



**ACCESS TO THERAPY SERVICES
FOR PEOPLE WITH A DISABILITY AND THEIR FAMILIES IN NSW**

- MEMORANDUM OF UNDERSTANDING -

2010

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SECTION 1: INTRODUCTION

1.1 PURPOSE

The Access to Therapy Services Memorandum of Understanding (MoU) defines a set of agreed principles, roles and areas of focus that NSW government human service agencies have identified to improve access to therapy services for people with a disability and their families and carers in NSW.

Three human service agencies are signatory to this MoU: the Department of Human Services NSW (Ageing, Disability and Home Care [ADHC] and Community Services [CS]), NSW Health and the Department of Education and Training (DET).

The primary audience of the MoU is NSW government agency staff at all levels who have a role in the delivery or provide access to therapy services in NSW.

1.2 BACKGROUND

Therapy aims to improve and maintain the wellbeing of an individual in society by providing interventions that minimise the impact of disability, and promote independence and participation in a range of activities and life areas. It plays a critical role in supporting growth and development and access to learning, recreation and work. For this reason, access to well-planned, responsive and targeted therapy services for those individuals who need them is vital for maximising their potential to achieve successful long term social, educational, vocational and economic outcomes.

Therapy is directly linked to a client's needs and goals. These change as people progress through childhood and adolescence into adulthood and vary across a range of life settings, such as home, school, work and leisure.

The therapy service system in NSW is complex. Services are provided by a range of government and non-government organisations, including ADHC, NSW Health, funded non-government agencies and private providers. These organisations have different purposes, operating contexts and areas of focus. As a result, they provide different services, use different eligibility criteria and have different assessment requirements and processes.

These complexities can make navigating the therapy service system and obtaining a service difficult for some people with a disability, their families and supporters. The journey from initial screening to receiving a therapy service can require some people to undergo multiple assessments and move between different agencies to get the therapy service that they need.

Access to services is also impacted by a well documented worldwide shortage of therapists leading to difficulties in hiring staff and filling vacancies, especially in rural and regional areas. This shortage is exacerbated by increasing demand for services through our expanding and ageing population as disabling conditions needing therapy services become more common.

In March 2007 the NSW Government released its *Better Together* directions statement. This document outlines how Government agencies will work together to improve the delivery of services to people with a disability and their families and carers in a range of priority areas. One of these is 'making it easier for people with a disability to get the therapy services they need'.

In order to improve access to therapy services, *Better Together* committed the Government to a number of major activities to improve their coordination. These include:

- Removing duplicate assessments and streamlining intake procedures;
- Simplifying an individual's journey from first contact through to therapy service delivery;
- Developing cross-agency early screening, triage and assessment processes;
- Expanding the way in which therapy is delivered to most people in need;
- Expanding the use of trained therapy assistants to support the delivery of therapy;
- Improving how information about services is provided to clients; and
- Agreeing on a statement of roles and responsibilities for each relevant agency.

Since 2007, ADHC has led an interagency group of senior officers from NSW Health, DET and CS in examining a range of complex structural issues underpinning the therapy service system.

This MoU is designed to complement other Government initiatives that are already underway and provides a platform for progressing further work of NSW Government agencies to improve coordination of therapy services.

1.3 LINKAGES WITH OTHER GOVERNMENT INITIATIVES

This MoU has been negotiated and signed to complement other NSW initiatives and reforms including those being implemented under the *Better Together* and *Stronger Together* statements.

These reforms include:

- The **Therapy Taskforce** which has a membership of major providers of therapy, as well as representatives from the professional bodies, other government agencies and people representing the interests of people with a disability and their families. The Taskforce monitors and supports the implementation of therapy services across the sector;

- **ADHC Community Support Teams** provide services to improve the quality of life and wellbeing of people with a disability and their families and carers. Services are provided using a person-centred, family-centred, strengths-based, and early intervention and prevention approach and have been enhanced with additional staff over the last three years;
- **ADHC Case Management Reforms** seek to enhance the quality and responsiveness of case management coordination and the delivery of community support to improve outcomes for people with a disability and their families/carers;
- The **ADHC/CS MoU** has been recently revised to facilitate stronger collaborative arrangements in regard to children and young people with a disability. The MoU outlines the principles and general responsibilities that apply to the relationship between the two agencies. This is being supported by the development of best practice guidelines and improved statewide governance arrangements;
- **New funding and commitments related to Autism Spectrum Disorders (ASD)**, which includes the roll out of a \$6 million package over four years to boost services for young children with ASD and their families;
- The **Early Childhood Intervention Coordination Program** is an interagency initiative lead by ADHC under the umbrella of Families NSW. Partners include DET, NSW Health, as well as the other NSW Department of Human Services' agencies such as Housing NSW and CS. The program aims to improve access to early childhood intervention services for children with a disability and their families through a coordinated approach to planning and service provision;
- **Keeping Them Safe** sets out the NSW Government's five year plan to improve the safety and wellbeing of children and young people. The plan emphasises the importance of early intervention to improve outcomes for vulnerable children and families;
- **Specialist training in ASD** for all school counsellors in NSW Government schools; and
- Implementation of a new **online professional development program for teachers** in NSW Government schools in areas of disability and special educational need including ASD, behaviour, motor coordination difficulties, speech language and communication needs.

1.4 DEFINITION OF DISABILITY

A number of legislative definitions of disability govern the way in which services are delivered by government and non-government organisations to people with a disability in NSW. These include definitions under the *Commonwealth Disability Discrimination Act 1992* and the *NSW Disability Services Act 1993*. These varying definitions add to the complexity of the service delivery

environment. The MoU does not seek to define the term disability but rather provides a framework within which eligibility and access arrangements are established for therapy services taking this environment into account.

1.5 GENERAL ROLES OF PARTICIPATING AGENCIES

NSW Health

NSW Health provides its therapy services on the basis of prioritised clinical need. Services are provided in inpatient, non-inpatient and community settings.

Through its Universal Early Childhood Health Services and Universal Health Home Visiting NSW Health also provides screening, assessment, identification and referral for child developmental issues including disability. In principally metropolitan areas NSW Health Diagnostic and Assessment Services also provide assessment, triage and diagnosis for child disability.

NSW Health also funds some service provision through the non-government sector.

Department of Education and Training (DET)

DET is not a direct provider of disability therapy services. The Department provides a range of services to support students with a disability in public schools across the state, including specialist support classes, special schools and targeted support programs for students with a disability in regular classes.

DET plays a key role in facilitating access to disability therapy for students who need it through supporting the delivery of therapy services in these school settings. Timely access to therapy services is vital to support the individual student and assist staff in the delivery of teaching and learning programs. School staff plays a critical role in surveillance and in the identification and referral of students to services for diagnosis and/or disability therapy interventions.

DET also provides a school counselling service which is available to all NSW government schools. School counsellors work collaboratively with learning support teams in providing student assessments, counselling support and appropriate short term therapeutic interventions. School counsellors consult with other staff and other members of the school community around the support of students, and making referrals to other agencies.

NSW Department of Human Services

Ageing Disability and Home Care

ADHC is a major provider of therapy services for people with a disability in NSW. Like NSW Health, ADHC employs a full range of therapists, though their roles are solely to work with those with a disability.

ADHC provides therapy services based on eligibility criteria that is coordinated through a regional intake and assessment process. Its services are delivered through a regional network of community support teams.

ADHC also funds a broad range of non government service providers to deliver therapy services on its behalf.

Community Services

CS has a responsibility for children and young people in out-of-home care, as well as children and young people living with their families and carers who have been assessed as being at risk of harm or neglect.

CS is not a direct provider of therapy services but has some capacity to deliver psychology services and behaviour management interventions to its clients.

CS deals with many vulnerable children and young people, including those with disability, and is a purchaser of therapy services for its clients.

Whilst the participating agencies are responsible for the MoU, it is acknowledged that many people with a disability meet their therapy needs through accessing non-government organisations (NGO) and private sector services.

The NSW Government (principally through the three participating agencies) provides significant funding to the NGO sector for the provision of therapy services. Whilst NGO services are not directly covered by this MoU, participating agencies will ensure that the principles, actions, and outcomes are used to shape future funding priorities, and inform individual funding agreements signed with NGO service providers.

SECTION 2: SCOPE OF AGREEMENT

2.1 DESIRED OUTCOMES

Consistent with *Better Together*, the Access to Therapy Services MoU will contribute to improvements in the quality of life, capacity and independence of people with a disability in NSW. More specifically, the outcomes sought through the MoU are to:

- Establish a more consistent and equitable process for people with a disability to access to therapy services across NSW;
- Make the journey easier and quicker for people with a disability and their families/carers to access the right services;
- Enable more people with a disability to have access to the therapy services that they need; and
- Make more effective and efficient use of existing resources and therapy workforce across agencies.

2.2 DEFINITION OF THERAPY SERVICES

For the purposes of this MoU, therapy services include:

- Occupational therapy services;
- Speech pathology services;
- Physiotherapy services;
- Psychological services; and
- Behaviour intervention services.

Activities provided by, or under the supervision of a qualified therapist include:

- Screening, triage and assessment;
- Intervention planning;
- Intervention or service provision;
- Supervision and education (individual, family members or carers, other staff); and
- Monitoring and review.

2.3 FOCUS OF MoU

In order to achieve the outcomes stated in section 2.1 for all people with a disability in NSW, participating agencies, their services and their staff agree to concentrate their efforts on the following strategies:

- 1) Increase **collaboration at all levels** - centrally, regionally and locally- so as to improve access and quality of therapy services available to people with a disability in NSW.
- 2) Increase **coordination in the delivery of services** in respect to assessments, referrals, case management and interventions, service planning and monitoring.
- 3) Clarify and promote **understanding of the respective roles and responsibilities** of participating agencies in terms of access to therapy services for people with a disability in NSW. This improved understanding relates to service providers within participating agencies, to individuals with a disability and their families and carers, as well as to other stakeholders within the service system, such as NGO providers.
- 4) Streamline **referral pathways, information sharing and communication** processes used between participating agencies and their staff, including addressing service blockages.
- 5) Work towards an **agreed approach to eligibility, assessment and prioritisation** based on the individual's and their family's needs.
- 6) Establish **evidence-based flexible service delivery models**, including options to support individuals with less severe needs, their families, carers and staff (eg school staff and group homes staff).
- 7) Make **optimal use of resources, services and initiatives** in order to assist the greatest number of people with a disability with identified needs without compromising the delivery of quality service outcomes.

SECTION 3: SHARED PRINCIPLES OF ACCESS

In order to meet the above outcomes, and to identify a common basis for future planning and delivery of therapy services, participating agencies jointly agree to the following goals and principles. They also agree to utilise these same principles in their internal planning frameworks, service delivery models, service operations and funding practices in respect to therapy services for people with a disability in NSW.

Principle 1: Access to services will be based on the individual's needs

- Service delivery will be based on prioritised need using transparent eligibility and entry criteria. In time these criteria shall be based on functional assessment of the individual's and family's needs, using an agreed interagency assessment process in balance with individual agency service priorities.
- Needs will be identified as early and as accurately as possible, with individuals referred to and an appropriate therapist or therapists allocated, as soon as possible.
- Services will be provided at appropriate and critical stages as soon as possible where individual and family benefits can be maximised.
- Services will be provided when they are needed where possible, no matter where or how people with a disability enter the service system.
- Agencies will ensure there is an agreed and timely approach to responding to individuals with complex and high needs or who are at risk.

Principle 2: Service delivery will be individual and family focussed

- Services will be developed and delivered to be individual and family focused, not agency focused or driven. They will reflect assessed need.
- Services will be integrated into the overall planning for the individual, including their case plan or education plan where relevant.
- Services will build on the capacity of parents/carers and others to complement the work of therapists.
- Models of therapy and service options will be made clear to the individual and to their parents/carers where relevant.

Principle 3: Service delivery will respect and acknowledge diversity

- Services will be designed and delivered in ways that are culturally appropriate and responsive to a diverse range of communities and individuals. This may require responses that specifically cater to the needs and challenges faced by families and carers from:
 - Aboriginal and Torres Strait Islander backgrounds;
 - Culturally and linguistically diverse backgrounds; and/or
 - Living in rural and remote NSW.
- Services will be provided whenever possible in settings that are accessible and appropriate to the individual, their family/carer and the broader community.
- Services will be designed and delivered in ways that best reflect local community demographics and cultural needs.

Principle 4: Service delivery will be based on collaborative practice and good communication

- With appropriate consent in place, services will commit to working collaboratively with other therapy services and other agencies, including work related to case management, case coordination and transition planning.
- Services will use established communication channels to discuss service issues or resolve challenges regarding individuals in a timely manner, including issues arising from requiring more than one therapy service or access to more than one agency.
- Services will assist people with a disability and their parents/carers to seamlessly transition between service providers and service systems where required.
- Services will use established communication channels to address service blockages or barriers in a timely manner for specific individuals with complex needs, high needs and/or who are at risk.
- Services will support nominated staff to negotiate solutions locally in response to agreed MoU priorities and practices.

Principle 5: Service delivery will meet quality standards and be cost effective

- Services will use evidence based, best practice principles. They will also be based on recognised standards of professional practice.

- Services will be designed and delivered to maximise direct service delivery to individuals with a disability and their families and carers.
- This requires being innovative about how to stretch scarce resources to assist the greater numbers of individuals with assessed need, while not jeopardising the quality of the service delivery and outcomes.
- Services will be mindful of workforce development issues and identify options for coordinated and inter/trans-disciplinary approaches to enhancing access to therapy.
- Services will utilise or train relevant staff in adjunct services, such as therapy aides, as well as parents/carers, to complement and build on good practice therapy interventions.

Principle 6: Continuous improvement in service coordination between agencies

- Participating agencies will continue to work towards service and workforce improvement and innovation of the therapy service system in NSW.
- Opportunities for improved interagency and interdisciplinary collaboration and partnerships will be identified and acted on at central, regional and local levels.
- Clear communication channels and open dialogue between agencies will underpin interactions related to the coordination of therapy services for people with a disability.

SECTION 4: SHARED RESPONSIBILITIES UNDER THE MoU

Ageing, Disability and Home Care (ADHC), Department of Human Services NSW is the lead agency responsible for the priority area on Therapy Services under *Better Together*.

ADHC and the other participating agencies of NSW Health, DET and CS commit to:

- Develop and implement a joint three year action plan which delivers on the agreed principles. The action plan will be reviewed and updated at regular intervals.
- The joint review of the MoU within three years of its commencement to determine its effectiveness and need for continued operation.
- Communicate to all relevant staff within their agencies the:
 - Purpose and proposed outcomes of the MoU;
 - Shared principles of the MoU;
 - Agreed agencies roles and responsibilities under the MoU; and
 - Shared actions.
- Senior officers to meet on a six monthly basis to monitor and progress activities under the three year action plan.