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CEO RESOURCE MANUAL

A resource for new and existing Chief Executive Officers in the disability services sector in WA.

This manual has been compiled by Chief Executive Officers (CEO's), working in regionally-governed disability services in Western Australia.

Table 1 Regionally Governed Services in the Disability Sector WA

FOR CONTACT DETAILS OF THE CORDS MEMBER ORGANISATIONS, PLEASE GO TO APPENDIX C
ABOUT THIS MANUAL

This manual has been designed to be used as an e-copy or a hard copy.

If you are using it as an e-copy, each topic listed in the Table of Contents has a link to that section of the manual by pressing ctrl + click.

Topics throughout the manual are also linked by pressing ctrl + click on the underlined page number (ie: ‘page ....’).

THIS MANUAL IS AVAILABLE IN ALTERNATIVE FORMATS UPON REQUEST TO THE NATIONAL DISABILITY SERVICES WA OFFICE

<table>
<thead>
<tr>
<th>NATIONAL DISABILITY SERVICES, WA OFFICE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE</td>
</tr>
<tr>
<td>TTY</td>
</tr>
<tr>
<td>FAX</td>
</tr>
<tr>
<td>EMAIL</td>
</tr>
</tbody>
</table>

Table 2 National Disability Services Contact Details
INTRODUCTION

The disability sector in Australia is changing rapidly, particularly with the introduction of the National Disability Insurance Scheme (NDIS, ON PAGE 40). An exciting aspect of working in this sector is the pace of reform that will lead to better outcomes for individuals.

It was identified by the members of the Council of Regional Disability Services (CORDS, below) that there was no singular place where written information related to managing a service in the disability sector was available. People often needed to know where to source information and if it was not known, getting relevant information was time-consuming and an often frustrating task.

This manual is a collection of information Chief Executive Officer’s (CEO’s) identified as relevant when leading and managing a service in the not for profit disability sector. It has been compiled by CEO’s, working in regionally-governed disability services in Western Australia, in collaboration with National Disability Services (NDS) and the Disability Services Commission (DSC). We are confident it will provide you with information and guidance as you navigate your way through what can be a very complex but extremely rewarding role.

It is a living document and through the valuable resource of CORDS we aim to keep it relevant. The manual has been developed so that information can be added as identified or updates are required.

If you find outdated information, you can assist us by either contacting NDS (using the form at APPENDIX D) or one of the services who have contributed to this manual (their contact details can be found in APPENDIX C). Some sections will become obsolete in coming months as the future of disability services in WA under the NDIS becomes clearer.

THE INFORMATION CONTAINED IN THIS MANUAL WAS CORRECT AS AT DECEMBER 2015

ABOUT THE COUNCIL OF REGIONAL DISABILITY SERVICES

The Council of Regional Disability Services (CORDS) was established in 2004 for people in leadership roles in regionally-governed disability services to share information and address common challenges. The first meeting was held in Albany at a time when regional service providers were concerned about changes to the industrial landscape and wanted a collective voice on matters that affected people and services based in rural areas. CORDS gave CEO’s support from their peers and greatly reduced isolation experienced due to distance. In 2010, CORDS membership voted to appoint a Chairperson and Vice-chairperson to ensure the group has a central contact to speak on behalf of the group and coordinate meetings.
THE CORDS TERMS OF REFERENCE ARE TO:

1. provide a strong coalition voice for regional services working in the disability sector in WA.
2. provide collegial support to CORDS members.
3. identify issues and concerns specific to regional service providers.
4. provide feedback to funders, government and peak disability groups on issues and concerns identified by CORDS.
5. provide an opportunity to act as a regional network of disability service providers.
6. advocate for equity of service provision for all people with disability regardless of geographical location.
7. have a united voice in presenting ideas, solutions and issues to the broader sector.
8. advocate for equity of support, including training, to regional service providers.
9. promote partnerships and collaboration between regional service providers.

The term, “regionally-governed disability services” refers to organisations that are:
- governed by a board drawn mostly from the local regional community where the organisation is based.
- DSC-funded and not-for-profit.

Regionally-governed disability services are an important component of the disability sector in WA. They allow people with disability and their families to receive the support they need in their regional community, enabling them to continue living in their local community connected to and supported by their family and friends without needing to move to a major city to receive supports and services.

- Regionally-governed disability services offer benefits such as:
  - knowledge of local community resources therefore providing locally responsive support
  - gaining and mobilising local community support
  - providing opportunities for local people to have a strong voice in local services
  - keeping decision-making at a local level
  - promoting local employment and providing economic stimulus
  - developing local capacity and expertise
Governance refers to the specific roles and responsibilities carried out by the Executive, otherwise known as the Board, Board of Management, Committee or Governing Committee and the business operations.

Governance provides the framework that describes accountabilities and responsibilities to the various stakeholders of an organisation. These include the people you serve, members, staff, funders, the broader community and partners.

Corporate governance is described as:

“...the process by which agencies are directed and controlled. It is generally understood to encompass authority, accountability, stewardship, leadership direction and control.”

(Corporate Governance handbook for company directors and committee members)

Broadly speaking, governance looks at:

- Legal obligations
- Board structure
- Board operations
- Business planning
- Assessing business risks
- Monitoring performance of the Board, the CEO and the organisation.

CHIEF EXECUTIVE OFFICER AND BOARD – UNDERSTANDING THE DIFFERENCE

It is the Committee or Board of Management's role to govern and control the organisation. It is the Board's role to set the strategic direction of the organisation through stakeholder consultation and strong planning processes.

As a Chief Executive Officer (CEO) you are employed to ensure the strategic plan is implemented and the governance systems lead to high quality person centred supports and services (on page 98 for more information on person-centred practice). You are accountable to your stakeholders and the Board.

A summary of the different roles and responsibilities of a CEO and the Board can be found on page 7.
ROLE OF THE BOARD

The Board governs the organisation and provides leadership to the staff who operate the organisation. Generally, the Board works with the CEO and the CEO works with the staff. Board members should not approach staff directly, nor should staff approach the Board directly. The most significant influence on the effectiveness of the Board is how well it works with the senior staff position (Carson, 2003).

The Board will exercise its role with an emphasis on outward vision rather than inward concern; receptiveness to diverse opinions and views; strategic leadership rather than administrative detail; collective rather than individual decisions; future rather than present focus and a clear distinction between the Board and CEO roles.

Board members should:

- Understand financial statements
- Understand organisational goals
- Serve on sub-committees
- Read material to contribute to decision-making.
- Understand their responsibilities with a good balance between being involved and informed while not micro-managing.
- Be honest about what they expect from each other.
- Be clear with the senior staff position regarding realistic expectations of leadership style, communication and so on.
- Be aware of their strengths and use these effectively.
- Be given enough information to be able to contribute.
- Members and the senior staff position must share mutual valuing, trust and respect of each other.

(Carson, 2003)

Boards may have different roles depending on the size and functions of the organisation. The following are possible roles and their responsibilities for a Board to consider:

CHAIRPERSON

- has a leadership role
- maintains a positive working relationship with the CEO
- oversees the performance of the CEO.
- chairs meetings and keeps them to the agenda and on time, ensuring all members have the opportunity to speak and be heard.
- spokesperson for the Board for media and other correspondence (i.e.: the Board speaks as one through the Chairperson)
**VICE CHAIRPERSON**
- chairs meetings and undertakes chairperson duties in their absence

**SECRETARY**
- responsible for legal aspects of the Board’s role such as changes of directors, insurances, statutory reporting requirements and so on.

**TREASURER (CAN ALSO BE FINANCE COMMITTEE)**
- monitors the financial reporting and financial processes.

**EXECUTIVE SUPPORT**
- minute taking
- provides notification of meetings
- general executive support

**SUB-COMMITTEES OF THE BOARD**
The Board may have subcommittees for:
- marketing
- special events
- risk management
- finance committee—this may be the whole Board or a separate committee
- fundraising
- staff liaison – performance reviews, job descriptions.

A subcommittee may have a defined timeline to work towards a specific goal, such as moving premises.

**ROLE OF THE CEO**
As a new CEO you will have found yourself in an exciting, potentially daunting and broad role. Working for a regional or remote service provider brings many challenges including fewer people living in the region wishing to access formal supports, which impacts on economy of scale, additional costs of service delivery, vast geographic areas and fewer services and other resources. The upside is likely to be strong community involvement and partnerships and collaborative and innovative approaches to problem solving.

In addition to this, if the organisation you are leading is small or newly established it is more likely to have a flatter management structure, with many functions and areas of
responsibility sitting in your role. You may find yourself responsible for many functions that would be assigned to other specific roles in a larger organisation.

Sustainable service development will be concerned with quality services, alongside achieving economies of scale to enable employment of enough staff to undertake all the functions associated with good governance. Further to this you must ensure all of the governance systems support greater choice and control for the individuals you serve and promote person centred practice [on page 98]. The aim is to develop good governance that supports rather than detracts from your values and vision. As a CEO your job description will include accountabilities for, but not be limited to;

- Implementation of the Strategic Plan
- Policy review and advice to the Board / Committee
- Strategic advice and information on trends and opportunities
- Risk management
- Business and operational planning
- Human resource management
- Reporting and accountability to funders and other stakeholders
- Leadership
- Marketing and media
- Stakeholder relationships
- Quality assurance and codes of conduct / ethics

The CEO does not have to undertake all the tasks listed above however you are accountable for them. You will need to have governance systems to ensure these matters are in hand and there are clear delegations of authority and accountability linked to the various roles within the organisation. You will need to have a ‘helicopter view’ of your organisation, understand the risks and opportunities and have systems, policies, procedures, review and quality assurance systems in place that ensure continuous improvement.

The CEO is a conduit for information between the Board and members, stakeholders and staff. You will need to develop a robust Board reporting framework [on page 9] and communication strategy for all stakeholders.
The following table provides an example to illustrate the difference between the role of the Board and the CEO.

<table>
<thead>
<tr>
<th>BOARD</th>
<th>CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defines mission and values</td>
<td>Achieves mission and values</td>
</tr>
<tr>
<td>Supports organisational vision</td>
<td>Creates organisational vision</td>
</tr>
<tr>
<td>Supports and approves development of policies</td>
<td>Leads development of policies</td>
</tr>
<tr>
<td>Identifies opportunities</td>
<td>Provides briefing to Board</td>
</tr>
<tr>
<td>Sets strategic direction</td>
<td>Briefs Board on strategies</td>
</tr>
<tr>
<td>Develops business plans</td>
<td>Implement policy requirements</td>
</tr>
<tr>
<td>Requests costs, budgets, plans</td>
<td>Prepares costs, budgets, plans</td>
</tr>
<tr>
<td>Identifies and monitor risks</td>
<td>Risk management</td>
</tr>
<tr>
<td>Ensures organisational obligations are met</td>
<td>Reports on outcomes achieved</td>
</tr>
</tbody>
</table>

Table 3 The difference between role of the Board and CEO

BOARD INDUCTION

It is important to have an induction process for new Board members. This may be undertaken by the CEO. One example: The CEO meets with the new board member and together they work through an induction folder. The folder is then kept by the Board member to add new policies and other relevant documentation distributed after the induction. Some areas covered include:

- vision, mission and philosophy
- constitution
- history of the organisation
- organisational structure
- strategic plan
- business plan
- conflict of interest
Governance

- office bearer roles and responsibilities
- annual report
- policies and procedures
- acts, legislation (such as the WA Disability Services Act)
- Disability Services Standards
- serious incident reports
- funding
- DSC
- emerging trends, developments (such as NDIS).

BOARD MEETINGS

ADMINISTRATION

- Board members should be given reasonable notice about meetings.
- Details about when meetings will be held should be provided to all members, such as monthly.
- Chairperson to run the meeting, keeping people on task and on time
- The agenda, reports and any other reading material should, if possible, be out at least one week before the meeting.
- It helps to collect information between meetings to help when it comes to writing the report.

One framework some people use is to focus one-third on what has happened and two thirds on what will happen in the future.

AGENDA AND REPORTS

The size of the organisation will determine the agenda. In smaller organisations the CEO report may contain the HR, OSH, compliance, complaints, incidents and quality assurance information. In a larger organisation it is good governance for the Manager to provide reports on their area of expertise and accountability.

The Board must receive timely, accurate and relevant information to enable them to lead the strategic direction of the organisation, monitor financial sustainability, identify trends, opportunities and threats and manage risk.
Reports to the Board should be concise with quantitative as well as qualitative information. Reports should include the following at a minimum.

- Responses / action taken from previous minutes
- Reporting against operational and strategic plans
- Risk Management and OSH reports
- Internal and external audit plan reports
- Financial reports
- Human resource reports
- Incidents, complaints, compliance matters
- Quality Assurance reports

The Agenda may include the following sections:

- Day, date, time and venue for the meeting.
- Apologies
- Conflict of Interest Register
- Previous Minutes and business arising
- Financial Reports
- CEO Report
- Correspondence inwards and outwards for noting
- General Business items

**BOARD REPORTING FRAMEWORK**

A documented Board reporting framework is a good governance practice and ensures the Board receive the information required to govern well.

*A template for reporting to the Board can be found on APPENDIX A*
The table below is an example of some of the major discussion items that should be planned for review by the Board in each calendar year.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>MAJOR BUSINESS TO BE COMPLETED BY BOARD</th>
<th>LEADER</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUNE</td>
<td>Finalise next financial year budget</td>
<td>Chair</td>
</tr>
<tr>
<td>JULY</td>
<td>Review Constitution</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td>EOFY Reports review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strategic Plan review</td>
<td></td>
</tr>
<tr>
<td>AUGUST</td>
<td>Audit Entry / Exit Meeting with Board</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td>AGM Agenda</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review 5 year capital replacement budget</td>
<td></td>
</tr>
<tr>
<td>SEPTEMBER</td>
<td>Review draft Annual Report</td>
<td>Chair</td>
</tr>
<tr>
<td>OCTOBER</td>
<td>Annual General Meeting</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td>Induct new Board members (if applicable)</td>
<td></td>
</tr>
<tr>
<td>NOVEMBER</td>
<td>Review and adopt new policies</td>
<td>Chair</td>
</tr>
<tr>
<td>DECEMBER</td>
<td>Review and adopt new policies</td>
<td>Chair</td>
</tr>
</tbody>
</table>

Table 4 Board Work Plan

ANNUAL GENERAL MEETINGS

An annual general meeting (AGM) is a meeting held once a year that all members of an organisation are invited to attend. The purpose of an AGM is to give members a report on the organisation’s activities and finances for the previous year, to allow time for members to ask questions, and to elect members of the board.

Incorporated organisations are required to hold an AGM every year, within six months after the end of the organisations financial year.
Some examples from organisations about how to make AGMs interesting, engaging and relevant to those attending include:

- Hold the event at a local accessible venue, separate from the organisation, such as a cafe. The organisation may choose to provide a meal while people purchase their own drinks.
- Make the AGM a time of celebration (an attitudinal approach) - keep reports brief, have a good news story and phone individual members who may be interested in joining in the celebration.
- Invite a guest speaker to talk on a topic of interest.
- Include an awards ceremony.
- Include information about upcoming events.
- Ensure the opening speech is strong and has a positive tone.

For a template for recording the tasks and information associated with an AGM, go to APPENDIX A.

**ANNUAL REPORTS**

Annual reports are one of the major ways to look at the health of an organisation. Some parts of annual reports are different, based on whether they are specific purpose or general purpose reporting. All reports should include financial data and non-financial information.

Organisations receiving less than $1 million in funding from DSC are considered small organisations. Small organisations may consider the following for their annual report, including:

Chairperson's and a CEO's report, which could include:

- annual service summary - funding agreements
- annual achievements
- strategic directions
- organisational structure
- Statement of Values
- key beliefs and principles
- service user demographics, and
- profile of issues addressed
Organisations funded with between $1 million and $5 million by DSC are considered medium organisations. Medium organisations may consider the same as small organisations and additionally may also consider the following:

- discussion around board structure
- future directions
- challenges
- activity against strategic plans

Organisations receiving more than $5 million in funding from DSC are considered large organisations. Large organisations may consider the same information as small and medium-sized organisations, as well as the following information:

- sub-services and performance


KEY REPORTING DATES AND TIMELINES

Although there may be some variation between the requirements of each service provider, the following table provides some guide on dates for reporting, acquittals and other organisational responsibilities.

<table>
<thead>
<tr>
<th>DATE</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-FEB</td>
<td>Indexation for current year advised and paid</td>
</tr>
<tr>
<td>MAR</td>
<td>First draft budget for next year ready for Board, including:</td>
</tr>
<tr>
<td></td>
<td>I. changes to rates schedule to reflect cost changes eg increased wages</td>
</tr>
<tr>
<td></td>
<td>II. staff training needs identified/costed</td>
</tr>
<tr>
<td></td>
<td>III. capital replacement budget updated</td>
</tr>
<tr>
<td></td>
<td>Commence negotiations re renewal of any service contracts that expire on 30 June</td>
</tr>
<tr>
<td></td>
<td>Thorough review of OH&amp;S incl. evacuation plans, fire extinguisher testing etc, in advance of 1 April date for renewal of smoke alarm batteries</td>
</tr>
<tr>
<td>30-APR</td>
<td>Self-assessment due (<a href="#">on page 66 for more information on self assessments</a>)</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>31-MAY</td>
<td>DAIP (<a href="#">on page 115</a>) report to DSC due</td>
</tr>
<tr>
<td>10-JUN</td>
<td>Close of DSC accounts – all ICFASS’s and other funding requests (eg modified vehicles, set-up costs for new clients) to be submitted prior to this date</td>
</tr>
<tr>
<td>MID-JUN</td>
<td>Lock down budget for following year</td>
</tr>
<tr>
<td>23-JUN</td>
<td>Prepare for wage increase from 1 July</td>
</tr>
<tr>
<td>30-JUN</td>
<td>Member renewal and subscription fee due</td>
</tr>
<tr>
<td>7-JUL</td>
<td>ACDC data entry close</td>
</tr>
<tr>
<td>MID-JUL</td>
<td>End of financial year financial statements completed</td>
</tr>
<tr>
<td>JUL</td>
<td>Choose date for AGM and book venue, plan for notification of members and clients, allocate responsibilities for writing narrative sections of Annual Report</td>
</tr>
<tr>
<td>MID-SEP</td>
<td>Audit completed</td>
</tr>
<tr>
<td>END SEP</td>
<td>Annual Report published</td>
</tr>
<tr>
<td>OCT</td>
<td>AGM (<a href="#">on page 10</a>)</td>
</tr>
<tr>
<td>31-OCT</td>
<td>Key docs to DSC – statement of receipts and payments, audit report, financial statements, vehicle receipt/rego details</td>
</tr>
<tr>
<td>NOV</td>
<td>Briefing for all staff re cyclone procedures including vehicle procedures, evacuation plans etc (Karratha/Kimberley)</td>
</tr>
<tr>
<td>DEC</td>
<td>Prepare for wage increase from 1 Jan</td>
</tr>
</tbody>
</table>

*Table 5 Key Reporting Dates and Timelines*
TO ENSURE TIMELINESS AND EFFICIENCY FOR YOUR ORGANISATION, THE FOLLOWING TIMEFRAMES SHOULD BE CONSIDERED:

- 7 days prior to every Board meeting – all Board papers to be finalised
- Serious incident reports (SIR) within 7 days of any serious incident (on page 69)
- Monthly/quarterly newsletters – sign off final content
- Prepare for scheduled 6-monthly or annual visits by senior DSC personnel
- Quality evaluation (on page 66) every 3 years
- 6 monthly wages increments (if using modern award)
- DSC tender renewal – every 2 years, will commence in October prior to the end of the following financial year when contract finishes, and be finalised by mid-May prior to commencement date for new contract on 1 July
- Dates for review of policies/procedures (revised every 2 years)
- Renewal of police clearances for Board members
- Monthly/quarterly meetings with Local Area Co-ordinator (LAC – on page 79) and Service Contract Development Officer
- Dates for 6-monthly and annual reviews of individual plans
- Client satisfaction survey every 12 months
- CORDS meeting dates
- Annual CEO appraisal

Policies

There are three levels of policy – critical, important and possible.

Critical policies are part of the service agreement between the organisation and the funding body. All policies should be in line with and reflect the principles of the National Standards for Disability Services (on page 67).

Important policies are likely to lead to best practice. At DSC, Quality Management Framework (on page 65) reports identify best practice and these are publicly available.

Possible policies are those that may be of benefit to the organisations. There examples of these on various websites such as those below.

Typically, the Board approves policy whilst the CEO and delegated Managers can approve procedural changes that don't have a significant impact on the overarching principle of the policy.
All polices should have:

- Title
- Version Number
- Number of pages
- Date adopted
- Last Review
- Next Review Date
- Definitions
- Scope
- Purpose
- Policy Statement
- Authorities
- Linked / Relevant Polices and Forms
- Procedures

Policies should be controlled documents and accessible for all stakeholders. They should be written in a concise and easy read manner. Your organisation should have polices for governance, human resource management, risk management, service delivery, standards and legislation, financial management, administration and quality assurance.

Organisations with service agreements with DSC will undergo an external policy and procedure audit as part of the Quality Management Framework (on page 65). Policies and procedures will be assessed against the National Standards for Disability Services (on page 67). Areas of compliance include fire safety, administration of medications and police certificates.

In addition, policies that reflect the organisations adherence to the rights of the people that access services, cultural competence and individual planning and outcomes are required to meet the National Standards for Disability Services (on page 67).

THE AUSTRALIAN CHARITIES AND NOT FOR PROFIT COMMISSION

The Australian Charities and Not for Profit Commission (ACNC) is a valuable resource for information on your organisations governance. You can download a Guide for Board members which provides an overview of the ACNC’s functions and gives comprehensive information and instructions on board members registration, access to Commonwealth tax concessions and ongoing obligations.
REGISTRATION WITH THE ACNC

To be eligible to register with the ACNC, your organisation must:

- be a charity, meaning it is a not-for-profit, has a charitable purpose and is for the public benefit
- have an Australian Business Number (ABN)
- comply with governance standards (below)
- not be a type of organisation that cannot be registered.

Registration with the ACNC as a charity is required before an organisation can receive charity tax concessions from the Australian Tax Office (ATO). There is also a range of Commonwealth concessions, exemptions or benefits that depend on a charity being registered with the ACNC.

Since 3 December 2012 the ACNC has had responsibility for deciding whether an organisation can be registered as a charity, under the ACNC Act. The ATO remains responsible for deciding eligibility for charity tax concessions.

To be a charity, your organisation must:

- be a not-for-profit (on page 17)
- have only charitable purposes that are for the public benefit
- not have a disqualifying purpose, and
- not be an individual, a political party or a government agency.

USEFUL LINK

TO APPLY TO REGISTER WITH ACNC AS A CHARITY, GO TO:


GOVERNANCE STANDARDS

To remain registered with the ACNC, charities must meet a set of governance standards.

The governance standards are a set of core, minimum standards that deal with how charities are run including their processes, activities and relationships – their governance. The standards require charities to remain charitable, operate lawfully, and be run in an accountable and responsible way.
Charities do not need to submit anything to the ACNC to show they meet the standards, but must have evidence of meeting the standards that they can provide if requested.

- Standard 1: Purposes and not for profit nature
- Standard 2: Accountability to members
- Standard 3: Compliance with Australian laws
- Standard 4: Suitability of responsible persons
- Standard 5: Duties of responsible persons

**USEFUL LINK**

TO GOVERNANCE STANDARDS FOR ACNC, GO TO:


**NOT-FOR-PROFIT**

Generally, a not for profit (not-for-profit) is an organisation that does not operate for the profit, personal gain or other benefit of particular people (for example, its members, the people who run it or their friends or relatives). The definition of a not-for-profit applies both while the organisation is operating and if it ‘winds up’ (closes down).

A not-for-profit can make profit, but any profit made must be used for its purpose(s). It can keep profits as long as there is a genuine reason for this and it is to do with its purpose. For example, a good reason to keep profits may be to save up for starting a new project, building new infrastructure or accumulating a reserve so it continues to be sustainable.

If an organisation continues to hold onto significant profits indefinitely, without using them for its charitable purpose, this may suggest that the organisation is not working solely towards its stated charitable purpose (and is not operating as a not-for-profit).

**ADDITIONAL TAX BENEFITS**

Extra tax benefits (such as fringe benefits tax exemption or endorsement as a deductible gift recipient (DGR)) are available to a charity that can show it is a:

- charity with a purpose of the advancement of religion
- public benevolent institution (PBI), or
- health promotion charity.
There are strict requirements that apply and you must be able to demonstrate that your organisation can meet these before it can be registered as being one of these subtypes, for example, by providing supporting information about its activities and expenditure.

**DEDUCTIBLE GIFT RECIPIENTS**

Certain deductible gift recipients (DGR) categories require charities to be registered with the ACNC before applying for DGR status with the ATO. If your organisation is a charity that wants to apply for DGR status, you may need to be registered with the ACNC first.

You can apply to register as a charity with ACNC and apply for DGR status with the ATO at the same time.

**COMMONWEALTH AND STATE REGULATION OF CHARITIES**

Regulations, obligations and benefits for your charity may vary across Commonwealth, State and local government jurisdictions. The legal structure of your organisation, fundraising activities, and the types of services you provide and where you deliver services will all impact on the organisations reporting and accountability obligations.

Regulation of charities covers a wide range of areas including:

- establishing a legal structure
- tax concessions, and
- fundraising

**Commonwealth Regulators** include:

- **LEGAL (INCORPORATION)**
  
  **Australian Securities and Investments Commission (ASIC)**
  
  Website: [www.asic.gov.au](http://www.asic.gov.au)
  
  Telephone: 1300 300 630

  **Office of the Registrar of Indigenous Corporations (ORIC)** regulates Aboriginal and Torres Strait Islander corporations
  
  Website: [www.oric.gov.au](http://www.oric.gov.au)
  
  Telephone: 1800 622 431
**FUNDRAISING**

**Australian Securities and Investments Commission (ASIC)** regulates companies seeking loans from the public, and requires fundraising disclosure documents.
Website: [www.asic.gov.au](http://www.asic.gov.au)
Telephone: 1300 300 630

**Australian Competition and Consumer Commission (ACCC)** regulates on consumer law, for example, misleading and deceptive conduct.
Website: [www.accc.gov.au](http://www.accc.gov.au)
Telephone: 1300 305 502

**TAXATION**

**Australian Taxation Office (ATO)**
For all charity tax concessions and other not-for-profit benefits and rebates, as well as all other Commonwealth (including income, business and GST) tax queries.
Website: [www.ato.gov.au](http://www.ato.gov.au)

**Western Australian Regulators** include:

- **LEGAL (INCORPORATION)**
  
  **Department of Commerce**
  Website: [www.commerce.wa.gov.au](http://www.commerce.wa.gov.au)
  Telephone: (08) 9282 0764 or 1300 30 40 74 (for country callers)

- **FUNDRAISING**
  
  **Department of Commerce (WA)**
  For information about fundraising registration and regulatory requirements:
  Telephone: (08) 9282 4373

  **Department of Racing, Gaming and Liquor**
  For information about raising money through raffles or gaming activities:
  Website: [www.rgl.wa.gov.au](http://www.rgl.wa.gov.au)
  Telephone: (08) 9425 1888
• TAXATION

**Department of Finance (WA)**
For information about payroll and land taxes, stamp duty and compliance
Telephone: (08) 6551 1000

**USEFUL LINK** TO COMMONWEALTH, STATE AND TERRITORY REGULATORS OF CHARITIES, GO TO:


**ANNUAL REPORTING**

Charities registered with the ACNC have an ongoing obligation to report each reporting period. Charities report by submitting an Annual Information Statement and an annual financial report (if medium or large in size).

Your charity’s Annual Information Statement and financial report (if required) are due within six months of the end of your reporting period.

**FOR INFORMATION ON ANNUAL REPORTING TO DSC, ON PAGE 64**

**GOVERNING DOCUMENTS**

Your governing documents are the formal documents that set out:

- the charity's charitable purpose or purposes
- that the charity operates on a not-for-profit basis, and
- the way that the governing body of the charity, such as its committee of management, or board makes decisions and consults any members.

**USEFUL LINK** FOR FACT SHEETS AND TEMPLATES ON GOVERNING DOCUMENTS, GO TO:


**NOTE** THESE DOCUMENTS MAY HAVE DIFFERENT NAMES, DEPENDING ON YOUR CHARITY’S STRUCTURE OR FORM
**DUTIES OF RESPONSIBLE PERSONS AND CHARITIES**

Your governing documents will identify who the responsible person for your organisation is. Typically, these are President or Chairperson, vice-president or vice chairperson, secretary and treasurer, plus any number of ‘ordinary board members’ (those who do not have a named office but are still part of the board).

Under Governance Standard 4 charities must make sure its responsible persons are suitable, and under Governance Standard 5 they must ensure that responsible persons are aware of their duties and comply with them.

**USEFUL LINK FOR THE ON-GOING OBLIGATIONS OF A REGISTERED CHARITY, GO TO:**


You must update details with the ACNC every time a responsible person takes on or finishes a role as a responsible person. This includes any change in their role. For new responsible persons, you will be asked if you have searched the ASIC Register of Banned or Disqualified Persons. In rare situations, a responsible person may be suspended or removed from this role by the ACNC.

**The ACNC can also provide information on:**

- Internal disputes
- Conflicts of interest
- Changing your governing rules - unincorporated
- Changing your governing rules - incorporated
- Taking on employees
- Having strong financial controls
- Holding your annual general meeting
- Overseas aid charities and terrorist financing
- Choosing a new board member
- Engaging volunteers
- Holding meetings
- Disaster relief
OCCUPATIONAL SAFETY AND HEALTH

LEGISLATION

The Occupational Safety and Health Act 1984 (the Act) provides for the promotion, co-ordination, administration and enforcement of occupational safety and health in WA.

The Act places certain duties on employers, employees, self-employed people, manufacturers, designers, importers and suppliers. It also places emphasis on the prevention of accidents and injury.

In addition to the broad duties established by the Act, the legislation is supported by a further tier of statute, commonly referred to as regulations, together with a lower tier of non-statutory codes of practice and guidance notes.

A NEW ACT IS BEING CONSIDERED. INFORMATION ABOUT THIS CAN BE FOUND ON THE DEPARTMENT OF COMMERCE WEBSITE.

USEFUL LINKS TO THE OCCUPATIONAL SAFETY AND HEALTH ACT 1984, GO TO:


WORKWISE

Workwise is based in Bunbury and provides advice regarding workplace legislation and risk management, including awards and conditions of employment, representation for unfair dismissal or unlawful termination either in the State or Federal jurisdictions, time and wages compliance, policies and templates, alternative dispute resolution, human resources, occupational health and safety, as well as many others. Information about relevant fees can be found on the website

USEFUL LINK TO WORKWISE, GO TO:

HARMONISATION

Harmonisation of Occupational Health and Safety laws in Australia is designed to provide all States and Territories with a consistent set of Workplace Health and Safety (WHS) laws.

USEFUL LINK TO INFORMATION ABOUT HARMONISATION, GO TO:


RISK MANAGEMENT

Risk Cover provides comprehensive risk management guidelines

USEFUL LINK FOR RISK COVER, GO TO:


HUMAN RESOURCES MANAGEMENT

JOB DESCRIPTION FORMS

The appendices section of this manual contains some examples of job description forms (JDF) that may help to develop and define roles suitable for your organisation. You may also like to look at the JDFs of other organisations. For a list of CORDS organisations and their contact details, go to APPENDIX C
**USEFUL LINKS** FOR UP-TO-DATE INFORMATION ABOUT AWARDS, WAGES, NATIONAL EMPLOYMENT STANDARDS, RECORD-KEEPING AND OTHER TOPICS RELATING TO EMPLOYEE RELATIONS, GO TO:


FOR AN ‘EMPLOYER’S GUIDE TO THE FAIR WORK ACT’, GO TO:  
http://www.cciwa.com/Employee_Relations/guides/Employers_Guide_to_the_Fair_Work_Act

**DISABILITY SERVICE ORGANISATION NON-CORE BUSINESS FUNCTIONS**

This table provides an example of a small organisation which outlines the staffing roles & responsibilities required to ensure efficient and effective governance.

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>NOTES</th>
<th>FTE</th>
<th>NOTES RE: SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR MANAGEMENT</td>
<td>Includes recruitment, employee contracts, records, annual pay reviews, terminations</td>
<td>0.5</td>
<td>12 full-time employees, 28 casual employees, 4 regional offices, total payroll $2.6M</td>
</tr>
<tr>
<td>FLEET MANAGEMENT</td>
<td>Includes acquisition/disposal, scheduled servicing, management of bookings, logbook admin</td>
<td>0.2</td>
<td>20 vehicles in fleet, total of 200,000km p.a.</td>
</tr>
<tr>
<td>IT</td>
<td>Includes management of the IT service-provider contract, supervision of IT upgrades and logging of issues</td>
<td>0.1</td>
<td>Plus, IT service contract costs $18K p.a.</td>
</tr>
<tr>
<td>Governance</td>
<td>Description</td>
<td>Hours</td>
<td>Notes</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>PROPERTY MANAGEMENT</strong></td>
<td>Includes administration and renewal of leases (offices, staff houses, client accommodation), building mods/upgrades, repairs/maintenance</td>
<td>0.2</td>
<td>4 offices, 4 staff houses, 1 client accommodation</td>
</tr>
<tr>
<td><strong>OH&amp;S</strong></td>
<td>Includes all OH&amp;S admin egg building evacuation plans, emergency tests, staff training, OH&amp;S committee meetings and minutes</td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td><strong>ACCOUNTING</strong></td>
<td>Includes payment of accounts, raising of invoices, banking/petty cash</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td><strong>FINANCIAL MANAGEMENT</strong></td>
<td>Preparation of budgets, monthly accounts, EOFY accounts, audit, Annual Report</td>
<td>0.2</td>
<td>Plus, accounting services contract $30K p.a. Use Xero accounting system</td>
</tr>
<tr>
<td><strong>PAYROLL</strong></td>
<td>Compilation of fortnightly (or weekly/monthly) timesheets and generation of pays</td>
<td>0.2</td>
<td>Fortnightly pays, attempt to mirror modern award so support workers on different rates of pay from level 1.3 to 3.4</td>
</tr>
<tr>
<td><strong>MARKETING, MEDIA &amp; COMMUNICATIONS</strong></td>
<td>Includes preparation of newsletters, maintaining website, promoting events, organising media, administration of social media, preparation of marketing collateral including brochures and posters</td>
<td>0.2</td>
<td></td>
</tr>
<tr>
<td><strong>RECEPTION</strong></td>
<td>All aspects of welcoming visitors to an organisation's 'head office'</td>
<td>0.8</td>
<td>We provide services to a total of 40 people with individualised funding, and a further 50 with carer's respite (block) funding</td>
</tr>
</tbody>
</table>
**OTHER GOVERNANCE RESOURCES**

‘It’s Your Business’ is a governance resource for Boards. It provides downloadable chapters including:

- corporate governance
- legal issues
- strategic business planning
- financial management
- strategic human resources
- risk management
- fraud prevention and control
- probity in employment.

**USEFUL LINK FOR GOVERNANCE RESOURCES, GO TO:**


The ‘Australian Institute of Company Directors’ produced ‘The 10 Principles that Promote Good Governance’.

- Principle 1: Roles and Responsibilities
- Principle 2: Board Composition
- Principle 3: Purpose and Strategy
- Principle 4: Risk - Recognition and Management
- Principle 5: Organisational Performance
- Principle 6: Board Effectiveness
- Principle 7: Integrity and Accountability

---

**CLIENT INFORMATION SYSTEM**

<table>
<thead>
<tr>
<th></th>
<th>Includes maintenance of the organisation's client information database</th>
<th>0.2</th>
<th>We use a customised Intuit database developed by Colin Andison from Orion. The same database is used for HR and fleet.</th>
</tr>
</thead>
</table>

**GENERAL ADMIN**

<table>
<thead>
<tr>
<th></th>
<th>Filing, office supplies, mail in/out, membership register, errands</th>
<th>0.3</th>
<th></th>
</tr>
</thead>
</table>

**TOTAL**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>3.4</th>
<th></th>
</tr>
</thead>
</table>

Table ‘Disability Service Organisation Non-Core Business Functions’
Governance

- Principle 8: Organisation Building
- Principle 9: Culture and Ethics
- Principle 10: Engagement

**USEFUL LINK** FOR INFO ON COMPANY DIRECTORS, GO TO:


Chamber of Commerce and Industry (CCI) provides advocacy, information and advice on business training, employee relations advice, industrial relations advice, occupational health and safety, human resources, workforce development.

CCI have a range of ready-to-use forms and guides on offer to assist your organisation with all employee and industrial relations matters.

**USEFUL LINKS** FOR CHAMBER OF COMMERCE AND INDUSTRY WA (CCIWA), GO TO:

http://cciwa.com/

AND A LIST OF THEIR EMPLOYEE AND INDUSTRIAL RELATIONS GUIDES, GO TO:

http://cciwa.com/Employee-Relations/guides

The Department of Commerce provides information on employment, grievances and disputes, insurance, risk management, accounts, auditing and taxation.

They have produced ‘Inc: A Guide for Incorporated Associations in Western Australia’ that:

- provides up to date information on the process of incorporation in Western Australia and highlights key legal requirements for the management of an association under the Act (Associations Incorporation Act 1987);
- introduces the various aspects of managing an association, including conducting meetings, employing staff and engaging volunteers;
- is a reference for good governance practices

**USEFUL LINK** TO DOWNLOAD ‘INC: ‘A GUIDE FOR INCORPORATED ASSOCIATIONS IN WESTERN AUSTRALIA’, GO TO:

**Governance**

**Governance & Management Pty Ltd** is a service organisation committed to assisting non-profit organisations increase their governance effectiveness.

The Governance and Management ‘CEO Clippings’ is an interesting sheet providing summaries of publications deemed relevant for CEOs.

The Governance and Management group also puts out a newsletter titled ‘Board Matters’ (see below) for non-profit Boards. The newsletter has topical articles, tips to improve Board functions and organisational culture and service delivery.

**USEFUL LINK** ABOUT GOVERNANCE, GO TO:


**Board Matters** provides professional, timely, meaningful and discreet governance advice and services to organisations including a wide range of for-profit and not-for-profit organisations.

**USEFUL LINK** ABOUT BOARD MATTERS, GO TO:


**Better Boards Australasia** connects the leaders, chief executive officers, board members and senior management teams, of Australasian non-profit organisations to the knowledge and networks necessary to grow and develop leadership skills and build a strong governance framework for their organisation.

**USEFUL LINK** ABOUT BETTER BOARDS, GO TO:

http://betterboards.net/

**National Disability Services – Governance Manager**

NDS developed Governance Manager, a tool for CEOs and Boards of Management. This tool helps identify current and desired levels of maturity in various elements of governance including, but not limited to:

- boards and committees
- finances
- ethics
- social capital
- risk management.
Our Community group provides advice, connections, training and easy-to-use tech tools for people and organisations working to build stronger communities. They also provide information on business plans and insurance premiums.

Westpac provides a range of free education guides for not-for-profit organisations as part of its Social Sector Banking initiative.

Lotterywest

Not-for-profit organisations and local government authorities may be able to access funding to help develop strategic and business plans from Lotterywest.
Reconciliation Action Plan (RAP)

Some organisations develop a Reconciliation Action Plan, which involves people who are Aboriginal or Torres Strait Islander.

Useful Link

ABOUT RECONCILIATION ACTION PLAN, GO TO:


Summary of Useful Links to Governance

Australian Charities and Not for Profit Commission (ACNC)

ACNC fact sheets and templates on governing documents

A guide to your charity’s responsibilities to the ACNC

A range of guides, templates and resources from the ACNC

Commonwealth, State and Territory Regulators of charities

Information on ACNC Governance Standards

Obligations of a registered charity

The ‘Governance for Good: The ACNC’s guide for Charity Board Members’

To apply to register with ACNC as a charity

Annual General Meetings

### GOVERNANCE RESOURCES

**Australian Institute of Company Directors**

**Better Boards Australasia**
[http://betterboards.net/](http://betterboards.net/)

**Board Matters**

**Chamber of Commerce and Industry of Western Australia (CCIWA)**

**Employee and industrial relations guides (CCIWA)**

**Community Door**

**Department of Commerce**
‘Inc: A Guide for Incorporated Associations in Western Australia’

**Governance and Management Pty Ltd**

**Ideaswa**

‘It’s Your Business”

**Lotterywest**

**National Disability Services – Governance Manager**

**Our Community**

**Reconciliation Action Plan (RAP)**
HUMAN RESOURCE MANAGEMENT

Awards, wages, National Employment Standards, record-keeping and other topics relating to employee relations

‘Employer's Guide to the Fair Work Act’
http://www.cciwa.com/Employee_Relations/guides/Employers_Guide_to_the_Fair_Work_Act

Social & community services industry pay rates, penalties and allowances

OCCUPATIONAL SAFETY AND HEALTH

Harmonisation

Risk Cover

Workwise
SECTION 3
HISTORY OF DISABILITY SERVICES IN AUSTRALIA

“IF YOU WANT TO UNDERSTAND TODAY, SEARCH YESTERDAY”

PEARL S. BUCK

TIMELINE

THE TURN OF THE LAST CENTURY (1900)

There were no formal services for people with disability in Australia. Many people were forced to live in large institutions in what would now be considered inhumane circumstances. Many people at the time labelled ‘insane’ were probably people with severe and multiple disabilities.

1940s AND 1950s

Many families banded together to find alternatives to institutions for their sons or daughters. This period saw a range of parent-run community services developed with the aim of providing better environments for people with disability who needed care.
Initially, these supports were based on a medical or custodial model, with care provided by nursing staff. So although there were many improvements on the previous option, people's lives still revolved around their disability. For many, much of their time was spent with others who had disability and there was little opportunity to learn, develop skills or participate in ordinary community life.

1964

A separation between mental health and intellectual disability began when a separate Mental Health Division was created within the State Mental Health Services in WA. This created a new direction for policy and service delivery in WA.

1966

Pyrton was a government-run home for children diagnosed with profound intellectual disabilities in WA. It opened in 1966 in Eden Hill (Lockridge) with children transferred from Claremont Hospital. It was established and run by Mental Health Services.

1970s AND 1980s

As a new belief began to emerge that all people with disability were able to learn and develop skills and should be encouraged to do so, services began to be more focused on individuals and their learning. Many services emerged with the aim of moving people from segregated settings to less restrictive settings as they developed skills. In WA, the role of social trainer replaced nurses.

This period and wave of new thinking was mirrored around the world. There was strong interest and support for Wolf Wolfensberger's theory of 'normalisation' that evolved to ‘Social Role Valorisation (SRV)’ (for more information on Social Role Valorisation, on page 95).

1981

The International Year of Disabled Persons created a greater awareness of disability in Australia and put disability on the agenda.

1984

The Equal Opportunity Act (1984) was enacted by the Western Australian Parliament and came into operation in July 1985 (for a link to the Equal Opportunity Act, on page 114).

1985

• From the Authority for Intellectually Handicapped Persons Act (1985) the WA government established the Authority for Intellectually Handicapped Persons (AIH), also known as Irrabeena.
• **Handicapped Persons Review** was undertaken which led to the ‘New Directions’ report and culminated in the **Commonwealth Disability Services Act (1986)**. The review had taken the unprecedented step of involving people with disability and their families as part of an extensive and comprehensive consultation process.

• The introduction of the **Home and Community Care Program (HACC)** and other community-based respite services including in-home respite was an important landmark for carers, who were identified as a target group in their own right.

### 1986

The Federal **Disability Services Act (1986)** sought to influence the reform agenda for disability services by reshaping available funding. Two major reforms included the downsizing of large accommodation services and replacing sheltered workshops with community-based employment (for a link to the federal Disability Services Act (1986), on page 114).

### 1988

**Local Area Coordination (LAC)** was developed by AIH and started in Albany. This program was initially designed to assist people with disability living in country areas. It was expanded to other country areas in the following year (for more information on Local Area Co-ordination, on page 79).

### 1991

- LAC’s were introduced to Perth and reached full WA coverage by 2000.
- The **Bureau for Disability Services** (‘the Bureau’) was established, reporting to the Minister for Community Services and Disability Services.

### 1992

The first **Commonwealth State Disability Agreement (CSDA)** was developed where the states assumed administrative responsibility for family support, recreation, community access, alternatives-to-employment and accommodation services and the Commonwealth took responsibility for employment services. Many agencies developed more flexible, family friendly options including vacation care, host family support, holiday camps and after school care.

### 1993

The **Western Australian Disability Services Act (1993)** was proclaimed. The Act amalgamated AIH and the Bureau to become the **Disability Services Commission (DSC)** to unify and streamline formal services for all West Australians with disability (for more information about the DSC on page 49).
The **Funding and Purchasing Community Services (FPCS) Policy** was introduced in WA to provide government agencies with more flexible and less formal processes for engaging not-for-profit organisations in government service delivery.

### 2008

- Australia ratified the **United Nations Convention on the Rights of Persons with Disabilities** (for more information about this Convention, on page 38).
- The Commonwealth, state and territory governments, in partnership under the auspices of the Council of Australian Governments (COAG), developed and signed the **National Disability Strategy 2010-2020** (for more information about the National Disability Strategy, on page 39).

### 2009

- The fourth agreement between the Australian Government and State/Territory Governments, replacing the third CSTDA, came into effect and was renamed the **National Disability Agreement (NDA)** (for more information about the National Disability Agreement, on page 39).
- DSC launched the **Count Me In: Disability Future Directions strategy** (for more information about the Count Me In strategy, on page 55).

### 2010

The Australian Government asked the Productivity Commission to carry out a public inquiry into a long-term disability care and support scheme.

### 2011

The Prime Minister released the Productivity Commission's report on 10 August 2011 which resulted in the Council of Australian Governments (COAG) agreeing to the need for a reform to disability services through a **National Disability Insurance Scheme (NDIS)** (for more information about the NDIS, on page 40).

The **Delivering Community Services in Partnership (DCSP) Policy**, effective from 1 July 2011, replaced the previous Funding and Purchasing Community Services Policy. The DCSP Policy guides all government agencies that provide funding for, or purchase community services from, ‘not-for-profit’ organisations (for more information about the DCSP Policy, on page 53).
2012

My Way was launched by DSC and rolled out in four defined geographical areas across the State (Lower South West, Cockburn-Kwinana, Perth Hills and the Goldfields) (for more information about the My Way project, on page 82).

2013

In March 2013 the NDIS legislation was passed and the NDIS Act 2013 was created, along with the scheme and the National Disability Insurance Agency (NDIA) (for more information about the NDIA, on page 40).

On 1 July 2013, the NDIS began in Tasmania for young people aged 15-24, in South Australia for children aged six and under (on 1 July 2014), and in the Barwon area of Victoria and the Hunter area in New South Wales for people up to age 65.

2014

From 1 July 2014 the NDIS commenced across the ACT, the Barkly region of Northern Territory, and in the Perth Hills area of Western Australia (for more information about the NDIS trial in Western Australia, on page 43).

The WA NDIS My Way trial started in the Lower South West on 1 July 2014 (for more information on the WA NDIS My Way trial, on page 43).

2015

Cockburn and Kwinana joined the WA NDIS My Way trial on 1 July 2015. In 2016 the term My Way was dropped and the DSC trial sites are now called WA NDIS.

WA's State Parliament passed legislation enabling the State's first Disability Justice Centre to be operated by DSC (for more information on the Disability Justice Centre in WA, on page 60).

USEFUL RESOURCE

UNDER BLUE SKIES: THE SOCIAL CONSTRUCTION OF INTELLECTUAL DISABILITY IN WESTERN AUSTRALIA

COCKS, E. & EDITH COWAN UNIVERSITY. CENTRE FOR DISABILITY RESEARCH AND DEVELOPMENT. (1996). UNDER BLUE SKIES: THE SOCIAL CONSTRUCTION OF INTELLECTUAL DISABILITY IN WESTERN AUSTRALIA. [PERTH, W.A.]: CENTRE FOR DISABILITY RESEARCH AND DEVELOPMENT, FACULTY OF HEALTH AND HUMAN SCIENCES, EDITH COWAN UNIVERSITY CAN BE BORROWED FROM THE NATIONAL LIBRARY OF AUSTRALIA:

SECTION 4

NATIONAL REFORMS

“TO IMPROVE IS TO CHANGE; TO BE PERFECT IS TO CHANGE OFTEN.”

WINSTON CHURCHILL

In 2012, the Australian Bureau of Statistics (ABS) reported 18.5 per cent of Australia’s population (4.2 million) had a disability. Of those, 1.4 million had severe or profound core activity limitation. 69 per cent of people of working age had some level of impact on their ability to work (AIHW, 2011).

The Australian disability sector is experiencing the most significant reforms in its history which will involve substantial growth and transformation over the next decade. Gradual state and territory shifts towards individualised funding and support models for people with disability have been accelerated by the introduction of the National Disability Insurance Scheme (NDIS - on page 40) and actions documented in the National Disability Strategy 2010-2020 (on page 39).

The following are some major reforms that have influenced services for people with disability in Australia.

UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

The Convention on the Rights of Persons with Disabilities and its Optional Protocol was adopted on 13 December 2006 at the United Nations Headquarters in New York, and was opened for signature on 30 March 2007. There were 82 signatories to the Convention. This is the highest number of signatories in history to a UN Convention on its opening day. The Convention entered into force on 3 May 2008.

Australia ratified the Convention and its Optional Protocol on 17 July 2008 and joined 82 other countries around the world in a global effort to promote the equal and active participation of all people with disability in society and community life.

USEFUL LINK TO THE UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES, GO TO:

NATIONAL DISABILITY AGREEMENT

The fourth Commonwealth, State/Territory Disability Agreement (CSTDA) was renamed the National Disability Agreement in 2009. The Agreement aims to improve services for people with disability, their families and carers. It stipulates that the Australian Government holds responsibility for employment services for people with disability and the states and territories are responsible for all other disability services. This includes accommodation services, community access, community support services and respite services (COAG, 2008).

USEFUL LINK TO THE NATIONAL DISABILITY AGREEMENT, GO TO:


NATIONAL DISABILITY STRATEGY 2010-2020

The Commonwealth, state and territory governments developed and signed the National Disability Strategy in 2008. It was endorsed by the Council of Australian Governments (COAG) in February 2011. The shared vision is for the creation of ‘an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens.’ The strategy guides public policy across all levels of government and drives change in all mainstream and specialist programs and services—as well as community infrastructure—to better meet the needs of people with disability, their families and carers.

The strategy is a 10-year plan (2010 to 2020) that has six priority areas for action:

1. inclusive and accessible communities
2. rights protection, justice and legislation
3. economic security
4. personal and community support
5. learning and skills
6. health and wellbeing.

The development of this strategy is the first time in Australia’s history that all governments have committed to a unified, national approach to improving the lives of people with disability, their families and carers, and to providing leadership for a community-wide shift in attitudes.
As part of the National Disability Strategy the Productivity Commission undertook a public inquiry into a long-term disability care and support scheme for people with disability. The Productivity Commission’s report was released by the Australian Government on 10 August 2011. COAG subsequently agreed to the need for major reform of disability services through a National Disability Insurance Scheme (NDIS) – see below for more information.

USEFUL LINK TO THE NATIONAL DISABILITY STRATEGY 2010-2020, GO TO:


NATIONAL DISABILITY INSURANCE SCHEME

The NATIONAL DISABILITY INSURANCE SCHEME (NDIS) is a nationally based scheme with funding and governance shared amongst all governments. It is the new way of providing individualised support for eligible people with permanent and significant disability, their families and carers. It provides a flexible, whole-of-life approach to the support needed for people with disability to pursue their goals and aspirations and participate in daily life.

The NDIS represents the most profound change in Australian disability history, replacing all current state and territory disability systems.

The NDIS is administered by the National Disability Insurance Agency (NDIA) which has been established under Commonwealth legislation, the National Disability Insurance Scheme Act 2013 (NDIS Act) and is governed by a Board.

The NDIA holds all funds contributed by the Commonwealth, States and Territories in a single pool, manages scheme funds, administers access to the scheme and approves the payment of individualised support packages.
This is an image representing the relationship between the Commonwealth Minister, the Council of Australian Governments (COAG) Standing Council on Disability Reform and the National Disability Insurance Agency

People with disability will need to meet the following requirements to access the NDIS:

- have a permanent and significant disability that affects their ability to take part in everyday activities
- be aged less than 65 when they first access the scheme
- be an Australian citizen, a permanent resident or a New Zealand citizen who holds a Protected Special Category Visa
- live in a trial site location (during the trial)

People can use the on-line NDIS Access Checklist to find out if they might be able to receive assistance from the NDIS. The next step is to contact the NDIA and arrange an appointment to meet with a planner to confirm eligibility and discuss goals and aspirations for the life they want to live and the support they need to achieve this.

Supports may help achieve a person’s goals in many aspects of life, including independence, involvement in community, education, employment and health and wellbeing. The NDIS may also fund therapies, equipment, home modifications and mobility equipment.
Over the next seven years the Australian Government will roll out the NDIS. It will be rolled out in a staged process across Australia from 2012-14 to 2015-16.

On 1 July 2013 the NDIS trial commenced in:
- Tasmania for youth aged 15-24
- South Australia for children aged 13 and under (on 1 July 2014)
- the Barwon area of Victoria for people up to age 65 and

From 1 July 2014 the NDIS trial commenced in:
- the Hunter area in NSW for people up to age 65
- the Australian Capital Territory for people up to age 65,
- the Barkly region of the Northern Territory for people up to age 65 and
- the Perth Hills area of Western Australia for people up to age 65

Roll-out of the full scheme in New South Wales, Victoria, Queensland, South Australia, Tasmania, the ACT and the Northern Territory will commence progressively from July 2016

**HOW TO BECOME A REGISTERED PROVIDER WITH THE NDIA**

A provider is the term used to describe an individual or organisation that delivers a support or a product to a participant of the NDIS. Organisations or individuals can apply to be a registered provider with the NDIA. Information on registering as a provider can be found in the Provider Registration Kit ([link on page 43](#)). Applications for registration must be made by submitting the registration smart form available on the Registering as a Provider page ([link on page 43](#)).

Each participant in the scheme will have an individualised plan which sets out their goals and aspirations, the disability supports (services and products) that will be funded by the NDIS, and other supports the person requires. Providers are engaged by participants to deliver supports in accordance with the participant’s plan. Providers should enter into a written agreement with participants that clearly sets out the supports that they are engaged to provide.

National Disability Services (NDS) is assisting disability service providers to develop the organisational capability to operate in an NDIS environment. The Provider Toolkit (the Toolkit) has been developed to support organisations intending to become a registered service provider of the NDIS.

The Toolkit is a set of self-assessment exercises that focus on business practice required under the NDIS. The exercises are structured around seven domains or Seven Key Questions.
USEFUL LINKS


PROVIDER REGISTRATION KIT:


NATIONAL DISABILITY INSURANCE SCHEME (NDIS): http://www.ndis.gov.au

NDIS IN WA

From 1 July 2014 Western Australia started participating in a two-year trial of the NDIS. The NDIS trial in WA is unique because there are two different disability service models being run in separate locations.

The Commonwealth Government’s National Disability Insurance Agency (NDIA) NDIS model is operating in the Perth Hills area. At the same time WA NDIS (see below for further information) is being run by the DSC on behalf of the State Government in the Lower South West and Cockburn and Kwinana.

The WA trial provides an opportunity to compare and contrast the two different models. Both will be independently evaluated over the two-year trial period and the outcome will inform how disability services are provided into the future in WA and nationally.

USEFUL LINKS TO NDIS IN WA, GO TO:


WA NDIS – TRIAL

When the State Government negotiated WA’s participation in the NDIS it was determined to retain the best features of WA’s existing disability services system.
Although WA NDIS is based on WA's current disability services model, key aspects are aligned with the NDIS including eligibility requirements, determination of ‘reasonable and necessary’ supports and access to additional resources.

The WA NDIS trial started in the Lower South West (LSW – see map on page 45) on 1 July 2014. The Cockburn and Kwinana trial started on 1 July 2015.

To be eligible to participate in the WA NDIS trial, individuals will need to be:

- aged less than 65 years on 1 July 2014 (for LSW) or 1 July 2015 (for Cockburn and Kwinana)
- an Australian citizen OR
- the holder of a permanent visa OR
- permanently residing in the LSW trial area
- permanently reside in either Cockburn or Kwinana

AND have a disability which:

- is attributable to an intellectual, cognitive, neurological, sensory or physical impairment or to one or more impairments attributable to a psychiatric condition; and
- the impairment or impairments are, or are likely to be, permanent; and
- you are likely to require support for your lifetime

To get an idea of potential eligibility for WA NDIS, the on-line ‘Am I Eligible?’ checker is available to individuals and families.

At its core, the WA NDIS approach builds on the strengths of the Local Area Coordination model (on page 79)

Being part of the WA NDIS trial means individuals will have access to a WA NDIS Local Coordinator (on page 82) to help guide them on their journey.

The Local Coordinators provide ongoing support to individuals, their families and carers to assist them in areas such as accessing information, planning for the future, participation in their community and identifying local supports and services.
The map below shows the areas in the lower south west that are involved in the WA NDIS trial.

**HOW TO BECOME A WA NDIS SERVICE PROVIDER**

To provide services in the WA NDIS trial sites (LSW and Cockburn-Kwinana), organisations need to apply to be part of the DSC’s Panel Contract for Individually Funded Services. This is done via an open tender process on the Tenders WA website ([https://www.tenders.wa.gov.au/watenders/index.do](https://www.tenders.wa.gov.au/watenders/index.do)).

DSC will be conducting periodic tenders, dependent on community need and prospective service provider interest. It is anticipated that these tenders will be conducted not less than every three to six months.

It is strongly recommended that potential service providers register as suppliers with Tenders WA. Please call them on 6551 2020 if you need assistance with this registration process. Tenders WA cannot give contract specific information at this number.

DSC will advise through Tenders WA and this site when the Panel Contract for Individually Funded Services will next be released.
The National Health Reform was signed by all states, territory and Australian governments on 2 August 2011. Under the agreement, responsibility for the aged care system is held by the Commonwealth from 1 July 2011. For people aged over 65, or indigenous Australians aged over 50, specialist disability services under the National Disability Agreement are also the responsibility of the Commonwealth. The regulation of services delivered under the NDA are the responsibility of the states and territories. For people aged under 65, responsibility for packaged and community residential care is held by the states and territories (AIHW, 2011).

**SOCIAL HOUSING INITIATIVE**

A part of the Nation Building–Economic Stimulus Plan, the Government’s Social Housing initiative aims to provide universal design for more than 15,000 public and community houses to improve accessibility for people with disability (AIHW, 2011).

**EMPLOYMENT SERVICES**

People with disability can access mainstream employment services (Job Services Australia) or if they wish, access Disability Employment Services (DES). People eligible for NDS services are able to access Australian Disability Enterprises (ADE) if they require ongoing supported employment (AIHW, 2011).

Where a person is not eligible for support from a DES or JSA provider, the NDIS can assist the person to develop skills and undertake training to prepare for work and assist the person to find and maintain work. This may include:

- personal care or assistance with transport where the participant requires these supports regardless of the activity they are undertaking
- assistive technology devices such as wheelchairs, personal communication devices or a hearing aid
- supported employment, such as services offered by Australian Disability Enterprises
SUMMARY OF USEFUL LINKS TO NATIONAL REFORMS

Employment support for people with disability
http://www.ade.org.au/what-are-ades

National Disability Agreement

NDIS My Way:

National Disability Insurance Scheme (NDIS)
http://www.ndis.gov.au

in WA

‘Provider Toolkit’:

National Disability Strategy 2010-2020

United Nations Convention on the Rights of Persons with Disabilities:
In WA, new legislation was developed including the Equal Opportunity Act (1984), Authority for Intellectually Handicapped Persons Act (1985) and the Equal Opportunity Amendment Act (1988), which provided greater inclusion for people with disability.

The WA Government established the Authority for Intellectually Handicapped Persons (AIH) in 1986 and was responsible for advancing the rights, responsibility, dignity, development and community participation of people with intellectual disability in WA. In particular, it oversaw the development of Local Area Coordination, initially designed to assist people with disability living in country areas. The program started in 1988 in Albany, expanding to other country areas in the following year. It was introduced to Perth in 1991 and reached full WA coverage in 2000.

AIH, together with the establishment of the Bureau for Disability Services, set the scene for the creation of the DSC (DSC). The Western Australian Disability Services Act, proclaimed in 1993, was the final step in this series of reforms. The Act amalgamated AIH and the Bureau to become DSC, to unify and streamline formal services for all West Australians with disability. Read more on page 49 in ‘About the DSC – A brief history’.

In the 21st century, there is a focus on supporting a good life for people with disability as part of their community. People with a strong commitment to this goal have campaigned for increased levels of funding to provide improved services. While funding is an important element of quality service, it is important to focus on nurturing informal supports, such as family and friends, to provide the rewarding elements of life that cannot be bought through a community service.

During the past 20 years the West Australian disability services system has undergone significant change, growth and development. The system has become more diverse and responsive to the support requirements of people with disability, families and carers. The progressive implementation of individualised funding and, more recently, the introduction of self-directed service models have required DSO's to focus more on the individual needs of the people using their services. Read more about self-direction and individualised funding on page 74.

Over 100 disability service organisations (DSO's) are funded by the DSC to provide a wide range of services for people with disability, families and carers. The Australian Government also provides funding for a range of disability services. Other supports and services are provided by mainstream State Government agencies and community-based organisations.
The Disability Services Commission (DSC) is the WA State Government agency responsible for advancing opportunities, community participation and quality of life for people with disability.

DSC provides a range of direct services and support, as well as providing funding to disability service organisations (DSO's) to provide services to people with disability, their families and carers. DSC also partners and collaborates with DSO's, business and government, and other stakeholders to improve participation, inclusion and access for people with disability across the community.

A BRIEF HISTORY

The Authority for Intellectually Handicapped Persons (AIH), known fondly as 'Irrabeena' was formed by the Authority for Intellectually Handicapped Persons Act 1985. Its role was to advance the 'rights, responsibility, dignity, development and community participation of people with intellectual disability in Western Australia'. The AIH ran many hostels and developed a Local Area Coordination (LAC - on page 79) service to assist people with disability in country WA.

AIH was complemented in 1991 by the establishment of the Bureau for Disability Services. The Bureau oversaw the provision of State funding for services provided by non-government organisations to people with physical disabilities. It also had a broad policy and development role such as providing the framework for State and Local government authorities' Disability Access and Inclusion Plans (DAIP's - on page 115).

Together, these two agencies set the scene for the creation of the DSC.

The Western Australian Disability Services Act, proclaimed in 1993, was the final, and possibly the most significant step in a series of reforms for disability services in WA. The Act amalgamated AIH and the Bureau and brought the DSC into being to unify and streamline formal service provision for all Western Australians with disability. Creating a new department specifically for disability services (an Australian first) with its own Minister added political clout and ensured the disability sector finally had its own voice in the Cabinet room of successive State Governments.
STRUCTURE

DSC is governed by a nine-member board and, as specified under the Disability Service Act 1993, at least five of them either have a disability, have a relative with a disability, or have recent experience as a carer or an advocate for people with disability. Board members are appointed through Cabinet.

In response to significant local and national reforms in the disability sector, major changes to DSC’s operating structure were made to position it for the future. These changes commenced in 2013/14. DSC now has six directorates that have responsibility for particular areas of operation.

DSC is divided into directorates to ensure a clear separation between its functions as a funder, provider and coordinator of disability services.

The corporate executive is headed by the Director General, who reports to the Premier through the Minister for Disability Services and the DSC Board. The Director General is appointed by the Public Sector DSC and Disability Services Minister.

**DSC’S DIRECTORATES ARE NOW:**

**Policy and Planning** is responsible for NDIS-related policy and planning work and ongoing State Government policy and planning responsibilities. For the NDIS, this includes monitoring and understanding the strategic environment and developing the Commission's strategic policy positions and relationships with other State Government agencies.

**Business and Funding** provides the funding systems and organisational support required for day-to-day business, including the core functions of organisational reporting, data management and budget administration. The directorate manages all payments and accountability measures for individuals and disability sector organisations receiving funding for disability services.

**Local Operations** is the state-wide, on the ground arm of Commission. The directorate has an overall goal of ensuring effective delivery of the service system at a local level and assisting people with disability to understand and navigate it. By providing information, conducting assessments and undertaking individual planning, Local Operations aims to enable eligible people to access reasonable and necessary supports and services.

**Sector Engagement and Development** is the Commission’s primary link with the disability sector, maintaining the strong partnership relationship between the Commission and disability sector organisations. The directorate procures and manages disability services and incorporates the Services Branch (formerly the Services directorate). Core functions include managing contracts with service providers, pricing analysis and running the State’s quality and safeguarding systems and ensuring a viable sector that provides real choice to people with disability.
The following diagram explains the corporate structure of DSC.

**LINES OF RESPONSIBILITY (AS AT AUGUST 2015)**

**Minister for Disability Services**  
Hon Helen Morton

**Ministerial Advisory Council on Disability**  
Chairperson  
Dr Rachel Skoss

**DSC Board**  
Chairperson  
Mr Bruce Langoulant  
(Nine members)

**DSC**  
Director General  
Dr Ron Chalmers

**Reference Networks**  
(People with disabilities, their families and carers, and service providers)

- Rural and Regional
- Metropolitan

**Policy and Planning**

**Local Operations**

**Business & Funding**

**Sector engagement & Development**
VISION AND VALUES

DSC’s vision for Western Australia is that people with disability are valued, welcomed and included in their local communities.

DSC will achieve its vision by:

- ensuring the strong and central involvement of people with disability, their families and carers in advising and leading strategic developments
- providing strong leadership to champion the rights of people with disability, their families and carers and by working for them to receive the supports and services they need
- actively engaging communities, DSO’s, the private sector and all levels of government
- delivering supports and services that are accessible, of high quality and culturally appropriate
- ensuring our directions are guided by contemporary thinking and evidence-based practice
- being accountable for our performance and building a sustainable organisation.

Values which guide the work of DSC:

- **Commitment** – We are committed to our vision for people with disability and their families.
- **Respect** – We value cultural diversity and encourage everyone’s unique contribution.
- **Integrity** – We are honest and truthful about our decisions and actions.
- **Working together** – We work together cooperatively to get things done and pursue our vision.
- **Openness** – Our decision-making and communications are clear and transparent.
- **Leadership** – Our actions reflect our leadership responsibilities.
- **Accountability** – We are openly accountable for our decisions and actions.
- **Continued learning** – We are committed to a culture of excellence and continued learning.

USEFUL REFERENCE

DSC is undertaking a number of strategic initiatives to facilitate better outcomes for people with disability, their families and carers, to improve processes for disability service providers and build capacity across the disability sector and to ensure continuous improvement of DSC services. These projects include:

**WA NDIS MY WAY TRIAL**

The WA NDIS My Way trial (*on page 43*) increases individual choice and control over supports and services.

**PROCUREMENT REFORM**

The Procurement Reform project involves working with approximately 120 DSO’s contracted by DSC to provide supports and services. This project is part of DSC’s responsibility in implementing the State Government’s ‘Delivering Community Services in Partnership Policy’ (*below*).

**USEFUL LINK FOR PROCUREMENT REFORM, GO TO:**


Put simply, procurement will move away from an input/output model to an outcomes-based approach. This will provide people with disability more choice and flexibility in the way they purchase services and supports.

In January 2015, an additional $65 million recurrent State Government funding (known as Component II) was announced to further support the not-for-profit sector. Of this, DSC will receive $29 million of recurrent funding over two years for distribution to DSO’s.

**DELIVERING COMMUNITY SERVICES IN PARTNERSHIP POLICY**

The Delivering Community Services in Partnership (DCSP) Policy, July 2011, underpins government contracting with community not-for-profit organisations. The intent of this policy is to improve outcomes for all West Australians through a genuine partnership in policy planning and delivery of community services in WA. It replaced the previous Funding and Purchasing Community Services Policy. Jointly developed by the public and not-for-profit community sectors, the DCSP Policy focuses on:

- the nature of the relationship between the Government and the not-for-profit community sectors;
- the correct application of the available funding and contracting options, ensuring that Government funding and contracting practices are fair, transparent, consistent and correctly categorise grants and service agreements; and
• reducing the administrative burden placed upon not-for-profit community sector organisations when contracting with government agencies.

The DCSP Policy guides all government agencies that provide funding for, or purchase community services from, not-for-profit organisations.

The DCSP Policy and associated contracting reforms support the sustainability of the not-for-profit community sector. A key aspect of the reforms is that Government agencies will no longer dictate the price and service specification, but will work with the not-for-profit community sector to establish service outcomes and obtain sustainable prices from service providers, including those in regional and remote areas of the State.

The implementation of the DCSP Policy and associated reforms has involved:

• the creation of a Funding and Contracting Services unit in the Department of Finance to support both the public and not-for-profit community sectors;
• establishing a suite of standardised contract templates to reduce the administrative burden;
• coordination of a range of education and training initiatives (targeted at both sectors) to raise the awareness of the DCSP Policy and associated contracting reforms; and
• monitoring implementation of the DCSP Policy with updates provided to the Partnership Forum on the progress of implementation and emerging issues.

The aim of the DCSP Policy is to improve outcomes for all Western Australians through a genuine partnership between Public Authorities and the not-for-profit community sector in the funding and contracting of sustainable Community Services in Western Australia.

The DCSP Policy applies to all Public Authorities that provide funding for, or purchase Community Services from, not-for-profit organisations. It commenced from 1 July 2011, though implementation is to be phased-in, with new arrangements put in place as existing arrangements expire.

The DCSP Policy seeks to achieve better outcomes for Western Australians by:

• promoting flexibility, innovation and community responsiveness in the funding or contracting of services by Public Authorities, to better meet community needs;
• encouraging a more productive working relationship between Public Authorities and the not-for-profit community sector based on trust, collaboration, accountability and effective and sustainable service delivery;
• clarifying when services are to be put out to open tender and when a more targeted non-market based approach is more appropriate;
• reducing "red tape", complexities and inconsistencies, and standardising terminology to clarify the dialogue between the parties; and
About the Disability Services Commission

- requiring that Public Authorities remain aware of Government's core desire to contract with the not-for-profit community sector in a manner that supports sustainable service delivery and recognises the importance of ongoing organisational viability.

**USEFUL LINKS FOR DELIVERING COMMUNITY SERVICES IN PARTNERSHIP POLICY, GO TO:**

DEPARTMENT OF FINANCE–GOVERNMENT PROCUREMENT - NOT-FOR-PROFITS

DEPARTMENT OF PREMIER AND CABINET

NATIONAL DISABILITY SERVICES

**SELF-DIRECTED SUPPORTS AND SERVICES**

Nationally and internationally, there is a growing interest from people using services to have greater control over the design, planning and delivery of their supports and services. People also seek more personalised approaches to their supports and services that are tailored to and responsive to their individual requirements.

There is also broad acknowledgement that better outcomes for people are achieved when they have genuine choice and the level of control they desire over their supports and services.

DSC will undertake a number of projects to support sector development to increase self-directed supports and services approaches.

For more information on Self-directed Supports and Services, on page 102.

**COUNT ME IN**

DSC launched the Count Me In: Disability Future Directions strategy in 2009. It is a strategy that is of critical importance to developing a WA that embraces and enacts a long-term vision for ‘all people to live in welcoming communities that facilitate citizenship, friendship, mutual support and a fair go for everyone’.
Count Me In was developed because there was recognition that people with disability experience social exclusion. Count Me In is a strategy to create stronger communities as they increase inclusion of people with disability in social, economic and environmental life.

It identifies the most important strategies for government agencies, local governments, DSO’s, private enterprises and community groups to embrace and embed within their services, programs and activities.

The Count Me In framework has three areas of focus:

**Personalised Supports and Services** – outlines directions for people who experience significant levels of impairment and disability to have access to individualised and contemporary services. This is reflected in DSC’s My Way project (see below) and a range of new individualised approaches. The priority areas under this area of focus are:

- Innovative and responsive supports
- Lifelong security for people with complex and high needs for support
- Strong, supportive partnerships with families and carers
- Responsive approaches in rural and remote areas
- Collaborative responses to people with disability who are ageing

**Economic and Community Foundations and Participation and Contribution** both focus on people with disability achieving economic security, being able to move easily around their homes and communities and being welcomed and included at school, work, in leisure activities and all other aspects of life. The priority areas under these areas of focus are:

- Economic security,
- Well-planned and accessible communities and
- Universally-designed housing
- Welcoming communities
- Lifelong learning in inclusive settings
- Secure employment in meaningful work
- Access to health and mainstream services
- Enabling information and technologies

Some of the Count Me In initiatives that support the strategy's vision, include:

The Count Me In Ambassadors program was developed as a major strategy to disseminate key messages of Count Me In across Western Australia. The program was launched in December 2010 by the Disability Services Minister.
Ambassadors represent a broad range of experience, networks and community profiles. They have the ability to influence many areas of Western Australia’s private and public sectors.

Ambassadors integrate messages of inclusion and access for people with disability into key areas of their work or leisure, such as conference papers, formal presentations, committee meetings or casual conversations.

**Count Me In Awards** recognise the outstanding efforts of individuals, government, business and educational and training organisations on projects or initiatives that create more welcoming communities for people of all abilities.

DSC has **Community grants** available for projects that increase access and inclusion for people with disability under the Count Me In strategy. The grant programs are:

- Community Inclusion and Participation grants
- Community Infrastructure grants
- Information session video

All of the Count Me In strategies strongly align with the national initiatives currently driven through the implementation of the 10-year National Disability Strategy (on page 39)

**COUNT ME IN STOCKTAKE (2012)**

In 2012 DSC completed the Count Me In stock take which gives examples of significant initiatives DSC has developed or collaborated on between 2010 and 2012 to make headway on all Count Me In priorities and pathways.

**USEFUL LINK FOR COUNT ME IN STRATEGY, GO TO:**


**POSITIVE BEHAVIOUR FRAMEWORK**

The Positive Behaviour Framework is a sector wide strategy to respond to the needs of people with a disability who sometimes exhibit challenging behaviour and the needs of their families/carers and paid support workers. The framework is driven by the DSC's Count Me In: Disability Future Directions plan and is working to foster the participation and contribution of people with disability who sometimes experience challenging behaviours by developing a values and evidence based strategy to support the development of personalised supports and services.
What is Positive Behaviour Support?

Positive Behaviour Support (PBS) is an evidence-based approach with a primary goal of increasing a person's quality of life and a secondary goal of decreasing the frequency and severity of challenging behaviours.

Why would it be useful for your organisation to build skills in PBS?

Challenging behaviour is often attributed to the person demonstrating the behavior but the challenge often belongs to those surrounding the person. PBS is a comprehensive approach to assessment, planning and intervention that focuses on addressing the person's needs, their home environment and overall quality of life. PBS is about working with all the people who know the person the best to develop a shared understanding about why the person has a need to engage in challenging behavior.

Evidence suggests that PBS is best implemented under the following conditions:

- Senior level support for the introduction of PBS
- Staff are able to access appropriate training
- Emerging leadership is supported at all levels with a disability sector organisation, but particularly at the operational level through the introduction of leadership/mentor roles specific to the area behavior support (for example, identifying a Behaviour Support Consultant and behavior support champions)
- Implementation of robust and consistently applied organisational systems and processes that support and embed good behavior support practices
- Participation in cross-sector and inter jurisdictional collaboration
- Access to timely, accessible support from experienced staff in the disability sector and professionals with experience in PBS.

Positive Behaviour Framework – Effective Service Design

Positive Behaviour Framework - Training Framework

Good knowledge of PBS principles is important in delivering high quality services for people with disability, their families and carers who share experiences of challenging
behaviour. There are various opportunities for training emerging under the Positive Behaviour Framework.

**USEFUL LINK**

TO POSITIVE BEHAVIOUR FRAMEWORK TRAINING, GO TO:

http://static1.1.sqspcdn.com/static/f/1546495/25714890/1417147876787/PBF+training+calendar+2015.pdf?token=rFAk28KfWnUPd1VRGmpFH%2FgShU%3D

Other PBS supports and resources

- **Positive Behaviour Support in Action Interest Group**
  
The Positive Behaviour Support in Action (PBIA) interest group is a peer support group which provides an opportunity for staff to continue to develop their skills in implementing and applying Positive Behaviour Support principles in their workplace.

**USEFUL LINK**

TO THE PBIA INTEREST GROUP, GO TO:

http://www.ideaswa.net/positive-behaviour-support-in-action.html

- **Across the Disability Sector Community of Practice**
  
  Behaviour Support Consultants act as mentors and/or frontline coordinators to assist organisations to implement the Positive Behaviour Framework reform agenda. These positions also act as a point of contact across the sector to encourage collaboration and support transparency for organisations in the development of behavioural responses for people with disability who sometimes experience challenging behaviour. The consultants meet 6-weekly in a Community of Practice to share information and support each other on the journey towards the reduction and eventual elimination of restrictive practices. The Community of Practice provides opportunities for Behaviour Support Consultants to share information, good news stories and resources. If you would like to develop/join a community of practice, please contact Mike Cubbage on 9301 3841 or michael.cubbage@dsc.wa.gov.au

- **Positive Behaviour Framework Guiding Committee**
  
  The Positive Behaviour Framework (PBF) Guiding Committee has 40 members representing people with disability, families, DSO's, peak bodies and DSC directorates. For further information, please contact Denise Wettermann on 9301 3838 or denise.wettermann@dsc.wa.gov.au
• **Positive Behaviour Support Panels**

Positive Behaviour Support Panels have been introduced to review Behaviour Support Plans that contain restrictive practice. The Behaviour Support Consultants act as external panel members for other organisations to review any Behaviour Support Plan that contains a restrictive practice. Behaviour Support Plans may be reviewed using the Behaviour Support Plan Quality Evaluation Guide II (BSP-QEII). The BSP-QEII provides everyone in the disability sector with the common language and focus that allows DSO’s to collaborate as behaviour support plans are reviewed. The panels ensure the restrictive practice adopted is the least restrictive alternative, in place for the shortest possible time with consideration of consent and with a process for regular review put in place. For further information about Positive Behaviour Support Panels please contact Fran Gresley on 0478 320 333 or frances.gresley@dsc.wa.gov.au

• **Consultant Psychology support**

On occasion following policy and procedural development in Positive Behaviour Support practices and staff training in Positive Behaviour Support further expertise and support may be required by an organisation to bring about positive change. DSC has invested in Consultant Psychology positions to support organisations who may require further advice and consultation concerning Positive Behaviour

**USEFUL LINK TO POSITIVE BEHAVIOUR SUPPORT, GO TO:**


**DISABILITY JUSTICE CENTRE**

The establishment of a Disability Justice Centre in Western Australia provides secure accommodation for people who have intellectual or cognitive disability and who have been charged with an offence but, due to their disability, are unable to understand the court process sufficiently to enter a plea. This means that they have not had a trial and been found to be either guilty or innocent of the charge.

The Bennett Brooke Disability Justice Centre provides the declared place option, advancing social and legal justice for some of the most vulnerable people in our community. The centre employs a range of advanced security measures to safeguard the people in the centres and the community.
Legislation authorises DSC to own and operate the centre. Recommendations about an individual’s suitability for placement in the centre are made by the Mentally Impaired Accused Review Board, with the Minister for Disability Services making the final decision.

**USEFUL LINK TO DISABILITY JUSTICE CENTRE, GO TO:**

**ACCOMMODATION SERVICES TRANSITION**

DSC’s accommodation services are being restructured and about 60 per cent of these will be transitioned to non-government providers, in line with the WA Government’s DCSP Policy (on page 53) and the principles of the NDIS (on page 40). It reinforces the role of government as a facilitator of services rather than as a direct provider, and builds on the 83 per cent of accommodation services already provided by non-government organisations.

The transition which commenced in 2013-14, aims to offer people with disability who live in DSC accommodation more choice and control over the supports and services they receive.

**USEFUL LINKS TO ACCOMMODATION SERVICES TRANSITION, GO TO:**

**CONTRACTING WITH DISABILITY SERVICES COMMISSION**

DSC contracts disability services organisations (DSO’s) to provide services to people with disability in WA.

**USEFUL LINK FOR A FULL LIST OF CONTRACTED DSO’S, GO TO:**
DSC regularly reviews the demand for services by people with disability supported by DSC. This review is done in conjunction with DSO's, as well as other consultation processes that inform DSC on demand for services. The review is undertaken across all diagnostic groups and geographical areas.

Having assessed the demand, under the DCSP Policy (on page 53), DSC will go to open tender. Potential providers may include:

- non-government organisations (including not-for-profit and private enterprises)
- local government or government organisations
- individuals, families or small community groups.

The tender process firstly screens the viability of potential providers, if required. Only those assessed as viable proceed to the next stage. Secondly, the process assesses the capacity of potential providers to apply best practice principles of service delivery required for DSC-funded services to people with disability.

At the completion of the process, details of endorsed providers including name, address, contact numbers and programs offered will be made available to people with disability who gain individually-tied funding from DSC. DSO's that are on the panel may also market themselves to attract people with disability who have acquired funding for specified services.

It should be noted elements within the panel process have changed to include:

- greater flexibility in how individual funding can be used and which is more person-centred
- considering what is ‘reasonable and necessary’ given the individual’s circumstances
- a focus on value for money
- ‘reviewable and renewable’ i.e. an individual's funding is not fixed for life and is reviewed and renewed annually

2. SERVICE AGREEMENTS

Each DSO funded by DSC will have a service agreement. This is a contract between DSC and the organisation for the provision of purchased disability services for people with disability across WA. A service agreement may include:

- the number and type of strategies funded
- amount and type of funding specified for each strategy
- a list of individuals where funding is individually-tied
• whether funding is recurrent or non-recurrent
• the term of the agreement
• a description of the purpose of the funding and services
• expected outcomes and outputs of the services
• reporting of financial and non-financial data for output reconciliation
• any other purchasing conditions specific to the agreement.

3. VARIATION TO SERVICE AGREEMENT

A variation to service agreement (VSA) is a document detailing any change to the original service agreement.

For block funded programs, this may be additional hours, individuals and/or payment. Note that block-funded programs are expected to cease from 1 July 2017.

For individually tied funding, a VSA will be used for every change in individual funding, such as increased funding and hours to an individual, a new person accessing services or a person leaving a service. The new VSA must be in place before the service starts, as payment cannot be backdated.

A VSA will detail each change and will be sent to the organisation to be signed so payment changes can be arranged. This process can take up to six weeks, so it is helpful if organisations sign and return the VSA as soon as possible.

All matters pertaining to VSA’s are managed by the DSO’s nominated Service Contract and Development Officer at DSC in Perth.

4. RENEWAL

The process where an organisation’s contract is stated in the Service Agreement. The SCDO will organise a meeting with the organisation to discuss the process. The meeting will usually involve the SCDO and the Chief Executive Officer of the organisation but may also involve managers.

During these meetings, any issues raised over the contract period will be discussed. The new procurement or service renewal processes will also be discussed in detail to ensure both parties agree to the terms.
5. REPORTING REQUIREMENTS

Your service agreement will contain a schedule of all reporting requirements to DSC. These include;

- Annual Client Data Collection (below)
- Reporting on individual plans (on page 65)
- Service Agreement Declarations
- Disability Access and Inclusion Plan (DAIP – on page 115) Contractor Progress Reports

DSC is a partner to the Commonwealth and State/Territory Disability Agreement (CSTDA). As part of this agreement, DSC coordinates Western Australia’s collection for the National Minimum Data Set (NMDS).

Service providers collect this information on an ongoing basis and report to DSC annually. The data also assists DSC and State Government with planning, policy development and financial decision making.

Annual Client and Service Data Collection

The Annual Client and Service Data Collection (ACDC) Online is DSC’s system of collecting and analysing important information concerning people with disability and the services they use. This information is collected on an ongoing basis by each service provider and submitted to DSC annually.

Data from the ACDC is used:

- to meet accountability requirements via annual reporting to State Parliament including performance indicators required by the Auditor General
- in DSC’s Annual Report to inform Parliament and the community on issues affecting people with disability, their families and carers
- to acquit funded organisations’ Service Agreements with DSC
- in State Government Budget Statements (outlining the allocation of government funding to Departments)
- to meet the State’s obligations to provide nationally comparable data to the Australian Government as specified in the NDA (on page 39), and is reported annually by the Australian Institute of Health and Welfare and the Productivity Commision.
- to maintain a comprehensive database for research, policy, planning and service development purposes.

ACDC Online Helpdesk
Email: acdc@dsc.wa.gov.au

Reporting on individual plans is an important requirement for all service providers. Individual plans will be reported to DSC in two ways – timeliness and effectiveness.
Reporting on individual plans is an important requirement for all service providers. Individual plans will be reported to DSC in two ways – timeliness and effectiveness.

The effectiveness of an individual plan is measured by the achievement of each goal within the plan. Goal achievement is based on the person with disability's perception when the plan is reviewed.

**USEFUL LINK** FOR DSC’S REPORTING REQUIREMENTS, GO TO:


**QUALITY SYSTEM**

All service providers strive towards continuous quality improvement as an essential element of human services. This is particularly important in disability services and one of the key roles of your SCDO is to provide information on strategies and resources to help you meet the six National Disability Services Standards (on page 67)

**Quality System Policy**

DSC developed the Quality Management Framework (QMF) in 2009, as a basis for quality assurance. In November 2013, Corporate Executive determined that disability reforms, in particular the revised National Standards for Disability Services (the standards) and the implementation of NDIS trial sites, meant that the Quality System needed to be reviewed and updated.

DSC’s enhanced Quality System commenced on 1 July 2014. It is for all DSC contracted and provided supports and services and incorporates the Standards (on page 68)

The Quality System:

- maintains the basic structure of self-assessments (on page 66), quality evaluation visits and follow up action
- increases focus on individual outcomes, good planning processes and a person-centred approach (on page 98)
- specifically includes safeguarding (on page 69)
- integrates complaints and serious and critical incident reporting (on page 69)

The policy is based on existing practices within the Quality Management Framework (QMF) and reflects the enhancements which have been developed as part of the Quality System. The system will continue to measure, monitor and suggest ways to improve the quality of funded and provided disability services.
Quality is assessed in two ways:

1. **Self-assessment**

   An annual requirement for all service providers enables service providers to assess how well they achieve positive outcomes for the people they support with their services.

   Every year DSO’s complete a self-assessment. Service providers are expected to provide information about their consumers’ progress against the QMF outcomes using information from individual plans or other means of recording the needs and progress of each person. DSO’s are also expected to invite groups of consumers, their families and carers to have a say about different aspects of the service provided and include this feedback as part of the self-assessment report. This will include information about service improvements and what they plan to do over the next 12 months.

   DSC looks at the information from self-assessments and the provider’s previous Self-Assessment to identify strategies organisations have implemented to address any previously identified gaps in service delivery. This process forms part of the continuous service improvement cycle.

   The due date for this varies each year but is around October. Before this, the required documents are emailed in Word format to the organisation for completion.

2. **Independent quality evaluation**

   At least every three years an evaluation of the quality of providers’ services will be aligned with the six Standards (on page 68), ensuring a consistent national approach.

   As part of the evaluation process a sample of the service provider’s service users will be selected to review:

   - the existence and adequacy of the planning and review process
   - the progress being made toward achieving individual goals
   - the process being used to obtain experience/feedback from people using the service.

   The process can take up to twelve (12) weeks from start to finish.

   The evaluation procedure consists of seven steps:
   
   1. Notification to the DSO
   2. Information exchange and preliminary meeting
   3. Quality Evaluation preparation and visits
4. Draft report reviewed and exit meeting
5. Final report endorsed by DSC
6. Endorsed report sent to DSO
7. Contract management and follow-up actions.

DSC will notify the DSO at least six weeks before the schedule date of a service point quality evaluation assessment. The primary contact person for the organisation will receive a notification letter by email. This will provide the name and contact details of the independent evaluator who is responsible for conducting the assessment.

**USEFUL LINKS FOR QUALITY SYSTEM, GO TO:**


**FOR FACT SHEET (QUALITY SYSTEM), GO TO:**


**FOR INDEPENDENT QUALITY EVALUATION, GO TO:**


**FOR SELF ASSESSMENTS, GO TO:**


**NATIONAL STANDARDS FOR DISABILITY SERVICES**

In 2014, Western Australia adopted the six new National Standards for Disability Services (the Standards) that promote nationally consistent quality standards for the disability services sector. From 1 July 2014, the Standards have applied to all services either funded or delivered by the DSC and NDIS providers operating in Western Australia.
The Standards form the basis of the WA Quality System (on page 65) and are used to assess the quality of services delivered by disability service organisations. The Standards:

- promote human rights
- encourage good practice and continuous improvement of services.

**The Standards are:**

1. **Rights** The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.

2. **Participation and inclusion** The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.

3. **Individual outcomes** Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.

4. **Feedback and complaints** Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.

5. **Service access** The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.

6. **Service management** The service has effective and accountable service management and leadership to maximise outcomes for individuals.

The Australian Government Department of Social Services (DSS) has produced a number of resources to support the implementation of the Standards. DSC has developed additional resources to support the materials developed by the Commonwealth.

**USEFUL LINKS ON NATIONAL DISABILITY STANDARDS, GO TO:**


SAFEGUARDING

Safeguarding of the rights of individuals who are vulnerable is a focus for the DSC, with the adoption of the Standards. All of the Standards have a safeguarding function, and Standard 1: Rights and Standard 4: Feedback and Complaints provide a particular focus on safeguarding.

In line with the Standards, DSC will evaluate how services facilitate and support safeguarding of individuals rights and outcomes as part of the Quality System.

USEFUL LINK

ON SAFEGUARDING, GO TO:


AND FOR ‘SAFEGUARDING – KEY CONSIDERATIONS FOR DISABILITY SERVICE PROVIDERS’, GO TO:


SERIOUS INCIDENT REPORTING

Under the Disability Services Act 1993 (on page 114), serious incidents must be reported by DSO's and by service provision areas of DSC.

Under the DCSP General Provisions for the Purchase of Community Services by Public Authorities Agreement, disability sector organisations are also required to report ‘notifiable incidents’ in addition to serious incidents.

What is a Serious and/or Notifiable incident?

Serious Incident: A serious incident means one or more of the following:

a) the death of a person with a disability;

b) serious physical injury or psychological harm suffered by a person with disability;

c) abuse including physical, emotional, sexual, psychological, financial and neglect of a person with disability;

d) the person is judged as posing a serious risk to the health, safety or welfare of themselves or others;
e) exploitation or unjustified restrictive practices\(^1\) used with a person with disability; and

f) an assault on staff or a visitor to the service by a person with disability.

**Neglect:** is a passive form of abuse in which a perpetrator is responsible to provide care for a person who is unable to care for himself or herself, but fails to provide adequate care. Neglect may include the failure to provide sufficient supervision, nourishment, or medical care, or the failure to fulfill other needs for which the person cannot provide themselves.

**Notifiable Incident:** means any of the following:

(a) the occurrence of a Serious Incident;

(b) where a Service User causes or contributes to injury, illness or death of any person, or poses a serious risk to the health, safety or welfare of any person;

(c) any referral of any matter or complaint regarding any Service User, the Services or the Service Provider generally, to any regulatory or investigative body;

(d) the charging of the Service Provider or an Associate with a criminal offence involving a sexual offence, dishonesty or breach of trust or which otherwise may result in imprisonment of that person;

(e) serious verbal or written complaints received in relation to the Service or in relation to the Service Provider generally; and

(f) the occurrence of any event which may cause adverse publicity including but not limited to if the Service Provider is contacted by the media for comment on any aspect of the Services or involving a Service User.

**Sexual Abuse:** refers to any act of a sexual nature performed that a person has not consented to, or that are performed in a criminal manner, as with a child or with a non-consenting adult. This includes rape, incest, oral copulation, and penetration of genital or anal opening with a foreign object. The term also includes any sexual act that could be expected to trouble or offend another person when done by someone motivated by sexual interest, including indecent exposure and acts related to sexual exploitation, such as those related to pornography, prostitution involving minors, or coercion of minors to perform obscene acts.

**Serious Illness:** refers to conditions that require immediate care to relieve suffering and minimise morbidity and mortality risk. Serious illnesses can include conditions involving the cardiovascular, respiratory, gastrointestinal, musculoskeletal, neurological, the immune system and dermatological and metabolic systems.

**Unjustified restrictive practice:** refers to practices that have not met the requirements of the Code of Practice. Please note an unjustified restrictive practice only needs to be reported if it falls within the definition of a ‘serious’ or ‘notifiable’ incident.

\(^1\) Unjustified restrictive practices which have not been approved as part of a behaviour support plan review process
Flowchart: Overview of the Serious Incident Reporting Process for Disability Sector Organisations

All disability sector organisations are required to report serious and notifiable incidents to DSC. Please refer to DSC’s Serious Incident Reporting Guidelines for further details.

1. **SERIOUS INCIDENT**
   - Disability sector organisation becomes aware of a serious incident. The organisation must ensure their employees are aware of the processes to follow when such incidents occur. It is the responsibility of the disability sector organisation to manage the incident. This could include investigation, provision of support, evaluation of practices, or involvement of other parties such as the police.

2. Disability sector organisations are required to complete the Serious Incident Report (SIR) Form, sections 1-3 only **within 7 days** of the serious incident occurring. It is important that organisations provide clear and concise information regarding serious incidents and the actions to manage the situation.

3. The organisation authorised representatives will be required to review and approve all SIR forms electronically.

4. The CLO will track and record all SIRs received, reviews and ensures all required information has been provided and filters for further action.

5. If required, CLO forwards SIR to relevant DSC directorate and/or organisation for follow-up and response.

   - **YES** Directorate/DSO actions SIR and provides response to CLO
   - **NO** CLO finalises the SIR and informs relevant parties

   CLO will ensure relevant data has been recorded and close the file.
OVERVIEW OF INDIVIDUAL FUNDING FRAMEWORK

Individualised funding is a package of funding allocated specifically to a person with a disability who can then choose how and where to access supports or services.

While some services are still provided directly by DSC (on page 79) these have been reduced over time. Most funding in WA is now allocated through individualised funding, which means a funding allocation is made to an individual based on their ‘reasonable and necessary’ needs, within the bounds of available resources. Funding is based on a plan that a person (or their family/carer) defines as the support required to achieve their goals. Resources allocated are linked to the individual who then chooses a contracted DSO to provide supports. The DSO will outline the goals that the DSO will support the person to achieve, the quantity of services (in hours) that are to be provided and costs, and this will be signed off by the individual/family – this then forms the contract with DSC for provision of services to that person.

Increasingly, organisations are offering shared management (for more information about self and shared management, (on page 103) that allows people to manage various aspects of their funding. Individual funding however is not confined to self-management.

Individualised funding has many benefits and is a key enabler for self-determination.

ORIGINS OF INDIVIDUAL FUNDING

Individual funding began in WA in the late 1980s. With the lack of regional service providers, and insufficient numbers establishing economies of scale for service models operating at the time, funding was allocated directly to consumers to enable them to engage their own supports.

The benefits realised were:

- individual control over the timing and nature of the supports
- the ability to take funding with them when they had to move to another location within the State
- empowering the individual and providing an additional safeguard over the use of funds.
Individual funding was originally paired with self-management and this resulted in significant savings in administration costs.

There were growing concerns over inequities in the amount of support people were receiving. In an attempt to strike a balance between meeting people's needs reasonably, and supporting as many people as possible within available resources, DSC developed the Estimate of Required Staff Support Instrument (ERSSI) during the mid-1990s. This is still used today. For more information about the ERSSI, on page 75.

**INDIVIDUALISED FUNDING POLICY**

Individualised funding is different from individualised service where the delivery of a service is tailored to the needs of the individual but may be funded through individualised funding or through block funding of an organisation. This policy refers to individualised funding only.

The purpose of individualised funding is to improve outcomes for people with disability by enabling genuine choice and control through person-centred planning and self-directed services and support (on page 102).

Individualised funding can be managed by an individual or their family/carer; by a disability sector organisation; or management may be shared by the person with disability their family and carers and a DSO (also known as Shared Management on page 103).

There are various mechanisms through which individualised funding are allocated to people with disability. These include the WA NDIS trial, WA NDIS Goldfields, LC's, through localised decision making, funded DSO's, and the Combined Application Process (CAP) until it ends 2017.

The policy is supplemented by the Individualised Funding Policy Operational Procedures which support implementation of the policy. An Individualised Funding Fact Sheet provides information regarding what can and cannot be funded.

**USEFUL LINKS**

To DSC's Individualised Funding Policy, go to:


For Fact Sheet, go to:

DSC FUNDING - TYPES & PROCESSES

DSC offers different types of funding that ranges from small, one-off grants provided as a flexible and responsive way to support a person's capacity and current needs, through to larger amounts provided to individuals and families on more of an on-going basis. All funding allocations are to be used within specific funding guidelines.

As of August 2015, more than 110 DSO’s are funded by DSC to provide a wide range of services for people with disability, families and carers. DSC has various programs that provide different support to people with disability. Some programs are block funded while others are individually funded, or individually-tied.

BLOCK FUNDING

Block funding is where DSC provides a certain amount of funding to an organisation to provide a particular service to a given target group under certain terms of agreement. Organisations obtain block funding through a tender process. Block funding is likely to cease from 1 July 2016.

INDIVIDUAL FUNDING

Individual funding is where the funding is allocated directly to an individual and that person then chooses where to use the funding. The individual can contact the organisation directly for services. This can occur in several ways:

- **Organisation managed**
  
The funding is paid to a DSO, which then organises the service with input from the individual and/or their family or carer, in line with principles of self-directed services.

- **Shared management (on page 103)**
  
The funding is paid to a DSO, but the individual and/or their family or carer chooses a level of involvement right for them. The level of involvement varies.

- **Self-management**
  
The funding is paid to a DSO, but the individual and/or family self-manages all aspects of the service, and the DSO acquits the funding with DSC.

A person can apply for individual funding through either:

- **a.** combined application process (CAP) to end 2107, or
- **b.** Local Coordinators for Family and Community Living funding, or
- **c.** WA NDIS Local Coordinators
COMBINED APPLICATION PROCESS

The Combined Application Process (CAP) is the method currently used by DSC to offer individualised funding. It provides an opportunity for a blended solution and a single application point.

A CAP can be completed by the applicant and their family or carer, with support from their Local Area Coordinator and/or disability sector organisation. It is then submitted to the CAP team, who will check all required information has been completed. If further information is needed, the team will discuss this with the contact person listed.

USEFUL LINK TO INFORMATION REGARDING THE COMBINED APPLICATION PROCESS INCLUDING THE CAP APPLICATION FORM AND DATES, GO TO:


CAP applications are then assessed by a panel. The panel meetings occur twice per year. The outcome letter is then sent to applicants.

ESTIMATE OF REQUIRED STAFF SUPPORT INSTRUMENT

DSC currently uses a tool to determine the maximum funding benchmark of an individual (the maximum amount of funding that person can receive) called their nominal maximum resource. The tool used by DSC is called an Estimate of Required Staff Support Instrument (ERSSI).

If a person is aged over 12 and allocated $60,000 or more, it is necessary to complete an ERSSI for them. The ERSSI can be completed by a person's LAC or an organisation, in collaboration with the applicant and/or their family or carer and submitted to the SCDO who will then have it scored to ensure the total funding does not exceed the ERSSI amount.
OPTIONS EXPLORATION PROCESS

The options exploration process is initiated by an Exploration Officer. Their role is to help develop a support service in consultation with individuals and DSO's, after CAP funding has been secured for an individual.

This process starts with an initial meeting with the funded person, their family, LAC and representative from a DSO if they have already chosen one. In this meeting, the parameters of the funding are explained and policy documents are provided to the person, as noted below:

- purpose of funds
- funding portability
- determining a fair level of funding via the ERSSI
- board and lodging where appropriate
- family members as paid carers (where appropriate).

If the person has not decided on a particular organisation at this point, information is provided on organisations that may be able to meet their support needs.

As part of this process, people are engaged in a discussion on the different types of support model that can be explored for an individual within notional funding available. Support models might include shared living, independent living, co-residency, alternate carer model.

LOCAL COORDINATOR (LC) FUNDING

Each LC has access to Local Individualised Funding (LIF) and Individualised Community Funding (ICF) they can use to allocate funding to individuals and families.

The types of funding available includes:

1. Family Living Support
2. Community Living Support

A Plan Costing & Service Section (PCSS) will be completed to formalise such support arrangements. This must be signed prior to the commencement of service.

1. FAMILY LIVING SUPPORT

Family Living Support is a strategy that aims to support people with disability, their family and carers through a focus on planning. This funding complements informal supports provided to the individual from family, carers, friends and the broader community.
Family Living Support funding is discrete proactive funding which sets out to optimise family well-being and strengthen family/carer and community capacity to provide ongoing support. This support is intended to enhance opportunities rather than address critical support needs. Family Living Support is allocated to families in relatively small amounts of one-off or ongoing flexible funding to help them meet defined outcomes.

Family Living Support funding can be used by individuals and families to:

- build on and maintain healthy and stable relationships including developing and maintaining friendships and circles of support
- participate in typical family relationships
- be actively involved in community
- prepare for times of change
- create opportunities
- achieve individual goals.

Family Living Support arrangements are developed by the individual, their family and carer, in partnership with their LAC and other relevant people involved in their life. The LAC and/or DSO support people with disability, their family and carers through planning processes required to complete a Family Living Support plan. They can also play a role in drawing family, friends and supporters (including DSO’s) together to help the person explore their vision and create practical strategies for future living arrangements.

Individuals and families found eligible for Family Living Support funding can choose to self-manage through LAC, to share manage though a DSO or have their option fully managed though a DSO. The individual, family and LAC and/or DSO would discuss these options during the planning process.

For further information about Family Living Support contact your LAC.

2. COMMUNITY LIVING SUPPORT

Community Living Support funding is a proactive form of funding that sets out to broaden the range of flexible and innovative community living options available to people with disability. Community Living arrangements are developed so supports are sustainable, culturally appropriate and outside the traditional models of accommodation. Each community living arrangement is person-centred and emphasises key elements of a home in the community and a good life such as valued relationships, choice, contribution, security for the future and challenge.
The funding is intended to:

- support people with disability to have their own home and life in the community
- enable the person with disability to have flexibility about who provides the support and how the support is provided
- build on the strengths and capacities of people with disability, their families/carers networks and local community partnerships.

Community Living Support arrangements are developed by the individual, their family and carer, in partnership with their LAC and/or DSO, and other relevant people involved in the person’s life. The LAC and/or DSO support people with disability, their family and carers through the planning processes required to complete a Community Living Support plan. They can also play a role in drawing family, friends and supporters (including DSO’s) together to help the person to explore their vision and create practical strategies for their future living arrangements.

Individuals and families found eligible for Community Living Support funding can choose to self-manage through LAC, to share-manage through a DSO or have their option fully managed by a DSO. The individual, family and LAC would discuss these options during the planning process.

For further information about the Community Living Initiative contact your Local Area Co-ordinator

**GRANTS**

Under the DCSP Policy (on page 53), grants are defined as a financial assistance arrangement for a specific purpose and distinct period. A defining characteristic of grants is there is generally less oversight, reporting and documentation.

The grant funding principles of DSC are:

- Grants complement and enhance, rather than duplicate, core services funded by DSC.
- Grants provide an opportunity to respond to the breadth of challenges facing people with disability where a one-off funding response is appropriate.
- Grants provide support for specific issues facing DSO’s that are one-off in nature or only arise once in a number of years for which an ongoing funding response would be inappropriate (such as the Quality Service Improvement Grants).
- DSC can use grants to partner with generic organisations and other government departments to enable appropriate responses to ensure the inclusion of people with disability. An example is the recent Count Me In grants to local government.
Grants under the DCSP Policy are at the absolute discretion of DSC. For sector-wide issues, expressions-of-interest are sought directly from preferred provider DSO's or advertised by DSC or partner organisations such as National Disability Services (NDS) and WA Individualised Services (WAIS).

**DSC – OPERATIONAL PROGRAMS**

DSC’s roles and responsibilities within the Western Australian community are vast including direct service delivery coupled with progressive improvements to social and community inclusion and policy.

**Some of the key operational services which underpin DSC’s work include:**

**DSC PROVIDED SERVICES**

**1. LOCAL AREA COORDINATION**

DSC’s Local Coordination (LC) program has been supporting West Australians with disability, their families and carers since 1988. Local Coordinators (LC’s) support people with disability to plan, organise and access supports and services that enhance their participation in, and contribution to, their local community. LC’s also engage with family members, community and DSO's to assist people with disability to live in their communities as fully and independently as possible.

LC is available to people with intellectual, physical, sensory, neurological and/or cognitive disability under the age of 65 at the time they apply for LC support.

LC’s are located across the Perth metropolitan area and throughout all regional areas of WA.

Each LC works with between 50 and 65 people with disability, providing personalised, flexible and responsive support.

Engagement with LC is voluntary. To access LC on an ongoing basis, a person must be eligible to receive DSC services. LAC also provides information and advisory services for people whose eligibility is still being determined.

The LC role is to:

- build and maintain effective working relationships with individuals’ families, carers and their communities
- provide accurate and timely information. Assists individuals, families carers and communities access information through a variety of means
- provide individuals, families and carers with support and assistance to clarify their goals, strengths and needs
- promote self-advocacy. Provide advocacy support and access to independent advocacy when required.
• Assist individuals, families and carers to use personal and local community networks to develop practical solutions to meet their goals and needs
• Contribute to building inclusive communities through partnerships and collaboration with individuals, families and carers, local organisations and the broader community

THE IMPORTANCE OF PLANNING

Planning with individuals and families is an integral part of the LC role. The planning provided is individualised and tailored to key transition points and long-term goals. Through considered and purposeful planning, LCs can support individuals and families to achieve their goals. LCs use a range of planning approaches—ranging from informal conversations with individuals and families about their goals and the actions to achieve these—to more formal and comprehensive person-centred planning techniques such as mapping and developing pathways. Planning involves working with the individual and their family, friends and support networks. It is also most effectively achieved within the context of an on-going, trusting and mutually respectful working relationship. For more information on planning, on page 105.

The key element of the LC role in this area is to support individuals and/or families clarify their needs and goals and identify strategies and actions required to achieve their goals. Depending upon the individual and/or family's situation, the focus of the planning may be on immediate, medium or longer term needs and goals.

In addition to supporting the planning process, LC’s have an important role in providing information and practical assistance to individuals and families to enable them to achieve their goals. This necessarily involves discussion between the LC, the individual and their family about their goals and the nature of the roles the LC can undertake to help them. The LC records this through the development of a shared agreement.

INDIVIDUAL PLANNING PROCESS

LC's develop an individual plan shared agreement with each person they support. The person with disability is central to the planning process and their considered response to key questions will be the foundations of a personalised, future-focused, responsive and reviewable plan.

Plans reflect and acknowledge the importance of informal, natural supports such as friendships and neighbors, and local community connections. Planning may identify a requirement for formal supports and services however; these are most effective when they are complementary to and strengthening of informal natural relationships and connections in the person's life.

The plan documents the individual's goals for a good life, the strategies to achieve these, and those related to the disability that may require funding.
An individual’s plan should be discussed on a regular basis as a way of assessing progress or changes. It is also formally reviewed each year a new plan is developed, taking into account achievements made and major developments or changes in the person’s life.

**LC RELATIONSHIP WITH DSO’S**

LC’s in the metropolitan and regional WA are familiar with, and have relationships with, DSO’s in their area through supporting individuals and families in developing service plans that best support their needs and goals. By engaging LC’s in discussions about individual service plans, disability service organisations can enhance their relationship with an individual and develop a clearer understanding of the person’s needs, capacities and goals. The LC could assist in initial conversations and steer discussion towards topics of importance. It should also be noted the LC discusses their involvement with the person with disability before any meeting and would respect the individual’s confidentiality and privacy.

**AGREED CONTACT**

LC’s discuss and agree upon the frequency and mode of contact appropriate to each individual and their family. The level of agreed contact is documented in the individual’s plan and is updated when required. LC’s are required to meet with all individuals at least twice a year, regardless of the agreed contact recorded in the plan.

LC’s across WA in many instances work in partnership with DSO’s on community-based projects that aim to improve experiences, participation and contribution of people with disability in their community.

Regional LCs play a crucial role in the development of services in the community. LC Area Managers are tasked with supporting local DSO’s, participating in strategic and business planning for these agencies and exploring strategies to address gaps in service. LC Regional Managers work in partnership with local agencies and form strong positive links with stakeholders across the community.

Organisations may want to hold regular meetings with their LC Regional Manager to build and maintain an effective working relationship. These meetings can provide an opportunity to discuss challenges, issues or concerns, develop regional planning, share resources and keep each other informed.
ELIGIBILITY

LAC is available to people with intellectual, physical, sensory, neurological and/or cognitive disability who are under the age of 65 at the time they apply for LAC support.

USEFUL LINK TO LOCAL AREA CO-ORDINATION, GO TO:


2. WA NDIS PROJECT

The WA NDIS (originally called My Way) project builds on the LAC program which has been supporting West Australians with a disability and their families and carers since 1988.

DSC launched the My Way project, now WA NDIS project in late 2012, rolling it out in three defined geographical areas across the State (Lower South West, Cockburn-Kwinana and the Goldfields).

WA NDIS is the next step in DSC’s journey towards personalised, individualised services. This self-directed supports and services project empowers people with disability, their families and carers to plan in a way that will give them greater choice and control over the supports and services they wish to access.

The WA NDIS project seeks to achieve outcomes by changing the process by which planning, service provision and funding occurs. These improved processes are expected to lead to the following outcomes:

1. People with disability, their families and carers will have an enhanced sense of control over their lives
2. People with disability, their families and carers will be satisfied with the range and quality of services they receive
3. Individual plans are developed and achieved; and
4. Individual outcomes are achieved in the most cost effective way possible and lead to the achievement of DSC’s overarching performance higher level outcomes.

All people with disability who live in the identified areas, and are eligible for registration with DSC, were invited to participate. People can choose whether or not they would like to participate in the project.

WA NDIS Local Coordinators (LC’s) assist people with disability to plan, organise and access supports and services which enhance their participation in and contribution to
their local community.

In addition, MWC’s work with family members and others involved in supporting people with disability so that they are strengthened and supported in their caring role.

MWC’s actively support positive partnerships between people with disability, families and carers, local organisations and the broader community to build a more inclusive community.

MWC’s are available to people with disability that are eligible for DSC provided and funded services and live in one of the three WA NDIS project locations: Cockburn/Kwinana, Goldfields or Lower South West.

Each MWC works with up to 50 people with disability, providing personalised, flexible and responsive support.

3. DSC-PROVIDED THERAPY SERVICES

1. BEHAVIOUR SUPPORT SERVICES

Specialist behaviour support teams are available to support families where challenging behaviour has become complex. School-age and adult teams provide support to individuals (age six or older) and families experiencing issues related to challenging behaviours. They aim to improve the safety, wellbeing, skills and quality of life for the person with disability. They also aim to prevent family breakdown or the placement of the person with disability in accommodation other than the family home.

The teams provide the service across the metropolitan area.

Referrals to this team can be made at any time directly by individuals and families, through disability support agencies and through DSC’s Local Area Coordinators (LAC’s). Referrals are usually called for twice a year and the LAC can let the family know when referrals can be made.

- **Accommodation Behaviour Support team** provides consultation services for people with disability who exhibit challenging behaviour and live in supported accommodation, either through DSC or other DSO’s.

The clinical psychologists and behaviour consultants in the team work from the Myaree office but cover the whole metropolitan area.
2. EARLY CHILDHOOD DEVELOPMENT

This Perth metropolitan based program provides comprehensive services to children, their families and carers.

To be eligible for these services children must be aged 0-6 years and have global developmental delay, either with or without a known diagnosis.

Team members work collaboratively with the child's family and any other significant people in the child's life. This collaboration focuses on developing the child's level of independence and participation in the community.

This service aims to enhance the quality of life, independence and participation of these individuals. Services are contemporary, responsive, evidence-based and centred on the person's wishes, needs and aspirations.

4. EQUIPMENT THERAPY

The Disability Services Commission provides services for people with intellectual disability and autism aimed at improving the daily functioning of the individual and the efficiency of their home life through equipment provision and home modifications.

The assessment and provision of equipment is carried out by the Equipment Therapy team.

5. COUNTRY RESOURCE AND CONSULTANCY TEAM

The Country Resource and Consultancy team (CRCT) provides training, consultancy and resources to local service providers in rural and remote WA to support their ongoing professional development and competency in working with people with disability. The person with a disability may have a physical, intellectual, neurological, cognitive or sensory impairment.

The CRCT consists of Occupational Therapists, Physiotherapists and Speech Pathologists working within an interdisciplinary approach, that is evidence based and family centered. Local Service Providers working with people with a disability can access this service directly by contacting the CRCT. Support is provided according to the therapists needs and may include phone, video conference or onsite consultation and professional development and training either on site or via Video Conference. The CRCT are continually developing and acquiring new resources which can be loaned to local providers.

The CRCT aim to develop the knowledge, skills and competencies of the country therapists so they in turn can provide specialist interventions.

For further information about the CRCT, please contact the Team Leader on 9466 8322 or Toll Free on 1800 998 214. They can also be contacted via email crct.admin@dsc.wa.gov.au.

USEFUL LINK TO DSC PROVIDED THERAPY SERVICES, GO TO:

OTHER SERVICES FUNDED BY DSC

1. DISABILITY PROFESSIONAL SERVICES

The Disability Professional Services Program (DPS) provides people with disability and their families access to professional support and therapy services that contribute to well-being, independence and positive relationships and helps people with disability develop skills and abilities to participate in community life. Services can include: physiotherapy, occupational therapy, psychology, social work and speech pathology. Services are delivered by a number of DSO’s throughout Perth and surrounding regions. They are currently block-funded, but will be changing to be more individualised.

In order to find out more about any of these services, please contact your LAC or one of the service providers listed in the directory of service providers.

2. ADVOCACY

Individual advocacy services include:

- assistance to people with disabilities to help them to act for themselves
- support for families, carers and members of the community to act with or for people with disabilities
- acting with or for people with disabilities.

Organisations that provide systemic advocacy services work to produce change in areas such as:

- the attitudes and understanding of the general community
- government legislation, policies or services
- government and non-government policies, practices and services
- private sector policies, practices and services
3. RESPITE SERVICES

Respite means that family members can find support if they want a break from their role as a carer. It also offers people with disability the opportunity to get out and about in the community.

Two types of respite are available:

- **Non-residential respite** may involve someone coming into your home to care for a family member with a disability or accompanying them to activities in the community.

- **Residential respite** can include short-term stays away from home

**USEFUL LINK** TO INFORMATION ON RESPITE SERVICES, GO TO:

The respite program is block funded. To access these services, the family, LAC or organisation can contact organisations that provide this program.

For the link to the list of organisations that provide respite services, on page 89.

4. CONTINENCE MANAGEMENT AND SUPPORT SCHEME

DSC funds the following two programs to provide subsidy funding for children and adults who experience problems with continence:

- **Continence Management and Support Scheme – Adults**
  The Continence Management and Support Scheme (CMASS) is for people aged 16 years or older.
  The Silver Chain Nursing Association delivers the service at clinics throughout WA. Silver Chain’s specialist nurses can assess your needs and provide confidential advice on how to best manage and improve your bladder or bowel condition. The association also provides information about eligibility for continence subsidy up to the value of $490 per year. The subsidy and delivery component of the scheme is provided by Independence Australia.

- **Children’s Incontinence Pad Scheme (IPS) for children aged three to 16.**
  This scheme is for children with disability who are incontinent. It is administered by Independence Australia. A product subsidy of up to $490 per year is available to assist families with meeting the cost of continence products for their children. Children may access the Incontinence Pad Scheme and the Commonwealth Continence Aids Payment Scheme at the same time.

**USEFUL LINK** FOR INFORMATION ABOUT CMASS AND OTHER CONTINENCE SERVICES, SUPPORTS AND SUBSIDIES AND ADVICE, GO TO:


5. EQUIPMENT & TECHNOLOGY

DSC funds a number of Specialist Equipment Services including:

- DSC Equipment Therapy Team
- Rocky Bay – Posture Tech
- Independent Living Centre
- The Centre for Cerebral Palsy – CP TECH
The Community Aids and Equipment Program (CAEP) provides an equitable, accessible and consistent state-wide scheme for the provision of equipment and home modifications to benefit people with a long-term disability living at home in the community. All equipment and home modifications funded by CAEP are provided to enhance the function, independence and safety of the equipment user; and to assist unpaid carers in their caring role.

**USEFUL LINK** FOR MORE INFORMATION ON CAEP, INCLUDING A STEP-BY-STEP GUIDE TO ACCESSING CAEP, GO TO:


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6. ACCOMMODATION SERVICES

DSC funds a number of organisations to provide accommodation support for people who live in varied situations, including:

- independent living with visiting support
- independent living with neighbour support
- independent living as a member of a neighbourhood network
- sharing a home with live-in support

**USEFUL LINKS** TO SERVICES FUNDED BY DSC, GO TO:


FOR AN UP-TO-DATE DIRECTORY OF SERVICE PROVIDERS, GO TO:

SNAPSHOT OF DSC

In 2014–2015, DSC:

- provided funding and support to 25,587 Western Australians with disability
- provided funding to 115 DSO’s that provide services and supports directly to the community.
- spent a total of $872.98 million to advance the rights and support the needs of West Australians with disability
- allocated $641.83 million to external disability service organisations (DSO’s) for services and support for West Australians with disability and their carers. The amount contracted to individual organisations varied from less than $50,000 to greater than $5 million.
- Spent $231.15 million on DSC operations and services
- received revenues of $701.77 million from the State Government
- received Australian Government funding of $165.10 million


SUMMARY OF USEFUL LINKS TO THE DISABILITY SERVICES COMMISSION

CONTRACTING WITH DSC

FUNDING

Individualised Funding Policy

Fact Sheet (Individualised Funding)

Combined Application Process

LIST OF CONTRACTED DSO’S

NATIONAL DISABILITY STANDARDS


QUALITY SYSTEM


Fact sheet (Quality System)

Independent Quality Evaluation

Self Assessments

REPORTING REQUIREMENTS


SAFEGUARDING


SERIOUS INCIDENT REPORTING

Guidelines for serious incident reporting

Fact sheet (Serious Incident Reporting)
OPERATIONAL PROGRAMS

DSC PROVIDED SERVICES

THERAPY SERVICES


Behaviour Support services

Early Childhood Development program information booklet

LOCAL AREA CO-ORDINATION


MY WAY PROJECT


DSC FUNDED PROGRAMS


Directory of service providers:

ADVOCACY PROGRAM

Funding for Advocacy services
Policy Framework for the Funded Advocacy Program

Changes to Advocacy services funded by DSC (2015)

CMASS AND OTHER CONTINENCE SERVICES, SUPPORTS AND SUBSIDIES AND ADVICE


COMMUNITY AIDS AND EQUIPMENT PROGRAM (CAEP)


RESPITE SERVICES:


STRATEGIC INITIATIVES

ACCOMMODATION SERVICES TRANSITION


‘COUNT ME IN’ STRATEGY


DELIVERING COMMUNITY SERVICES IN PARTNERSHIP POLICY


https://partnershipforum.dpc.wa.gov.au/AboutUs/Pages/DeliveringCommunityServicesinPartnershipPolicy(FactSheet5)HTMLversion.aspx


**About the Disability Services Commission**

**DISABILITY JUSTICE CENTRE**


**POSITIVE BEHAVIOUR SUPPORT**


Positive Behaviour Framework training
http://static1.1.sqspcdn.com/static/f/1546495/25714890/1417147876787/PBF+training+calendar+2015.pdf?token=rFAk28KfWnUPd1VRGmpFH%2FgShU%3D

Positive Behaviour Framework – Effective Service Design

Positive Behaviour in Action Group
http://www.ideaswa.net/positive-behaviour-in-action.html

**PROCUREMENT REFORM**


**REFORMS IN THE DISABILITY SECTOR**


**SELF DIRECTED SUPPORTS AND SERVICES**


Toolkit (self-directed supports and services)

**STRUCTURE**


**VISION & VALUES**

WHERE HAVE WE COME FROM?

1960's

The Principles of Normalisation was first articulated and developed in Scandinavia during the 1960s, by Bengt Nirje and further developed Wolf Wolfensberger in the 1970's. The principle of normalization promoted making available to all people with disabilities patterns of life and conditions of everyday living which are as close as possible to the regular circumstances and ways of life or society including housing, schooling, employment, exercise, recreation and freedom of choice (1972).

Wolfensberger went on to develop tools that evaluated human services (PASSING) which complimented the principles of what he came to term Social Role Valorisation.

FROM 1980's

Social Role Valorisation (SRV) was developed by US academic Dr Wolf Wolfensberger in 1983. The basic premise of SRV is that people are more likely to experience the ‘good things in life’ available to a society if they hold valued social roles, than if they do not (Wolfensberger et al 1996). SRV was about enabling, establishing, enhancing, maintaining and defending valued social roles (Thomas & Wolfensberger 1999).

SRV is a set of approaches designed to enable devalued people in society to experience the Good Life. These approaches are best used by persons who clearly believe that devaluation of a person is wrong, and who are prepared to work to overcome this. SRV’s many strategies, derived from practical experience and from what research has revealed, is to help devalued people achieve valued social roles. It finds that this is the most powerful way to work against devaluation and its negative effects, and provides a wide variety of techniques and approaches for doing so. (http://www.socialrolevalorization.com/)

People are viewed by others as having certain roles. This is influenced by:

- the physical setting that someone is in
- the environmental context and who the person is with (whether with a group of peers, family, or group of people who also have disability)
- the activities the person is engaged in (such as age-appropriate activities)
- the person’s physical appearance (such as age-appropriate clothes)
- the way people communicate with the person or about the person (such as type of language used)
- other visible aspects (such as appearance of staff, staff vehicles or the organisation’s name)

(Armstrong, 2006)
The principles of Normalisation and SRV and the ‘disability movement’ are attributed to influencing policy changes and changing the way services for people with disabilities were provided in Australia, in particular the ‘deinstitutionalisation’ of people with intellectual disabilities.

**USEFUL LINK**

TO SOCIAL ROLE VALORISATION, GO TO:

http://www.socialrolevalorization.com/

**USEFUL RESOURCES**

IF YOU WANT TO FIND OUT MORE INFORMATION ABOUT SRV, JOHN ARMSTRONG, PETER MILLIER AND JANE SHERWIN ARE SENIOR TRAINERS IN AUSTRALIA.

JOE OSBURN DESCRIBES SOCIAL ROLE VALORISATION AND ITS APPLICATION AT DIFFERENT LEVELS, FROM INDIVIDUAL TO SOCIETY LEVEL.


JOHN ARMSTRONG FACILITATES WORKSHOPS REGARDING SOCIAL ROLE VALORISATION AND HAS WRITTEN SOME USEFUL PAPERS ON THE SUBJECT

http://www.socialrolevalorization.com

**USEFUL LINK**

FOR INFORMATION ON HOW DSC DEFINES ‘CONTEMPORARY SERVICES’, GO TO:

http://www.ideaswa.net/upload/editor/files/21_aug_forum_-_contemporary_services_discussion_paper.pdf
The table below provides an overview of how services have been provided to people with disability from the era of institutional care to the more contemporary supports of today.

<table>
<thead>
<tr>
<th>ERA</th>
<th>INSTITUTIONAL</th>
<th>DEINSTITUTIONALISATION</th>
<th>COMMUNITY MEMBERSHIP</th>
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</thead>
<tbody>
<tr>
<td>PERSON OF CONCERN</td>
<td>The Patient</td>
<td>The client</td>
<td>The citizen</td>
</tr>
<tr>
<td>TYPICAL SETTING</td>
<td>Institution</td>
<td>Group living, special school or classroom</td>
<td>Ordinary places, with ordinary people</td>
</tr>
<tr>
<td>MODEL</td>
<td>Custodial/ Medical</td>
<td>Developmental/ behavioural</td>
<td>Individual support</td>
</tr>
<tr>
<td>SERVICES STRUCTURE</td>
<td>In Facilities</td>
<td>In a continuum of services delivery options</td>
<td>Through a unique array of supports tailored to the individual, focused on being of service</td>
</tr>
<tr>
<td>SERVICES DESCRIPTION</td>
<td>Care</td>
<td>Programs</td>
<td>Supports</td>
</tr>
<tr>
<td>SERVICES PLANNING</td>
<td>Through a Care Plan</td>
<td>Through an individualised plan</td>
<td>Through person-centred planning (a personally meaningful future)</td>
</tr>
<tr>
<td>PLANNING CONTEXT</td>
<td>Standards of Practice</td>
<td>Team consensus</td>
<td>Circles of support/ networks of support</td>
</tr>
<tr>
<td>CONTROLS AND DECISION-MAKING</td>
<td>A Professional team</td>
<td>An interdisciplinary team</td>
<td>The person with advocacy support if required</td>
</tr>
<tr>
<td>PRIORITIES</td>
<td>Basic Needs</td>
<td>Skills development and behaviour management</td>
<td>Self-determination and relationship</td>
</tr>
<tr>
<td>OBJECTIVE</td>
<td>Control or Cure</td>
<td>To change behaviour</td>
<td>To change the environment and attitudes</td>
</tr>
</tbody>
</table>

Person-centred practice, support, approaches, thinking and planning have been increasingly heard in many human service settings over the past decade. In the past, many services were provided in ways where everybody received the same support as determined by the service provider.

Person-centred practices place the person at the centre of the planning process and empowers them to make decisions about the supports and services they receive, pursue their own interests and goals and reach their full potential. It involves listening and getting to know the individual, their families and carers and finding out what it takes to achieve a good life, as defined by the individual. It

A person-centred approach shares a number of key characteristics:

- The focus is on the person and their life.
- The person and the people who love and care for the person are the primary authority.
- The control is with the individual and their advocates.
- The professionals are on tap but not on top. They are there to provide advice, knowledge support and services.
• Universal needs are as important as medical needs.
• The focus is on individual gifts and aspirations, not individual needs and deficiencies.
• There is a future orientation.
• There is a willingness to come up with non-traditional solutions.

When person-centred approaches work, they build a desirable future for the person and engages the energy, commitment and ingenuity of others to make that future happen. When used with integrity and an understanding of the values that underpin the process, a person centered approach is a method of achieving inclusion.

WATCH MICHAEL SMULL – DEFINITIONS

WHAT IS MEANT BY PERSON CENTRED APPROACHES, THINKING AND PLANNING?
https://www.youtube.com/watch?v=tvANuym5VXY

INCLUSION

A fundamental philosophy underpinning our work centres on the concept of inclusion. It is important people with disability are not only visible in the community but also active members of the many and varied facets that make up the broader community. Inclusion is a powerful driver towards having a good life.

It is important to ensure this message flows from senior management through to direct support staff. One way of doing this is by making inclusion a topic for new staff orientation. Case studies can be a useful way to explain inclusion, as well as asking staff to reflect on the impact this has on them.

You can demonstrate and promote inclusion by:

• identifying individual interests/goals
• finding out more about what is available in the community
• making first contacts
• attending a new activity
• building networks
• establishing and maintaining involvement
• encouraging independence
You can be active in demonstrating inclusion by developing an understanding of who the service user is. You will actively engage/connect the service user with the community where they live.

You can support inclusion by:

- encouraging and assisting an individual to participate. This builds confidence, capacity and ultimately independence
- assisting an individual to develop the necessary skills and abilities by breaking tasks into manageable chunks. This is more about helping people to do things for themselves (often the hard way), rather than doing things for them (the easy way)
- attention to an individual's well-being. This includes physical (hygiene, health, nutrition, medical, lifestyle) and material (finances) wellbeing
- demonstrating through behaviours/actions. If you role model appropriate behaviour within the community, it will provide less informed individuals with more awareness/knowledge. For example, if a shop attendant talks to you and not the service user, you may want to direct their question to the service user. This demonstrates the service user is capable of speaking for him or herself. Be an invisible support.

- Enhancing welcoming environments. This will reflect the service user’s personality, not your own. Remember to show the service user the courtesy and respect you would expect if someone came into your own home.

**Inclusion:** sense of belonging, friendship, freedom, sense of control and power, choice, acceptance, hope, enthusiasm, happiness, worth, value.

**Exclusion:** separate, isolated, lonely, restricted, left out, no control, a failure, no worth or value, sadness, anger, unhappy.

### VALUES OF INCLUSION

**Everyone is born in**
We are all born as equal citizens and part of a community, we are only later excluded.

**All means all**
Everyone capable of breathing, even if breathing requires support, is entitled to be included - no-one is too difficult, too old, too poor or too disabled to qualify.

**Everyone needs to be in**
If people are physically excluded, they have to be physically included. Judith Snow talks about presence being the first criteria for inclusion - if you’re not there, no-one will know you’re missing.
Everyone needs to be with
Being there is necessary - but being with takes time and effort. A community is not just a locality - it is a network of connections and relationships. We have to help people be part of and belong to communities, not just be lonely residents within them or day visitors to them.

Everyone is ready
No-one has to pass a test or meet a set of criteria to be eligible - everyone is ready to be part of community now and it is community's task to find ways of including them.

Everyone needs support - and some need more support than others
No-one is fully independent and independence isn't our goal. We are working towards interdependence and differing degrees and kinds of support at different times.

Everyone can communicate
Just because someone can't or won't use words to communicate doesn't mean that they don't have anything to say - everyone can communicate and we have to work harder at hearing, seeing, understanding and feeling what people are communicating to us and communicating back.

Everyone can learn
We believe that everyone should be given the opportunity to learn new things, grow as individuals and develop to their full potential. Everyone can learn and we can all become better teachers.

Everyone can contribute
Each person has their own gifts and strengths - and each person has a unique contribution to make. Our task is to recognise, encourage and value each person's contribution - including our own!

Together we are better
We do not believe the world would be a better place if everyone is the same. We are not dreaming of a world when all differences are eradicated and all disabilities are cured - we believe that diversity does bring strength and that we can all learn and grow by knowing one another.

WATCH HEATHER SIMMONS EXPLAINING VALUES OF INCLUSION
https://www.youtube.com/watch?v=pK-daA6giRA
SELF DIRECTION

The foundation of all modern societies is the acknowledgment of everyone’s right to exercise their citizenship by leading and directing their own lives. It is essentially one of the most basic and fundamental elements of being human. This basic right matters to everyone regardless of ability, age, health or experience. The ability to decide how you want your life to be, who you want to be connected to and how you are supported are essential factors that we all understand and expect in our own lives.

Across Australia and internationally, there is a significant shift in how supports are provided to people, who require assistance and support to live a full life as active citizens. This is being captured in the term Self Directed Support. (WAIS, The term ‘self-directed supports and services' describes an approach characterised by people with disability, their family and carers having genuine choice and control over the planning, design and implementation of the services and supports they require.

The concept of self-directed supports and services is not new and many examples of this approach can be sourced from within Western Australia, Australia and internationally.

WATCH ‘MY LIFE, MY WAY’
https://player.vimeo.com/video/30411020?title=0&byline=0&portrait=0

SELF-DIRECTED APPROACHES

Self-directed approaches aim to give people with a disability control of their own support and lives. Self-directed approaches recognise that every person has unique support needs. They will need different levels of assistance to design and manage their supports. Self-direction ensures that the focus remains on the person, who is at the centre of all activity and decision making.

Supporting the person is a framework of self-directed planning, self-directed support and self-directed funding. Implementation of this approach requires a reorientation of disability services and supports.

Self-directed approaches include:

1. **Self-directed planning** *(also known as ‘person-centred planning’ – on page 105)*
   The person, or the family of a child with a disability, direct planning, identifying lifestyle choices, aspirations and goals of the person, their skills and capabilities. Planning establishes how supports will be provided and identifies outcomes to be delivered.
2. **Self-directed support**
Supports should be flexible, tailored to individual needs and preferences and focus on strengthening community participation and informal supports. Support can be formal or informal, funded or unfunded and provided by disability specific or community programs available to everyone. Supports range from one-off ‘low intensity’ support to more intense ‘specialised’ supports.

3. **Self-directed funding**
The allocation of individually attached and portable funds to people with a disability is changing the way that disability supports are provided. People with a disability have greater choice about the services they use and who provides their support.

People with a disability will choose how their funds are managed. Support funding may be paid directly to the disability service provider where people choose to purchase all or almost all of their support from one service provider. Funds may also be held by a third party, a financial intermediary. This is an organisation that holds funds in a trust-like arrangement, makes payments at the person’s direction and keeps records of the funds.

4. **Shared Management** is one way of achieving Self Directed Support. It is where a person and/or their family work with a Support Organisation, sharing the management of their support arrangements. It provides a mechanism for people to direct, control, manage and monitor their support, in way that makes sense to the person, their family and their communities. It is an approach that works to increase people’s control and support them to achieve their outcomes, enabling people to live their lives in a way that they choose, with the right support. Shared Management is not about people ‘having to’ manage all aspects of their funding and supports. It’s about people being able to take on the level of responsibility and control that they want for each aspect of their support. Shared Management offers the potential of self direction for all people supported by Support Organisations whether they manage their own funding or not.

“SHARED MANAGEMENT HONOURS MY FREEDOM TO BE A PART OF THE THINKING, DESIGNING, DEVELOPING AND PROBLEM SOLVING – TO BE RECOGNISED AS HAVING A BIG PART TO PLAY, AFTER ALL NO ONE (NO AGENCY OR MANAGER) KNOWS ME, LIKE ME!”

**JUSTIN**
‘Supported decision making’ is a term used to refer to a range of practices whereby people with disabilities are assisted to make or implement their own decisions.

The ability to exercise choice and control means having your decisions heard and respected. This is a basic human right and the foundation of self-direction. Article 12 in the Convention on the Rights of Persons with Disability (CRPD) drives the need for supported decision making – changes in policy and practice. Supported decision making must be preferred to substitute decision making.

‘The Convention recognizes that some persons with disabilities require assistance to exercise [legal] capacity, so States must do what they can to support those individuals and introduce safeguards against abuse of that support. Support could take the form of one trusted person or a network of people; it might be necessary occasionally or all the time.’
‘Person-Centred Planning’ may be defined as a way of discovering:

- How a person wants to live their life, and
- What is required to make that possible

The overall aim of person centred planning is “good planning leading to positive changes in people's lives and services” (Ritchie et al, 2003).

Person-centred planning is a unique, individually-focused approach to planning for persons who are in need of services and supports. It is an important vehicle for empowering individuals to have a voice in the planning process and to actively shape their futures. It is a structured way of organizing planning that focuses on the unique values, strengths, preferences, capacities, needs, and desired outcomes or goals of the individual.

There are many types of Person Centred Plans, for example:

**Essential Lifestyle Planning** is about the way that your support is to be provided on a day to day basis. It can be helpful when different members of staff need to work more consistently, when you have complex needs or when you are expressing distress or anxiety through your behaviour. Michael Smull’s ‘Families Planning Together’ manual is helpful for getting started on an Essential Lifestyle Plan (see [http://learningcommunity.us/documents/FPTGuide.11-03.pdf](http://learningcommunity.us/documents/FPTGuide.11-03.pdf)).

**PATH (Planning Alternative Tomorrows with Hope)** is used when direct and immediate action is needed. It focuses first on describing your dream for your life, and works back from a positive and possible future, mapping out the actions required along the way. It can be helpful for regaining focus, or when progress feels stuck.
MAPs (Making Action Plans) can be a helpful starting point once you have a group of people to help you plan. They record your history, and ask ‘who is the person?’ and ‘what are their gifts?’. MAPS can help you to make community connections and express both your hopes and fears for the future.

Personal Futures Planning can help you to build on areas of your life that are working well now, and to move towards the future you want. It is therefore useful when the people supporting you need to learn more about your life and to create a vision for the future.

**SUMMARY OF USEFUL LINKS TO CONTEMPORARY PRACTICE**

**PERSON CENTRED PLANNING**

‘Person-Centered vs System-Centered’ with Beth Mount (video)
https://www.youtube.com/watch?v=y77y7XW8GtE

‘Person Centred Planning: Key Features and Approaches’
http://old.helensandersonassociates.co.uk/PDFs/PCP%20Key%20Features%20and%20Styles.pdf

Preparing to Plan: A guide to thinking about what you need to have the life you want (WAIS 2015)

**PERSON CENTRED PRACTICE (VIDEO)**

https://www.youtube.com/watch?v=tvANuym5VXY

**SELF DIRECTION**

‘My Life, My Way’ (video)
https://player.vimeo.com/video/30411020?title=0&byline=0&portrait=0

Shared Management
http://waindividualisedservices.org.au/


Supported Decision Making project
http://waindividualisedservices.org.au/supported-decision-making-project-resources/

‘Putting the Public First: Partnering with the Community and Business to Deliver Outcomes’
SOCIAL ROLE VALORIZATION

www.socialrolevalorization.com/

VALUES OF INCLUSION

https://www.youtube.com/watch?v=pK-daA6giRA
SECTION 8

OTHER RELEVANT DISABILITY INFORMATION & CONTACTS

DISABILITY PEAK BODIES AND ADVOCACY SERVICES

NATIONAL DISABILITY SERVICES (NDS)

NDS is the national industry association for disability services. It provides information, representation and policy advice, as well as promoting and advancing services that support people with all forms of disability to actively participate in all areas of life. NDS provides information and advice, networking opportunities and corporate support, as well as influencing governments at state/territory and Federal levels.

Ph: 9242 5544

AUSTRALASIAN SOCIETY FOR INTELLECTUAL DISABILITY (ASID)

ASID is a coalition of regional associations. There are currently seven associations: six located in Australia (New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia) and a seventh regional association that is New Zealand. Their Mission is to improve the quality of life for people with an intellectual disability.

https://www.asid.asn.au/
Ph: 1800 644 741 (within Australia)
Fax: 08) 8215 0011

ASSOCIATION FOR COMPETITIVE EMPLOYMENT (ACE)

ACE supports organisations who provide Disability Employment Services (DES). It provides presentations, advocacy, networking opportunities and training. ACE is involved in various local committees and discussion groups relating to employment, as well as engaging Centrelink and educational and welfare bodies.

http://www.acewa.org.au/
Ph: 9300 2144

CARERS WA

Carers WA is a peak body for carers. Carers WA help people who provide unpaid care and support to a family member or friend who is frail and elderly, has dementia, a mental or chronic illness, a disability, or complex needs, or receives palliative care. It works in collaboration with carers, people with disability, health professionals, service
providers, government and the community to work towards carers achieving a better quality of life.

http://www.carerswa.asn.au/
Ph: 1300 227 377

**DEVELOPMENTAL DISABILITY WA (DDWA)**

Developmental Disability WA works for individuals who have intellectual or developmental disability and their families. This may be at an individual or community level or in providing policy analysis and development, research and training. DDWA also runs a Politician Adoption Scheme to increase awareness and personal insight into a family’s life.

http://www.ddc.org.au
Ph: 9420 7203

**WA’S INDIVIDUALISED SERVICE (WAIS)**

WA’s Individualised Services is an incorporated association committed to individualised, self-directed supports and services. WAIS is funded by DSC to contribute to research into individualised services, develop resources and techniques to consolidate and enhance individualised service delivery, provide education, consultancy support and mentoring to agencies in relation to developing individualised services and facilitate the expansion of self-directed service capacity in the disability sector.

WAIS’ approach is to build a community of practice of providers delivering individualised supports and services. In doing so, it aims to support building relationships between providers to facilitate learning from each other. It also aims to support providers to build a shared repertoire of experiences, stories, learnings and resources. A key arm of WAIS is practice development and it will provide various opportunities to members and the wider sector. Organisations can apply for membership to WAIS. Members specialise in providing individualised services to people with disability or those committed to moving to individualised support and service delivery.

www.waindividualisedservices.org.au
Ph: 9420 7252

**PEOPLE WITH DISABILITY INC (PWD)**

People with Disability is an advocacy service. It works with people with disability and organisations primarily constituted by people with disability, as well as other individuals and organisations who are committed to the disability rights movement. PWD provides rights-related information, advice and referral services, short term individual and group advocacy, advocacy for reform around systemic issues, disability
rights-related research, training and education for people with disability, families, carers, service providers, government and the public.

Ph: 9485 8900 (Perth) 1800 193 331

**NATIONAL DISABILITY PRACTITIONERS**

National Disability Practitioners (NDP) is a membership association that operates as a division of National Disability Services (NDS) and focusses on supporting, developing and connecting those working in the disability sector.

By joining NDP, members will be more equipped, informed and appreciated.

NDP provides the resources and opportunities to enrich the careers of members, create community and further strengthen the Australian disability sector.

Ph: 02 9256 3188

**ETHNIC DISABILITY ADVOCACY CENTRE (EDAC)**

EDAC works with people with disability who are from culturally and linguistically diverse backgrounds, providing individual and systemic services in various areas including the justice system, health care, education, child care, employment, housing and transport. EDAC works with people with all disability types including physical, sensory, intellectual and psychiatric conditions.

Ph: 9388 7455

**HEADWEST (ADVOCACY & SERVICE PROVIDER)**

Headwest works with people living with acquired brain injury and their families. It is involved in community engagement and advocacy, working in legislation, policy, services and programs. Headwest provides services across WA, including metropolitan, regional and remote locations.

http://www.headwest.asn.au/
Ph: 9330 6370

**WESTERN AUSTRALIAN COUNCIL OF SOCIAL SERVICES**

Western Australian Council of Social Services (WACOSS) is a not-for-profit, organisation and the peak body for the social service sector in WA. WACOSS provides a range of information including policy, advocacy and sector development.

CHAMBER OF COMMERCE AND INDUSTRY

The Chamber of Commerce and Industry (CCI) is a not-for-profit organisation that provides information, professional services and support to businesses. CCI provides information on traineeships, business courses, visas, upcoming events, latest news and many other topics.

http://www.cciwa.com/

ADVOCACY SOUTH WEST

advocacysouthwest.org.au

CITIZEN ADVOCACY PERTH WEST

capw.org.au

INDIVIDUAL DISABILITY ADVOCACY SERVICE VIA SUSSEX STREET COMMUNITY LAW SERVICE

Link via SSCLS

MIDLAND INFORMATION DEBT & LEGAL ADVOCACY SERVICE

midlas.org.au

NGAANYATJARRA PITJANTJATJARA YUNKUNYTJATJARA WOMEN'S COUNCIL (NPYWC)

npywc.org.au

WOMEN WITH DISABILITIES (WA)

http://wwdwa.org.au/

USEFUL LINK FOR A COMPREHENSIVE LIST OF DISABILITY ADVOCACY AGENCIES, PEAKS AND NETWORKS THROUGHOUT AUSTRALIA, GO TO:

OTHER DISABILITY AND NOT-FOR-PROFIT RESOURCES

ACTIV LIBRARY

The Activ Library contains a range of resources on disability, with a focus on intellectual disability, developmental delay and learning difficulties. Members can borrow items, subscribe to online journal articles and assess computers at the library.

http://parentportal.activ.asn.au/activ_library.cfm

INFORMATION ON DISABILITY AND EDUCATION AWARENESS SERVICES (IDEAS)

- provide comprehensive and current information and resources to disability providers;
- promote collaboration between people involved with disability services; and
- support the learning and development of people working within disability services

http://www.ideaswa.net/

PRO BONO AUSTRALIA

Provides a list of suppliers for a wide range of resources that may be of use.


TECHNOLOGY ASSISTING DISABILITY WA (TADWA)

TADWA uses technology and the skills of volunteers and staff to improve the quality and enjoyment of life of people with disability, the frail-aged and those caring for them. They have three sections:
- community aids and equipment,
- computer services and
- basic computer training.


GOOGLE NON PROFITS

Google nonprofits offers services that may be of use for not-for-profit organisations.

SUBSIDIES, GRANTS AND ALLOWANCES AVAILABLE TO PEOPLE WITH DISABILITY

1. Better start for children with disability
2. Fuel card
3. Companion card – free entry to attractions for carer
4. Community Aids and Equipment Program (CAEP) – DSC via Allied Health
5. Patient Assisted Transport Scheme (PATS) – travel >100km
6. Continence management and support scheme (CMASS)
7. Mobility allowance - $125/f'night aged over 16
8. Taxi users’ subsidy scheme – if can’t use public transport
9. Spectacles subsidy scheme – up to $51 rebate
10. Thermoregulatory Dysfunction Energy Subsidy (TDES) - $600/yr
11. Fishing licence – recreational concessions
12. Independent Living Centre (ILC) grant
13. Pharmaceutical allowance
14. Telephone allowance
15. Centrelink – respite

KEY DISABILITY LEGISLATION

DISABILITY DISCRIMINATION ACT (1992)


The objects of this Act are:

(a) to eliminate, as far as possible, discrimination against persons on the ground of disability in the areas of:
   (i) work, accommodation, education, access to premises, clubs and sport; and
   (ii) the provision of goods, facilities, services and land; and
   (iii) existing laws; and
   (iv) the administration of Commonwealth laws and programs; and

(b) to ensure, as far as practicable, that persons with disabilities have the same rights to equality before the law as the rest of the community; and

(c) to promote recognition and acceptance within the community of the principle that persons with disabilities have the same fundamental rights as the rest of the community.
EQUAL OPPORTUNITIES ACT 1984


The objects of this Act are:

(a) to eliminate, so far as is possible, discrimination against persons on the ground of sex, marital status or pregnancy, family responsibility or family status, sexual orientation, race, religious or political conviction, impairment, age or, in certain cases, gender history in the areas of work, accommodation, education, the provision of goods, facilities and services and the activities of clubs; and

(b) to eliminate, so far as is possible, sexual harassment and racial harassment in the workplace and in educational institutions and sexual harassment and racial harassment related to accommodation; and

(c) to promote recognition and acceptance within the community of the equality of men and women; and

(d) to promote recognition and acceptance within the community of the equality of persons of all races and of all persons regardless of their sexual orientation, religious or political convictions or their impairments or ages.

AUSTRALIAN HUMAN RIGHTS COMMISSION ACT (FEDERAL) 1986


An Act to establish the Australian Human Rights Commission, to make provision in relation to human rights and in relation to equal opportunity in employment, and for related purposes.

DISABILITY SERVICES ACT 1986 (FEDERAL)


An Act relating to the provision of services for persons with disability.

DISABILITY SERVICES ACT 1993 (WA)


An act for the establishment of DSC and the Advisory Council for Disability Services, for the furtherance of principles applicable to people with disability, for the funding and provision of services to such people that meet certain objectives, for the resolution of complaints by such people, and for related purposes.
DISABILITY ACCESS AND INCLUSION PLAN (DAIP)

Under the Disability Services Act 1993 (amended 2004), DSC is required to provide an annual Disability Access and Inclusion Plan (DAIP) progress report to the Minister who tables the report in Parliament. The report reflects the progress of State and local governments across WA in implementing DAIPs to ensure services, buildings and information are accessible and inclusive for people with disability, their families and carers. The data collated by DSC extends to the progress made by DSO’s (‘contractors’) who report against the National Disability Standards (on page 67). Your service agreement with DSC contains a clause referring to service reports. This requires your organisation to provide a report annually on activities undertaken to support the implementation of any of the outcome areas in DSC’s DAIP. DSC requires this information from your organisation by 31 July each year. If you have questions or concerns on your reporting requirements, please discuss with your SCDO in the first instance.

USEFUL LINK TO INFORMATION ON DISABILITY ACCESS AND INCLUSION PLANS, GO TO:

FOR A CONTRACTOR REPORTING TEMPLATE, GO TO:


FOR STEPS FOR DEVELOPING AND REVIEWING A DAIP, GO TO:


FOR INFORMATION, GUIDELINES AND INITIATIVES RELATING TO EACH OF THE DAIP OUTCOME AREAS, GO TO:


USEFUL RESOURCES

‘ACCESS AND INCLUSION RESOURCE KIT’

SUMMARY OF USEFUL LINKS TO RELEVANT DISABILITY INFORMATION & CONTACTS

DISABILITY PEAK BODIES AND ADVOCACY SERVICES

National Disability Services  
Ph: 9242 5544

Australasian Society for Intellectual Disability (ASID)  
https://www.asid.asn.au/  
Ph: 1800 644 741 (within Australia)  
Fax: 08) 8215 0011

Association for Competitive Employment (ACE)  
http://www.acewa.org.au/  
Ph: 9300 2144

Carers WA  
http://www.carerswa.asn.au/  
Ph: 1300 227 377

Developmental Disability WA (DDWA)  
http://www.ddc.org.au  
Ph: 9420 7203

WA’s Individualised Service (WAIS)  
www.waindividualisedservices.org.au  
Ph: 9420 7252

People with Disability Inc (PWD)  
Ph: 9485 8900 (Perth) 1800 193 331 (country)

National Disability Practitioners (NDP)  

Ethnic Disability Advocacy Centre (EDAC)  
Ph: 9388 7455

Headwest (advocacy & service provider)  
http://www.headwest.asn.au/  
Ph: 9330 6370

Western Australian Council of Social Services (WACOSS)  
Other Relevant Disability Information & Contacts

Chamber of Commerce and Industry  
http://www.cciwa.com/

Advocacy South West  
advocacysouthwest.org.au

Citizen Advocacy Perth West  
capw.org.au

Individual Disability Advocacy Service via Sussex Street Community Law Service  
Link via SSCLS

Midland Information Debt & Legal Advocacy Service  
midlas.org.au

Ngaanyatjarra Pitjantjatjara Yunkunytjatjara Women's Council (NPYWC)  
npywc.org.au

Women with Disabilities (WA)  
http://wwdwa.org.au/

DISABILITY ADVOCACY AGENCIES, PEAKS AND NETWORKS THROUGHOUT AUSTRALIA


DISABILITY LEGISLATION

Disability Discrimination Act (1992)  

Equal Opportunities Act 1984  

Australian Human Rights Commission Act (Fed) 1986  

Disability Services Act 1986 (Federal)  

Disability Services Act 1993 (WA)  
**DISABILITY ACCESS AND INCLUSION PLAN (DAIP)**

- **contractor reporting template**
  

- **developing and reviewing a DAIP**
  

- **DAIP outcome areas**
  

- **Disability Access and Inclusion Resource Kit**
  

**OTHER DISABILITY AND NOT-FOR-PROFIT RESOURCES**

- **Activ Library**
  

- **Information on Disability and Education Awareness Services (IDEAS)**
  
  [http://www.ideaswa.net/](http://www.ideaswa.net/)

- **Pro Bono Australia**
  

- **Technology Assisting Disability WA (TADWA)**
  

- **Google nonprofits**
  
REFERENCES


ANNUAL GENERAL MEETINGS


AUSTRALIAN CHARITIES AND NOT FOR PROFIT COMMISSION (ACNC)

ACNC fact sheets and templates on governing documents

A guide to your charity’s responsibilities to the ACNC

A range of guides, templates and resources from the ACNC

Commonwealth, State and Territory Regulators of charities

Information on ACNC Governance Standards

Obligations of a registered charity

The ‘Governance for Good: The ACNC’s guide for Charity Board Members’
To apply to register with ACNC as a charity


Contemporary services

CONTRACTING WITH DSC

Funding

Individualised Funding Policy

Fact Sheet (Individualised Funding)

Combined Application Process

List of contracted DSO’s

National Disability Standards


Quality System
Fact sheet (Quality System)

Independent Quality Evaluation

Self Assessments

Reporting Requirements

Safeguarding

Serious Incident Reporting
Guidelines for serious incident reporting

Fact sheet (Serious Incident Reporting)

DISABILITY ADVOCACY AGENCIES, PEAKS AND NETWORKS THROUGHOUT AUSTRALIA


DISABILITY LEGISLATION

Disability Discrimination Act (1992)

Equal Opportunities Act 1984

Australian Human Rights Commission Act (Federal) 1986
Other Relevant Disability Information & Contacts

Disability Services Act 1986 (Federal)

Disability Services Act 1993 (WA)

Disability Access and Inclusion Plan (DAIP)
Contractor reporting template

Developing and reviewing a DAIP

DAIP outcome areas

Disability Access and Inclusion Resource Kit

DISABILITY PEAK BODIES AND ADVOCACY SERVICES

National Disability Services
Ph: 9242 5544

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Ph: 1300 227 377

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advocacysouthwest.org.au

Citizen Advocacy Perth West
capw.org.au

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Link via SSCLS

Midland Information Debt & Legal Advocacy Service
midlas.org.au

Ngaanyatjarra Pitjantjatjara Yunkunytjatjara Women’s Council (NPYWC)
npywc.org.au

Women with Disabilities (WA)
http://wwdwa.org.au/

**DISABILITY SERVICES COMMISSION FUNDED PROGRAMS**

Advocacy program
Funding for Advocacy services

Policy Framework for the Funded Advocacy Program

Changes to Advocacy services funded by DSC (2015)

Continence Management and Support Scheme (CMASS) and other continence services, supports and subsidies and advice

Community Aids and Equipment Program (CAEP)

Directory of service providers

Respite Services

DISABILITY SERVICES COMMISSION PROVIDED SERVICES

Therapy services

Behaviour Support services
Early Childhood Development program information booklet

Local Area Co-ordination

My Way project

**DISABILITY SERVICES COMMISSION: STRATEGIC INITIATIVES**

Accommodation Services transition

‘Count Me In’ Strategy

Delivering Community Services in Partnership Policy

https://partnershipforum.dpc.wa.gov.au/AboutUs/Pages/DeliveringCommunityServicesinPartnershipPolicy(FactSheet5)HTMLversion.aspx


Disability Justice Centre

Positive Behaviour Support

Positive Behaviour Framework training
http://static1.1.sqscdn.com/static/f/1546495/25714890/1417147876787/PBF+training+calendar+2015.pdf?token=rFAk28KFwUPd1VRGmpFHx%2FgShU%3D
Other Relevant Disability Information & Contacts

Positive Behaviour Framework – Effective Service Design

Positive Behaviour in Action Group
http://www.ideaswa.net/positive-behaviour-in-action.html

Procurement Reform

Reforms in the Disability Sector

Self-Directed supports and services

Toolkit (self-directed supports and services)

**DISABILITY SERVICES COMMISSION: STRUCTURE**


**DISABILITY SERVICES COMMISSION: VISION & VALUES**


**GOVERNANCE RESOURCES**

Australian Institute of Company Directors

Better Boards Australasia
http://betterboards.net/

Board Matters

Chamber of Commerce and Industry of Western Australia (CCIWA)
http://cciwa.com/

Employee and industrial relations guides (CCIWA)
http://cciwa.com/Employee-Relations/guides
Community Door
http://www.communitydoor.org.au/

Department of Commerce
‘Inc: A Guide for Incorporated Associations in Western Australia’

Governance and Management Pty Ltd

Ideaswa

‘It’s Your Business”

Lotterywest

National Disability Services – Governance Manager

Our Community

Reconciliation Action Plan (RAP)

Westpac


**HUMAN RESOURCE MANAGEMENT**

Awards, wages, National Employment Standards, record-keeping and other topics relating to employee relations

‘Employer's Guide to the Fair Work Act’
http://www.cciwa.com/Employee_Relations/guides/Employers_Guide_to_the_Fair_Work_Act
Social & community services industry pay rates, penalties and allowances


**OCCUPATIONAL SAFETY AND HEALTH**

Harmonisation

Risk Cover

Workwise

**PERSON CENTRED PLANNING**

‘Person-Centered vs System-Centered’ with Beth Mount (video)
https://www.youtube.com/watch?v=y77y7XW8GtE

“ Person Centred Planning: Key Features and Approaches”
http://old.helensandersonassociates.co.uk/PDFs/PCP%20Key%20Features%20and%20Styles.pdf

Preparing to Plan: A guide to thinking about what you need to have the life you want (WAIS 2015)

**PERSON CENTRED PRACTICE (VIDEO)**

https://www.youtube.com/watch?v=tvANuym5VXY

SELF DIRECTION

‘My Life, My Way’ (video)
https://player.vimeo.com/video/30411020?title=0&byline=0&portrait=0

Shared Management
http://waindividualisedservices.org.au/


Supported Decision Making project
http://waindividualisedservices.org.au/supported-decision-making-project-resources/

“Putting the Public First: Partnering with the Community and Business to Deliver Outcomes”

SOCIAL ROLE VALORIZATION

www.socialrolevalorization.com/

VALUES OF INCLUSION

https://www.youtube.com/watch?v=pK-daA6giRA
# Appendix A

## TEMPLATES

### RECORD OF AGM

<table>
<thead>
<tr>
<th>ITEM</th>
<th>INCLUDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTICE OF AGM</td>
<td>Date, time, venue, Agenda, RSVP</td>
</tr>
<tr>
<td>INVITE</td>
<td></td>
</tr>
<tr>
<td>AGENDA</td>
<td></td>
</tr>
<tr>
<td>ATTENDANCE REGISTER</td>
<td></td>
</tr>
<tr>
<td>AGM NEWSPAPER AD</td>
<td></td>
</tr>
<tr>
<td>MEMBERSHIP RENEWAL</td>
<td></td>
</tr>
<tr>
<td>APPLICATION FOR MEMBERSHIP</td>
<td></td>
</tr>
<tr>
<td>NOMINATION FOR BOARD POSITION</td>
<td></td>
</tr>
<tr>
<td>PROXY</td>
<td></td>
</tr>
<tr>
<td>MEMBERSHIP REGISTER</td>
<td>Name and address of all members Date membership started Membership Renewal due date</td>
</tr>
</tbody>
</table>

*Table 11 Record of AGM*
# BOARD REPORTING FRAMEWORK

<table>
<thead>
<tr>
<th>ITEM</th>
<th>INCLUDE</th>
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</thead>
<tbody>
<tr>
<td>AGENDA</td>
<td></td>
</tr>
<tr>
<td>DECLARATIONS OF INTEREST</td>
<td>Register of any declarations of interest</td>
</tr>
<tr>
<td>LEGAL REGISTER</td>
<td>Register of any legal matters</td>
</tr>
<tr>
<td>MINUTES</td>
<td></td>
</tr>
<tr>
<td>BUSINESS ARISING</td>
<td>A report on the current status on any action from the previous minutes.</td>
</tr>
<tr>
<td>TREASURERS REPORT</td>
<td>Profit &amp; Loss Budget Performance</td>
</tr>
<tr>
<td></td>
<td>Balance Sheet</td>
</tr>
<tr>
<td></td>
<td>Income and Expense showing capital expenditure and cash available</td>
</tr>
<tr>
<td></td>
<td>Budget reforecast based on Costing tool/budget highlighting new</td>
</tr>
<tr>
<td></td>
<td>individualised funding</td>
</tr>
<tr>
<td></td>
<td>Financial notes including budget exceptions which are highlighted in</td>
</tr>
<tr>
<td></td>
<td>the P&amp;L Budget Performance</td>
</tr>
<tr>
<td></td>
<td>(Income shown on cash basis)</td>
</tr>
<tr>
<td>HR REPORT</td>
<td>Workforce profile statistics</td>
</tr>
<tr>
<td></td>
<td>Workers compensations claims and current status</td>
</tr>
<tr>
<td></td>
<td>Training / Traineeships</td>
</tr>
<tr>
<td></td>
<td>Volunteers</td>
</tr>
<tr>
<td></td>
<td>Student Placements</td>
</tr>
<tr>
<td></td>
<td>Vacancies and recruitment</td>
</tr>
<tr>
<td></td>
<td>Staff turnover</td>
</tr>
<tr>
<td>CEO REPORT</td>
<td>Referrals and current status (non identifying)</td>
</tr>
<tr>
<td></td>
<td>Emergency Evacuation Drills in people homes</td>
</tr>
<tr>
<td></td>
<td>Emergency Evacuation Drills at office</td>
</tr>
<tr>
<td></td>
<td>Serious Incidents (non identifying information)</td>
</tr>
<tr>
<td></td>
<td>Medication Errors (non identifying information)</td>
</tr>
<tr>
<td></td>
<td>Complaints (non identifying information)</td>
</tr>
<tr>
<td></td>
<td>Update on achievements towards strategic priority areas</td>
</tr>
<tr>
<td></td>
<td>Meetings CEO has attended and purpose</td>
</tr>
<tr>
<td>OPERATIONAL PLAN REPORT</td>
<td>Operational Plan update quarterly. Current status comments and</td>
</tr>
<tr>
<td></td>
<td>traffic light system to alert board to areas of concern</td>
</tr>
<tr>
<td>OSH REPORT</td>
<td></td>
</tr>
<tr>
<td>CORRESPONDENCE INWARDS</td>
<td>Provide bound correspondence log at Board meeting of relevant</td>
</tr>
<tr>
<td></td>
<td>correspondence.</td>
</tr>
<tr>
<td></td>
<td>List index of correspondence in the log on the Agenda</td>
</tr>
<tr>
<td>CORRESPONDENCE OUTWARDS</td>
<td>Provide bound correspondence log at Board meeting of relevant</td>
</tr>
<tr>
<td></td>
<td>correspondence.</td>
</tr>
<tr>
<td></td>
<td>List index of correspondence in the log on the Agenda</td>
</tr>
<tr>
<td>GENERAL BUSINESS</td>
<td>Provide a briefing on general business matters to be discussed at the</td>
</tr>
<tr>
<td></td>
<td>meeting.</td>
</tr>
</tbody>
</table>

Table 12 Board Reporting Framework Appendix B
# APPENDIX B

## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABI</td>
<td>Acquired Brain Injury</td>
</tr>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ADE</td>
<td>Australian Disability Enterprise</td>
</tr>
<tr>
<td>ASD</td>
<td>Autism Spectrum Disorder</td>
</tr>
<tr>
<td>CaLD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CCI</td>
<td>Chamber of Commerce and Industry</td>
</tr>
<tr>
<td>CDA</td>
<td>Child Disability Allowance</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CLO</td>
<td>Consumer Liaison Officer</td>
</tr>
<tr>
<td>CRC</td>
<td>Carer Respite Centre (Red Cross)</td>
</tr>
<tr>
<td>CRCC</td>
<td>Commonwealth Respite &amp; Carelink Centre</td>
</tr>
<tr>
<td>CRS</td>
<td>Commonwealth Rehabilitation Service</td>
</tr>
<tr>
<td>CSTDA</td>
<td>Commonwealth, State and Territory Disability Agreement</td>
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<tr>
<td>DCPFS</td>
<td>Department of Child Protection and Family Support</td>
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<tr>
<td>DES</td>
<td>Disability Employment Service</td>
</tr>
<tr>
<td>DET</td>
<td>Department of Education and Training</td>
</tr>
<tr>
<td>DSP</td>
<td>Disability Support Pension</td>
</tr>
<tr>
<td>EOI</td>
<td>Expression of Interest</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
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<tr>
<td>ECI</td>
<td>Early Childhood Intervention</td>
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<tr>
<td>FLS</td>
<td>First Line Supervision</td>
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<tr>
<td>FYE</td>
<td>Full Year Effect</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>--------------</td>
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<tr>
<td>FYI</td>
<td>For Your Information</td>
</tr>
<tr>
<td>GIFSA</td>
<td>Goldfields Individual and Family Support Association</td>
</tr>
<tr>
<td>GEDC</td>
<td>Goldfields Esperance Development DSC</td>
</tr>
<tr>
<td>GSECHR</td>
<td>Goldfields South East Coastal Health Region</td>
</tr>
<tr>
<td>GSWR</td>
<td>Goldfields Support Worker Registry</td>
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<tr>
<td>HACC</td>
<td>Home and Community Care</td>
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<tr>
<td>HaDSCO</td>
<td>Health and Disability Services Complaints Office</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>LGMA</td>
<td>Local Government Managers Australia</td>
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<tr>
<td>LGS</td>
<td>Lower Great Southern</td>
</tr>
<tr>
<td>MDRT</td>
<td>Mobile Dementia Respite Team (Alzheimer's)</td>
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<tr>
<td>MLC</td>
<td>Member of the Legislative Council</td>
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<tr>
<td>MIARB</td>
<td>Mentally Impaired Accused Review Board</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>NAIDOC</td>
<td>National Aboriginal and Islanders Day Observance Committee</td>
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<tr>
<td>NDIA</td>
<td>National Disability Insurance Agency</td>
</tr>
<tr>
<td>NDIS</td>
<td>National Disability Insurance Scheme</td>
</tr>
<tr>
<td>NDS (WA)</td>
<td>National Disability Services (WA)</td>
</tr>
<tr>
<td>NFD</td>
<td>Non-financial data</td>
</tr>
<tr>
<td>NOT-FOR-PROFIT</td>
<td>Not for Profit (organisation)</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
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<td>NIMS</td>
<td>National Information Management Systems</td>
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<td>NMR</td>
<td>North Metropolitan Region</td>
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<td>NR</td>
<td>Non-recurrent</td>
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<td>Acronym</td>
<td>Description</td>
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<tr>
<td>NRCP</td>
<td>National Respite for Carers Program</td>
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<tr>
<td>OBM</td>
<td>Outcome based management</td>
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<tr>
<td>OSH</td>
<td>Occupational safety and health</td>
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<tr>
<td>PAID</td>
<td>Provider Administration &amp; Information Datastore</td>
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<td>PYE</td>
<td>Part-Year Effect</td>
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<td>R</td>
<td>Recurrent</td>
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<td>RAP</td>
<td>Reconciliation Action Plan</td>
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<td>RC</td>
<td>Renewable capacity</td>
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<td>Request for Proposal</td>
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<tr>
<td>ROI</td>
<td>Registration of Interest</td>
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<tr>
<td>SCOA</td>
<td>Standard Chart of Accounts</td>
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<td>SDAC</td>
<td>Survey of Disability, Ageing and Carers</td>
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<tr>
<td>SHR</td>
<td>Safety and Health Representative</td>
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<tr>
<td>SMR</td>
<td>South Metropolitan Region</td>
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<tr>
<td>SWD</td>
<td>South West Division</td>
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<tr>
<td>TBA</td>
<td>To Be Advised</td>
</tr>
<tr>
<td>TBD</td>
<td>To Be Decided</td>
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<td>UGS</td>
<td>Upper Great Southern</td>
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<td>WALGA</td>
<td>WA Local Government Association</td>
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**Table 13 Acronyms**

**DSC SPECIFIC**

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<tbody>
<tr>
<td>ACDC</td>
<td>Annual Client and Service Data Collection</td>
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<tr>
<td>AFS’s</td>
<td>Audited Financial Statements</td>
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<td>ASF</td>
<td>Accommodation Support Funding</td>
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<td>ATE</td>
<td>Alternatives to Employment</td>
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<td>Description</td>
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<td>---------</td>
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<tr>
<td>BSU</td>
<td>Business Services Unit</td>
</tr>
<tr>
<td>COFA</td>
<td>Council of DSC Funded Agencies</td>
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<tr>
<td>CSP</td>
<td>Community Support Program</td>
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<tr>
<td>CAP</td>
<td>Combined Application Process</td>
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<tr>
<td>CAEP</td>
<td>Community Aids and Equipment Program</td>
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<tr>
<td>CATCH</td>
<td>Children who are dependent on technology and cared for at home</td>
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<td>CLI</td>
<td>Community Living Initiative</td>
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<tr>
<td>CLP</td>
<td>Community Living Plan</td>
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<tr>
<td>CMASS</td>
<td>Continence Management and Support Scheme</td>
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<tr>
<td>CSP</td>
<td>Community Support Program</td>
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<tr>
<td>DAIPs</td>
<td>Disability Access and Inclusion Plans</td>
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<tr>
<td>DG</td>
<td>Director General</td>
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<tr>
<td>DPS</td>
<td>Disability Professional Services</td>
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<tr>
<td>DSC</td>
<td>DSC (State)</td>
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<td>DSO</td>
<td>Disability Sector Organisation</td>
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<td>DSS</td>
<td>Disability Service Standards</td>
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<td>eCMAS</td>
<td>electronic Continence Management Scheme</td>
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<tr>
<td>ERSSII</td>
<td>Estimate of Requirement for Staff Support Instrument</td>
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<td>FP</td>
<td>Funding Plan</td>
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<td>FSA</td>
<td>Family Support Association</td>
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<td>FFS</td>
<td>Flexible Family Support</td>
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<td>FLI</td>
<td>Family Living Initiative</td>
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<tr>
<td>FLP</td>
<td>Family Living Plan</td>
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<td>IES</td>
<td>Integrated Employment Services</td>
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<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>IDP</td>
<td>Individual Development Program</td>
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<td>IFS</td>
<td>Intensive Family Support</td>
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<td>IFMC</td>
<td>Individual Funding Management Committee</td>
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<td>INA</td>
<td>Individual Needs Assessment</td>
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<td>ISJ</td>
<td>Individually Supported Job</td>
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<tr>
<td>LAC / LAC's</td>
<td>Local Area Coordination / Local Area Coordinators</td>
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<tr>
<td>LADS</td>
<td>Local Area Data System</td>
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<tr>
<td>MAPS</td>
<td>Multi Agency Placement Service</td>
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<td>MACD</td>
<td>Ministerial Advisory Council on Disability</td>
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<td>MBN</td>
<td>Ministerial Briefing Note</td>
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<td>MWCs</td>
<td>My Way Coordinators</td>
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<td>MWCs NDIS</td>
<td>My Way Coordinators – National Disability Insurance Scheme</td>
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<td>New &amp; Expanded Respite Funding</td>
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<td>OEP</td>
<td>Options Exploration Process</td>
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<td>ONI</td>
<td>Ongoing Needs Identifications</td>
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<td>OSI</td>
<td>Opportunities for Service Improvement</td>
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<tr>
<td>PAID</td>
<td>Provider Administration and Information Data Store</td>
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<td>PECN</td>
<td>People with Exceptionally Complex Needs</td>
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<td>PSO</td>
<td>Post-School Options</td>
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<tr>
<td>PTN</td>
<td>Post tender negotiations</td>
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<td>RFP</td>
<td>Request for proposal</td>
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<td>RTR</td>
<td>Respite through Recreation</td>
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<td>QSIG</td>
<td>Quality Systems Improvement Grant</td>
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<td>Acronym</td>
<td>Description</td>
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<td>---------</td>
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<tr>
<td>SA</td>
<td>Service agreement</td>
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<td>SC&amp;D</td>
<td>Service Contracting and Development</td>
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<td>SCDO</td>
<td>Service Contract Development Officer</td>
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<tr>
<td>SCMO</td>
<td>Senior Contract Management Officer</td>
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<tr>
<td>SD&amp;M</td>
<td>Service Development and Monitoring</td>
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<td>SE</td>
<td>Supported Employment</td>
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<td>SHP</td>
<td>School Holiday Program</td>
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<td>SL</td>
<td>School leaver</td>
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<td>SPA</td>
<td>Service Purchasing Agreement</td>
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<td>SPD</td>
<td>Service Purchasing Directorate</td>
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<tr>
<td>SP&amp;DD</td>
<td>Service Purchasing &amp; Development Directorate</td>
</tr>
<tr>
<td>SPP</td>
<td>Service Plus Program</td>
</tr>
<tr>
<td>SSDO</td>
<td>Strategic Service and Development Officer</td>
</tr>
<tr>
<td>TAPS</td>
<td>Therapy &amp; Professional Services</td>
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<tr>
<td>VSA</td>
<td>Variation to Service Agreement</td>
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<tr>
<td>WA NDIS My Way</td>
<td>West Australian National Disability Insurance Scheme My Way</td>
</tr>
<tr>
<td>VPA</td>
<td>Variation to Purchasing Agreement</td>
</tr>
<tr>
<td>VSA</td>
<td>Variation to Service Agreement</td>
</tr>
<tr>
<td>YIPRAC</td>
<td>Young Indigenous People in Aged Care</td>
</tr>
<tr>
<td>YPRAC</td>
<td>Young People in Residential Aged Care</td>
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</tbody>
</table>

*Table 14 DSC Specific*
## CORDS Member Contact List

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>PHONE</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SENSES</td>
<td>T: (08) 9641 2557</td>
<td><a href="mailto:carolyn.robinson@senses.org.au">carolyn.robinson@senses.org.au</a></td>
</tr>
<tr>
<td>ACCESSIBILITY (UGSFSA INC)</td>
<td>T: (08) 9881 4557 M: 0437 634 779</td>
<td><a href="mailto:graeme.mason@accessibility.org.au">graeme.mason@accessibility.org.au</a></td>
</tr>
<tr>
<td>ACTIV</td>
<td>T: (08) 972 60190 M: 041 938 0212</td>
<td><a href="mailto:peter.kerr@activ.asn.au">peter.kerr@activ.asn.au</a></td>
</tr>
<tr>
<td>ADVOCACY SOUTH WEST</td>
<td>T: 08 9721 6444 M: 0439 285 818</td>
<td><a href="mailto:Annette@asw.org.au">Annette@asw.org.au</a></td>
</tr>
<tr>
<td>ANGLICARE</td>
<td>T: (08) 9845666</td>
<td><a href="mailto:Tim.Christie@anglicare.org.au">Tim.Christie@anglicare.org.au</a></td>
</tr>
<tr>
<td>ATLAS</td>
<td>T: (08) 99956 2180 M: 0407 999 663</td>
<td><a href="mailto:zane@transition.org.au">zane@transition.org.au</a></td>
</tr>
<tr>
<td>COMMUNITY LIVING ASSOCIATION</td>
<td>T: (08) 98929406</td>
<td><a href="mailto:iain@lifeisforliving.org.au">iain@lifeisforliving.org.au</a></td>
</tr>
<tr>
<td>ENABLE</td>
<td>T: (08) 9792 7500 M: 0407 423 816</td>
<td><a href="mailto:rob@enablesw.org.au">rob@enablesw.org.au</a></td>
</tr>
<tr>
<td>EPIC</td>
<td>T: (08) 9183 8158 M: 0429622793</td>
<td><a href="mailto:ceo@empoweringpeople.org.au">ceo@empoweringpeople.org.au</a></td>
</tr>
<tr>
<td>ESSENTIAL PERSONNEL</td>
<td>T: (08) 9621 1150 M: 0459141299</td>
<td><a href="mailto:Teeny@essentialpersonnel.org.au">Teeny@essentialpersonnel.org.au</a></td>
</tr>
<tr>
<td>GOLDFIELDS INDIVIDUAL &amp; FAMILY SUPPORT ASSOCIATION</td>
<td>T: (08) 9091 4356 M: 0419407808</td>
<td><a href="mailto:ceo@gifsa.org">ceo@gifsa.org</a></td>
</tr>
<tr>
<td>KIMBERLY INDIVIDUAL FAMILY SUPPORT ASSOCIATION</td>
<td>T: (08) 9192 5979 M: 0499 060 489</td>
<td><a href="mailto:shelley@kifsa.org.au">shelley@kifsa.org.au</a></td>
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<tr>
<td>MIDWAY COMMUNITY CARE</td>
<td>T: (08) 95355500 M: 04547860786</td>
<td><a href="mailto:patrick@midcare.com.au">patrick@midcare.com.au</a> <a href="mailto:health@midcare.com.au">health@midcare.com.au</a></td>
</tr>
<tr>
<td>MID-WEST COMMUNITY LIVING ASSOCIATION</td>
<td>T: (08) 9921 1505 M:</td>
<td><a href="mailto:mwcla@westnet.com.au">mwcla@westnet.com.au</a> <a href="mailto:mwcla.admin@westnet.com.au">mwcla.admin@westnet.com.au</a></td>
</tr>
<tr>
<td>NDS WA (STATE MANAGER)</td>
<td>T: (08) 92089805</td>
<td><a href="mailto:julie.waylen@nds.org.au">julie.waylen@nds.org.au</a></td>
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<tr>
<td>NDS WA (OPERATIONS MANAGER)</td>
<td>T: (08) 9208 9815 M: 0457058323</td>
<td><a href="mailto:frances.buchanan@nds.org.au">frances.buchanan@nds.org.au</a></td>
</tr>
<tr>
<td>LIFE WITHOUT BARRIERS</td>
<td>T: (08) 9722 9202 M: 0455 902 809</td>
<td><a href="mailto:diane.canale@lwb.org.au">diane.canale@lwb.org.au</a></td>
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<tr>
<td>FAR NORTH COMMUNITY SERVICES</td>
<td>T:</td>
<td><a href="mailto:kathy.hough@iinet.net.au">kathy.hough@iinet.net.au</a></td>
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### APPENDIX D

#### CORDS CEO MANUAL UP-DATE FORM

Please help to keep this manual up-to-date. If you are aware of any significant changes to the information contained in this manual, please either complete and send this form or contact National Disability Services, WA (details at the bottom of this form).

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>PAGE #</th>
<th>DETAILS AND SOURCE OF UP-DATED INFORMATION</th>
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Any other relevant information

<table>
<thead>
<tr>
<th>PLEASE SEND THIS FORM TO NATIONAL DISABILITY SERVICES</th>
<th>YOUR CONTACT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO ADDRESS</td>
<td>PO Box 184 Northbridge WA 6865</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>12 Lindsay Street Perth WA 6000</td>
</tr>
<tr>
<td>PHONE</td>
<td>08 9242 5544</td>
</tr>
<tr>
<td>FAX</td>
<td>08 9242 5044</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------</td>
</tr>
<tr>
<td>EMAIL</td>
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