**Colac Otway Shire**

**Local Government Community Care and National Disability Insurance Scheme Approaches to the Transition**

**History of Disability Services for Young People in Colac Otway**

Colac Otway Shire is a medium sized rural Council located in the Barwon Region of Victoria. Council has a long history of providing individualised HACC services for under 65 clients through both individual and block funding. Council also provides a number of other services including the Commonwealth Home Support Programme (CHSP), Post Acute Care services for Colac Area Health, Home Care Packages, HACC – PYP, Veteran’s Home Care and the contracting out of staff/services to other providers.

Council has been involved in providing disability respite and support services for many decades. Group programmes were developed in 2002, under *The Meeting Place* name. Over 9 years *The Meeting Place* provided a secure environment “after hours” to a group of under 65 people with intellectual, physical and psychiatric disabilities in the Colac area. This was to enable access to a range of leisure, recreation and community access activities and establishing links for individuals to leisure, hobby and sporting clubs.

At the end of 2011, following an 18 month review, Council moved away from a community-based respite services model of group support to a more individualised service that focussed on consumer choice.

**The Barwon NDIS Trial Site**

During 2012 the G21 Geelong Region Alliance advocated strongly for the NDIS to be launched in the G21 region, working with local agencies and the state government’s NDIS Implementation Taskforce to achieve this outcome. The Commonwealth Government announced in August 2012 that the trial in the Barwon Region would commence on 1 July 2013 and over the course of the trial about 5,000 people with significant and profound disabilities, their families and carers in the Barwon region would have their needs assessed and would start to receive individual care and support packages under an NDIS model.

Under an NDIS people with disability in the Barwon region would:

* be assessed to receive NDIS individualised care and support packages;
* have decision-making power about their care and support, including choice of service provider;
* be assisted by local coordinators to help manage and deliver their support; and
* access a system they can easily navigate and that will link them to mainstream and community services.

Following this announcement Council together with the State and Commonwealth Government commenced working together to transition from a state-designed, block-funded respite based service services system to becoming a registered provider of individualised, consumer directed care services funded by the Commonwealth Government for approximately 35 eligible people under the age of 65.

The trial became a significant learning experience for Council, and both the State and Commonwealth Governments.

The key differences to other funded aged and disability services, provided by local government in Victoria at the time, was that NDIS was a consumer directed care model designed to be serviced through ‘marketization, individualisation and convergence of the community service sector’.

**Setting up the NDIS trial in Colac Otway**

As a trial site for NDIS there was cooperation between the three levels of government and the NDIA to support the local community in understanding how NDIS would operate. There were a number of community meetings and presentations held in Colac to support and develop the understanding of potential users of the NDIS. NDS (National Disability Services), NDIA, DHS, OPASS (Council’s Older Person’s and Ability Support Services) and Council’s Rural Access Officer were key contributors to the community information sharing and engagement process.

During development and the initial period of delivery there were around 50 meetings held with both governments, the NDIA and community to navigate the process of introducing NDIS services.

**How did Council plan for, develop and implement NDIS?**

Many of the services and supports funded through NDIS are similar to community respite care services; with the emphasis transferred to achieving goals and outcomes for the participant[[1]](#footnote-1) rather than respite for the parent/carer. However, the real change was to understand the type and level of service that was determined by the NDIA, in consultation with the participant, and that as a registered provider Council, being one of many other registered providers, would be contracted through open market forces to provide NDIS funded services and supports.

Although getting better now, the capability of NDIA staff in the trial to correctly understand the needs and develop a plan sometimes frustrated participants. For example, the right to employment opportunities is aspirational, but realistically is not possible for some participants and created angst for the parents/carers. Making appointment referrals to specialised services in Geelong required the participant to be taken out of school or a programme and one or both parents/carers taking a day off work to make these meetings. Since then a number of specialist services are provided in Colac thereby reducing this impact on families.

As a registered service provider Council decided to set up a dedicated team to focus on the NDIS trial, and its tribulations. This was coordinated by a staff member who had specialised skills and understanding of the disability sector. This coordinator oversaw a team of Community Care Workers who had certificates and/or experience in both aged care and disability.

Developing an agreed Support Plan involved an assessment/s of the person to receive support, together with his/her family, as required. Support Plans were usually developed for a 12 month period. The Support Plan detailed the hours and type of support to be provided to achieve the goals and outcomes for the participant being supported. Once agreed, a budget was provided for the participant to use to purchase the agreed level of support.

Each participant was able to select a provider that best suited their agreed NDIS Support Plan. At the time of the Barwon NDIS trial the local market opportunities were limited to Council’s services, local day activity programmes and local community services. There was interest from larger providers based in Melbourne regarding the trial, but these did not eventuate.

Once funds were secured by the participant from the NDIA, they are provided with details of independent and impartial Support Coordinators to assist with finding services to implement their Support Plan. This was initially provided by services based in Geelong. However, there was a need for local Support Coordinators due to the travel distance involved getting to Geelong and a limited understanding amongst Geelong services providers of local services and providers in Colac.

Each Support Plan was assessed by the Council’s disability team coordinator and allocated to the most appropriate Community Care Worker available. Independently from the trial process, this coordinator, who had worked with many of the participants and their families in the past, advocated for the family when there was uncertainty or frustration with the Support Plan. Although not a recognised process, this action resolved a number of issues before they escalated during the trial.

Today, there are a number of Support Coordinators, provided by other agencies, within Colac that also provide direct NDIS services and supports. This requires a clear separation of roles within those agencies. Council did not choose to become a local Support Coordinator as this required considerable and ongoing effort to provide for the level of support required.

Around 90% of participants currently engage a Support Coordinator, who works at an hourly rate prescribed by NDIA. A small number of families have undertaken the role of self-managing their Support Plan and purchasing the services and supports to achieve goals and outcomes. This is only recommended for families very well versed in the local disability sector and prepared to strongly advocate on behalf of their participants’ goals and outcomes.

**Day to day operation of a Local Government NDIS Service Provider**

AS mentioned earlier in this paper, the Support Coordinator assists the participant to find the most appropriate provider to achieve the goals and outcomes in their Support Plan. Council, as a registered provider, has advised NDIA of the services it can provide. This service list is used as the basis for the participant or the Support Coordinator seeking services and support.

Council, due to the list of NDIS registered services and supports it can provide, as well as being a previous provider of disability services for people under 65 years of age in the past, is seen as a preferred provider for people and families familiar with Council services and staff. Council does not actively market its NDIS services, as word of mouth within a small community is very strong.

Once Council has agreed to provide the requested services and supports a standard service agreement is signed by Council and the participant. OPASS then creates a service booking in the NDIS “Myplace’ portal which describes the services and supports to be provided for each registered participant. NDIA set the NDIS price guides which are updated, as required. As an example, in the most recent NDIA pricing guidelines (valid from 1 July 2018) travel rates in regional areas were increased from 15 minutes up to 45 minutes of time that can be claimed against the next appointment at an hourly rate for the relevant support item.

Council’s current practice is to claim monthly through the portal for services and supports provided, in accordance with the participants Support Plan. Payment is received from NDIA within 48 hours.

Council currently provides NDIS services and support for 46 people. It is interesting to note this number is only 5% of OPASS’s total participants/clients numbers, but requires 26% of OPASS’s service delivery hours to implement.

**Examples of Services Provided?**

There are three tiers within NDIS to:

1. Create general awareness about disability issues and promote inclusion and participation
2. Provide general information about optimum care and support conduit to accessible services from existing mainstream and community
3. Provide specific supports, aids and equipment from community based services and facilities

In satisfying the participants agreed Support Plan there have been a number of new service approaches that have been undertaken by OPASS. These include:

* Supporting the participant to develop skills and confidence to travel independently on public transport (for example train trips from Colac to Geelong).
* Cooking and shopping skills and confidence.
* Community activities such as bowling, swimming, visiting the gym, having a coffee or a beer. These are generally provided during times when the parents/carers are working.
* Council’s Family Day Care service providing support and early years’ development for NDIS participants.

**The Current Environment**

Council, which continues to provide NDIS funded services, is commencing a review of all aged and disability services provided by OPASS. Business terminology around efficiencies of scale and scope, thin or thick markets, support efficiencies and accuracies, and service opportunities need to be considered in conjunction with community needs and expectations. Added to our considerations is the recently released *MAV - Community Care Matters, Considerations for Councils, (June 2018)* paper which focusses on the significant roles of Victorian local government in the aged and disability sector.

The service and support industry for aged and disability services will grow significantly over the next 20 years. Colac Otway Shire will assess its own unique situation during the process of its service review. NDIS will be considered, together with a suite of other services.

1. Participant, in this paper, refers to the person receiving services and supports and family and carers providing support for developing the appropriate goals and outcomes for the participant and its implementation. [↑](#footnote-ref-1)