

Self directed planning and case management

Feedback template

- Are you a:
- person who uses disability services
 - a person with a disability who does not currently use services
 - family member/carer
 - service provider - *Victorian Coalition of ABI Service Providers (VCASP)*
 - community member

Does the model for self directed planning and case management make the pathways into disability services easier to understand?

VCASP welcomes the fact that the model recognises and delineates different pathways according to individual needs.

As with all models, the straightforward 'paper picture' is unlikely to be as straightforward in practice. There will inevitably be blurring of the pathways and there will need to be flexibility in implementing the model in the real world. The process will still be subject to the severe shortage of resources (funding and workforce shortfalls) that currently apply. People in complex situations requiring case management will still have long waiting periods before this is available and the current wait periods for resource allocation through the DSR process will continue. How these gaps / waiting periods are to be addressed and by whom is not clear in the outlined model.

Resourcing issues have particular significance for people in crisis and/or with high level immediate needs. The model does not clarify how people access interim funding to address immediate / crisis needs before planning / DSR application process can be tackled.

How clear are you about what is involved in each element of planning and case management?

The definitions / descriptions of different phases and functions provide a degree of clarity about each element. However, concerns were expressed by some VCASP member organisations, including:

- ❖ Many people with ABI will fall into the "complex" category. There is lack of clarity about the definition of complex – who determines this and how; who determines the criteria for referral to case management?
- ❖ The resourcing capacity of case management services if all required elements and functions are to be managed through the case management stream (as is

likely to be the case for many people with ABI).

- ❖ The emphasis on the short-term / episodic nature of case management – while this may be true in many situations, there are significant numbers of people with ABI who will require case management for lengthy periods / on-going due to the nature / impact of their disability.

What do you think needs to be in place to make this work?

- ❖ Current unit costs do not meet the actual costs of service provision, e.g. penalty rates, travel. Adequate resources must be in place to ensure that service providers have the capacity to carry out the functions and provide what is actually required in all phases of the process.
- ❖ Staff associated with all elements / phases of the process require appropriate skills particularly when working with people with complex needs. This includes Intake and Response having the capacity to deal with clients with complex needs, including ABI. (Current experience indicates this is sometimes not the case.) In addition, panels considering the DSR application require appropriate skills and understanding of specific issues relating to particular disabilities, e.g. ABI.
- ❖ The population of young people in Residential Aged Care have particular needs in this regard. Planning staff require considerable skill and understanding to address this group's high level of need, the complexities of working across the aged care and disability systems and an appreciation for the extent of requirements such as transition planning. Built into the model there needs to be capacity for review of the process and adaptability when the disability system is shown to be unable to fully address particular needs of some groups.

Any other comments?

- ❖ Current experience in the ABI sector is that the gap between initial DSR application and resource allocation means that the DSR application may need to be re-done. This may be the result of the time lag and/or the different focus of the writer of the original application (e.g. for people with acquired disabilities, the initial DSR application may have been written by someone from the health sector in the early phase of the person's rehabilitation). The model needs to be able to accommodate the complexities / 'glitches' associated with the real world.

Thank you for your comments.