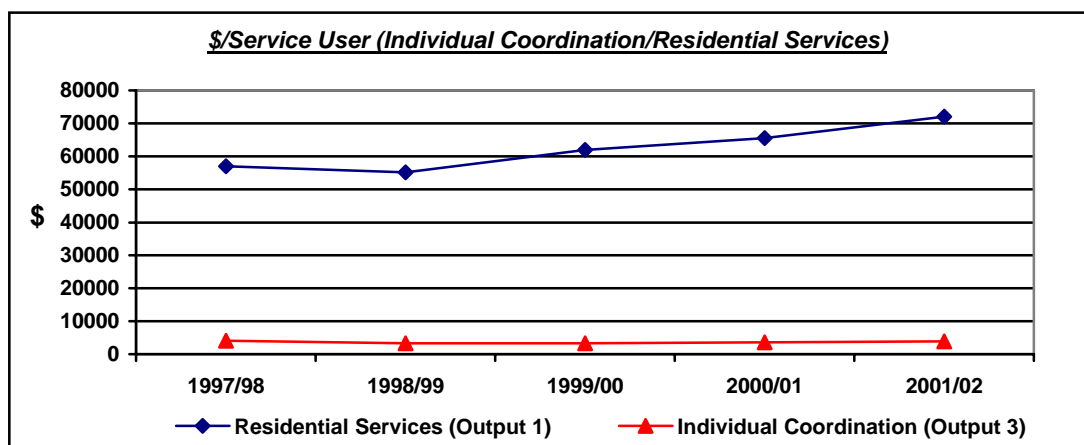
- from 1994/95 to 2001/02, there has been a significant increase to the LAC program's grants budget of \$9.3 million, compared to the increase in service coordination and operational costs. That is, there is a significantly higher proportion of the LAC program budget that is dedicated to grants (53%) compared to 1994/95 data (38%);
- whilst not directly able to be interpreted from the graphical illustrations, the number of program sources and processes in 2001/02 is far greater than the program funding sources that were available in 1994/95 (LAC Tied, Untied funding, Accommodation Support Funding, Post-School Options) and 1990 (LAC Tied and Untied Funding only);

- 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;
- in 1994/95, 75% of Direct Funding grants consisted of 'program funding', with the remaining 25% allocated for 'untied' funding purposes. Comparatively, in 2001/02, 87% of Direct Funding grants consisted of 'program funding', 8% allocated for untied funding purposes and 5% for 'other' funding purposes;
- the quantum of grant funding has increased over time due mostly to the availability of Business Plan growth funding dedicated to existing and new funding programs; and
- 'other operational costs' have increased over time due to external factors for which the LAC program has little to no control, such as increasing communication costs, rent increases, increasing vehicle leasing costs and the general increase in the cost of service and consumable costs. Though not included in the data above, there have also been significant increases in employer superannuation payments and organisation workers' compensation premiums.

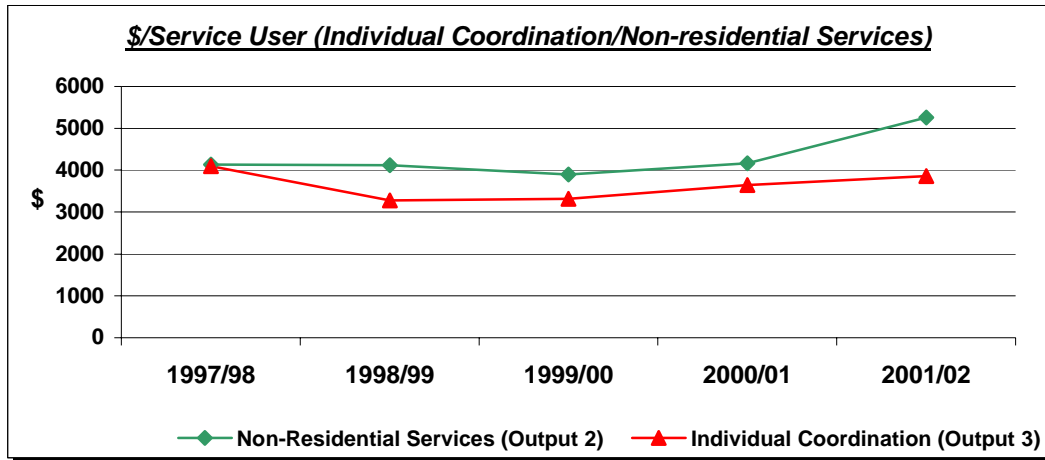
*Comparison of costs to other services:*

Acknowledging differences in service delivery models and the different levels of support that people with disabilities require, the cost of providing an LAC service can nonetheless be contrasted to the costs of providing alternative services, as follows:

**Graph 6: Cost per Service User (Individual Coordination/Residential Services)**



**Graph 7: Cost per Service User (Individual Coordination/Non-Residential Services).**



Source: Disability Services Commission, Annual Report, 2001/02

In essence, when compared to 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. Further commentary on cost comparisons to other services is provided in other sections of this report, including national benchmark cost data provided in Question 1.

**Criterion 5:**  
***What other National Benchmarks/Studies are available to compare Local Area Coordination against?***

In addition to national benchmarks relating to cost effectiveness (see Question 1), 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. Some selected examples are provided.

1. *"Building the Capacity of Individuals, Families and Communities (Chenoweth and Stehlik, 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"*. A number of key positive features of the program are identified, including its:

- commitment to and capacity to operationalise positive values and principles for people with disabilities and their families;
- model of training, supervision and support for staff;
- capacity to deliver early intervention for families across large areas;
- potential for leadership development; and
- potential for community capacity building.

A cost-benefit analysis of the pilot Local Area Coordination program also identified that *"the LAC program represents one of the lowest budget items of Disability Services Queensland (DSQ).....(which) in comparison with other DSQ programs offers highly cost effective support"* (Chenoweth and Stehlik, 2002, p. 98). Based on each LAC eventually working with 50 people, the DSQ has estimated that the average ongoing costs per individual will be \$2,200 per person.

Given these positive features, the recommendation by the evaluation study for Disability Services Queensland has been to progressively implement Statewide coverage of the LAC program.

2. *"Families with Members with Disabilities: Love, Money and Public Policy"* (Disability Foundation of Australia, 2002): A report completed by the Disability Foundation of Australia considers whether there is a disconnection between the National and State policy goal of "Strengthening Families" and the "private reality" of individuals/families (Disability Foundation of Australia, 2002, p. 1).

Whatever the real or perceived disconnection, the report identifies the important role that family support programs play in a disability environment that is constantly aiming to obtain the correct balance of addressing demand for services within economic limitations. In considering family support programs, an example using the State of Minnesota is provided that identifies the dramatic economic implications that can result:

*“Over the ten year period (1980-1990), the number of children living out-of-home was reduced from 830 to 291, the number of families served was increased from 50 to 1827, and the amount spent increased from \$20.4 to \$24.3 million. This amounts to a 240% increase in those served, with only a 20% increase in spending” (Agosa and Melda, 1995, p.287 in Disability Foundation of Australia, 2002, p. 19).*

With such potential economic and social benefits in mind, the report continues by suggesting that the solution of addressing the dichotomy between unmet demand and limited resources perhaps lies in the different use of existing funding, rather than a reliance on additional funding.

3. *“No Community Without Diversity: Building Social Capital through Individuals and Families” (Chenoweth and Stehlik, 2002):* In a presentation made at the 13<sup>th</sup> World Congress of Inclusion International on ‘social capital’ (Chenoweth and Stehlik, 2002), a reference to the Queensland Study of LAC (Chenoweth and Stehlik, 2002) is made in terms of the LAC program’s role in facilitating social supports/capital and community networks. In effect, the study identifies some common themes, including:

- there are less resources invested in social capital building as most energies focus on meeting immediate needs;
- people with disabilities are socially isolated, with few friends;
- many of the social networks of people with disabilities are made up of paid networks; and
- the reality of rejection for people with disabilities is paramount.

Whilst acknowledging that social capital approaches are not the panacea for social problems, the role of Local Area Coordination is identified as a strategy that facilitates wider social networks to be developed by implementing ‘community building’ strategies, establishing trust with individuals/families, developing local resources and undertaking specific projects that promote inclusion.

4. *Implementing Reforms in Government Services (Productivity Commission, 1998).* In 1998, the Commonwealth/State Productivity Commission selected the Western Australia LAC program as a case study of major service reform in Government services. The intention of the Productivity Commission’s publication was “to focus on reforms that change the incentives facing those funding and/or delivering Government services. They are reforms that have

potentially wider applicability both across jurisdictions and across service areas" (Productivity Commission, 1998, p. 2). The LAC 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.

5. *The Wider Implications of Service Development for Remote Aboriginal Communities and its Relationship to Western Australian Local Area Coordination for all People with Disabilities and their Networks of Support (Yeatman, 1996):*

As part of the Review of the Commonwealth State Disability Agreement, viable local community-based responses were explored in remote Aboriginal communities to ensure that people with disabilities were not forced to leave their families and move into residential accommodation or foster families in cities, and to ensure that any service response was able to be sustained 'in the bush'. The review concludes that the LAC principles "have a great deal to offer the disability sector" particularly as the LAC service is "driven by locally-embedded generalist support workers or coordinators who develop the resources of the local community to respond to disability-related needs". The paper concludes that the Western Australian LAC model is still "under-appreciated for its demonstration effect and significance" (Yeatman, 1996, p. 54).

6. *Review of Current Responses to Meeting Service Needs of People With a Disability and the Effectiveness of Strategies to Support Families (National Disability Administrators Nucleus Group Report, 2002):* 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 sought to identify service responses that could better meet people's needs at an earlier stage and/or lower intensity than current services, with particular emphasis on the deferral of full-time residential care. The project defined key components of successful responses to demand for services across the Australian disability sector. One of three successful approaches identified is 'Service Coordination', for which Western Australia LAC services were selected as an example of providing a high level of service delivery with positive outcomes. In addition, the report also proposes a set of 15 principles that it considers as benchmark criteria that, if incorporated into human service delivery programs, are more likely to effectively respond to the needs of individuals/families. Using the Nucleus Group's proposed set of benchmark criteria (that is, the proposed fifteen principles), a cross reference of these principles against those of the Western Australian LAC program has been made using the Western Australian LAC Framework and LAC Operational Plans as base documents - see Attachment 2 (Disability Services Commission, LAC Framework, 2001 and Metropolitan/Country Services Coordination Operational Plans, 2001/02). Further, in his review into research conducted on LAC in Western Australia, Chadbourne (2002) identifies that *"of thirteen practice examples across Australia, the Western Australian LAC model is cited most frequently as illustrating the fifteen principles and those citations are described in more detail than any of the other twelve practice examples"* (Chadbourne, 2002).

7. *Implementation of the LAC program in Interstate and Overseas Jurisdictions:* 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/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.

**Criterion 6:**  
***What are the consequential risks of not continuing with the LAC program?***  
***(Department of Treasury and Finance question).***

Any reduction/cessation of the LAC program is likely to have the following implications (Disability Services Commission, Functional Review Response, 2002):

- 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 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 more 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 preventive strategy for the disability sector;
- a need to find employment alternatives for approximately 140 staff;
- a significant reduction in information/advocacy support (approximately 2,500 people annually) that is provided to people who are eligible to access; and
- information services from LACs (Level 1 support) thereby leading to these people seeking more costly formal services.

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## ATTACHMENT 1

	<b>Planned Achievement in Stated Year</b>	<b>Corresponding Major Achievement in Subsequent Year</b>
1997/98	Continue expansion of Local Area Coordination by appointing an additional 11 LACs, leading towards complete Statewide coverage by LAC by the year 2000.	Continued the expansion of the LAC scheme with the appointment of an additional eleven Local Area Coordinators.
1998/99	Establish a LAC office in Carnarvon to better meet and respond to the needs of the people in this area and promote increased efficiency due to a reduction in travel time and availability of staff.	Established a new Country Services office in Carnarvon to provide a more localised, responsive and effective service for people living in the Exmouth, Shark Bay and Carnarvon areas.
	Complete full Statewide coverage by the local area coordination network with the appointment of 10 additional coordinators by July, 2000	Appointed an additional 11 LACs to extend coverage of the scheme to 4,676 people.
1999/00	Complete the metropolitan and Statewide LAC program through the appointment of 10 additional LACs from July, 2000.	Completed the metropolitan and Statewide Local Area Coordination program expansion through the appointment of 10 additional LACs between July and December, 2000.
	Expand LAC services to a further 83 people with funds provided under the second Five-Year Business Plan.	Expanded LAC services to a further 83 people with funds provided under the Commission's Business Plan. The priority for 2000/01 has been additional part-time positions in country locations as part of a two-year strategy.

	<b>Planned Achievement in Stated Year</b>	<b>Corresponding Major Achievement in Subsequent Year</b>
	Support the implementation of the Commission's new Strategic Plan through facilitation of family leadership development and support of family and community projects.	Supported the implementation of the Commission's new Strategic Plan through facilitation of family leadership development and support of family and community projects (e.g. PLAN forums that focused on assisting families to plan for a safe and secure future for their family members.
	Increase the provision and recording of information and advocacy support to individuals and families, whereby assistance can be provided in a flexible and immediate manner.	Increased the provision and recording of information and advocacy support to individuals and families, whereby assistance can be provided in a flexible and immediate manner. Data recorded for January-March, 2001 indicates 750 Level 1 consumer contacts across the State, resulting in an extrapolated annual total of approximately 3,000 additional people receiving support.
2000/01	Expand LAC services to a further 239 people throughout the State with funds provided under the Commission's Business Plan.	Expanded LAC services to a further 385 people throughout the State and opened three new offices.
	Complete a review of the LAC framework of vision, charter, principles and strategies in accordance with the Commission's new Strategic Plan and a Statewide family and district based consultation process.	Completed a review of the LAC framework of vision, charter, principles and approach in accordance with the Commission's new Strategic Plan and a Statewide family and district-based consultation process. The revised strategies statement is being further considered as part of the Review of LAC.

	<b>Planned Achievement in Stated Year</b>	<b>Corresponding Major Achievement in Subsequent Year</b>
	Promote and support the development of new and expanded disability services in metropolitan and country areas.	Promoted and supported the development of a range of new and expanded disability services in Metropolitan and Country areas, particularly in the respite and family support areas.
	Promote greater awareness in communities throughout the State about the roles and functions of the Disability Services Commission and Local Area Coordinators.	Promoted greater awareness in communities throughout the State about the roles and functions of the Commission and Local Area Coordination.
	Review and enhance access standards for LAC offices throughout the State and implement an ongoing program of improvement to maximise access.	Reviewed and enhanced access standards for LAC offices throughout the State and implemented an ongoing program of improvement to maximise access.
	Clarify and simplify accountability benchmarks for Direct Consumer Funding through Local Area Coordination.	Clarified and simplified accountability benchmarks for direct consumer funding through LAC and implemented these Statewide.
	Strengthen the implementation of the Commission's new Strategic Plan through facilitation of family leadership development and support of family and community projects, particularly around families building a vision and planning for the future.	Strengthened the implementation of the Commission's new Strategic Plan through facilitation of family leadership development and support of family and community projects, particularly around families building a vision and planning for the future

Note: Planned and Major Achievements have been summarised.

Note: Not all "Major Achievements" have been listed, only those related to publicly stated "Planned Achievements" made in the year prior.

**Attachment 2: Nucleus Group Report (2002) Service Coordination Framework Principles.**

<i>Framework Principles</i>	<i>LAC</i>	<i>LAC Program Key References</i>
<b>Builds Resilience across the lifespan</b>		
1. Adopts a strengths-based approach to building the resources of individuals and families.	✓	LAC Framework Principle 1, 2, 3, 4, 6, 7 and 10.  LAC Framework Strategy 1 and 7.  Operational Plan.
2. Provides supports and resources in ways that encourage, develop and maintain healthy, stable relationships among family members with focus on early intervention and encouraging help-seeking behaviour.	✓	LAC Framework Strategy 4 and 5.  Operational Plan.
3. Demonstrates a lifespan or long-term perspective, providing support either within or through transition between life stages with clear links to future outcomes.	✓	LAC Framework Principle 2 and 7.  LAC Framework Strategy 1.  Operational Plan.
4. Seeks to transfer decision-making power to people with a disability, their family and carers.	✓	LAC Framework Principle 1, 2, 4 and 7.  LAC Framework Strategy 3.  Operational Plan.



<i>Framework Principles</i>	<i>LAC</i>	<i>LAC Program Key References</i>
5. Complements and works alongside informal supports to strengthen informal support networks for families (rather than depending solely on professional support systems).	✓	LAC Framework Principle 3, 4, 6, 8 and 9. LAC Framework Strategy 3. Operational Plan.
6. Provides information and learning opportunities, including skills development.	✓	LAC Framework Principle 5. LAC Framework Strategy 2 and 7. Operational Plan.
<b>Impacts on Need and Environmental Factors at Community, Family and Individual Levels</b>		
7. Encourages 'linked' action across all areas of Government activity, improving access to generic as well as specialised services across the diversity of community living (e.g. housing, transport and employment).	✓	LAC Framework Principle 8 and 9. LAC Framework Strategy 3 and 6. Operational Plan.
8. Takes into account the individual's environment (i.e. recognises the interplay of individual and environment characteristics), including the total family situation and needs.	✓	LAC Framework Principle 6. LAC Framework Strategy 1, 3 and 4. Operational Plan.

<i>Framework Principles</i>	<i>LAC</i>	<i>LAC Program Key References</i>
9. Decentralised decision-making provides flexibility and autonomy for workers including opportunities to spend time on inter-agency coordination.	✓	Operational Plan.
10. Incorporates a very strong principle of understanding and being guided by the individual or family's lifestyle, values and daily routines and accommodations.	✓	LAC Framework Principle 2, 3 and 4.  LAC Framework Strategy 1 and 5.
11. Services are extensive, flexible and provide an individualised range of supports, with timing of interventions to converge and support multiple needs.	✓	LAC Framework Strategy 4 and 5.  Operational Plan.
<b>Increases Efficiency and Effectiveness of Service Provision.</b>		
12. Incorporates cost-effectiveness of service delivery.	✓	LAC Framework Strategy 9.  Operational Plan
13. Incorporates elements of training and support for professionals, staff and volunteers involved in the delivery of services.	✓	LAC Framework Strategy 5.  Operational Plan.

<i>Framework Principles</i>	<i>LAC</i>	<i>LAC Program Key References</i>
14. Applies referral and assessment tools that are appropriate to the level of need and minimises (where possible) duplication in assessment and eligibility requirements.	✓	Operational Plan.
15. Improves access to under-represented groups, including Indigenous people, people from culturally and linguistically diverse backgrounds, geographically or socially isolated families and country communities.	✓	LAC Framework Strategy 8.  Operational Plan.