

University of Tasmania  
Department of Political Science

**THE QUEST FOR EFFECTIVE CO-ORDINATION**

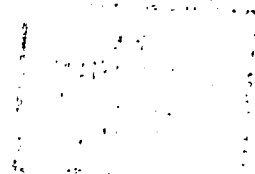
**A REVIEW OF ATTEMPTS TO ACHIEVE  
EFFECTIVE CO-ORDINATION OF SERVICES FOR  
INTELLECTUALLY DISABLED PEOPLE**

A dissertation submitted in partial fulfilment  
of the requirements for the degree of  
Master of Social Science in Administration.

*Marines  
Huibert*

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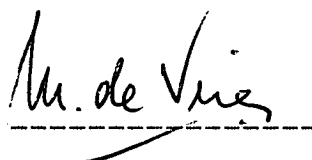


## DECLARATION

I, Marines Huibert de Vries, hereby declare that this dissertation is my own original work and that it contains no material that I have otherwise published. I further declare that this dissertation contains no copy of material by another person except where this has been acknowledged.

## DISCLAIMER

The views expressed in this study, unless otherwise indicated, are mine. They do not purport to be those of the Tasmanian Government, the Minister for Health and Community Welfare, or the Mental Health Services Commission.

A handwritten signature in cursive script, reading "M. de Vries", is written over a horizontal dashed line.

M. H. de Vries

## "THE ROLE OF COORDINATION

Coordination is the process of bringing all necessary resources to bear in the appropriate sequence to accomplish a specific mission. Coordination of some type and degree is a basic part of all human endeavor.

To achieve coordination, certain minimum conditions must be met. They are essential equally to the optimum utilization of resources for direct service to the retarded, for personnel training, and for research. In order of their significance those conditions are: *communication, cooperation, and authority.*"

Report to the President: A Proposed Program for National Action to Combat Mental Retardation, The President's Panel on Mental Retardation, October 1962, U.S. Government Printing Office, 1963, p. 161.

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## ABBREVIATIONS

ACROD	Australian Council for Rehabilitation of Disabled
AGSSOMD	Australian Group for the Scientific Study of Mental Deficiency
ATC	Adult/Activity Therapy Centre
CHF	Community Health Program
COSMOS	Community of Significant Members of Society
CRF	Consolidated Revenue Fund
DACA	Disability Advisory Council of Australia
DACT	Disability Advisory Council of Tasmania
DCS	Department of Community Services (C/W)
DHS	Department of Health Services (Tasmania)
DIH	Division for the Intellectually Handicapped (W.A.)
DPRC	Douglas Parker Rehabilitation Centre
DPSU	Disabled Persons' Services Unit
DSS	Department of Social Security
DURD	Department of Urban and Regional Development (C/W)
HFA Act	Handicapped Persons Assistance Act 1974
HPR	Handicapped Programs Review
IDC	Inter-Departmental Committee
IDCCHS	Inter-Departmental Co-ordinating Committee on Handicapped Services (Tasmania)
IDS	Intellectual Disability Services (Tasmania)
MHSC	Mental Health Services Commission (Tasmania)
MRD	Mental Retardation Division (Victoria)
RCAGA	Royal Commission on Australian Government Administration
RCSD	Regional Council for Social Development
RCWA	Retarded Citizens' Welfare Association of Tasmania
ROC	Regional Organisations of Councils
RTC	Rocherlea Training Centre
SWC	Social Welfare Commission (C/W)

## ACKNOWLEDGEMENTS

A study of this scale and nature would not have been possible without the friendly co-operation and assistance of numerous individuals. I am particularly indebted to colleagues in the public services of the Commonwealth and the various State Governments for providing access to resource material and advising me of relevant and current matters which have not entered the public domain. Their interest in this study and unhesitating readiness to "cross territorial boundaries" is greatly appreciated. To those persons I offer my very sincere thanks.

I wish to express my gratitude to Dr Ralph Chapman and Dr Bruce Davis of the Department of Political Science, my supervisors for this study, for their valuable guidance, encouragement, and understanding throughout my studentship.

Special thanks are due to the Chairman and the Administrative Commissioner of the Mental Health Services Commission for permitting me to undertake this study, to access the records collection, and extract from same the data which is presented herein. I wish also to thank the Commission's staff at "Melrose" for locating, deciphering and interpreting for me the mass of financial and personnel data dating back to 1970, from which I was able to compile the aggregate research data.

The comradeship among staff of the Intellectual Disability Services and fellow members of the Australian Society for the Study of Intellectual Disability (formerly AGSSOMD) made my task easier and provided the informal network so essential to a study in this field. To Dr Tom Westhead, who encouraged the development of this study as well as other projects during his directorship of the IDS, your continuing concern and care boosted my morale.

Any merits of this work are shared with the abovementioned. All shortcomings herein remain entirely mine.

M. H. de Vries.

## INTRODUCTION

In the decade 1975-84 considerable attention was given by a wide variety of persons and agencies in Tasmania to the review and/or evaluation of services provided to intellectually disabled persons and their families. Whether in the form of single case clinical case studies on the one hand or an in-depth review of the totality of services on the other hand, all such studies made observations, comment, or recommendations pertinent to effecting improvements in the manner services are provided, either in the small scale relating to particular programs or in the large scale relating to particular agencies, or in the macro scale relating to services as a whole.

The nature of the studies or reviews which have been undertaken and reported on is varied and comprises reports from individual staff and committees within agencies, reports from inter-agency committees, Federal, State, or joint boards of inquiries or committees of review appointed by governments, and reports from consultants. This illustrates the nature of material, mostly "in-house" and thus confidential, which has been provided to heads of service programs, agencies, Ministers, or Governments.

A review of the extant literature as well as personal communications reveals similar activity has taken place in other Australian States and other countries, and highlights



that whereas action on reports ensued elsewhere, resulting in further development and the re-organisation or re-structuring of services, there is a dearth of similar outcomes in Tasmania's services.

This study proposes, as a hypothesis, that a "Peak Council" - advanced in 1984 by the Joint Commonwealth&State Review into the Needs of Intellectually Disabled Persons (Foster Report) - for effective co-ordination of services to intellectually disabled persons and their families, is too limited in scope to achieve the desired outcomes. In brief, the Review recommended the establishment of a Peak Council comprised of the Heads of appropriate State and Commonwealth Government Departments in Tasmania and representation of the voluntary sector. Co-ordination of regional input would be served by the Council having three Regional Committees comprising the regional representatives of the Heads of Department and the voluntary sector as well as client/consumer representation.

The recommendations concerning the Council made no provision for the Council to operate with any statutory powers. Yet the proposed Council's major functions, as recommended, are of a co-ordinating nature. They include the development of public sector policy, oversight of voluntary sector policies, policy analysis, preparation of three to five year service development plans for the State as a whole, and advice on resource allocation.

The first chapter outlines the special needs for services of intellectually disabled persons and their families, and the development of these services. The findings of the major inquiries and reviews are considered in terms of service

delivery problems and deficiencies which might be obviated through the adoption of appropriate and task specific co-ordination strategies and structures.

Chapter two presents an overview of findings concerning co-ordination of government/public sector policies and services as reported by inquiries into public administration such as the Royal Commission on Australian Government Administration. The many agencies, both government and non-government, which provide services to intellectually disabled persons, need to recognise that these services cannot operate effectively in isolation. They form a part of the total program of human services for the collective community. As such they are subject to priority setting by the executive government and are required to interact with the central co-ordinating departments on such matters as the allocation of scarce resources. The problems of co-ordinating the formulation and implementation of public policy at this level are therefore explored against the background of "departmentalisation" and "departmentalism".

This is followed in chapter three by a review of the actions taken, in recent times, by several governments and their bureaucracies in an endeavour to resolve intellectual disability services delivery issues. The effective resolution of an issue should remove it from the political agenda. Enabling legislation passed in two States is considered in the context of their intentions regarding the co-ordination of services. The chapter concludes with a summary of the attempts, and their outcomes, of some Tasmanian ministers and their senior officers since the mid

1970s to achieve much needed co-ordination, particularly in the areas of planning and resource allocation.

The range of services provided to intellectually disabled persons in Tasmania by the major agencies is presented in chapter four, together with the relevant research data to illustrate the scale of the present services. The various legislative, policy and financial constraints on agencies are discussed. The per annum expenditure in Tasmania by the Commonwealth and the State Governments and the voluntary agencies on the provision of specialised, i.e. non-generic, services to intellectually disabled persons and their families is known to be considerable. The true cost of these services however has never been identified.

No agency in Tasmania has the responsibility for regular overall data collection on these services. An attempt to identify public sector expenditure on services from budget papers and annual reports to Parliament was unsuccessful. Contact was made with the agencies concerned but this added little additional information to that in the public domain. The published information is generally all-inclusive because costs of specific services are not recorded separately by agencies. Reports likewise fail to show the distribution within agencies of Commonwealth payments.

The aggregate data presented herein, covering the period 1975/76 to 1984/85, is limited to the component costs of the Intellectual Disability Services program of the Mental Health Services Commission. These, as well as the State grants paid to the voluntary sector services, are compared with similar

data for the services in Western Australia.

The concluding chapter draws together the salient features of co-ordination and the activities in the sphere of services for intellectually disabled persons which require to be co-ordinated. The need for establishing clear legislative provisions for services in the context of mandates and accountability is presented. It is contended that the over-arching co-ordination model recommended in the Foster Report, the Peak Council, comprised of the heads of government agencies and a representative of the voluntary sector, is unlikely to be effective in the current environment of "departmentalism". The measures necessary to improve that environment might also remove the need to establish the recommended Peak Council.

## **CHAPTER 1 - INQUIRIES INTO INTELLECTUAL DISABILITY SERVICES**

The days when agencies could be established along strictly functional lines with clearly demarcated domains providing, at least conceptually, for their unassailable autonomy, have long since passed. Governments and the managerial staffs employed in the public and private sectors, and especially in the voluntary welfare organisations, have long recognised the need for better mechanisms for the co-ordination of services delivery.

The reasons underlying the demands for co-ordination are usually several and arise from the complex structuring of those services which endeavour to meet hitherto established community needs and which are at the same time called upon to meet newly identified needs. However, problems encountered in the same service field in two or more countries, which could, according to official inquiries, be resolved through co-ordination, are not necessarily directly comparable.

This becomes clearly evident when one investigates the problems of delivery of a range of social services in various countries to a particular client group whose members have many characteristics in common. For the purposes of this study the client group of intellectually disabled people has been specifically selected. Whilst significant advances have been made in the last forty years or so in the study and

understanding of the nature of intellectual disability, there is still a considerable confusion about this "condition" in the general community. The problem is conceptual in that intellectual disability is not a single entity and describing or defining it is a complex matter.

Intellectual disability cannot be readily defined by adopting a purely and traditional social, or bio-medical, or psychological basis. As Hamilton has observed, it is more appropriate to regard intellectual disability as a socio--psycho-educational problem. This approach allows for intellectually disabled persons to

... be regarded as a part of that group of people who are unable to cope with the demands of their environment or society. The members of this group of socially incompetent people will vary from society to society and within the same society from time to time.<sup>1</sup>

For professional and service eligibility purposes, the specialist services agencies in Australia have now adopted the American Association on Mental Deficiency definition which states:

Mental retardation refers to significantly subaverage general intellectual functioning resulting in or associated with concurrent impairments in adaptive behavior and manifested during the developmental period.<sup>2</sup>

Delivery of services to intellectually disabled persons is therefore largely based on a set of generalised assumptions, which Schalock has, for the purposes of service planning, summarised as:

1. Persons with developmental disabilities are sufficiently different from people with other types of handicaps that a separate definition of them is warranted, and are sufficiently similar to each other that grouping them together within a single concept is appropriate and helpful.

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<sup>1</sup> G.J.L. Hamilton, "Appendix II - Notes on Definition of Intellectual Handicap", in *The Future Delivery of Services for People with Intellectual Handicap in Western Australia, Report to the Minister for Health, Prof. A. Beacham, Office of Minister for Health, Perth, 1982*, p. 62.

<sup>2</sup> Herbert J. Grossman (Ed.), *Classification in Mental Retardation*, American Association on Mental Deficiency, Washington, 1983 Revision, p. 11. For a descriptive review of the definition and application of the AAMD classification system, see also Sue Allen Warren, "Classification in Mental Retardation", *American Journal of Mental Deficiency*, 88 (January 1984):449-52.

2. Substantial impairment in childhood that interferes with the acquisition of basic skills is qualitatively different from acquiring the same impairment in adulthood. It is assumed that by being impaired in childhood, developmentally disabled individuals differ from other substantially handicapped individuals, not only during childhood, but throughout their lives.
3. By the very nature of being developmentally disabled, people are likely to be underserved, inappropriately served, or unserved.
4. By their nature, many developmentally disabled individuals have limited ability to be self-advocates and frequently require others to represent their rights.<sup>3</sup>

Carl Haywood, in addressing the American Association on Mental Deficiency in 1981, observed that intellectually disabled persons ... are vulnerable to a wide variety of negative social forces, most of which act either to limit their personal and psychological development or to limit their access to and participation in social institutions.<sup>4</sup> He proposed that, to achieve the service delivery system goal of a balance between maximum social participation and minimum social vulnerability, a dual process, of changing the environment to accommodate the needs of disabled persons and increasing the disabled persons' behaviour skills in order to cope with the environmental demands, is required.

Although intellectually disabled people represent but three per cent of a population, their needs are more diverse, thus making significantly disproportionate demands on a community's services. It is the extent of specialised interventions required from many agencies at the same time which leads to recognition of the need to co-ordinate the multiplicity of activities which are taking place or which are still required to take place.

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<sup>3</sup> Robert L. Schalock, *Services for Developmentally Disabled Adults - Development, Implementation and Evaluation*, University Park Press, Baltimore, 1983, p. 11.

<sup>4</sup> H. Carl Haywood, "Presidential Address: Reducing Social Vulnerability is the Challenge of the Eighties", *Mental Retardation*, 19 (August, 1981):192.

Australia's early history as a colony, and the many forces which led to the establishment of State and Commonwealth Parliaments and Governments and their subsequent development, contains many antecedents which explain the manner in which today's services are structured. As Reid has explained:

At its beginning, the propensity of Australia's small population to impose heavy responsibilities upon officials of state in a vast and inhospitable land was bound to produce variations in those norms of responsible government which were in the process of evolution in nineteenth century industrial Britain. For the colonists, the Australian environment looked much more hostile than the authority of government.<sup>5</sup>

Spann's observation on the developments in Australia following attainment of responsible government was that:

...some features of the old system survived. The existing structure of departments was only imperfectly assimilated to the new ministries ... The practice of giving public officials their own statutory powers, common before self-government, continued after it, and it was not an established convention that official heads of departments were subject in all matters to a minister. Indeed, in certain respects this has survived until the present day.<sup>6</sup>

The introduction of compulsory education, and in due course, the availability of ten years of education to all, has undoubtedly made an impact on society and added to its complexity. Many ensuing ramifications could not have been foreseen in the days when government administration was developing in Australia. Given the changing social, economic and, indeed, cultural circumstances, members of contemporary society exhibit different expectations and, to meet individual needs, are more ready to demand the provision of new forms of services from government.<sup>7</sup>

That the provision of government services and their administration is not a steady state is well recognised.

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<sup>5</sup> G.S. Reid, "Responsible Government and Ministerial Responsibility", in G.R. Curnow & R.L. Wettenhall, *Understanding Public Administration*, Allen&Unwin, Sydney, 1981, p. 41.

<sup>6</sup> R.N. Spann, *Government Administration in Australia*, Allen&Unwin, Sydney, 1979, p. 34.

<sup>7</sup> Thompson, in referring to cause/effect relationships, remarked that *...social purposes in modern societies increasingly exceed the capacities of complex organizations, and call instead for action by multiorganization complexes*. James D. Thompson, *Organizations in Action*, McGraw-Hill, New York, 1967, p. 157.



Much effort has been and continues to be devoted to developing a better sense of order in the structural arrangements of government services. The powerful influences of history and tradition however remain with us and prevent the complete and rational restructuring of many systems. As Wettenhall has remarked:

Many governments around the world display mixtures, sometimes very awkward ones, of the old and the new in bureaucratic architecture. And administrative systems have embraced countless new functions, largely in response to community pressures, so that they are forever expanding their frontiers and generating new and variegated specialised forms and procedures.<sup>8</sup>

It is clear that administrative organisation never stands still for long. Organisational growth as well as change occur in part as a result of outside stimuli, for example, in the form of pressures on government to provide new services or to alter the pattern or mixture of existing services; and in part as a result of the internal forces which operate within an organisation as a result of coping strategies such as the search for more efficient techniques in service delivery.<sup>9</sup>

There was a time when, to meet the need for a new service, it was considered easier to establish a new organisation rather than add the new service to the functions of one or other established department within the public service structure. Over a period of several decades, this has led to the proliferation of all manner of statutory bodies outside of the public service proper. The growth in the number of such bodies and the many inherent problems of exacting public accountability has in the past two decades led to a swing towards greater centralisation of government services within

<sup>8</sup> R.L. Wettenhall, *A Guide to Tasmanian Government Administration*, Platypus Publications, Hobart, 1968, p. ix.

<sup>9</sup> *Ibid.*

the traditional public service framework and the disestablishment of some highly specialised statutory authorities.<sup>10</sup> In the field of public sector human services delivery, where there has been an increasing growth of sub-organisational specialist functional units, more and more individual cases fall outside the criteria which were previously established by the agencies, in keeping with the body of knowledge and practices then current. One of the many problems which managers have to cope with is that research results in the field of human services and the bio-medical sciences become available and are made public at a much faster rate than the services can be re-organised or re-structured in order to cope with the new methods suggested by the research for meeting individual needs.

Agencies, whether public or private, require to have clearly identified eligibility criteria. These may serve several purposes such as ensuring that the service provided is within the agency's function, to enable forward planning and resource allocation. Research findings may result in enlarging the population of a client group because of changes in eligibility criteria. When a new method of treatment or a new approach to treatment is discovered then individuals, who believe that the new method or approach would be of benefit to them, will make representations to one or other agency to have that method or approach delivered to them.

In the case of those public sector agencies whose mandate for service delivery is set in legislation, there is currently an understandable reluctance on the part of senior management to

<sup>10</sup> The Number and Size of Departments, *Royal Commission on Australian Government Administration - Report*, (RCAGA Report), AGPS, Canberra, 1976, para. 4.3.28-33, p. 76-77.

seek amending legislation to enable the provision of a new form of service, which is a time consuming process, when it cannot be predicted as to how soon yet further research findings may become available leading to yet further needs to amend the legislation. In the case of programs at the Commonwealth level in Australia, the time between the making of recommendations relating to specific legislative measures and the enactment of those measures may take many years, and in some cases as long as a decade. For example, several of the many recommendations submitted to the Commonwealth Government in 1975 by the Task Force on Consultative Arrangements and the Co-ordination of Social Policy Development are only now being provided for in the *Home and Community Care Act 1986*. The Commonwealth Government's Home and Community Care (HACC) Program, first announced in 1984, is now the subject of a new Commonwealth-State Financial Agreement. This new federal legislation has replaced four separate Acts of Parliament<sup>11</sup> for specific forms of services jointly financed by the Commonwealth Government and the State Governments and includes new forms of services and new eligibility criteria, all of which will be administered by the Commonwealth Department of Community Services (DCS).

The transfer of certain functions from the Commonwealth Departments of Health and of Social Security (DSS) to the new Department of Community Services will in this case remove the need for co-ordinating mechanisms between two Commonwealth departments. However, administration of the HACC Program still requires a co-ordinating mechanism because it is a

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<sup>11</sup> These four Acts were: *Delivered Meals Subsidy Act 1970*, *Home Nursing Subsidy Act 1956*, *States Grants (Home Care) Act 1969*, and *States Grants (Paramedical Services) Act 1969*.

joint Commonwealth and State Program, involving several State agencies. It might be said that a federal or commonwealth system of government adds to the need for co-ordination. The problems posed by a federal system are not only confined to there being three distinct levels of government. The constitutional powers of each level and the conventional arrangements between them also add to the complexities of establishing any co-ordination of effort.

To the consumers and service providers alike it is cold comfort to know that the need for coordination of services and a degree of autonomy in the field of intellectual disability has been known to a succession of governments - in at least two States, Tasmania and Victoria - for over half a century.

In Tasmania, the House of Assembly in September 1920 appointed a Select Committee, chaired by the Premier, to consider and report to the House upon the Mental Deficiency Bill of 1920. The intention of the Bill was to enable the establishment of a statutory authority to be known as the Mental Deficiency Board. It is of interest, inter alia, that the Select Committee was able to undertake and complete its task, which involved the taking of evidence from two experts in this field and discussion with the Parliamentary Draftsman, and prepare its report to the House with Minutes of Proceedings all within the one day.

The Report proper consists of three paragraphs. The second paragraph states:

Your Committee finds legislation similar to that contained in this Bill has been adopted in Great Britain and America, and is of opinion that our present legislation is entirely inadequate in this regard, and that this Bill, should it become law, will meet a much needed want.<sup>12</sup>

The Minutes of the Committee's Proceedings show that the Committee considered the functions and the powers of the existing agencies such as the Education Department and a number of hospitals and other health institutions.<sup>13</sup> The Proceedings of the Select Committee clearly demonstrate that the Government's intention was for the Board to provide specific programs to meet the needs of its clients as well as to co-ordinate or 'correlate' the services then available in Tasmania.<sup>14</sup> The Bill was assented to on Christmas Eve, 1920, but did not come into operation until March 1922, the delay being due to the need not only to appoint the Board but to provide its administrative machinery.

In Victoria, a Mental Deficiency Bill was introduced into the Legislative Assembly in 1926, reached the second reading stage in 1929, but was never passed. This Bill was to provide for the establishment of a statutory authority to be known as the Mental Deficiency Board. The Board was to represent various community interests and was intended to consist of nine persons. A similar Bill was actually passed by the Victorian Parliament in 1939 but, as the newly established Department of Mental Hygiene contained within it a Mental Deficiency Branch, the 1926 Bill's provision for the

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<sup>12</sup> *Report of Select Committee, with Minutes of Proceedings and Evidence. The Mental Deficiency Bill, 1920.* Parliament of Tasmania, Document No. 43, Government Printer, Hobart, September 28, 1920, p. 2.

<sup>13</sup> *Ibid.*, p. 6.

<sup>14</sup> *Ibid.*, p. 4-5. The *Mental Deficiency Act 1920* was repealed and the Board abolished when the provisions of the *Mental Health Act 1963* came into force in 1967.

establishment of a Board were deleted. In the end the 1939 Act was never proclaimed.<sup>15</sup>

The current cycle of interest in the delivery of services to intellectually disabled people and their families, and the co-ordination of these services, has its origins in the early 1960s. It arose from major developments in the research on human learning, as well as the advances in the bio-medical fields such as in the differential diagnosis of a number of the conditions and their possible treatment, which flowed through to the public health field's services such as mass immunisation campaigns. It soon became clear that the traditional approach to 'treatment', largely one of providing supervised care and even the institutionalisation of many persons, was not the best approach.

In Tasmania, as a consequence of considerable pressure from groups of parents and the Retarded Children's Welfare Association (RCWA), the Education Department was able to obtain the necessary funds to assume responsibility for the operation of two special schools, built by RCWA<sup>16</sup>, and to establish new special schools. By 1969 the number of schools catering in the main for intellectually disabled children had doubled.<sup>17</sup> Similar developments occurred in the other States during the 1960s but in some the special education service was largely provided by the voluntary sector, with the assistance of Commonwealth subsidies.

Parri passu with the research developments, eleven leading

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<sup>15</sup> *Report of the Committee on a Legislative Framework for Services to Intellectually Disabled Persons*, (Rimmer Report), Health Commission of Victoria, Government Printer, Victoria, February, 1984, p. 7-8.

<sup>16</sup> Allister Matheson and David Hopkins, *HELP the HANDICAPPED to help themselves!*, Retarded Children's Welfare Association of Tasmania, undated publication.

<sup>17</sup> *A Review of Special Education*, Education Department, Government Printer, Hobart, 1983, p. 3.

professionals in this field in Australia attended the First International Congress on the Scientific Study of Mental Deficiency which was held in Copenhagen in August, 1964. On their return, the inaugural meeting of the Australian Group for the Scientific Study of Mental Deficiency (AGSSOMD) was held in New South Wales. This multidisciplinary professional body has continued to make a significant impact on the study and promotion of the development of services in Australia.<sup>18</sup> The private as well as the public lobbying undertaken by concerned professionals resulted in the Senate referring to its Standing Committee on Health and Welfare on 2nd September 1970 the matter:

The problems of, and the provisions for, assistance to, mentally and physically handicapped persons in Australia.<sup>19</sup>

That the lack of co-ordination of services delivery and of national resources became the focal point is no surprise. The President and the Executive Director of the Australian Council for the Rehabilitation of Disabled (ACROD) clearly addressed this issue. Their organisation's submission stated that:

... Australia as a nation needs to be in the business of co-ordinating and conserving human resources, capitalising the abilities of handicapped and disadvantaged people. ...

Co-ordination of government services and co-ordination between government and voluntary agencies would be easier if there was one Commonwealth Rehabilitation Act with one Minister and one government department responsible for the provision of all government services to the handicapped.<sup>20</sup>

Likewise, the submission made by the Australian Association for the Mentally Retarded contained a section devoted to co-ordination which, inter alia, contained the statement:

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<sup>18</sup> *Newsletter*, Australian Group for the Scientific Study of Mental Deficiency, 17 (December 1975):2.

<sup>19</sup> *Report on Mentally and Physically Handicapped Persons in Australia*, (Wedgwood Report), Senate Standing Committee on Health and Welfare, Commonwealth Government Printing Office, Canberra, Parliamentary Paper No. 45, 1971, p. 1.

<sup>20</sup> *Ibid.*, p. 304.

Without exception, every voluntary body and government agency is actively promoting expansion of existing services to achieve greater acceptance and involvement of the retarded in the community.

The prime need in all this activity is to co-ordinate actions and information in such a way as to ensure that every retarded person can receive the utmost benefit from the facilities that do or will exist.

At the same time such co-ordination will help to conserve public funds and allocate them in the most suitable manner.<sup>21</sup>

The Senate Standing Committee's inquiry was indeed a watershed for Australia's services to the disabled members of the community. It was the first and perhaps to date the most detailed inquiry into the needs of disabled people and the services provided. Notwithstanding any likely outcomes from this inquiry, professionals continued to advocate for public education and co-ordination of services. For example, to inform professionals of new developments, the Australian Association of Social Workers compiled a handbook for the use of professional people, in specialist and generic services, who were being consulted by parents of intellectually disabled children, and arranged for its publication in 1971 by a pharmaceutical firm. In the book's Preface, the then Director of the NSW Services for the Mentally Handicapped remarked:

Support and guidance of parents in the formulation of their ideas and plans presents some special problems because of the number of professions and services involved in providing the needed assistance. Until recently, in New South Wales, the avenues for help have been relatively undeveloped, or at least were very constricted, but one has become aware of a much increased interest and a more lively co-operation between the various professions in the field.<sup>22</sup>

The Senate Standing Committee's work and, no doubt, their careful attention to fine detail, did result in the loosening of the Commonwealth Government's purse strings, and the passing of new legislation which enabled the provision of new

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<sup>21</sup> *Ibid.*, p. 235.

<sup>22</sup> A.N. Jennings, "Preface", to *Social and Educational Aspects of Mental Retardation*, A Sandoz Publication, 1971.



programs. The *Handicapped Persons Assistance Act* (HPA Act), which brought together a number of federal financial assistance programs to voluntary organisations, came into force in 1974. To this extent there was an attempt by the Commonwealth Government to co-ordinate some of its own activities. The injection of additional funds into programs enabled the voluntary sector to expand or establish new facilities. It may be argued that it also encouraged the formation of new organisations which then applied for grants and subsidies, in the end leading to an even greater need at State levels to co-ordinate the activities of all agencies.

Whilst the Department of Social Security, responsible for the administration of the HPA Act, recognised the need to ensure that applications for funding were indeed necessary for the development of services, the legislation made no provision for formal co-ordination between the Commonwealth and various State governments. Funds flowed direct from DSS to the voluntary organisation which had applied for the grant or subsidy, without any State government agency necessarily being advised of this. The informal communication networks between officers of the Commonwealth and State bureaucracies at least allowed for opinions to be sought at an unofficial level.

Recognising the problems which might ensue from the growing proliferation of services provided by the voluntary sector, and to a more limited degree by the public sectors, and attempts to translate research findings into practice, ACROD in 1974 brought together a number of professionals and managers in the field to consider the recent studies and

their practical applications. In her overview of social policy development and planning, Lewis commented as follows on the services' recent experiences with inter-departmental and advisory committees:

When one observes the way in which services for the mentally retarded are organised in Australia it is apparent that co-ordination is required in order to develop comprehensive plans for services. It is not sufficient of itself, however, to set up inter-departmental committees and expect that this will achieve co-ordination. If a committee of this sort does not have clear goals and objectives (and "co-ordination" as a notion is not sufficiently clear and specific as a committee goal), if it does not involve members sufficiently senior to take action on the committee's recommendations, then it will not be viable. There are many so-called co-ordinating committees which are quite impotent but which provide a front behind which inefficient and ineffective organisations can hide while they are saying "we are co-ordinating". ... It is important to ensure not just that there are structures for co-ordination, but also that these are in fact achieving co-ordination.<sup>23</sup>

The then Director of the services for intellectually disabled persons in New South Wales made the point that the lack of implementation of recommendations as contained in reports after ten or more years had elapsed might suggest that ... *the recommendations were made without a full understanding of the structural problem within the organisations.*<sup>24</sup> He drew the delegates' attention to the first of eleven recommendations in the WHO's Expert Committee on Mental Health 1968 Report on the organisation of services for intellectually disabled people in which:

1. The Committee urges that in dealing with the problems of mental retardation, ministries of health should co-operate with other ministries, such as those of education and social welfare, and with all other relevant organizations, governmental and non-governmental. Governments should give close attention to developing suitable mechanisms for implementing such co-ordination.<sup>25</sup>

and he then observed that:

If in the light of new knowledge styles of services are outdated and if this calls for the restructuring of the service and more than this the complementary restructuring across departments, it calls for a high level of co-ordination.

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<sup>23</sup> Margaret Lewis, "Social Policy Research into Mental Retardation", in *Report on Seminar - Recent Studies into Mental Retardation and their Practical Applications*, Australian Council for Rehabilitation of Disabled, Star Printery, Sydney, 1974, p. 52.

<sup>24</sup> Alan N. Jennings, "Social Systems Research and Practice", in *Report on Seminar - Recent Studies into Mental Retardation and their Practical Applications*, op. cit., p. 60.

<sup>25</sup> *Organization of Services for the Mentally Retarded*, WHO Technical Report Series, No. 392, Geneva, 1968, p. 54.

Co-ordination is the great article of faith in mental retardation. I refer to Recommendation No. 1 of the WHO Report ... ( and virtually every other report). Perhaps, at the present time, this is more of an optimistic slogan than an effective way of solving problems across departments. Here, largely, we lack the means of co-ordination, or where there is some mechanism it seems to lack power and leadership qualities, because it lacks autonomy.<sup>26</sup>

He concluded his address by stating the need for researchers to assist government policy makers and administrators of the services, and warned that, with the volume of educational and behavioural research findings, this could be a formidable task.<sup>27</sup>

Since 1977, not less than eleven major reviews or inquiries were conducted by various governments or government agencies in Australia on intellectual disability services. There have been in addition a number of reports which have not been released and a much larger number of reports which deal with more specialised service areas including employment, special education, assessment, and early intervention. The reports describe a uniform picture of services which are fragmented, unco-ordinated and poorly resourced. Most address the need for a better co-ordination of the services provided by a multiplicity of government and non-government agencies.

Eight of the eleven reports<sup>28</sup> considered the need to re-structure the provision of services to enable a co-ordinated implementation of the required social policies. All recommended against a maintenance of the organisational status quo. Six<sup>29</sup> opted for a separation of the services from health or mental health administrations and recommended the creation of a strong central planning and co-ordinating body to oversee resource allocation and broad policy formu-

<sup>26</sup> Alan N. Jennings, *op. cit.*, p. 60.

<sup>27</sup> *Ibid.*, p. 61.

<sup>28</sup> See Appendix A for details.

lation, implementation and evaluation. Four<sup>29</sup> recommended the creation of a statutory authority having clearly prescribed functions.

As the erstwhile Director of the Division of Mental Retardation in Victoria has commented, the large number of reports suggest that intellectual disability is a problem area for governments and their bureaucracies in Australia.<sup>30</sup>

His keynote address to a conference of professionals opened with the statement:

If people with an intellectual disability and their families in Australia are to receive appropriate services, at least three things are essential. First, there should exist a body of knowledge containing a set of principles which conceptualize and define the problem and lead to clear directions for the provision of services. Second, there needs to be a statement of social policy containing objectives for service development expressed in terms that are comprehensible to the community, consumers, politicians and service providers. Third, there needs to be structure and organization with the mandate and capability of implementing those principles and objectives.<sup>31</sup>

The first of these major reports, the prototypic Report of the Victorian Premier's Committee on Mental Retardation on services in Victoria up to 1977, stated:

In the absence of any one body clearly responsible for providing overall planning and policy objectives, many service developments have tended to be unco-ordinated, leading to overlapping of services and consequent wastage of resources, while service continuity is not guaranteed and major areas of need remain unserved.

... The problem of continued unco-ordinated growth of services will increase in the absence of any significant clarification of the mandates of departments concerned; of shared policy objectives; or of initiation of alternative structures within which services can be developed.<sup>32</sup>

The Victorian Premier's Committee as a consequence recommended that an "Office of Mental Retardation" be created independent of the Public Service Act and responsible to Parliament through a senior member of Cabinet. It believed

<sup>29</sup> See Appendix A for details.

<sup>30</sup> Errol Cocks, "Roadblocks to Appropriate Services for Persons with an Intellectual Disability in Australia", *Australia and New Zealand Journal of Developmental Disabilities*, 11 (June 1985):77.

<sup>31</sup> *Ibid.*, p. 75.

<sup>32</sup> *Report of the Victorian Committee on Mental Retardation*, (Evans Report), Government Printer, Melbourne, 1977, p. 47.

that ... the necessary innovating, co-ordinating and managerial tasks can best be performed by a semi-autonomous authority created by separate statute.<sup>33</sup> Whilst the Bailey Task Force expressed reservations about "overlord" departments, the Victorian Premier's Committee held that the Office should have a

... decision-making role in relation to the services offered by a variety of government and community agencies. The Office should be responsible for the setting of the principles for provision of services by the Office, by Government departments and by community agencies. The implications of this policy are that servicing agencies would develop services and programmes which conform to the set policies. However, any proposals from departments and agencies which conflict with or change the guiding policies must be referred to the Office of Mental Retardation for consideration.<sup>34</sup>

The N.S.W. Anti-Discrimination Board, in its report on discrimination and intellectual handicap, noted ... a failure of diverse service-providing agencies to integrate and co-ordinate their activities within an overall plan.<sup>35</sup> and rejected as an option the re-activation of the Inter-Departmental Standing Committee on the Intellectually Handicapped, which had not met for three years. The Board perceived a need for a separate authority with overall policy responsibilities and other co-ordinating functions, except the provision of direct services because ... the likelihood of a conflict of interests between on the one hand the oversight and advocacy role and on the other, a service-delivery role is a compelling argument against creating a new agency with service-delivery functions.<sup>36</sup>

The Board recommended that a central planning and co-ordinating authority be located in the Premier's area of ----

<sup>33</sup> Ibid., p. 69.

<sup>34</sup> Ibid.

<sup>35</sup> *Discrimination and Intellectual Handicap*, (ADB Report), Report of the N.S.W. Anti-Discrimination Board, N.S.W. Government Printer, 1981, para. 9.18, p. 356.

<sup>36</sup> Ibid., para. 9.21, p. 357.

responsibility and that it act as the focal point for relevant State advisory bodies.<sup>37</sup>

The Government of Western Australian appointed a working party in February 1982, under the chairmanship of Professor Beacham, to advise it on how services for intellectually disabled people can best be provided if and when the existing services, provided by the Division for the Intellectually Handicapped (DIH), separated from the Mental Health Services. The working party found that DIH, ... *probably because of determined leadership, appears to have exercised some co-ordinating influence. If it has not exercised more, it is probably because it has lacked the authority to do more.*<sup>38</sup> It reported the need for a tighter co-ordination by a central authority and a clear demarcation of lines of responsibility between the specialist agencies in this field and between those agencies and the other public sector agencies.<sup>39</sup>

Five options for establishing a central authority for services were considered by the working party. It recommended the ... *creation of a statutory authority, responsible to parliament through a minister, and with responsibility for the care and welfare of, and delivery of services to, such intellectually handicapped persons as are referred, diagnosed and registered.*<sup>40</sup>

The South Australian Committee on the Rights of Persons with Handicaps, chaired by Mr Justice Sir Charles Bright, also

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<sup>37</sup> *Ibid.*, para. 9.22, p. 357-8.

<sup>38</sup> *The Future Delivery of Services for People with Intellectual Handicap in Western Australia*, (Beacham Report), Office of Minister for Health, Western Australia, 1982, p. 30.

<sup>39</sup> A.D. Taylor and H. Lowe, *The Western Australian Authority for Intellectually Handicapped Persons - Process and Outcome*, paper presented to Annual Conference of NSW Council for Intellectual Disability - "Co-ordination of Disability Service", Sydney, February 1986, mimeograph, p. 6.

<sup>40</sup> *Ibid.*, p. 10.

identified, in its report released in 1981, many service delivery problems and inadequacies arising from the absence of adequate co-ordination of the services provided by many organisations to individual persons with an intellectual disability. The Committee made numerous recommendations for legislative or policy measures aimed at promoting the rights of intellectually disabled persons and considered ... *that there must be substantial changes in State Government administrative structures for the continued promotion of those rights and the co-ordination of services ...*<sup>41</sup>

It saw the Attorney-General, who by tradition is the guardian of the rights of citizens, as the most appropriate Minister to have special responsibilities and thus the ability ... *to cut across Ministerial responsibilities in particular areas, to ensure the best possible policies for persons with physical or intellectual handicaps.*<sup>42</sup> The Committee recommended the establishment of a statutory authority as a corporate body ... *with a legislative mandate to ensure comprehensive and co-ordinated services for intellectually handicapped persons, and the ability to negotiate with other organisations, contract for services and subsidize services.*<sup>43</sup>

Some nine months before the Bright Committee reported to the Attorney-General of South Australia, the Minister for Health appointed a committee, under the chairmanship of Dr W.T. McCoy of the SA Health Commission, to review the services provided by all agencies to intellectually disabled people in

<sup>41</sup> *The Law and Persons with Handicaps - Vol. 2: Intellectual Handicaps*, (Bright Report), Committee on Rights of Persons with Handicaps, Government Printer, South Australia, 1981, p. 238.

<sup>42</sup> *Ibid.*, p. 241.

<sup>43</sup> *Ibid.*, p. 246.

South Australia. The review was unable to obtain comprehensive data on matters such as the prevalence of intellectual disability in that State and the total expenditure on services. Whilst the Health Commission's 1980/81 expenditure on its specialised services to some 3,700 intellectually disabled clients was identified to have been \$15.76 million, the review estimated the total expenditure of all major agencies on services to be \$35-\$40 million.<sup>44</sup>

The review evidenced certain characteristics of the services network including ... *the lack of consultative mechanisms between Federal and State governments over policy and funding issues ... and ... the multitude of departments and agencies which are involved in service provision with no real central coordinating agency having an overall responsibility for policy development and strategic planning.*<sup>45</sup> The seventy five recommendations submitted by the review include not less than fifteen which are concerned with co-ordination of services as a whole as well as the specific forms of services. In relation to overall co-ordination of services, it recommended that this be the responsibility of the Minister of Community Welfare, to whose department the special services provided by the Health Commission should be transferred.<sup>46</sup>

In 1980, the Victorian Government approved the establishment of a regionalised Mental Retardation Division (MRD) within the Health Commission of Victoria. In June 1983, the

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<sup>44</sup> *A New Pattern of Services for Intellectually Handicapped People in South Australia*, (McCoy Report), SA Health Commission, Government Printer, South Australia, 1981, para. 3.40, p. 26, and para. 3.85, p. 41.

<sup>45</sup> *Ibid.*, para. 3.86, p. 43.

<sup>46</sup> Recommendation 3., *Ibid.*, p. vii.



Minister of Health appointed a committee to make recommendations on legislation enabling delivery of services. This committee reported that it *... believes that there is overwhelming evidence of the need for better co-ordination of services to intellectually disabled people in Victoria.*<sup>47</sup>

The committee recommended that an Intellectually Disabled Persons' Services Act be enacted to provide, inter alia, for the creation of an Office of Intellectual Disability Services within the Ministry of Health but separate from the Health Commission. The Minister and the Office, it recommended,

should be given a legislative mandate generally to direct and co-ordinate policy formulation, planning, resource allocation, program development, program implementation and evaluation for Victorian government services to intellectually disabled people.<sup>48</sup>

Whilst services planning and budgetary processes inevitably take time, human services agencies are especially at risk of stagnation when the bureaucratic environment is fragmented and unco-ordinated. Efforts by individual staff in the Tasmanian public and voluntary sectors to effect change in the intellectual disability services sphere achieved little aside from the customary incremental advances. A major concern to the Commonwealth Government in the mid 1970s was that funds allocated for Tasmania's voluntary sector, through the three-yearly Handicapped Persons Welfare Program, remained largely uncommitted as the true priority for services development was not known. In an endeavour to introduce much-needed co-ordination of services for disabled people in 1977, three un-linked and autonomous Regional Committees for the Handicapped were established<sup>49</sup> as well as

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<sup>47</sup> Rimmer Report, *op. cit.*, p. 37.

<sup>48</sup> *Ibid.*, p. 50.

<sup>49</sup> See pp. 83-5 and Appendix B for further detail.

a short-lived Inter-Departmental Co-ordinating Committee on Handicapped Services.<sup>50</sup>

The concern of parents over the lack of provision for new services for intellectually disabled school leavers entered the public political arena and the Minister for Community Welfare was reminded by the Opposition spokesman in September 1978 of an earlier assurance that an inquiry would be established but no action ensued.<sup>51</sup> The Talire School P&F Association's AGM, held on 2 November 1978, resolved to request the State Government to investigate a parliamentary inquiry into the needs of the handicapped in Tasmania and that the matter be treated as urgent.<sup>52</sup> A delegation met the Minister for Health on 9 November, on which day the Opposition gave Notice of Motion in the House of Assembly calling for the appointment of a Joint Committee. Following three hours of debate on November 15th, the Government announced that it would set up an independent Board of Inquiry.<sup>53</sup>

The Board of Inquiry, consisting of two members, met throughout 1979 and submitted its Report, containing 113 recommendations, to the Governor in March 1980.<sup>54</sup>

On administration and co-ordination of the diverse services, the Board recommended the establishment of a State Advisory Council for the Handicapped<sup>55</sup> comprised of the representatives of the public and voluntary sectors and the Regional

<sup>50</sup> See p. 77 and Appendix G for further detail.

<sup>51</sup> "Handicapped report considered", *Examiner*, September 27, 1978.

<sup>52</sup> "Urgent call for probe", *Mercury*, 3 November, 1978.

<sup>53</sup> "More help for handicapped", *Examiner*, November 16, 1978. For the Notice of Motion see Appendix J.

<sup>54</sup> The terms of reference and the Board's recommendations concerning the administration and co-ordination of services are set out in full in Appendix J.

<sup>55</sup> See Appendix H for information concerning this Council.

Committees for the Handicapped, the Council to be supported by an executive/liaison unit which should be established within the Premier's Department to ensure it could obtain the broad overview necessary for the formulation of government policy. The Board believed ... *that a mechanism must be established by which the departments co-operate together in determining policy, in implementing programmes, in allocating proportions of their budgets and in allocating new money to provide for handicapped people.*<sup>56</sup>

Despite of the detailed proposals on such a 'mechanism' which the Board received from several agencies and interest groups, the Report continues with the statement

4.6 Rather than make specific recommendations in this instance, the Board recommends that the State Government direct the Heads of the Departments of Health Services, Education and Social Welfare and the Mental Health Services Commission to present an administrative formula by which they could better co-ordinate their common responsibilities in the interests of handicapped people.

and subsequently recommended ... *that co-ordination between State Government departments in the field of the handicapped should depend upon the leadership of senior government officials.*<sup>57</sup>

In relation to ministerial responsibility for services, the Board expressed its view that the multiple problems of handicapped people should be

... adequately catered for and not left to a 'hit or miss' administrative structure designed for people who have uncomplicated problems. One possibility therefore for ministerial responsibility would be to have this shared between a number of Ministers. A sub-committee of Cabinet could be specially convened to consider submissions, policy decisions and allocation of funds for programmes for handicapped people within the State of Tasmania. It would be possible for this Cabinet sub-committee to work closely together with the group of officials that the Board has proposed in the preceding recommendations.<sup>58</sup>

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<sup>56</sup> Report of the Tasmanian Board of Inquiry into the Needs of the Handicapped, (Webster Report), Government Printer, Tasmania, 1980, para. 4.5, p. 22.

<sup>57</sup> Ibid., paras 4.6-7, p. 22.

<sup>58</sup> Ibid., para. 4.9, pp. 22-3.

The Board further recommended the establishment of a Handicapped Persons Advice Bureau in each of the three regions, the staff appointed to fill this role also acting ... as a co-ordinating officer between the various agencies and departments within the region and maintain a proper flow of information between the Regional Committees and the State Advisory Council.<sup>59</sup>

On evaluation and accountability the Report states

Evaluation is one of the mechanisms through which organisations may be called to account for the services they provide. Governments are accountable to the people for the allocation of the Community's resources; they should also be judged on whether the services they provide for handicapped people actually meet their needs and reach all those entitled to services. Financial accounting is an insufficient audit of government funded services.<sup>60</sup>

The Board found ... that the issue was a sensitive one and that it was difficult to establish what degree of accountability existed in Tasmania, and observed that ... a situation has developed where programmes supported by government have developed on an ad hoc basis - political decisions over-riding demographic and needs data.<sup>61</sup>

Cognisant of the role of the Regional Committees, the Board observed that, if these are to be effective, they need an improved information base, more administrative support and more direct say in the allocation of financial resources.<sup>62</sup>

Many professionals in the field of intellectual disability had identified, for the Board, the main problems as being the lack of policy statements, the lack of a government agency having clearly stated functions and a State-wide executive responsibility, and the lack of a body responsible for

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<sup>59</sup> Ibid., para. 4.11, p. 23.

<sup>60</sup> Ibid., para. 15.29, p. 134.

<sup>61</sup> Ibid., para. 15.32, p. 134.

<sup>62</sup> Ibid., para. 15.34, p. 134.

co-ordinating the implementation of programs by agencies and evaluating their performance.<sup>63</sup> The Board thus suffered great loss of credibility following release of its Report when it was noted that the chapter concerned with administration, slightly exceeding one page in length inclusive of the five recommendations, had failed to address these main problems.

The demand for services in Tasmania continued to grow, with one suspects equal pressure being applied to both the Commonwealth and the State Ministers responsible for services, leading to the two Ministers agreeing in late 1983 to conduct a joint review of the Tasmanian services for the purpose of advising both Governments. The review was also seen to have the added benefit of obtaining detailed information for the national Handicapped Programs Review (HPR), that review being conducted contemporaneously by the Minister for Social Security. The Joint Review, hereinafter referred to as the Foster Review, recognised a need to provide for an effective co-ordination of the efforts of all agencies involved in service delivery in Tasmania.

In relation to action which might be profitably taken by the two Governments, the Foster Review recommended the establishment, at least for the short term, of a Peak Council or Ministerial Advisory Committee comprised of the Heads of appropriate State and Commonwealth Government Departments in Tasmania and representation of the voluntary sector. Co-ordination of regional input would be served by the Council having three Regional Committees comprising the

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<sup>63</sup> *Need for a Coordinated State Service for Intellectually Handicapped Persons*, Submission to Board of Inquiry into the Needs of the Handicapped, Australian Group for the Scientific Study of Mental Deficiency (Tasmanian Branch), 1979.

regional representatives of the Heads of Department and the voluntary sector as well as client/consumer representation.<sup>64</sup>

The fourteen recommendations concerning the Council made no provision for the Council to operate with any statutory powers or executive powers granted by a Cabinet Directive. Yet the proposed Council's major functions, as recommended, are of a co-ordinating nature. They include the development of public sector policy, oversight of voluntary sector policies, policy analysis, preparation of three to five year service development plans for the State as a whole, and advice on resource allocation.

It found that in ... addition to those government services which already have specialist functions, such as the special education services and the adoption and fostering services, there is a need for one government agency to have a wider responsibility.<sup>65</sup>

The Foster Review's Report states that this agency ... ought to have clearly stated functions, objectives and responsibilities within the context of the government's broad policy and strategy and the general inter-agency oversight by the "Peak Council" and recommended that the Intellectually Disabled Persons Services<sup>66</sup>

... have the authority of the government and the "Peak Council" to direct and coordinate the detailed policy formulation, planning, resource allocation, services program development, implementation and evaluation for Tasmanian government services to intellectually disabled people.<sup>67</sup>

<sup>64</sup> Report of the Joint Commonwealth&State Review into the Needs of Intellectually Disabled People in Tasmania, (Foster Report), Department of Social Security, Tasmania, 1984, paras. 2.10.7-10, pp. 42-44, and paras 17.3.3-7, pp. 445-8.

<sup>65</sup> Ibid., para. 17.8.2, p. 467.

<sup>66</sup> An alternate title preferred by the Joint Review for the Intellectual Handicap Services, of the Mental Health Services Commission, re-named Intellectual Disability Services in 1986.

<sup>67</sup> Foster Report, *op. cit.*, para. 17.8.3, p. 467.

Given the considerable Commonwealth expenditures in this field, and that these funds flow direct to voluntary agencies, the issues of constitutional responsibility for delivery of these services and of co-ordinating the allocation of resources of the three tiers of government, and the voluntary sector, require to be addressed.<sup>68</sup>

Related to the question of constitutional powers, there remains an uncertainty about the Human Rights Commission's responsibilities and Australia's observance of the diverse U.N. Declarations which it has signed.<sup>69</sup> An attempt was made by the Council of AGSSOMD in 1983-84 to clarify this matter with the Premier of each of the States. The Minister of Health for South Australia informed the Council that

...  
The Federal Human Rights Commission Act schedules the United Nations Declaration on the Rights of Mentally Retarded Persons. The Human Rights Commission is then empowered to report to the Minister as to actions which Australia needs to take in order that the provisions of the Declaration are complied with (see Section 9 of the Act).

There is no specific power, for constitutional reasons, for the Human Rights Commission to involve itself with State Legislation, but, clearly by persuasion and discussion it would be able to influence development in particular States.<sup>70</sup>

and the Secretary of the N.S.W. Premier's Department stated that

...  
This State endorses the Declaration in principle, but it is merely intended as a guideline and there is no obligation upon any country or state to abide by it.

...  
The Government's commitment to people with intellectual disabilities has resulted in the recent establishment of the Disability Services Co-ordination Unit in the Premier's Department.<sup>71</sup>

It was also established that discussions had commenced ...  
*between the Commonwealth and the States with the view to*

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<sup>68</sup> *New Directions*, (Grimes Report), Report of the Handicapped Programs Review, AGPS, 1985, pp. 104-6.

<sup>69</sup> The Handicapped Programs Review recommended ... *that the Attorney-General and the Human Rights Commission consider the merits of: ...\* strengthening the rights of people with disabilities to generic and special services at both the Commonwealth and State levels;....* Ibid., p. 123.

<sup>70</sup> John Cornwall, MLC, Minister of Health, South Australia, letter reproduced in *Newsletter*, Australian Group for the Scientific Study of Mental Deficiency, 6 (May 1985):8.

<sup>71</sup> Leone Healy, Premier's Department, New South Wales, *Ibid.*

establishing uniform legislation throughout Australia covering the matters contained in the United Nations Declaration. ... but no indication as to the likelihood of success could be given.<sup>72</sup>

The Handicapped Programs Review (HPR), chaired by Senator Grimes, the then Minister for Social Security, also considered the issue of Commonwealth and State responsibilities and recommended

... that the Commonwealth initiate discussions with the State and Territory Governments to consider:

. ...

. a clearer definition of the respective roles of the Commonwealth and the States with regard to services for people with disabilities; and

. establishing broadly representative Commonwealth/State planning and program review mechanisms, with particular emphasis on consumer involvement at the State, regional and local levels.<sup>73</sup>

The HPR team's views on possible options for a division of responsibilities are set out in Appendix K.

It is arguable that these issues should be left for separate negotiations between the Commonwealth and each of the States and Territories. Separate agreements could lead to inequities.

Enabling legislation in any field should provide a degree of flexibility to facilitate innovative approaches. One might however contend that an agency's mandate to "co-ordinate" ought to be carefully defined in order to restrain the adoption by "co-operating" agencies of power play tactics. If the boundaries of the tasks and programs which are to be co-ordinated are vague, then the participants face the

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<sup>72</sup> J.J. Murchison, Premier's Department, Queensland, *Ibid.*

<sup>73</sup> *New Directions, op. cit.*, p. 121.



inherent risk of the process of co-ordination becoming a process of control. Despite of any detail contained in their instruments of appointment, agency representatives may resort to "delegate behaviour" if the agency's autonomy is at stake. The giving of a wide mandate to one agency without appropriately amending that of other agencies may be an invitation to yet further inquiries.

For the intellectual disability services which do not have recourse to explicit statutory mandates, and which form a part of a larger agency having several and diverse objectives, it would appear that the most immediate need is the vesting of an authority to communicate direct with their Minister and other agencies. The acquisition of co-operation from others is totally dependent on communication. The rank order occupied by the service program within the total welfare policy, if stated at all, is of lesser importance.

The use of formal hierarchical lines of communication, upwards, across, then downwards, is an inhibiting factor as the co-operation being sought from others may be constrained, if not restrained, by questions of territorial domain. Communication of this nature is known to be subject to selective editing. Crucial information may be lost in this process to advance a higher level point of view, which seeks to protect or advance a different order of priorities. The initiator seldom has effective and legitimate countermeasures at his disposal, such as a call for accountability. How other parts of the public sector cope in their spheres of operation might provide useful indicators for reform. This is further explored in the following chapter.

## CHAPTER 2 - INQUIRIES INTO PUBLIC SECTOR

### CO-ORDINATION

It would be wrong to assume from the foregoing that problems with co-ordination of services are confined to the specialised services for disabled people or that they only feature prominently in the fields of health and welfare. This is not so. In June 1974, the Royal Commission on Australian Government Administration (RCAGA), under the chairmanship of Dr H.C. Coombs, was appointed to:

... inquire into and report upon the administrative organization and services of the Australian Government, and in particular --

- (1) the purposes, functions, organization and management of Australian Government Departments, statutory corporations and other authorities and the principal instruments of co-ordination of Australian Government administration and policy; ...<sup>1</sup>

On the matter of co-ordination, the RCAGA found a great deal to report upon. References are made throughout the Report to co-ordination, consultation, and the provision of advice. The Commission found there was wide agreement ... *that departments should be organised around a coherent function and that, as departments increase in number, the problems of co-ordination become more difficult.*<sup>2</sup> It had been pressed on the Commission that more effective co-ordination of related government activities would be possible by reducing the number of Commonwealth departments to about fifteen.

The Commission recognised the problem of inflexibility which

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<sup>1</sup> "Letters Patent", in *Royal Commission on Australian Government Administration - Report*, op. cit.

<sup>2</sup> *Ibid.*, para. 4.3.28, p. 76.

tends to beset very large organisations more than small, and that a small department, with its tighter esprit de corps, has greater capacity for concentrated effort. Cognisant of the problem of proper ministerial control when a department is very large, the Commission was advised that there is probably no constitutional bar to the appointment of assistant ministers. Another approach to co-ordination would be that of grouping departments by function whereby ministers are required to administer their departments in accordance with the policies laid down by a co-ordinating minister who would be a senior Cabinet minister.<sup>3</sup>

Problems of a special nature arise in the case of statutory advisory bodies whose role covers ground which a department can still regard as its responsibility. The status of either agency however does not preclude the minister from seeking advice from other sources. A situation where agencies have some overlap of roles calls for such agencies to establish a close working relationship. The Commission held the view that the minister(s) should foster consultation and collaboration between agencies, and to give guidance on the roles of each; it may be necessary to specify functions more precisely in legislation, or to abolish an agency altogether, if an acceptable delineation of functions cannot be achieved.<sup>4</sup>

Co-ordination of the work of departments and statutory bodies might also be enhanced by appointing departmental officers to the governing boards of statutory bodies. The instrument of appointment needs to be precise to obviate future disputation

<sup>3</sup> *Ibid.*, paras 4.3.34-35, p. 77-78.

<sup>4</sup> *Ibid.*, para. 4.4.23, p. 89.

as to whether the officer is appointed in a personal capacity or to represent the departmental viewpoint. The Commission found that conflicts of loyalties can occur and that... *knowledge of the influence of the departmental member on the minister may discourage candour among other members of a statutory body in deliberative processes.*<sup>5</sup>

The Commission was also concerned with the provision of advice to ministers and government officials by members of the community and the role of non-government organisations such as voluntary agencies. A number of special structures exist which may take the form of statutory bodies and these have been found to be useful in facilitating interaction between government officials and ministers and the community. These institutions have not all been equally successful. Problems have emerged between them and traditional departments about lines of accountability to ministers and respective roles, especially where one seeks to forge a direct relationship with clients of a department.<sup>6</sup>

Determining the composition of such an institution/statutory body needs to take account of its functions to ensure selection of appropriately 'qualified' members representing agencies and interest groups, without it becoming so large as to be unmanageable. The Commission found it ... *is too easy for such bodies to become captive to particular interests or forms of expertise, so preventing other interests or forms of expertise being heard effectively.*<sup>7</sup> It believed there are no universally applicable answers and recommended that the

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<sup>5</sup> *Ibid.*, para. 4.4.25, pp. 89-90.

<sup>6</sup> *Ibid.*, para. 6.3.5-21, p. 138-142.

<sup>7</sup> *Ibid.*, para. 6.3.14, p. 140.

membership of institutions having ... some form of 'representation' of client groups be kept under review.<sup>8</sup>

On behalf of the Commission, Bernard Carey undertook a survey to study inter-departmental committees (IDC) as instruments of co-ordination in policy formulation and administration. At an early stage in the analysis of the data it became apparent that the quantitative data would be neither reliable nor very useful.<sup>9</sup> Important insights were provided ... for instance, most IDCs were established on the initiative of departmental managements rather than by the government or its representatives; ...most committees do not permit public access to their written results.<sup>10</sup>

In his IDC case studies for the Commission, Dr Matthews considered the work of the IDCs on Japan which had been established in 1970 by Cabinet. The first IDC consisted of permanent heads or their deputies and its task was to examine how policy towards Japan might best be co-ordinated. There was no requirement to report its findings to Cabinet.

Dr Matthews questioned the meaning of 'co-ordination of policy' and asked ... was External Affairs seeking the co-ordination of policy recommendations before they are presented to Cabinet, the co-ordination of policy making at the Cabinet level, or the co-ordination of policy implementation?<sup>11</sup>

Dent's study of the IDC on overlap in Australian Government Grants to local bodies is most informative in relation to the

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<sup>8</sup> Recommendation 86, *Ibid.*, p. 419.

<sup>9</sup> RCGA Report, *op. cit.*, Volume Four, p. 291.

<sup>10</sup> *Ibid.*, pp. 291-2.

<sup>11</sup> *Ibid.*, p. 294.

psychology of power plays which may take place in the work of an IDC. He highlighted the lessons to be learnt from establishing two bodies with overlapping functions. The mid-70s saw the existence side by side of two bodies - the Regional Organisations of Councils (ROC) established by the Department of Urban and Regional Development (DURD) under its Area Improvement Program and the Regional Councils for Social Development (RCSD) set up by the Social Welfare Commission (SWC) under its Australian Assistance Plan. In brief, the ROCs and the RCSDs advised their respective government agency on local government/community social needs.

Dent found that the relationship between the ROCs and the RCSDs had been stormy, and often bitterly so. He observed ... *this is not so difficult to understand if both organisations are seen as aiming to contribute to the power play involved in co-ordinating (and in my opinion, controlling) expenditure of Australian Government funds in regions.*<sup>12</sup> Protracted negotiations between DURD, DSS and the SWC to rationalise the relationships between the two structures resulted in the membership of these two being informed by letter that the regional organisations were separate and equal and that each regional body should be given the opportunity to comment in advance on projects proposed by the other regional body.<sup>13</sup>

According to Dent the 'lives' of departments were at stake, i.e. the programs which were subject to frequent disputation. The battleground of the IDC he saw to be part of the war between systems to control Australian Government expenditure.

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<sup>12</sup> *Ibid.*, p. 311.

<sup>13</sup> *Ibid.*

The deeper issue was that of control by the Treasury and the emerging much more widely dispersed system of control through organisations committed to planning and co-ordination.

The Whitlam Government's introduction of new and complex policies on social welfare and urban/regional development and the client group oriented policies cut directly across the functions of existing structures of the Government's bureaucracy as well as across the traditional government and non-government areas. The policies were also put into action far too quickly such that their implications on the structures and the 'machinery of government' questions were never explored nor asked. Confusion abounded and there were increasing accusations of particular programs or specific departments trying to take over in areas which traditionally were the bailiwick either of other government departments or levels of government.<sup>14</sup>

The IDC established by Cabinet in June 1974 to rationalise the making of Government Grants to local bodies itself became a battleground, the more so as Treasury originally had not been included in the IDC. Dent reported that the capacity of the IDC to avoid decision making - when agreement could not be reached between the warring parties - decisions which seemed to act against one side were avoided. The arguments of all sides were incorporated into the IDC's report. To the members of this IDC, resorting to the ministerial level, or even to Cabinet, for resolution of major impasses, was a sign of failure.

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<sup>14</sup> *Ibid.*, p. 312.

Carey's report to the RCAGA on IDCs concluded that the 'traditional' IDC is not an effective means of providing policy advice to the government. None of the committees studied had been successful in developing policy advice that was any more than a modification of the viewpoint of one of the departmental members.

'Delegate behaviour', the practice of officials speaking only as the representatives of departments rather than on the basis of their individual capabilities, must be recognised for what it is and it can be counter productive if not very destructive. The case studies found that the productive aspects of delegate behaviour are most appropriate to the task of an IDC concerned with analysing implications of policy proposals for the range of policies currently administered by the departments involved. Nevertheless the consensus motivation on IDCs must be taken into account. Delegate behaviour is a disadvantage for policy innovation and is often incompatible with the compromise and creativity necessary to resolve conflicts satisfactorily.

The report noted that the policy 'advice' presented to a government by an IDC subject to delegate behaviour will be seriously lacking, and that the search for consensus out of conflict and dissension is often a futile quest. The stalemate in deadlocked committees may persist for many months.<sup>15</sup> IDCs with predominantly administrative functions did not experience the same conflict, delays and unsatisfactory outcomes as did the policy-oriented committees. However, in most cases the constructive work was

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<sup>15</sup> *Ibid.*, pp. 334-5.



done by the convening department and it appeared that they may at times be superfluous.<sup>16</sup>

The case studies evidence demonstrated the need for committees to have adequate guidance in their tasks in the form of clear, explicit and closely-defined terms of reference or a precise and indisputable brief. Carey also recommended that:

Where a single option policy development advice is required in a policy area involving the interests of more than one department and where conflicting advice could reasonably be expected .... a (Departmental Delegates Committee) should be established to report ... on the implications for other policies and programs ... (such report to) be used as a starting point by a task force established to achieve a greater degree of creativity and compromise in its policy advice.<sup>17</sup>

Shortly after receiving the RCAGA Report Cabinet appointed the Task Force on Co-ordination in Welfare and Health, under the chairmanship of Mr P.H. Bailey who had been one of the Commissioners of the RCAGA. The Task Force confirmed the findings of other bodies of inquiry and reported that

While the co-ordinating arrangements within departments, and between departments and the States, are numerous, reasonably comprehensive and developing, those between departments in the health, welfare and community development fields are few in number and usually about issues with relatively minor policy significance.<sup>18</sup>

It found that whilst more than 300 co-ordinating or consultative arrangements were in existence in 1977, ... *there was not one body which could be described as having the role of co-ordinating social policy development, or even of co-ordinating development of policy between two departments.*<sup>19</sup> There were less than half a dozen committees, concerned with client groups, which typically contained individuals obtaining assistance from more than one department.

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<sup>16</sup> *Ibid.*, p. 337.

<sup>17</sup> *Ibid.*, p. 338.

<sup>18</sup> *Second Report: Consultative Arrangements and the Co-ordination of Social Policy Development*, (Bailey Report), Task Force on Co-ordination in Welfare and Health, AGPS, Canberra, 1978, para. 167, p. 75.

<sup>19</sup> *Ibid.*

The Task Force found there was a need for machinery to co-ordinate social policy development, the absence of which had been conducive to the development of fragmented policy and of overlap or gaps in administration. Departments are not structured to cope well with development of policies for client groups as well as the development of a co-ordinated social policy. *These ... deficiencies relate to activities which are not the function of any one existing department, and could not be without making that department in some sense an "overlord".*<sup>20</sup>

Departments with their functional emphases do not have a mandate to discharge broad overall policy development functions extending into the areas of other departments. To give such a mandate to one department was taken to be unacceptable in theory and unworkable in practice.

Regarding policy for client groups, the Task Force identified the need for machinery which facilitates co-ordination of departmental thought. The object is to develop policies that can be followed in a coherent and co-ordinated fashion by the functional departments, thus avoiding the emergence of inequities between the various client groups.

The normal practice has been to locate an office or bureau serving a special client group in a department whose functions are most nearly associated with it. This carries the *... inherent risk that it will become excessively concerned with the affairs of that department, or cease to have much effect beyond the department.*<sup>21</sup> But each of the

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<sup>20</sup> *Ibid.*, para. 171, p. 78.

<sup>21</sup> *Ibid.*, para. 177, p. 81.

special client groups has needs which extend beyond the functions of one department, and it is not possible under the existing arrangements either for them to obtain satisfaction or for governments to provide all that is required. Therefore client group offices which administer programs, when located in a department, tend to overlap the activities of other departments.

The Task Force was unequivocally opposed to the creation of a department for each special client group, each such department administering all the relevant services required by that group. It believed that, as social awareness develops, the demands of special groups for their own programs will, if anything, increase rather than diminish.<sup>22</sup>

The Task Force thus recommended that the social policy field should be treated as an entity in itself and that there is recognition by government of the interrelated and interdependent character of policies and programs in these fields. It therefore favoured the formation of a Ministerial Committee which brings together the ministers concerned, this committee to be chaired by a senior minister not having a portfolio in any of the fields concerned. The business of this committee would be determined by the Prime Minister, or the Cabinet itself, and the Chairman, but it would also be desirable for it to have authority to review material coming up from departments prior to the preparation of Cabinet submissions. It would not assume the role of Cabinet in the determination of top policy issues.<sup>23</sup>

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<sup>22</sup> *Ibid.*, para. 179, p. 82.

<sup>23</sup> *Ibid.*, paras 209-11, pp. 96-7.

A standing committee of the permanent heads of the relevant departments would advise on and assist in the co-ordination of social policy development. It would serve as the clearing house for the Cabinet Committee, be able to assign tasks to sub-committees, and be responsible for the supervision of the work of the officer level support group.<sup>24</sup> It was suggested that the officer level support to these structures might be provided by the creation of a special new department headed by a Minister of Social Welfare (or Development) as recommended by the RCAGA.<sup>25</sup>

In general terms, the proposed Ministry of Social Welfare/Development would have responsibility for co-ordinating government policy and administration in the broad field of social policy.

A second option was that of amalgamating the existing Departments of Health and of Social Security. Cognisant of the problems reported with such a structure in Britain and opinions that the relevant professional groups are not yet ready for amalgamation into a single administrative unit led the Task Force to conclude that this option might be more appropriate for the future.

As a minimum response, the Task Force suggested the appointment of a small Social Policy Unit, preferably located in the Department of the Prime Minister and the Cabinet, for an initial period of two to three years. The Unit's functions would be to support the proposed Cabinet Committee, to assist the proposed Permanent Heads Committee in carrying

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<sup>24</sup> *Ibid.*, paras 212-16, pp. 97-9.

<sup>25</sup> Recommendation 285, RCAGA Report, *op. cit.*, para. 10.3.23, p. 330.

out its tasks including those of any sub-committees it might establish, and to ensure the co-ordinated development and review of social policy.<sup>26</sup>

The Task Force held the view that the new three-tiered machinery it proposed for co-ordination should be able to play a mediating and constructive role where there is a need for relationships across the functional boundaries of two or more departments. The mediating role would be particularly useful where difficulties arise in the course of administration of similar or related services by more than one body, at both policy and administrative levels. A small unit would also have a valuable role in ensuring that relations with States, local governments, and non-government organisations are maintained in an effective way.<sup>27</sup>

The Bailey Task Force was thus opposed to any process of co-ordination which leads to the exercise of control over agencies by an equal but convening agency which then becomes an "overlord" agency.

The RCAGA approach to co-ordination generally linked co-ordination with control and effective discipline in the observance of necessary constraints.<sup>28</sup>

The linking of co-ordination with control is manifest in RCAGA's discussion of the functions of the central co-ordinating agencies of government. It was observed that externally imposed discipline in the implementation of broadly-stated policy tends to be ineffective because the

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<sup>26</sup> Bailey Report, *op. cit.*, paras 217-23, pp. 99-103.

<sup>27</sup> *Ibid.*, para. 234, p. 109.

<sup>28</sup> RCAGA Report, *op. cit.*, para. 11.1.5, p. 355.

exercise of coercive power may withdraw responsibility from the other parties and produce tension. These effects being undesirable, the RCAGA did argue ... *that a serious effort must be made to base coordination to a greater extent on voluntarily accepted discipline at all levels.*<sup>29</sup>

The RCAGA may be long on rhetoric in its treatment of co-ordination of broad policies in the presence of the constraints of collective ministerial responsibility and the imprecise limits of external economic, social and political considerations. It is however short on innovative views as to how the effects of the known problems might be minimised to achieve a more effective co-ordinating process.

In his critical review of RCAGA's discussion of central co-ordination and control, Smith remarked that ... *questions of coordination and control lead rapidly into intractable topics.* It had failed, in his view, to seize the opportunity to undertake a ... *critical examination of relationships between central institutions and the activities and aspirations of the groups of people involved and ... had settled for the safe and uncontroversial.*<sup>30</sup>

Leon Peres reminds readers of the simple tenet that co-ordination arises as a necessity from the complexity of our objectives. Reduction of this complexity is achieved through division of the objectives - the *raison d'être* of departmentalisation. Functions having been allocated to departments/statutory agencies, a purpose of co-ordination is

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<sup>29</sup> *Ibid.*, para. 11.1.10, p. 357.

<sup>30</sup> R.F.I. Smith, "Central Coordination and Control", in R.F.I. Smith and Patrick Weller (Editors), *Public Service Inquiries in Australia*, University of Queensland Press, St. Lucia, 1978, pp. 177-9.

to ensure conformity between the various parts with the primal set of objectives for the whole.

There is thus, as Peres observed, ... *a very intimate relationship between division and coordination.*<sup>31</sup> The process of division, and ensuring that each agency acts functionally but not necessarily independently of the others, is complex and a full explanation is beyond the purview of this study.<sup>32</sup>

Several options are available to reduce the number of co-ordinating mechanisms at the macro level. These include the re-structuring of Cabinet arrangements and the appointment of senior co-ordinating ministers assisted by subordinate ministers, or the coalescing of agencies with related functions into "giant" departments. But the latter option gives prominence to a greater need for co-ordination between the Divisions and between the Branches within Divisions of "giant" departments.

It is therefore of interest to note that the committee of inquiry into the public service of South Australia, under the chairmanship of Professor D.C. Corbett, in 1974 proposed a reduction in the number of departments, then 47 in number. It recommended a regrouping of departmental functions to form stronger departments and emphasized devolution of certain responsibilities in train with developing regionalisation and regional co-ordination. It rejected the creation of additional statutory authorities to replace certain

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<sup>31</sup> L. Peres, "So where's the coordinating capacity coming from?", in R.F.I. Smith and Patrick Weller, *op. cit.*, p. 249.

<sup>32</sup> Useful overviews of the associated problems may be found in R.F.I. Smith, *op. cit.*; Martin Painter and Bernard Carey, *Politics Between Departments*, University of Queensland Press, St. Lucia, 1979, Chapter 6; and H.N. Collins, "What shall we do with the Westminster Model", in R.F.I. Smith and Patrick Weller, *op. cit.*, Chapter 23.

departments.<sup>33</sup> The RCAGA also considered the number and size of departments but, unlike the Corbett Committee, it was not ... *tempted to specify the optimum number for departments or an optimum size.* It recognised that these administrative considerations ... *must sometimes be subordinated to political factors.*<sup>34</sup>

Accepting then that departmentalisation is necessary for the efficient carriage of the business of government, one must also accept that, given the complex socio-political arena, clear functional separation is an unattainable aim. There must hence be a recognition by government, and the consumers of its diverse programs, of the resulting interrelated and interdependent character of public policies and programs in the broad social as well as other fields. As Painter and Carey explain, ... *whatever the principles of organisation said to be embodied in the departmental system ... (t)here will always be some overlap, some confusion, and some conflict over who is responsible for what.*<sup>35</sup>

As has been explained in Chapter 1, the work of research bodies and departments in the social fields results in new solutions - which themselves may create new problems for solution. These act as a stimulus for change in policy by the department having the "primary carriage", creating new overlaps which need to be resolved.

The work of IDCs dealing with the routine matters of programs which cross departmental boundaries may be contained in the first place by ensuring effective co-ordination of the

<sup>33</sup> Dean Jaensch, "The South Australian Inquiry", in R.F.I. Smith and Patrick Weller, *op. cit.*, pp. 75-80.

<sup>34</sup> RCAGA Report, *op. cit.*, para. 4.3.29, p. 77.

<sup>35</sup> Martin Painter and Bernard Carey, *Politics Between Departments*, *op. cit.*, pp. 4-5.



policy-making. Co-ordination of policies should therefore aim at ... *making them consistent so that they do not hinder or contradict each other, either as a present collection of actions, or as a set of future plans.*<sup>36</sup> This requires an interaction between the various parts of the policy-making system.

The extent to which a departmental domain may be protected became clear in submissions on IDCs to the RCAGA. In its submission to RCAGA, the Department of Minerals and Energy viewed IDCs as an ... *unjustified interference in matters for which the legislature or government places responsibility with a Minister, his permanent Head or a Statutory Authority.* This view was succinctly reinforced by the head of that department when he commented that *The normal initiator of an inter-departmental committee is a hunter for a licence to interfere in other people's responsibilities.*<sup>37</sup>

Although organisational units should not live in isolation from each other, the process of policy co-ordination ... *involves defending institutional goals and activities, advocating changes in the perspectives of other organizations, and trying to influence or coerce other organizations or units.* This pursuance of the departmental line and goals is a phenomenon which Painter and Carey have called "departmentalism".<sup>38</sup> It is both bureaucratic and ministerial and occurs when there is competition over a policy domain, threatening a department's sense of "mission".

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<sup>36</sup> *Ibid.*, p. 7.

<sup>37</sup> Submission in evidence before RCAGA; and Sir Lennox Hewitt, "Canberra Times", 19 February 1975, as quoted in Martin Painter and Bernard Carey, *op. cit.*, p. 14.

<sup>38</sup> Martin Painter and Bernard Carey, *op. cit.*, pp. 8-9.

Whilst Cabinet is ultimately responsible for co-ordination of the government's program, the tensions and inadequacies of the Westminster model become evident when overlaps occur and Ministers act as departmental delegates displaying "delegate behaviour" to defend their individual territory. But as Jean Holmes has observed, *... it is not always possible or desirable to screen the public administration world from the political envelope which surrounds it.*<sup>39</sup> Problems of overlap known to involve a "territorial" dispute may bounce several times between the two arenas until their settlement. Despite of the ideals of the "pure" Westminster model, the reality is that a neat line cannot be drawn between the political and bureaucratic participants.

In their discussion of the Westminster model and co-ordination strategies adopted in Canada and Britain, Painter and Carey observed that the basic problem with IDCs, in Australia, is the failure to exercise the "collective power of ministers" *... in conjunction with the collective application of departmental efforts.*<sup>40</sup> Whilst the sanctity of the political executive needs to be recognised, they expressed the view that the machinery for effective involvement of ministers in the co-ordination process can be reformed, and suggest

*... that considerable improvements in policy coordination could be realized by strengthening the cabinet committee system, while providing more forums for officials and ministers, and officials alone, to engage in discussion and decision making aimed at resolving policy matters where overlap arises. A tiered system of various ministerial, joint minister-official, and officials' committees would make many IDCs redundant, and transform those that continued to be formed by tying them closely into a process of cabinet policy formulation.*<sup>41</sup>

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<sup>39</sup> Jean Holmes, "The Victorian Inquiry", in R.F.I. Smith and Patrick Weller, *op. cit.*, p. 101.

<sup>40</sup> Martin Painter and Bernard Carey, *op. cit.*, p. 96.

<sup>41</sup> *Ibid.*, p. 107.

Such co-ordination arrangements will initially make further inroads on a minister's already heavily committed agenda. But that agenda will subsequently be freed. The aim is to ensure that when a problem of overlap commands central authority attention and is then resolved that it stays resolved, without disturbing the equilibrium of other activities previously under control. The minister's attention can then move on to other matters on the agenda.

A further strategy for reducing the present frequency of problems of overlap, briefly adverted to above, is that described by Paterson and concerns the writing of statute law. Paterson, in his erudite paper on the co-ordination and management of water resources, land utilisation and environment protection in Victoria, makes the observation that when ... *we design statutory systems we are also designing management systems.*<sup>42</sup>

Chapter 1 has provided examples of the evidence, which lead to the commissioning of the many expert committees of inquiry into intellectual disability services, that management suffers when tasks are ill-defined through agencies being given diffuse functions.

Paterson's contention is that when conflicts arise between agencies in the exercise of their respective primary missions, the agency that suffers from the activities of another should have the incentive to call on central authority for the imposition of conditions which reflect the "corporate" or public policy objectives rather than agency

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<sup>42</sup> John Paterson, "Coordination in Government: Decomposition and Bounded Rationality as a Framework for "User Friendly" Statute Law", *Australian Journal of Public Administration*, 45 (June 1986):95.

objectives. This requires that one agency be vested with a concurrence power over the activity of another agency where the class of overlap or interaction can be explicitly identified.<sup>43</sup>

In developing his model for the control of the conditions which frequently give rise to an "interdepartmental Committee of Fudges and Compromises", Paterson has drawn heavily from Simon's works describing administrative behaviour and the limits of human rationality. Thus, an issue which developers of statute law ought to have regard for is Simon's observation that

The limits of rationality have been seen to derive from the inability of the human mind to bring to bear upon a single decision all the aspects of value, knowledge, and behavior that would be relevant. The pattern of human choice is often more nearly a stimulus-response pattern than a choice among alternatives. Human rationality operates, then, within the limits of a psychological environment.<sup>44</sup>

The case material presented by Paterson demonstrate, in his view, ... *fairly clear-cut applications of Simon's suggestion that major interconnections between primary functions be specifically provided for in law and its institutional embodiments.*<sup>45</sup>

To ensure that responsible authorities, in the exercise of their primary aims, "stick to the knitting", their enabling legislation ought to contain statutory provisions providing for a closed operational system. In Simon's words, this assumes that man ... *can isolate from the rest of the world a closed system containing only a limited number of variables and a limited range of consequences.* Statute writing thus entails consideration being given to discovering the factors

<sup>43</sup> John Paterson, *Ibid.*, p. 101.

<sup>44</sup> Herbert A. Simon, *Administrative Behaviour*, The Free Press, New York, 1965, p. 108.

<sup>45</sup> John Paterson, *op. cit.*, p. 105.

that are important in any given situation, as rational choice ... will be feasible to the extent that the limited set of factors upon which decision is based corresponds, in nature, to a closed system of variables - that is, to the extent that significant indirect effects are absent.<sup>46</sup>

Paterson's model recognises that means of achieving closure must be found until such time as the particular interactions have been identified and statutorily embodied. To this end he has argued that the

... simplest and most obvious approach is to give each party a narrowly defined concurrence power to protect itself from negative impacts by the other where interactions have not been formally and explicitly recognised. A general unilateral concurrence requirement by which an agency may protect its primary functions from acts of commission or omission by another agency will give formal recognition to the interaction, and can be used to force the matter to central attention.

Failure to demand appropriate conditions for concurrence should leave accountability totally with the losing agency. This kind of "fallback" device for dealing with externalities would eliminate the "live and let live" underpinnings of the customary bureaucratic approach to coordination, by introducing a rigorous assignment of accountability. Fudge and compromise then become the high cost solution from the official viewpoint, rather than being the easy way out, as it so often is.<sup>47</sup>

Much of the older statute law that remains in force today is comprised of minutely detailed administrative procedures to be followed, without specifying the intent or general objectives. In advocating his model, Paterson contends that

It is futile to ask more meaning of a statutory framework than text is intrinsically capable of conveying. The best that can be achieved is:

- (a) A good description of the *subject* of statutory powers;
- (b) A description of the *object* of statutory measures;
- (c) The *attributes* of the subject to which powers may attach in pursuit of the objective;
- (d) The *means* by which those attributes may be influenced;
- (e) *Limitations* on those means.

If the subject is well captured in the form of the words used then there is at least a possibility that the intentions behind the statute can be achieved.<sup>48</sup>

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<sup>46</sup> Herbert A. Simon, *op. cit.*, pp. 82-83.

<sup>47</sup> John Paterson, *op. cit.*, p. 107.

<sup>48</sup> *Ibid.*, p. 109.

Statutory law of a "systems" nature also needs to provide for the reconciliation of primary aims of equally empowered agencies. The means available is through a mechanism that spans those agencies, the "superior central authority" proposed by Paterson. This authority stands aside from the day to day operationalisation of functions by the respective agencies. Its role is to seek resolution of any unforeseen conflicts in the "goal seeking" activities of its "divisions" in a manner which accords with the corporate or public policy objectives.<sup>49</sup>

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<sup>49</sup> *Ibid.*

### **CHAPTER 3 - INTELLECTUAL DISABILITY AND THE POLITICAL AGENDA**

The large number of inquiries into services for intellectually disabled people, commissioned by Australian governments or their Ministers over a ten year period, is taken as an indication of their concern over a matter which has consistently returned to the political agenda. The needs of intellectually disabled people and their families are not well comprehended. This is not surprising considering the social policy of many generations which actively sought to segregate such people from the community and saw the rise of large custodially oriented institutions.

The social policy of today is strongly based on the recognition that human rights are inalienable. The crux of the matter is that its implementation poses problems to governments and their bureaucracies. Social institutions and the machinery of government which suited past policies now need to adapt. Human services have long become accustomed to an incrementalist approach to their development as a result of economic decision-making which has traditionally favoured other issues in the political agenda. In an age of realisation that resources are finite, governments recognise that current programs need to be maintained whilst the new social programs to replace them are being established.

This chapter presents an overview of the actions taken by

several governments and their bureaucracies to resolve intellectual disability services delivery issues. Not all appear to have fully comprehended that this is a most complex field having direct impacts on the portfolios of many Ministers. The past Director of MRD in Victoria, on analysing the reports produced by the expert committees of inquiry, observed:

The content and recommendations of ten major reports indicate considerable agreement on the ideological base and broad objectives for the development of services for persons with an intellectual disability and their families in Australia.

...

Effective implementation requires significant national advocacy and political initiatives. In the meantime, there will be more reports, the recommendations of which will be read with probably flagging interest by those who remain in the intellectual disability area.<sup>1</sup>

#### **WESTERN AUSTRALIA**

The first, and to date, the only State to implement a recommendation that a statutory authority be created and be responsible for the co-ordination of all services to intellectually disabled persons is Western Australia. Acting on the findings and recommendations of the Beacham working party<sup>2</sup>, the government legislated for the establishment of the "Authority for Intellectually Handicapped Persons". This Authority commenced on 1st January 1986.

The Authority is an agent of the Crown and a body corporate with perpetual succession and a common seal, judicial notice of which must be taken by all courts and persons acting judicially.<sup>3</sup> Representing a cross-section of the community of interest, it consists of a full time Chairman and five other members, appointed by the Minister of Health.

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<sup>1</sup> Errol Cocks, "Waiting for Fairy Godmother - Ten Reports Later", *AANR Journal*, 8 (December, 1984):22.

<sup>2</sup> Beacham Report, *op. cit.*, pp. 44-52.

<sup>3</sup> *Authority for Intellectually Handicapped Persons Act 1985*, Government Printer, Western Australia, Section 4.



The *Authority for Intellectually Handicapped Persons Act 1985* stipulates that two members shall have experience in the provision of services to and knowledge of the general needs of intellectually handicapped persons, one member is to have experience in the education of such persons and knowledge of their educational needs, and two members who shall represent the non-government bodies which provide services, one of whom is to have knowledge of and experience in the provision and management of these services. A further requirement is that one of the members, at the time of appointment, be a parent or a relative of an intellectually handicapped person.<sup>4</sup> A member's term of office is not to exceed three years but he may be re-appointed.

The Authority's functions are explicit and set out in eleven paragraphs in Section 10 of the Act. These include the development of policies for the provision of comprehensive, co-ordinated and integrated services, provision of advice to the Minister, allocation of funds, establishment in conjunction of service delivery bodies of service standards and guidelines, and to co-operate and act jointly with bodies or persons where necessary for the performance of its functions.<sup>5</sup>

Section 10 of the Act also provides a statement of ten broad principles for which the Authority shall have regard in the performance of its functions. Like the U.N. Declaration on the Rights of Mentally Retarded Persons, to which Australia is a signatory, the principles acknowledge inter alia that a person who is intellectually handicapped has a capacity for

<sup>4</sup> *Ibid.*, Section 5 (2).

<sup>5</sup> *Ibid.*, Section 10 (1).

physical, emotional, social and intellectual development, should be treated as a member of the community, and thus entitled to access generic services, and exercise his right to participate, as far as is possible, in decisions concerning his welfare. The approach to services delivery outlined by these principles is integrative and one that promotes the least restrictive alternative.<sup>6</sup>

The Authority is vested with the ... *power to do all things that are necessary or convenient to be done for, or in connection with, the performance of its functions.*<sup>7</sup> The Act places minimal constraints on this general power to act. The financial provisions for example are spelled out and the Auditor General's powers pursuant to the *Audit Act* 1904 apply. The Authority is also charged with the responsibility to license living accommodation, training, vocational or employment-related services premises. This power to license excludes services/premises of State or Commonwealth agencies (which are not subject to the control of the Authority), private hospitals operating under the *Mental Health Act* 1962, accommodation provided by a relative acting in *loco parentis*, and any premises specified by the Minister to be exempt.<sup>8</sup>

In that close co-operation and consultation with other government agencies is envisaged, the Authority is not generally empowered to act in an "overlord" capacity. The Authority's process of co-ordination includes the giving of information to and hearing opinion from various consumers. Regional Councils comprising clients, parents, and other

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<sup>6</sup> *Ibid.*, Section 10 (2).

<sup>7</sup> *Ibid.*, Section 12.

<sup>8</sup> *Ibid.*, Parts IV and V.

relevant community members and agencies will participate in the co-ordination of services planning and policy development, and provide for consumer involvement in decision making.<sup>9</sup>

Given that the policy, standards setting and accountability control functions are vested in an Authority which also operates direct services in its own right, the likelihood of a conflict of interest has been recognised. The Authority's services have been structured to provide a Services Branch and a Resources Branch.

The former is responsible for the direct client services of the Authority until their devolution at a later date to appropriate non-government and generic agencies. The latter, in a sense, is the secretariat of the Authority and manages the licensing and evaluation functions, human resources, central client register, and other resource areas. It will not be required to undertake licensing inspections of the Authority's client services but its evaluation procedures will apply to the Authority's and the voluntary sector's services alike. This separation of responsibilities thus attempts to ensure that services are subject to an even-handed evaluation from without.<sup>10</sup>

## **SOUTH AUSTRALIA**

Despite of the cogent arguments in the Bright Report,<sup>11</sup>

<sup>9</sup> A.D. Taylor and H. Lowe, *The Western Australian Authority for Intellectually Handicapped Persons - Process and Outcome*, Paper presented at the Annual Conference of the New South Wales Council for Intellectual Disability, Sydney, February 1986, mimeograph, pp. 14, 18.

<sup>10</sup> H. Lowe, *Legislation for a Western Australian Authority for Intellectually Handicapped Persons*, Address to Third National Conference of the Australian Group for the Scientific Study of Mental Deficiency and the Australian Association for the Mentally Retarded, Brisbane, 1985, mimeograph, p. 24.

<sup>11</sup> Bright Report, *op. cit.*, pp. 238-251.

which recommends the creation of a statutory authority, and the McCoy Report<sup>12</sup>, an Intellectual Disability Services Council was created by Cabinet and came into force in July 1982 as an incorporated body within the S.A. Health Commission. This organisational arrangement for the provision of services was recommended to the S.A. Government by a Ministerial Working Party, consisting of the Attorney-General, the Minister of Education, the Minister of Community Welfare, and the Minister of Health, following their review of the Bright and McCoy Reports and further consultation with service providers and consumers.

The Council is comprised of nine members and consists of a Chairman, nominees of the Attorney-General, the Minister of Education and the Minister of Community Welfare, a representative each of Minda Inc. and the S.A. Institute on Developmental Disabilities, two parents representing consumers, and a person with financial management experience.

Under its constitution, the Council has responsibility for the co-ordination of all services for intellectually disabled persons, whether provided by government, voluntary or commercial organisations, and to provide services in areas not covered by existing organisations. It has to set standards of care as conditions under which grants may be paid to organisations and constantly evaluate and review the standards of services developed or funded by it.<sup>13</sup> However, voluntary organisation services and facilities are not licensed as there is no statutory requirement to do so. The Council's power to enforce standards thus lies in a measure

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<sup>12</sup> McCoy Report, *op. cit.*, pp. 167-189.

<sup>13</sup> Newsletter, S.A. Intellectually Disabled Services Council Inc., 7 October 1982.

of goodwill and a capacity to withhold further financial assistance.<sup>14</sup>

Initially the Council's responsibility was direct to the Minister for Health. This was soon diverted through two tiers of the Health Commission. The inaugural Chairman of the Council, who was also the Chief Executive Officer for the services provided by it, resigned from both positions in a state of disillusion in January 1984.<sup>15</sup> The grounds for his resignation included the Council's inextricable link with the S.A. Health Commission, the dishonouring of the promised direct access to the Minister, and an inability to apply the necessary pressure for change.<sup>16</sup>

The experience in South Australia would seem to indicate that when strong personalities in a corporate body are required to recognize the body's status as a "guest" in a large "host" agency, unable to resort to statutory mandates, the issue is not whether but how control and co-ordination of services should be exercised. The impact that the Council's present status may have on its function of co-ordination of policy development, standards setting and services delivery remains to be assessed.

Co-operation and effective communication are two of the three key elements of co-ordination. What seems, to the outside observer, to be necessary is a statutory power to resort to the Minister to enable the policy-making machinery to resolve any inter-agency and political conflict which the policy and

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<sup>14</sup> Chief Executive Officer of S.A. IDSC, personal communication.

<sup>15</sup> These responsibilities have now been separated.

<sup>16</sup> "Dr. Guy Hamilton's Resignation", *AAHR National Newsletter*, Australian Association for the Mentally Retarded Inc., Canberra, January/February 1984.

program development proposals may provoke. In relation to the Council's functions and its status within a major service delivery agency, its authority to act perhaps requires a more precise definition including boundaries shared with other agencies and organisations to enable it to perform its functions effectively.

### **NEW SOUTH WALES**

Following receipt of the Anti-Discrimination Board's 1981 Report concerned with services to intellectually disabled persons and discrimination towards them<sup>17</sup>, and, in 1983, of the Richmond Report<sup>18</sup> on the health services for the psychiatrically ill and developmentally disabled, the Government of New South Wales established, as recommended<sup>19</sup>, a Disability Services Co-ordination Unit within the Premier's Department. Initially comprised of four staff, this Unit has the oversight of agency responsibilities and is required to rationalise services and their funding. The Unit is therefore independent of the main service delivery agencies and can not itself provide direct services to disabled people. This obviates the possibility of a conflict of interest.

In New South Wales, the Department of Health currently has responsibility for the provision of services to people who have a severe intellectual disability and other intellectually disabled people if they have additional disabilities which require a health service input.

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<sup>17</sup> ADB Report, *op. cit.*

<sup>18</sup> *Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled*, (Richmond Report), NSW Health Commission, Government Printer, NSW, 1983.

<sup>19</sup> ADB Report, *op. cit.*, para. 9.22, pp. 357-8, and Richmond Report, *op. cit.*, Part 2, p. 21.

The Department of Youth and Community Services is responsible for the provision of services to intellectually disabled people who, pursuant to the *Child Welfare Act*, were declared "Ward of the State" before attaining the age of eighteen years. This division of responsibilities has created a large gap in the public sector services in that no moderately or mildly intellectually disabled person is eligible to receive services. These people are thus dependent on the already over-stretched voluntary sector services, with the result that waiting lists become longer.

For both departments, responsibility for these services lies with the Regional Directors. Unlike the services in the other States, neither department operates a central office to oversee, control and co-ordinate its State-wide services. The Regional Directors of Health now have delegated the day-to-day responsibility for these services to Regional Co-ordinators. A special unit, the Richmond Implementation Unit, has been established within the Department of Health to oversee the detailed planning for, and implementation of, the de-institutionalisation program recommended in the Richmond Report and accepted by the Government as a policy of high priority.

The Anti-Discrimination Board had also proposed that the Co-ordination Unit act as the focal point for all advisory bodies. A Disability Advisory Council has been established as recommended, but it reports to the Premier through the Minister for Youth and Community Services. In each of the Health Department's Regions a Regional Developmental Disability Services Advisory Council has been established.

Chaired by the Regional Director of Health, this Council is a Ministerially-appointed body, comprised of representatives from the Education and Youth and Community Services Departments, institutional and community-based health services, voluntary organisations, consumers, and employee unions. The Councils may co-opt other persons to assist in particular tasks.<sup>20</sup>

Co-ordination of the clinical and other support services provided at an individual client level has improved significantly where a single member of staff in a regional service has been designated as the client's Case Manager. This is commonly referred to as "bottom up" co-ordination.

At the regional and particularly at local community levels, co-ordination of planning and services delivery by diverse agencies is improving steadily. This has been facilitated by the appointment of Regional Co-ordinators and small but experienced and committed teams. These staff are able to communicate at officer to officer level with other government, including Commonwealth, agencies and voluntary organisations within the region. Another key factor has been the provision of some services development funding through DCS and the Richmond Program and the tendency to use clear contracts or agreements between individual officers or agencies. Co-ordination at the macro or "top down" level in New South Wales, between Ministers and their agencies, is seen to be in need of further attention.

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<sup>20</sup> *Developmental Disability Services - Statewide Plan*, Department of Health NSW, July 1985, p. 6.



## VICTORIA

The services for intellectually disabled persons in Victoria, in mid-1986, are starting to recover from their third major re-structure since 1980. The first such occasion was in January 1981 when the services for intellectually disabled people were separated from the Health Commission's Mental Health Division and became the Mental Retardation Division (MRD). But in November 1980 the Health Commission published a planning document (Regionalisation of Health Services in Victoria - A Discussion Paper) which clearly signalled the Commission's intent to devolve health functions and administration to Regional Directors of Health.

The Government's decision to adopt this plan as its new policy on the delivery of integrated health services was announced in September 1983.<sup>21</sup> At this time, the Rimmer Committee, appointed by the Minister in June 1983, was still considering the nature of enabling legislation and organisation structure required for the effective and co-ordinated delivery of services, including the Commission's MRD services, to intellectually disabled people in Victoria. The Rimmer Report, submitted in February 1984, recommended and presented a strong case for the creation of an Office of Intellectual Disability Services as a Crown Department within the Ministry of Health, outlining the undesirable consequences of the Commission's regionalisation program for services to intellectually disabled people.<sup>22</sup>

Four months later, June 1984, the (then) Minister's White

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<sup>21</sup> *Health Regionalisation for Victoria*, Ministerial Paper, Health Commission of Victoria, 15/9/'83.

<sup>22</sup> Rimmer Report, *op. cit.*, pp. 38-50.

Paper set out the Commission's program for a vast re-organisation of the MRD, placing responsibility for services delivery with the Regional Directors of Health. The crucial centralised functions of MRD were replaced by a Consultative Council on Services for Intellectually Disabled People (comprised of fourteen persons), a Policy and Co-ordinating Unit - headed by a Senior Adviser - in the Commission's Planning Division, and an Evaluation Advisory Committee.<sup>23</sup>

Implementation of this policy resulted in the resignation of many key MRD officers including the Director. Two months hence the Commission engaged the Management Consultancy and Organisational Studies Division of the Public Service Board to advise it on a suitable organisation structure for MRD during its devolution and integration into the Commission's regional structure then being developed. The creation of an interim Management Board was recommended and adopted in October 1984, and collapse of the MRD management was hastened by the transfer of two of the three Assistant Directors to other duties in the Commission. Although the Management Report critically considers, in two pages, the key philosophical issues underlying the MRD approach to service delivery, the Report deals with the immediate internal problems and their resolution. No reference was made to likely impact of the new policy on other agencies and voluntary organisations or the co-ordination of their services.

Following the appointment of a new Minister for Health and acting on strong public and other opposition to the program's ----

<sup>23</sup> *Services to assist people who have an intellectual disability*, (White Paper), Office of the Minister of Health, Victoria, June 1984, pp. 9-20.

abolition of MRD's strong centralised functions, Cabinet resolved in June 1985 to transfer the entire Division to the Department for Community Services - Victoria.<sup>24</sup> The creation of the Office of Intellectual Disability Services through the transfer of MRD, headed by a Deputy Director-General, effectively doubled the size of the Department.<sup>25</sup>

Parliament's debate on the Intellectually Disabled Persons' Services Bill, was adjourned to allow the Bill to be amended accordingly. The Bill was based on the recommendations in the Rimmer Report but excluded the creation of a Crown Department. It subsequently passed and received Assent in May 1986. Responsibility of the Minister and the Department for co-ordination of the government's policies and programs is one of the objects of the Act.<sup>26</sup>

The Act states Parliament's intention that the principles, set out in fourteen paragraphs, are to be given effect to in the provision, management, development and planning of services. The primary aim of the Department ... is to *advance the dignity, worth, human rights and full potential of intellectually disabled persons.* The Department's functions or objectives to achieve this aim are contained in twenty two paragraphs. Generally, this Act is more detailed and precise than the Western Australian Act.<sup>27</sup>

Given the emphasis on planning, provision is made for the Minister to appoint an Intellectual Disability Planning Committee for each region, consisting of not more than ten

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<sup>24</sup> Bruce Best, Transfer removes 'medical shackles', *Age* (Melbourne), 21 June 1985, p. 5.

<sup>25</sup> Premier's News Release, in *Options*, Newsletter of the Mental Retardation Division, Health Commission of Victoria, August/September 1985, p. 1.

<sup>26</sup> *Intellectually Disabled Persons' Services Act 1986*, Government Printer, Melbourne, Section 4. (a).

<sup>27</sup> *Ibid.*, Sections 5 and 6.

members appointed by the Minister. Each Committee is to be comprised of both males and females and, wherever possible, the members are to be selected from persons who use services, or who are relatives of intellectually disabled persons, or who are engaged in the provision of services, or who are concerned or experienced in the planning of such services. The members should reside in the region.<sup>28</sup>

The Committees' functions are to prepare a plan for the development of services in the region at three year intervals, to review that plan annually, to advise the Minister or the Director-General on any matter referred to the Committee, and to consult widely in the preparation of a plan or advice. The preparation by the Minister of a State plan at three year intervals, with annual reviews, and the maintenance of an information system are likewise provided for in some detail.<sup>29</sup> The Act makes no reference to the Consultative Council which has remained in office. As to how the Office, being a division within a department, is to achieve overall co-ordination has yet to be announced.

### COMMONWEALTH

At the national level, considerable activity has taken place - albeit at times appearing to be slow in gathering momentum - to improve the level of services delivery since the report in 1971 of the Senate Standing Committee on Health and Welfare on mentally and physically handicapped persons in Australia. The Standing Committee described many problem areas which resulted in piece-meal and fragmented development

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<sup>28</sup> *Ibid.*, Section 13.

<sup>29</sup> *Ibid.*, Sections 14-16.

of services. Its recommendations included the creation of an Advisory Council concerned with the total needs that exist in the community, to establish priorities in the creation of new facilities on both a long and short term basis, and to set standards in services.<sup>30</sup>

Together with the introduction of the HFA Act in December 1974, the Government established the National Advisory Council for the Handicapped to ... *consider the special needs of handicapped people and to advise the Minister of Social Security on the organisation, development and operation of rehabilitation services. Council's particularised functions included advising ... on ways and means of ensuring the co-ordination and integration of the Australian Government's services with other available community facilities and services.*<sup>31</sup>

The Advisory Council was re-constituted in July 1983 and the membership increased from ten to fourteen persons, only one of whom instead of four holds a medical qualification and ten of whom have a disability. It now operates as the Disability Advisory Council of Australia (DACA) with up-dated terms of reference reflecting current interests and perceived needs.<sup>32</sup>

Following receipt of the RCAGA Report, a Social Welfare Policy Secretariat was established by the Commonwealth Government in 1978. For administrative purposes it was

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<sup>30</sup> *Report on Mentally and Physically Handicapped Persons in Australia*, Senate Standing Committee on Health and Welfare, Parliamentary Paper No. 45, Commonwealth Government Printing Office, Canberra, 1971, pp. 47-51.

<sup>31</sup> *annual report 1975-76*, national advisory council for the handicapped, AGPS, Canberra, 1976, p. 1. See Appendix F for detailed terms of reference and membership.

<sup>32</sup> *New Disability Advisory Council*, Minister for Social Security, News Release 44/83, Canberra, 26 July 1983, mimeograph. See Appendix F for detailed terms of reference.

located in DSS but it was separately staffed and had a separate appropriation. Its role was to provide advice on, and to promote ... *the co-ordinated development and review of, policies and programs in the broad field of health and welfare, as well as promoting appropriate research and data collection activities.*

The creation of the Department of Community Services in December 1984 saw the transformation of the Secretariat to the Policy Co-ordination Unit, responsible to the Minister for Community Services, and administratively attached to DCS. Its major function ... *is to undertake and co-ordinate policy development and review in relation to longer term issues and those extending beyond the responsibilities of individual Commonwealth health and welfare departments.*<sup>33</sup>

The National Advisory Council on Social Welfare, established in January 1984 in place of the National Consultative Council on Social Security, is responsible for providing advice to the Minister for Social Security on current issues in social welfare. The ten members, who are appointed for a term of two years, ... *provide assessment and reviews of social welfare priorities, identify problems in social welfare programs, and advise on possible modifications to ongoing programs.* As well, each State and Territory has a Consultative Committee on Social Welfare. These Committees have eight members and include a nominee of the State or Territory Minister for Community Welfare and the Director of the State Council of Social Services. The State Committees advise the Minister and the Director-General of DSS through

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<sup>33</sup> *Policy Co-ordination Unit Annual Report 1984-85*, Department of Community Services, AGPS, Canberra, 1986.

the State Director of DSS on the administration of the Commonwealth Government's social security and welfare programs.<sup>34</sup>

The Senate Standing Committee on Social Welfare reported in 1979 ... *that, in order to achieve an efficient, effective, rational and equitable health and welfare system, it is necessary to conduct ongoing evaluation.* Continuance of the present ad hoc decision-making process, perpetuation of inadequacies in services, and a possible lack of alternative solutions to problems were seen to be consequences of not evaluating. The Committee made 35 recommendations on evaluation of and data collection on Commonwealth and State health and welfare programs, including the recommendation

19. That the Commonwealth and each State Government, in association with the non-government sector and consumers, declare in writing, clearly and publicly, (a) broad strategic goals for its health and welfare programs, and (b) precise and testable objectives for each program in which it is involved, either directly or as a funding authority; and that, in the Commonwealth sphere, the Social Welfare Policy Secretariat, if necessary, be charged with the planning, oversight and implementation of these proposals.

20. That all governments state clearly, in relevant legislation, their goals for health and welfare initiatives.<sup>35</sup>

Data collection on services provided and unmet needs has remained a major problem for planners. The Policy Co-ordination Unit, attached to DCS, now has a general responsibility to promote the availability of statistics and research useful for health and welfare policy formulation.<sup>36</sup>

The Office of Disability, responsible to the Minister for Community Services and attached to DCS, likewise has a responsibility for data collection and analysis to fulfil its

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<sup>34</sup> *New National Advisory Council on Social Welfare Established*, Minister for Social Security, News Release 4/84, Canberra, 24 January 1984.

<sup>35</sup> *Through a Glass, Darkly - Evaluation in Australian Health and Welfare Services*, Senate Standing Committee on Social Welfare, Parliamentary Paper No. 71, Commonwealth Government Printer, Canberra, 1979, Vol. 1, Part One, pp. 1 and xii.

<sup>36</sup> Policy Co-ordination Unit Annual Report 1984-85, *op. cit.*, pp. 14-15.

functions of co-ordinating public consultation and advising on issues relating to people directly affected by disability.<sup>37</sup>

Apart from the routine advice on disability issues provided by departmental staff, the Minister for Community Services thus also obtains independent advice from three separate sources under the umbrella of DCS. In addition, there exists a variety of State and Joint Committees which provide an input into the Commonwealth Departments of Health, Social Security, Education and Community Services. Not to be overlooked, there remain the traditional sources including professional societies and voluntary sector organisations which proffer advice direct to Ministers or their personal staff.

Having endorsed the thrust of the recommendations in the Grimes Report, the Commonwealth Government has now embarked on a re-shaping of existing methods of disability services delivery. New legislation to effect the proposed changes and to replace the HPA Act will be presented to Parliament in the 1986 Budget Session. Recognising that the current range of services provided by and the responsibilities for these of the Commonwealth Government and the States is complex, provision will be made for a mechanism whereby inter-governmental and agency co-operation can be enhanced. Unlike the HPA Act, the proposed legislation will enable partnership arrangements with State Governments. Local government eligibility for funding of approved services will continue.<sup>38</sup>

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<sup>37</sup> *Introducing the Office of Disability*, Department of Community Services, August 1985, and other DCS mimeographs.

<sup>38</sup> *Parliamentary Debates*, Senate, AGPS, Canberra, 12 June 1986, p. 3835.



One of the thirteen draft objectives to be followed in the administration of the proposed legislation states

3. That services for people with disabilities should be provided as part of local co-ordinated service systems and integrated with generic services wherever possible.<sup>39</sup>

To this end the Minister has contacted the State Ministers ... to open up the wider issues of co-ordination between State and Commonwealth initiatives which will provide a better future for people with disabilities.<sup>40</sup>

### TASMANIA

Tasmania's potential value as a research base for human services and their co-ordination has long been recognised. Through the individual efforts of some Ministers and concerned senior officers, a number of attempts have been made since the mid 1970s to achieve much needed co-ordination, particularly of planning and resource allocation. These and their outcomes are summarised below.

For the disability services in Tasmania, the year 1977 might well be remembered as the year of meetings and the creation of committees. Following the DSS initiative in 1977 in establishing a Committee for the Handicapped in each of the three regions,<sup>41</sup> there was a rational expectation that a body would be formed, including a representative of each Regional Committee, with the power to analyse all the available information and regional plans and to produce a prioritised plan for the co-ordinated development of services throughout the State. Thus it came as no surprise that the

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<sup>39</sup> Parliamentary Debates, *op. cit.*, p. 3837.

<sup>40</sup> *Ibid.*, p. 3836.

<sup>41</sup> See p. 83-5 for further detail.

Minister for Health (State) proposed a "State-wide Conference on the Handicapped". This Conference took place in Hobart on 16 September 1977 and was attended by about one hundred participants representing thirteen Commonwealth and State public sector agencies, thirty two voluntary and four professional organisations.

The theme chosen for this conference was "Organisational Problems in the Delivery of Services for the Handicapped". The letter of invitation advised participants that it

... is not intended that the conference cover the matters already discussed at the recent meetings in Burnie, Launceston and Hobart, although the role of the three regional committees may well be touched upon during the conference.

.....

It is the intention of the Minister that firm proposals be adopted by the conference at the end of the day together with a practical plan of action.

.....

In essence the conference will be examining the inter-relationships between the Commonwealth, State and voluntary organisations.<sup>42</sup>

The General Background Paper on the conference theme concluded by informing intending participants that

- (v) There may be many ways in which we can work more closely together and provide support or expertise for each other. The conference should concentrate on the positive aspects and not waste its time on questions of financial need. Obviously some funds may be needed to bring into operation some of the proposals of the meeting but, in the current economic circumstances of the nation, substantial increases in the Federal allocation of funds for the handicapped is out of the question. However there is no reason why we should not seek to make better use of the resources already available.<sup>43</sup>

In his keynote address on opening the Conference, the Minister informed those present that he had established an Inter-Departmental Co-ordination Committee on Handicapped Services (IDCCHS) ... to promote cohesion between the Government Departments, including the Commonwealth, and to bring together valuable information on the handicapped. He further indicated a willingness to establish a Secretariat to

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<sup>42</sup> Director-General of Health Services (Tasmania), letter to author, 31 August 1977.

<sup>43</sup> Ibid.

ensure rapid and direct communication between government and voluntary organisations, that body to ... be independent of bureaucratic control. He concluded by expressing his hope that the conference ... would be an on-going phase held every six months, and would provide an opportunity for evaluation of whether we are moving in the right direction.<sup>44</sup>

Given that voluntary organisations were still trying to come to grips with the functions of the Regional Committees, the DSS Keynote speaker added to their confusion by stating that the ... objective of regional committees should be to determine the highest priorities in particular regions, thereby avoiding duplication, gaps in services and poor investment of funds.<sup>45</sup> The lack of co-ordinated data was highlighted by another keynote speaker who observed that ... this was one of the reasons why submissions to government often lacked substance because the organisation was not fully aware of the need.<sup>46</sup> The keynote speaker representing the voluntary sector supported the Minister's idea of a Secretariat and saw ... such a body as one which could determine overall priorities ... , pointing out that each of the voluntary organisations as well as the regional committees have their own priorities. He concluded that ... it may be necessary later to give the Secretariat a statutory status so that it could receive submissions for funds and make decisions concerning them. He considered that such

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<sup>44</sup> The Hon D.A. Lowe M.H.A., Keynote Address, *Report on the State Conference on the Handicapped*, Department of Health Services, Hobart, 16th September 1977, p. 3. This, in retrospect, was a one-off conference. The decision to establish the IDC was made a month after this Conference - see Appendix 6. The independent Secretariat was not established. On advice of the IDC, a Unit now known as the Disabled Persons' Services Unit was established within the Department for Community Welfare in 1981 but its present functions are unlike the proposed Secretariat - see Appendix E.

<sup>45</sup> J. Tipping, "Commonwealth Viewpoint", *Ibid.*, p. 4.

<sup>46</sup> Gerry Gunton, "State Viewpoint", *Ibid.*, p. 6.

centralisation could ... be achieved without loss of identity of particular organisations.<sup>47</sup>

In retrospect it can be said that the 1977 State Conference contributed nothing to any endeavour to effect co-ordination of services. Of the 18 Proposals emanating from the Conference (see Appendix C), Proposal 12. stated: *The Secretariat should co-ordinate voluntary and government services and the collection of data and distribution of information.* The Conference Report to the Minister, prepared by the Department of Health Services, observes rightly that, if the proposed Secretariat is to be an independent voluntary body, it could make no decisions about public funding, nor should it have that power.<sup>48</sup>

In November 1977 the IDCCHS was established. It was comprised of representatives of the Commonwealth Department of Social Security, the Mental Health Services Commission, and the Departments of Health Services, Education and Social Welfare. It was to exchange information about their respective services and client data statistics. Despite of its title, its business was not to co-ordinate the services provided by the public sector but to advise the Minister for Health on ... *the way in which greater co-ordination of Health, Welfare and Education can be achieved.*<sup>49</sup>

During its lifespan of fifty one weeks, the Committee's deliberations were largely devoted to the advice to be given to the Minister on the role of the Secretariat and the propriety of establishing a central client database.

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<sup>47</sup> M. Wright, "Voluntary Viewpoint", *Ibid.*, pp. 8-9.

<sup>48</sup> *Final Report on the State Conference on the Handicapped*, Department of Health Services, 1977, p. 28.

<sup>49</sup> For further detail see Appendix 6.

Departmental records show that the Committee, at its last meeting in November 1978, failed to set a date for its next meeting. The Chairman was subsequently seconded full time to assist the Board of Inquiry into the Needs of the Handicapped. One might surmise that no other member of the Committee felt sufficiently inspired to convene the next meeting.

The first quarter of 1981 saw the establishment of the State Advisory Council on the Handicapped, now known as the Disability Advisory Council of Tasmania (DACT),<sup>50</sup> and the Handicapped Persons' Secretariat, now known as the Disabled Persons' Services Unit (DPSU).<sup>51</sup>

The fifteen member inaugural Advisory Council was comprised of eleven representatives of State and Commonwealth departments and voluntary organisations and four disabled persons. It operated strictly as a Ministerial Advisory Committee but had a very wide brief, including investigation of issues and policy in respect of services delivery, and could do so of its own volition. As the Council only reported to the Minister, by way of Minutes of meetings held, judgement on the first Council's accomplishments and effectiveness is a matter for future historians. It may be surmised that its value was limited. Following the retirement of several of its members and the election of a Liberal government, the then Minister for Health and Community Welfare in August 1982 directed the Council to go into recess. The instruments of appointment of Council's remaining members were subsequently rescinded.

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<sup>50</sup> For detail on terms of reference and membership see Appendix H.

<sup>51</sup> For detail on this Unit's functions see Appendix E.

In November 1983 a new Council of seven members was appointed, including two members of the previous Council, the terms of reference remaining unaltered until July 1986 when these were repealed. The present terms of reference restrict the Council to providing advice to the Minister on matters referred to it by the Minister, but its stated objective is to promote the quality of life for people with physical and/or intellectual disabilities. In that none of the members represent a service delivery agency, it will be difficult for the Council to consider - if requested to do so - any issues requiring co-ordination of policy development or of service delivery programs. That would entail access to information on current policies, procedures, distribution of resources and the like, to which information John Citizen in Tasmania has no right of access. Unlike DACA<sup>52</sup>, its national counterpart, DACT is not publically accountable to the extent of submitting an annual report on its activities to Parliament.

Also in 1981, the Government established what the interest groups took to be the long-promised (1977) and often talked about "Secretariat". It was not to be the powerful, decision-making, independent body which various organisations had advised as being necessary. On the advice of the IDCCHS, the Handicapped Persons' Secretariat was established as a Unit within the Department for Community Welfare, and consisted of a Co-ordinator, an Executive Officer and an Office Assistant.

Although the Unit's stated functions are broad, it lacks the

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<sup>52</sup> The functions of this body are set out in Appendix F.

necessary capacity to fulfil its functions, given its severely limited manpower and lack of statutory powers. But for these restraints, the Unit could be developed to become the central co-ordinating authority for disability services issues concerned with government policy, service standards setting, evaluation of service delivery and the like. The Unit's present major function is to manage the Government's program of grants to aid the voluntary sector.<sup>53</sup>

Notwithstanding the lack of statutory powers, since 1985 a measure of co-ordination in this area is being achieved through the informal liaison between the Unit, the applicant voluntary organisations, and officers of other interested Commonwealth and State public agencies. Apart from the co-operative exchange of information and opinion, the aim is to obviate the likelihood of several grants being received by the one organisation from different sources<sup>54</sup> and to ensure that the limited financial resources are put to most effective and accountable use in the voluntary sector.

In April 1985 the Minister for Community Services (C/W) and the State Minister for Health and Community Welfare met to consider action to be taken on the recommendations in the Foster Report by their respective Governments. It was acknowledged that a need existed for a closer interaction between Commonwealth and State agencies in relation to

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<sup>53</sup> The Unit's schedule of grants paid to 53 organisations and facilities during 1984/85 amounted to \$ 541,955. *Report of the Auditor-General for the Financial Year Ended 30 June 1985*, p. 249-250.

<sup>54</sup> On the subject of Grant Recipients, the Auditor-General in 1983 remarked ... *It will be noted that grants have been received by some organisations from more than one department. I understand that Cabinet consideration was given to the establishment of an inter-departmental committee with responsibility for determining the criteria for payment of all grants and making recommendations in relation to the organisations to be assisted but the proposal was subsequently deferred indefinitely.* in *Report of the Auditor-General for the Financial Year Ended 30 June 1983*, Government Printer, Tasmania, 1983, p. 12.

On the second anniversary of the release of the Foster Report, and some eighteen months since the release of the

Group's meetings.

Whilst an exchange of information and opinions is a recognised value, that in itself does not necessitate a committee structure. One might surmise that the Group's lack of status and formalised functions, combined with the members' lack of delegated decision-making powers on behalf of their agencies, may be a reason for the suspension of the

taken place since 2nd December 1985.

At the Group's second meeting (August 1985), following consultation with respective Heads of Agencies, it was agreed that it would operate and meet as required without becoming a properly constituted body with approved Terms of Reference. A further five lunch-time meetings were held but none have

and the MHSC.

It was intended that the Group would provide a forum for exchange of information, interpretation of policy, consideration of applications from community organisations for Commonwealth funding, and consideration of aspects of reports such as the Foster Report and the soon to be released New Directions Report, but would not be a decision-making body. The Group is comprised of senior officers of DCS and the State agencies of Health, Education, Community Welfare Persons Services" which held its first meeting in July 1985.

up of the "Commonwealth/State Officers Group on Handicapped office of DCS were subsequently instrumental in the setting services for disabled people. The MHSC and the Tasmanian



Commonwealth Government's New Directions Report, Tasmania continues to suffer the consequences of the absence of any formalised structures responsible for co-ordination and the general oversight and planning of disability services. A working party established by the MHSC now has the task of formulating enabling legislation for the intellectual disability services field. That legislation might well provide the means and mandate for the accomplishment of the many co-ordination tasks. In the meantime, the various interest groups will continue to exert pressure on service delivery agencies to improve the services presently provided and, no doubt, ensure that outstanding matters remain on the political agenda. The nature and extent of these services and their regionalised co-ordination, where applicable, is described in the following chapter.

## **CHAPTER 4 - SERVICES FOR INTELLECTUALLY DISABLED PEOPLE IN TASMANIA**

Within Tasmania there are many public and voluntary sector agencies which provide services to intellectually disabled people of all ages. Most of the Commonwealth and State public sector services in Tasmania are regionalised, with most agencies having established their regional offices in Hobart, Launceston and Burnie.

To advance the notion of local community involvement in the planning and co-ordination of services for disabled people, the DSS selected Tasmania in 1976 as the State in which to study the value of "Regional Committees for the Handicapped", given the State's division into three Regions. During 1977 a conference was held, in each Region, of organisations concerned with services for handicapped people, the conferences being initiated by DSS.

Each of these conferences established a Regional Committee for the Handicapped, comprising representatives of the main voluntary and professional organisations present in the region and the regional public sector offices having an interest in these services. Committee memberships thus varied and ranged from nine agencies in Burnie to twenty seven agencies in Hobart. The number of participating members also varied over time as the Committees, once established, determined their own membership and procedures.

No agency or collective of agencies, public or private, has the responsibility for overseeing the work of these Committees or for periodically reviewing their terms of reference and composition. Yet it is significant that DSS initially provided a secretarial support service to each of the Committees.<sup>1</sup>

From their inception, the regional committees were further constrained by the differing perceptions held by agencies as to their role.<sup>2</sup> The intentions of DSS were put to each Conference by the Assistant Director of the Handicapped Persons Welfare Section (DSS), who said:

In order to properly formulate a list of needs of handicapped people in this region (and by needs I mean those needs which would qualify for subsidy assistance from my Department under the terms of the Handicapped Persons Act), the Department is seeking the co-operation of representatives from interested organisations and bodies to form a committee which could properly assess the necessity for facilities, determine their priorities and how best these needs can be met in a spirit of co-operation. What we now seem to have is a number of different organisations individually competing for the available funds and making the Department's role one of arbiter. I know the Department must accept this role to some extent whilst the demand for funds is so high, but I put it to you that the decisions it has to take could be made with greater confidence and perhaps with greater benefit to the disabled people we are trying to assist if competition between voluntary organisations was replaced by co-operation between voluntary organisations.<sup>3</sup>

The lack of any mention of participation in the DSS decision-making process was noted by conference participants. They expressed their concern that the Committee would lack executive powers and, like other inter-agency committees which had been tried without success, degenerate into ... *friendly get togethers where delegates tend to wander off in their own directions.*<sup>4</sup> The DSS representative, in speaking to a motion to amend the Committee's proposed terms of

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<sup>1</sup> The terms of reference and member agencies of the Regional Committees are set out in Appendix B.

<sup>2</sup> "Advisory body waste of time", *Examiner* (Launceston), 22 June 1977, p. 11.

<sup>3</sup> Neil Hansen, Assistant Director, Handicapped Persons Welfare Section, DSS, Canberra, *Conference Proceedings: Conference of Organisations concerned for the Handicapped - Northern Region*, 21st June 1977, Department of Social Security, 1977, pp. 12-13.

<sup>4</sup> J. Rowlands, *Conference Proceedings: Conference of Organisations concerned for the Handicapped - Northern Region*, op. cit., p. 56.

reference, remarked that he

... did not have the authority from his department, Social Security, that recommendations by the committee as to most urgent needs would be necessarily accepted, however the department was interested in recommendations re feasible plans and would make special note of any proposals. He stressed the need for organisations to plan together so that funds which were available could be utilised quickly and efficiently.<sup>5</sup>

The Southern Tasmanian Committee for the Handicapped, under the chairmanship of the Lord Mayor of Hobart since its formation in 1977, passed a vote for its dissolution in July, 1982, to highlight the lack of executive and co-ordinating powers of these committees.<sup>6</sup> The motion for the dissolution was put, after due notice to all participating voluntary and professional organisations and government agencies, when it was made public that DSS had, in December 1981, provided a grant of \$50,000 to the MHSC.<sup>7</sup> The Committee questioned, to no avail, its role in this matter, especially so as the grant could not have been made under the provisions of the HPA Act (the MHSC being a State authority) and had been made at a time when no funds were available in the HPW Program for additional voluntary sector projects which had the support of the Committee.

In the context of a possible co-ordinating mechanism, as sought by some organisations, these Committees were thus doomed to fail. All voluntary organisations seeking financial assistance from DSS (now DCS) do so under the HPA Act and by direct submission to the State Director of DSS/DCS, who forwards the submission with departmental comment to the Minister's office for decision. In that there

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<sup>5</sup> Neil Hansen, *op. cit.*, p. 56.

<sup>6</sup> "Advisory group has disbanded", *Mercury*, 27 July 1982, p. 11.

<sup>7</sup> This grant had been negotiated at State and Commonwealth Ministers level as a one-off grant to enable the State to assume control over a respite care centre for disabled children in Hobart, and to cost-share the operational costs for the remainder of F.Y. 81/82.

is no requirement that agencies first consult with the Regional Committee, or any undertaking from DSS/DCS to consistently seek the views of the relevant committee on an agency's proposal, the two remaining Committees have been forced into the predicted "talk shop" and advisory mode of operation.<sup>9</sup>

The two major public agencies in Tasmania which currently provide services direct to intellectually disabled persons are the Education Department and the Intellectual Disability Services (IDS) of the Mental Health Services Commission (MHSC). The Retarded Citizens Welfare Association (RCWA) is the major voluntary organisation. A total of twelve voluntary organisations currently manage facilities which provide direct services to disabled people whose disability includes intellectual disability. These are:

- Retarded Citizens Welfare Association
- Multicap Inc.
- Self Help Ltd.
- Cosmos Inc.
- Tasmanian Spastics Association
- North-West Coast Disabled Citizens Association
- Salvation Army
- Society for the Care of Crippled Children
- Royal Tasmanian Society for the Blind & Deaf
- Colony 47 Toy Library
- Convent of Good Shepherd Sisters

In the context of State government Consolidated Revenue Fund (CRF) expenditures, the provision of direct financial assistance to intellectually disabled people and families - in such forms as rebates and concessions - ought to be treated as a service delivery. Rebates and concessions are available to persons, who meet the prescribed eligibility

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<sup>9</sup> M. Wright, *Conference Proceedings: Conference of Organisations concerned for the Handicapped - Northern Region*, op. cit., p. 51, and Duncan Kerr, in *Proceedings of the Conference of Organisations in the Northwest Region of Tasmania Concerned for the Handicapped - 14th April 1977*, Department of Social Security, 1977, p. 45.

criteria, from the

- Hydro-Electric Commission
- Transport Commission
- Department for Community Welfare
- Housing Department
- Metropolitan Transport Trust

The payment by public sector agencies of specific or general purpose grants, out of their CRF Appropriation, to voluntary organisations is treated likewise as a charge borne by the collective community in aid of service delivery to its disabled members. Over the ten year period 1976-85, grants have been paid by the following public agencies:

- Education Department
- Department for Community Welfare
- Department of Health Services
- Department of Main Roads
- Premier's Department
- Mental Health Services Commission
- Treasury
- Lands Department

There are in addition several other non-government organisations which, whilst not operating facilities such as workshops, provide a service to disabled people and/or support to the main service delivery agencies. The organisations which have received funding by way of a grant, and which include people with an intellectual disability in their consumer group, are:

- Australian Council for Rehabilitation of Disabled
- Australian Group for the Scientific Study of Mental Deficiency
- Riding for Disabled
- Wyndarra Learning Circle
- Tasmanian Association of Sheltered Workshops
- Sheltered Workshop Employees Association of Tasmania
- Special Olympics Committee
- Action Group for Handicapped Children
- Committee for Handicapped in the North
- Committee for Promotion of Non-Verbal Communication
- Circular Head Committee for Disabled
- Parents & Friends associations of certain centres and special schools.

Responsibility for providing educational services for all school aged disabled children rests with the Education Department. As a result of significant amendments to the *Education Act* in December 1984 the services previously provided by the IDS to intellectually disabled children were transferred to the control of the Education Department in February 1986. Negotiations between the Department and the RCWA for the transfer of the services provided by the Miranbeena Centre (RCWA) in Burnie have yet to be completed as these involve more complex property issues.

Tasmania has always lacked a coherent policy for the development of intellectual disability services. Notwithstanding the well-known literature describing the rationality of structures adopted by service organisations elsewhere which are deemed to be effective, the services provided in Tasmania cannot be readily described in terms of any customary services taxonomy.\* Services have been established on an ad hoc basis, as elsewhere until recent years, to satisfy a perceived demand, but it is at this point that comparison with other States and countries becomes difficult.

Sir Bede Callaghan observed that

There appears to be an absence of co-ordination within the (government) administration. Yet given Tasmania's size, there would seem to be more scope for co-ordination to be successfully achieved than in the larger States. ... Not only is there a relatively large number of departments but there is a need to provide public services at a large number of centres because of the decentralised nature of Tasmania's population. Both factors influence the economy with which programmes can be developed and carried out.

...

... the Tasmanian Government has a multitude of administrative problems caused mainly by the decentralised communities, the small revenue base and the desire to hold government services to the community in line with those provided by the governments of the larger and growing States.

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\* For example, the Alberta Conserv Plan. Peter Clutterbuck, Dianne Kratochvil and Joy Vernon, *Experimenting with Social Change: A History of the Southern Alberta Conserv Project*, National Institute on Mental Retardation, Ontario, 1982.

In summary, it is fundamentally a problem of scale - of supplying increasing services expected by the community and maintaining the State's role.<sup>10</sup>

The decentralised population combined with the location of electoral boundaries and a parochial ease of access to Federal and State politicians have been the major factors underlying the establishment of the present services rather than a rational and needs-based development plan.

The most recent and detailed survey of Tasmania's services was that undertaken in June 1984 by the Joint Commonwealth & State Review into the Needs of Intellectually Disabled People in Tasmania (Foster Report). The findings of that survey are summarised below in the categories of Sheltered Workshops, Adult Training Centres (previously known as Activity Therapy Centres), Residential Services, and Other Services/Centres.

#### SHELTERED WORKSHOPS.

In determining an individual's status, society places a high value on work and income. The existence of sheltered workshops throughout Australia is largely influenced by the provision of Commonwealth subsidies, funds currently being allocated to eligible organisations on successful submission application in accordance with the provisions of the *Handicapped Persons Assistance Act 1974*. State governments have largely played a minor role in the financing of sheltered employment services. All sheltered workshops in Tasmania are operated by voluntary or religious non-profit

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<sup>10</sup> Sir Bede Callaghan, *Inquiry into Structure of Industry and Employment Situation in Tasmania*, AGPS, Canberra, 1977, p. 11-12.



making organisations for the purpose of providing training and/or employment to disabled persons.<sup>11</sup>

There is no requirement that a sheltered workshop limits its services to people who have a particular type of disability. That this in practice tends to be the case is largely due to the purpose for which the organisation operating the workshop was established. One therefore expects that the majority of persons employed in a workshop operated by the RCWA have an intellectual disability.

A problem for voluntary organisations and public sector agencies alike is that neither the HPA Act nor State legislation contain working definitions of disability and intellectual disability. Although the year to year turn-over rate of employees at workshops is negligible, statistics provided by workshop managers to periodic surveys and reviews may be nevertheless disparate because of the definitions which may be used and their interpretation by the reporting staff of the workshops. The total number of persons employed at sheltered workshops in Tasmania, and the number of those who were deemed to have an intellectual disability, is shown in Table 1. Two sets of data are provided to illustrate that some workshops have a problem with diagnostic criteria.

The data was obtained by the Commonwealth Rehabilitation Service (CRS), which conducted a major review<sup>12</sup> of rehabilitation services available in Tasmania in December 1983 and

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<sup>11</sup> For the purposes of the HPA Act 1974, a disabled person means a person who is permanently blind or who is ...permanently incapacitated for work or whose physical or mental condition is such that, in the opinion of the Minister, he would become so permanently incapacitated for work if he were not provided with sheltered employment;... , *Handicapped Persons Assistance Act 1974*, AGPS, Canberra, 1974, Section 3.

<sup>12</sup> *Review of the Commonwealth Rehabilitation Service in Tasmania*, Department of Community Services, AGPS, Canberra, 1985, pp. 98-107.

the survey conducted in April 1984 by the Joint Commonwealth&State Review into the Needs of Intellectually Disabled People in Tasmania (Foster Survey).<sup>13</sup>

TABLE 1 - Tasmanian Sheltered Workshops.

Workshop	Location	Total Clients		Total Clients with I.D.	
		Foster Survey	CRS Survey	Foster Survey	CRS Survey
Tahune	Huonville	49	51	47	20
Walkabout	Glenorchy	26	26	26	26
Oakdale	Warrane	64	66	63	65
Devonfield	Devonport	65	57	61	32
Tastex	Glenorchy	13	12	12	12
Burnett St.	Hobart	24	22	20	22
Blind&Deaf	Hobart	18	19	6	4
Rosebank	Moonah	21	23	18	20
Fabricare	Sandy Bay	37	36	37	20
Wynyard	Wynyard	39	36	39	32
Self Help	Launceston	46	48	43	44
Summit	Burnie	31	30	29	23
Tadpac	Glenorchy		27		4

The cost of providing sheltered employment is substantial. Several workshops have, with considerable Commonwealth aid, managed to reach a break-even point or a small profit. Many of the workshops would not be viable without the added backup of fund-raising activities and local community support in general.

Donations and bequests received by Boards of Management or the parent organisations of workshops, whilst unquestionably valuable, form a totally unreliable component of income. This is amply illustrated in the financial statements for the three years 1981-83 of the North West Coast Disabled Citizens Association Inc. which manages a very successful workshop - see Table 2. The salaries subsidy paid by the Department of Community Services to the workshop pursuant to Section 21 of

<sup>13</sup> "Services for Adolescents and Adults", in Foster Report, *op. cit.*, pp. 181-96.

the HPA Act is shown, in Table 2, as a component of the workshop's trading statement.<sup>14</sup>

TABLE 2 - NWCDC Assn Inc. - Statement of Income

	1981 \$	1982 \$	1983 \$
Profit/(deficit) - Workshop	7,078	(5,283)	8,669
State Govt Grants	9,578	4,400	5,000
Donations/bequests	12,708	2,361	29,088
Interest	191	--	24
Subscriptions	60	74	107
Capital expenditure grants	19,025	15,852	30,554
Fund raising	--	640	--
Other income	--	26	--
Total	48,640	18,070	73,442
<u>Workshop Trading Statement</u>			
Gross profit from trading	38,124	103,813	196,454
Interest	--	1,430	638
Rent received	21,000	12,750	--
Salary subsidy (C/W)	67,790	34,332	38,311
	126,914	152,325	235,403
Less operating expenses	119,836	157,608	226,734
Profit/(deficit)	7,078	(5,283)	8,669

Centres which provide training programs and facilities for disabled people require a higher proportion of supervisory and training staff than organisations which employ able-bodied people. The HPA Act provides for the payment of a salary subsidy<sup>15</sup> to an approved centre/workshop to compensate for the additional staff. Salaries of approved staff are generally subsidised by 50 per cent after the initial two year establishment period during which the subsidy may be increased to 100 per cent in the first year and 75 per cent in the second year of operation. The subsidy is paid only for the time spent by staff on supervisory and training functions. For subsidy purposes, the salaries must

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<sup>14</sup> Annual Report - 1981/82 and Annual Report - 1982/83, North West Coast Disabled Citizens Association Inc.

<sup>15</sup> Handicapped Persons Assistance Act 1974, op. cit., Section 21.

be in accord with the prevailing award rates prescribed for similar work in open industry.<sup>16</sup>

Sheltered employment is intended to concentrate on providing vocational training and wage earning opportunities to severely handicapped people. To provide the disabled employee with appropriate practical work experience, the sheltered workshop must compete with other organisations and industry in the open market for manufacturing contracts. The open market place generally does not excuse the sheltered workshop in cases of failure to meet contracted deadlines or any of the other common industrial contract conditions. Depending upon the nature of the contracts entered into by a sheltered workshop, most sheltered workshops find it necessary to employ additional staff to undertake those manufacturing processes which the disabled employees are unable to perform to a satisfactory standard, and to ensure that the production line is maintained at an efficient output.<sup>17</sup>

Within Tasmania, considerable attention has been given over many years to the need to co-ordinate the activities of the sheltered employment sector, thereby preventing the counter-productive consequences of workshops competing against each other for the limited amount of appropriate work available. The Tasmanian division of ACROD in 1977 proposed the formation of a sheltered industry co-operative which would co-ordinate the activities of all workshops as well as undertake their accounting and general office services, thus

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<sup>16</sup> *Services for Handicapped People*, Department of Social Security, AGPS, Canberra, 1982, p. 20.

<sup>17</sup> For detail on the conflict of interests in the sheltered employment sphere refer to Appendix I.

relieving each facility of the need to employ office staff.<sup>18</sup>

A professional organisation, in reviewing the sheltered industry system, submitted in 1979 that

... consideration be given to the appointment of a Contracts Co-ordinator with a qualification and experience relevant to the tasks of obtaining appropriate contracts at realistic market rates on behalf of all S.W.S's, and overseeing quality control programmes.<sup>19</sup>

The DSS strongly supported this view and submitted that the co-ordinator of sheltered workshops be appointed by the State Government. The Board of Inquiry, however, reported that it

... believes that a co-ordinator appointed by the State Government would face an impossible task in coping with the dictates of commercial competition and the internal management of the workshops themselves, whilst working within a system subject to the administrative authority of a Federal Government department.<sup>20</sup>

and recommended *...that the position of a co-ordinating officer for sheltered workshops be a matter for the Department of Social Security to fully determine ...*.<sup>21</sup>

### ADULT TRAINING CENTRES

Known as Activity Therapy Centres (ATC) prior to 1986, the concept of an ATC developed in the early 1970s as a solution to the problem of sheltered workshops becoming inefficient and non-viable due to the placement within them of too many people who lacked a capacity to undertake productive work and to benefit from the form of vocational training customarily provided to disabled employees. It was intended that ATCs

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<sup>18</sup> Report on the State Conference on the Handicapped, Department of Health Services, Tasmania, 1977, p. 26.

<sup>19</sup> Sheltered Workshops - Submission to Board of Inquiry into the Needs of the Handicapped, Australian Group for the Scientific Study of Mental Deficiency (Tasmanian Branch), 1979, p. 1.

<sup>20</sup> Webster Report, *op. cit.*, p. 77.

<sup>21</sup> *Ibid.*, p. 78.

provide highly structured and individualised training programs in daily living and other self-help skills and vocational skills to people who have a severe disability, in order to prepare them for further training and employment in the sheltered employment system.<sup>22</sup>

Commonwealth financial assistance in the form of grants and subsidies, necessary to establish ATCs, is provided for in the HPA Act.<sup>23</sup> Shortly following proclamation of the Act, the administering department (DSS) embarked on a review of the workshops to determine, in consultation with the organisations/boards of management, which workshops should be re-classified as ATCs. Whilst it is recognised that ATCs require a higher staff:client ratio and are not likely to develop a significant income-earning capacity, the funding provisions in the HPA Act for ATCs are the same as those for sheltered workshops.

To further ensure a clear separation between ATCs and sheltered workshops, trainees at ATCs were initially only permitted to devote a minor portion of their time to contract-type work for the purpose of receiving vocational training and experience. This was subsequently eased and now stands at 50 per cent - the contracts often being shared with a workshop, many of which are managed by the same organisation and may indeed be situated at the same address.

There are currently five ATCs in Tasmania, four of which are recognised and funded by DCS. The exception is the Rocherlea Training Centre (RTC) which is funded and operated by the

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<sup>22</sup> Director-General, Department of Social Security, personal communication, 17 August 1977.

<sup>23</sup> See Sections 4, 10, and 21, *Handicapped Persons Assistance Act 1974*, op. cit.,

IDS, thus not eligible to receive Commonwealth funding.<sup>24</sup> However, the RTC has been authorised by the Minister for Community Services as an "approved training centre" to ensure that its clients can live in DCS-funded residential facilities operated by voluntary organisations. As shown in Table 3, the great majority of trainees attending ATCs are intellectually disabled, the noteworthy exception being the ATC operated by the Multiple Sclerosis Society in Hobart. No agency in Tasmania carries a responsibility for assisting ATCs in the assessment of needs of individuals and, on the basis of that assessment, for referring people to the most appropriate service/facility.

TABLE 3 - Tasmanian Adult Training Centres.

ATC	Location	Total Clients		Total Clients with I.D.	
		Foster Survey	CRS Survey	Foster Survey	CRS Survey
Walkabout	Glenorchy	45	45	45	39
Devonfield	Devonport	44	44	44	35
Multicap	Burnie	29	25	26	25
RTC	Launceston	50	50	50	50
M.S. Soc.	Hobart		66		0

### RESIDENTIAL SERVICES

Residential services for intellectually disabled children and adults are limited in quantity as well as in options. These services are largely comprised of institutional/hostel settings which were established prior to 1983. During 1983 the Commonwealth Government announced its support of the Least Restrictive Alternative Principle in determining the appropriateness of services developed for disabled people.

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<sup>24</sup> Section 3 of the HPA Act excludes organisations conducted or controlled by the Government of the Commonwealth or of a State.

Pursuant to this change in policy, priority for funding has been given to applications for establishing group homes in recognised residential zones rather than for new hostels/nursing homes and further expansion of such already existing and subsidized facilities.

Given the nature of a residential service program and the lack of a central database, it is not possible to obtain accurate data on the number of persons receiving supported accommodation in these facilities on any specified date and to identify those who are intellectually disabled. The findings of the Foster Survey (June 1984)<sup>25</sup> are summarised in Table 4 but it should be noted that a small number of group homes have been opened since that survey.

The total cost of operating the services listed in Table 4 is not known to any agency but it is considerable given the need for round-the-clock staffing to provide for residents' support and supervision. Residents in these facilities are charged an accommodation fee which varies from place to place but, in the case of recipients of a pension, could exceed 80 per cent of the value of the pension.

The HPA Act provides for the payment of subsidies to eligible organisations which provide a residential service, but that service must be restricted to persons undertaking approved training, activity therapy or sheltered employment, or to persons who need special accommodation (by reason of a disability) to allow them to engage in employment or any other occupation or business.<sup>26</sup> This requirement can

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<sup>25</sup> "Accommodation and Respite Care", in Foster Report, *op. cit.*, pp. 217-271.

<sup>26</sup> *Handicapped Persons Assistance Act 1974*, *op. cit.*, Section 6.



present considerable problems for the client and his/her family, the Board of Management of the facility and the IDS. If a person is dismissed from an approved centre or workshop then he/she has also lost the eligibility to receive the subsidised residential service and must obtain alternative accommodation. The Act also entitles an organisation that provides accommodation to handicapped children who are less than 16 years of age to receive a benefit of \$5.00 in respect of each child for each day on which accommodation is provided.<sup>27</sup>

TABLE 4 - Tasmanian Residential Services.

Facility	Type*	Location	Total Clients	Total Clients with I.D.
Willow Court	I	New Norfolk	316	316
Oakdale Lodge	H	Warrane	42	42
Kingston Cottage	C	Huonville	5	5
Albury Cottage	C	Huonville	6	6
Speedwell House	C	Lindisfarne	5	5
Yalambee	H	Glenorchy	27	27
Hartill House	C	Hobart	5	5
Convent	H	Hobart	13	13
Convent	C	Hobart	9	9
Elim	H	Hobart	26	26
St Johns Park Hosp.	I	Hobart	36	36
RTC	C	Launceston	4	4
Orana	H	Launceston	22	22
St Andrews	H	Launceston	20	20
St Giles	N	Launceston	41	6
Eskleigh	N	Perth	16	1
Devonfield	H	Devonport	47	47
Devonfield	C	Devonport	10	10
Summit Industries	C	Burnie	2	2
Panorama	N	Burnie	20	20

\*Type of residential facility.

C - Group home or flat.	Total clients= 46.
H - Hostel.	Total clients= 197.
N - Nursing home.	Total clients= 27.
I - Institution/hospital.	Total clients= 352.

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<sup>27</sup> Ibid., Section 23.

In the case of approved nursing homes, the provisions of the *National Health Act 1953-1974* and the *Nursing Homes Assistance Act 1974* apply. It is usual for the form of agreement entered into by the Commonwealth and the proprietor of a nursing home to include a provision for the payment by the Commonwealth of the home's approved deficit.<sup>28</sup> The admission of a person to a nursing home is strictly controlled, through stringent entry criteria, and requires the prior approval of the Permanent Head of the Commonwealth Department of Health.<sup>29</sup>

#### OTHER SERVICES/CENTRES

The aforementioned training, work and accommodation services are customarily regarded as the major service elements. In that generic services - services available to any member of the community - are generally not well prepared to meet the special needs of intellectually disabled people, there exists a range of other specialist and support services. It is not feasible in a study of this nature to categorise all of the forms of services that have been provided in the last decade.<sup>30</sup>

The nature and extent of a service provided at any time by any one of the agencies is dependent on financial resources, the need and priority as perceived by the agency and the funding agency, and the availability of the necessary manpower having the required qualifications and experience. For these various reasons services and specific programs rise

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<sup>28</sup> *Nursing Homes Assistance Act 1974*, AGPS, Canberra, 1974, Section 12 (2)(c).

<sup>29</sup> *Ibid.*, Section 6 (b), and *National Health Act 1953-1974*, AGPS, Canberra, 1974, Section 40 AB.

<sup>30</sup> Not one of the three recent major inquiries/reviews fully accomplished that task, i.e. Webster Report - 1980; CRS Report - 1984; and Foster Report - 1984.

and fall. The following brief description of services is confined to the long established major agencies whose principal roles include the provision of services to intellectually disabled people.

## PUBLIC SECTOR SERVICES

### Special Education Services

The *Education Amendment Act (No 3) 1984*, which received Royal Assent on 12 December 1984, substantially amended the *Education Act 1932* in relation to the provision of education to children who previously were exempt, and in some cases excluded, from enrolment if ... *certified, as prescribed, to be physically or mentally, permanently unfit to attend any school.*<sup>31</sup> The Act now requires that every child, who has attained the age of six years, be enrolled in a school or special education facility.<sup>32</sup>

With the exception of the four year period 1976-80, during which a non-government school operated a special education class, the Education Department has provided all special education services. The Department's major special education services, provided by the Student Services Branch, are

- Early Special Education
- Special Schools
- Special Units
- Special Education Teachers in Ordinary Schools
- Itinerant Special Education Teachers
- Hospital Classes
- Assessment Centres.

Of the seventeen special schools, twelve cater mainly for children with varying degrees of intellectual disability.

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<sup>31</sup> Section 7A - (2)(d), *Education Act 1932*, now omitted by No 99 of 1984, s. 7 - (2).

<sup>32</sup> Section 7A - (1), *Education Act 1932*, as amended by No 99 of 1984, s. 7 - (1).

With the increasing acceptance of the "normalisation principle", the Department's current policy is

...to place children with special needs in ordinary schools wherever possible. It is argued that this allows for maximum useful association between children with special needs and others. ... The concept of special education need has undergone change and a new definition and new approach are now required.<sup>33</sup>

Given the changing educational philosophies and values, the Department does not use the internationally accepted term and definition of intellectual disability for its statistical purposes. It is therefore unable to state how many of the 992 students who received special education services in 1984, at special schools and primary and district high schools' special classes, were known to be intellectually disabled. It estimated this group to number 840. It further estimated that some two thousand of the enrolled students might have an IQ less than 70, but this criterion is known to be inaccurate.<sup>34</sup> Aggregate information of this nature does not assist other agencies in predicting long term services needs throughout the State.

The Division of Technical and Further Education as well as Adult Education provide a number of special education programs. There were a total of 19,515 enrolments in Adult Education activities and 21,176 students were enrolled with vocational institutions during 1984. Of this number, only 43 students were enrolled in special programs.<sup>35</sup> Applications for enrolment in such courses, especially from students in their final year at special schools and special units, are considerable, increasing each year and reputed to exceed course limits by a factor of three.

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<sup>33</sup> *A Review of Special Education*, Education Department, Government Printer, Tasmania, 1983, p. ix.

<sup>34</sup> For further detail, see Foster Report, *op. cit.*, Part Two, Appendix J, pp. 83-87.

<sup>35</sup> *Annual Report 1984*, Department of Education, Government Printer, Tasmania, 1985, pp. 17, 19, 45, and 49.

The Foster Report remarks that there are many intellectually disabled adults who could benefit from further education and recommends that *... appropriate courses be offered on a regional basis through appropriate Education Department facilities.*<sup>36</sup> The Grimes Report takes matters a step further and recommends that

... the Commonwealth Ministers for Community Services and Education and State Education Ministers consider jointly:

§ transferring the training functions of activity therapy centres (ATCs) to the Technical and Further Education system;

§ ... and

§ ways of upgrading support for parents and families either in early intervention programs for disabled children or specifically designed adult education programs.<sup>37</sup>

### Assessment Services

Diagnosis and assessment of disabling conditions is undertaken by several agencies.

The Department of Health Services (DHS) and the Education Department jointly operate an Assessment Centre in each Region. The Hobart Assessment Centre was established first and commenced in January 1976 when provision was made in the Commonwealth's Community Health Program to meet 50 per cent of the DHS recurrent costs of such centres. The necessity for effective co-ordination of the assessment services was recognised by all interested agencies from the outset as the Education Department's mandate, until 1985, restricted its operations to school children. The DHS was not subject to such legal limitation. Although professional and support staff employed by the two departments in these centres endeavour to work as a team, the divided responsibility for

<sup>36</sup> Foster Report, *op. cit.*, para. 10.6.3, p. 198.

<sup>37</sup> Grimes Report, *op. cit.*, p. 48.

the service has created problems to the extent that the Director-General of DHS in his 1981-82 Annual Report commented:

At the Hobart Centre the team members are still struggling to overcome difficulties of communication between members with two different Departments and nine different disciplines. There are also difficulties in obtaining information about children in time to meet deadlines for meetings organised by the Education Department.<sup>38</sup>

It is not known how many children attend the three centres each year and how many of these children were diagnosed as being intellectually disabled but their proportion is said to have declined from about 40 per cent of all children seen during the late 1970s to about 10 per cent in 1986.<sup>39</sup> In a rare display of information giving about this service, the DHS Annual Report Of 1983-84 states 532 new cases seen by its staff, including 112 children with developmental delay.

The Douglas Parker Rehabilitation Centre (DPRC) in Hobart was opened in 1981. It is jointly funded (70:30 C/W:State basis) and operated by the CRS and the Royal Hobart Hospital. It has a Statewide function and caters for people with a wide range of disabilities. The Centre includes a paediatric rehabilitation unit and, whilst primarily concerned with physical and sensory disabilities, provides assessment of intellectually disabled adolescents and adults on referral from the Hobart Regional Rehabilitation Unit (C/W).<sup>40</sup>

The Child Health Service of DHS provides a free Statewide service to all mothers, babies and children up to school entry. Through regular sessions at Child Health and District Nursing Centres and home visits, at least 91 per cent of new

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<sup>38</sup> *Annual Report 1981-82*, Department of Health Services, Government Printer, Tasmania, p. 20.

<sup>39</sup> Co-ordinator of Assessment Services, Department of Health Services, personal communication, 1986.

<sup>40</sup> Review of the Commonwealth Rehabilitation Service in Tasmania, *op. cit.*, pp. 25-7.

born children are examined shortly after discharge from hospital. Examinations are routinely carried out at six weeks, one year and three years of age, with attendance percentages dropping to about 86, 79 and 68 per cent respectively. Child Health Sisters endeavour to refer a baby or child who is suspected of developing a medical and/or disabling condition to an appropriate specialist or agency but have encountered difficulties in doing so.<sup>41</sup>

There is no formalised assessment service in Tasmania for intellectually disabled adults, apart from the limited service at DPRC. The Resource Service of the IDS located in Hobart and Launceston, and the Willow Court Centre in New Norfolk, have insufficient numbers of professional staff to assume a Statewide responsibility for assessment. Instead, a limited consultative service is provided to voluntary sector agencies.

### Intellectual Disability Services

The Intellectual Disability Services (IDS) is a division of the Mental Health Services Commission (MHSC). The *Mental Health Services Act 1967* empowers the MHSC to provide, or arrange the provision of, mental health services for the State. The MHSC is a statutory authority and exercises its functions on behalf of the Crown, subject to such directions as may be given it by the Minister for Health.<sup>42</sup>

Whilst neither the enabling Act nor the *Mental Health Act 1963* make explicit provisions for the delivery of services to

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<sup>41</sup> Report of the Working Party on Multi-disciplinary Assessment, Diagnosis and Early Intervention Services, Government Printer, Tasmania, October 1983, pp. 13 and 30-33.

<sup>42</sup> *Mental Health Services Act 1967*, Government Printer, Tasmania, Section 3.

intellectually disabled people, these services traditionally form a part of the mental health administration. The absence of a clear statutory mandate acts as a restraint on the capacity of the IDS to exercise a leadership function in this field and to co-ordinate the development of services.

The IDS was re-structured in April 1986, following the transfer to the Education Department of the Quindalup and Elonera training centres for children and the transfer of the then Director to the directorship of the MHSC Research & Information Services Unit. It currently comprises the Institutional Services at New Norfolk (Willow Court Centre) and the Community Services located in Hobart and Launceston, each having its own Head of Service.

In the absence of a position of Director of IDS, each Head of Service reports to the Commission. The Superintendent of the Willow Court Centre, located at New Norfolk, is also responsible to the Board of Management of the Royal Derwent Hospital. Legal separation of the Centre from the Hospital, and possibly its Board of Management, is an option still receiving consideration. To maximize information sharing and co-ordinated planning, budgeting and development of future services, a Corporate Executive Group has been formed comprising the Commissioners, the Heads of Services and the IDS Administrative Officer.

The number of clients who have been enrolled at its facilities since 1972, when the first community-based training centre opened, is shown in Table 5. In addition, the Respite Services operated by IDS in Hobart and Launceston since December 1981 have provided short term residential



respite care to some two hundred child and adult clients. As well, professional staff of the IDS Regional Resource Teams provide consultancy and assessment services to clients who do not attend an IDS facility.

TABLE 5 - Tasmanian IDS Client Enrolments at 30 June.

Year	IDS Community Services			Institutional Services	Total
	Q.D.C.	E.D.C.	R.T.C.	W.C.C.	
1972	14	--	--	395	409
1973	29	--	--	377	406
1974	36	--	--	385	421
1975	33	--	--	379	412
1976	35	21	--	333	389
1977	42	24	--	329	395
1978	46	20	--	313	379
1979	44	23	--	308	375
1980	46	22	29	345	442
1981	33	19	33	335	420
1982	32	22	33	333	420
1983	41	33	57	296	427
1984	35	34	63	314	446
1985	35	--	85	308	429

Q.D.C. - Quindalup Day Training Centre, Hobart.

E.D.C. - Eltonera Handicapped Childrens' Centre, Launceston.

R.T.C. - Rocherlea Training Centre, Launceston.

W.C.C. - Willow Court Centre, New Norfolk.

The statistics presented in Table 5, as taken from MHSC Annual Reports, thus provide an incomplete view of the total IDS client group. The Foster Review survey of June 1984 established that 693 intellectually disabled persons were registered with IDS as service recipients.<sup>43</sup> In the absence of up to date comprehensive data, it is estimated that this client group may number some eight hundred persons in 1986.

The IDS Community Services staff establishment as at 1 September 1986 consisted of 86 positions. The IDS establishment, inclusive of part time positions, as at 30 June for each year since 1972 is shown in Table 6.

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<sup>43</sup> Further detail is presented in Table 7.

TABLE 6 - Tasmanian IDS Staff Establishment.

Year	IDS Community Services					Institutional Services	Total
	Q.D.C.	E.D.C.	R.T.C.	Q.R.C.	O.D.	W.C.C.	
1972	3	-	-	-	-	-*	3
1973	4	-	-	-	-	-	4
1974	4	-	-	-	-	-	4
1975	5	-	-	-	-	-	5
1976	5	9	-	-	-	-	14
1977	5	10	-	-	-	-	15
1978	8	10	-	-	-	-	18
1979	8	10	7	-	-	-	25
1980	8	10	9	-	2	-	29
1981	10	9	35	-	1	-	55
1982	10	11	45	10	1	-	77
1983	10	11	52	10	2	-	85
1984	10	-#	70	10	3	350	443
1985	12	-	78	10	4	350	454

Q.D.C. - Quindalup Day Training Centre, Hobart.

E.D.C. - Eltonera Day Training Centre, Launceston.

R.T.C. - Rocherlea Training Centre, Launceston.

Q.R.C. - Quindalup Respite Care Centre, Hobart.

O.D. - Office of the Director - IDS, Hobart, includes Resource Team staff.

W.C.C. - Willow Court Centre, New Norfolk.

\* The process of separating Willow Court Centre from the Royal Derwent Hospital commenced in 1984.

# Direct management of the E.D.C. was transferred to R.T.C. thus forming the IDS (Northern Region).

Whilst development of the voluntary sector services was stimulated by the provisions of the HPA Act 1974, community services such as the IDS, provided by the State Governments, likewise received a boost from the Commonwealth Government through the Commonwealth/State Community Health Program (CHP) Agreement. The CHP came into operation on 1 July 1975 and ceased on 30 June 1981 when these payments were embraced by the annual block grant to the States. The CHP provided for a Commonwealth payment of 90 per cent of the operating expenses of approved projects and staff positions in its first year of operation, reducing to 75 per cent for the second year and to 50 per cent for the third and subsequent years. When the

CHF Agreement expired, one quarter of the IDS staff employed in community centres occupied "approved positions".

Comment is made from time to time on the IDS staff:client ratio and its seemingly high operating cost per client as compared with the voluntary sector services. In the absence of comprehensive data, on the delivery of services by both sectors, it is not feasible to undertake a comparative analysis. However, apart from known differences in industrial Award provisions, the IDS as shown in Table 7 has a higher proportion of clients with more severe cognitive deficits, multiple disabilities, inappropriate behaviours, and/or behaviour disorders. To meet the needs of such clients necessitates the employment of not only more staff but also a higher proportion of staff with appropriate professional qualifications.

TABLE 7 - Clients Enrolled with Service Delivery Agencies during June 1984.<sup>44</sup>

Agency	Degree of Intellectual Disability					Total*
	Mild	Moderate	Severe	Profound	Unknown	
RCWA	52	96	69	3	188	408
Other Vol.	100	163	83	19	57	422
IDS	52	186	225	50	180	693
Other Govt.	26	9	4	6	14	59

\* The Foster Review survey identified a total of 1089 intellectually disabled persons who received a service from one or more agencies but excluded all who were enrolled with an Education Department facility.

## VOLUNTARY SECTOR SERVICES

### Retarded Citizens' Welfare Association

The principal objects of the Association, which was formed in 1952, are to promote and protect the interests and welfare of ----

<sup>44</sup> Previously unpublished data extracted from Foster Review survey records.

intellectually disabled people. The RCWA began its service delivery with the provision of education to a small number of intellectually disabled children, with considerable assistance from volunteers. From such a humble beginning, the RCWA has developed to become the largest voluntary organisation in Tasmania, as is evidenced by the data presented in Table 7 (v.s.). A range of services are now provided in Hobart, Huonville, Launceston, Georgetown, Devonport and Burnie from a total of fourteen centres and a growing number of group homes.

The subscribing membership of voluntary organisations normally fluctuates. The RCWA in recent years however has suffered a significant loss of members - i.e. from a high of 950 members in 1978 to about 150 members in 1985 - and four of the eighteen Branches were "in recess" in 1986. An ageing membership whose collective view on services and organisational processes has largely failed to keep pace with developments in the disability services arena is now seen as a major constraint on the necessary development of effective policies. This has resulted in a growing resistance among young parents of disabled children to become members of the Association and the formation of new but small incorporated organisations is a growth industry.

The Association's Memorandum and Articles of Association provides for a complex organisational structure consisting of Branches, Facility Boards of Management, Regional Committees, the State Council and the State Executive. There are in addition three Auxiliaries which support two Branches and one Centre. Whilst this structure facilitates considerable

involvement of members in the management of facilities and the Association, it also militates against overall management and Statewide service priority setting. Applications for government grants and subsidies thus require liaison at several hierarchical levels instead of the preferred central level.

Attempts to simplify the RCWA structure and to provide for an increased central authority have failed to date as the necessary constitutional amendments did not receive the required approval of 75 per cent of the voting members. Although financial problems are not unknown to the Association, it has now reached the stage where firm action is required to ensure its survival, as evidenced by its diminishing total capital funds and reserves from \$6m to \$4m in the year ending 30 April 1986.<sup>45</sup> The Acting State President sounded the following note of warning in his report to the Association's 1986 Annual General Meeting:

... the real voluntary work of the Association, to a greater extent than ever before in its history, devolves upon the faithful few, many of whom have become understandably weary after decades of dedicated service. Some Branches are just managing to continue to exist by the efforts of the faithful few, while some have gone out of existence altogether. Somehow or other the Association, so far, continues to labour on under the restrictions of a Constitution which has long since become inappropriate for a State organisation. Designed 30 odd years ago, it is calculated to foster parochialism and division as it invests excessive power in divisive regions and Boards of Management of facilities which emanate therefrom. At the same time this constituted system of management denies the elected management body, the State Executive, the authority it needs to pursue the task of cohesive state management and frustrates the attempts of the State Secretary, the State Accountant and the Appeals Co-Ordinator to supply effective direction and initiative in their respective areas of responsibility.

Despite the inhibitions to which I have referred, the R.C.W.A. has managed to establish a magnificent record of achievement, because it had an abundance of dedicated, enthusiastic members to overcome the restrictions it placed upon itself. However, as the ranks of the volunteers became further depleted, surely it should be apparent to those of us who are left, that we have an urgent responsibility to heed the demands of the winds of change and reconstitute the Association with a more business-like management structure while there is yet time. To fail to take this road I submit will be to recede into history.<sup>46</sup>

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<sup>45</sup> *33rd Annual Report and Financial Statements 1985 - 1986*, Retarded Citizens' Welfare Association of Tasmania, p. 14.

<sup>46</sup> *Ibid.*, p. 2.

Cosmos Inc.

The Community of Significant Members of Society (Cosmos) is an incorporated voluntary organisation which caters for people with all types and degrees of disability and all ages. The organisation is based in Hobart and operates from the Community Recreation Centre. Its primary function is to provide recreation and leisure activity programs to people who are disabled and, in this capacity, also acts as a referral and information service. Cosmos endeavours to co-ordinate development of special recreation programs on a Statewide basis. A feature of the services provided to date is that it does not adopt a "welfare" approach. Rather, its approach is a functional one in terms of providing a specific service which fills gaps in the otherwise available generic and community recreation services.

Cosmos originated with the Helping Hands Club, a support group for mothers of disabled children, in 1977. In January 1978 a school holiday recreation program, assisted through State and Commonwealth recreation grants, was run by volunteers and attended by children as well as adults. Under the auspices of the RCWA, the recreation service developed to provide regular weekend and holiday activities, expanding to a full time 7 day service with 250 members in 1979.

The recreation service seceded from the RCWA in 1982 to become the separate entity of Cosmos, with 450 members. Meeting the provisions of the HPA Act, the Society was approved by the Minister for Social Security as a "prescribed service" in January 1983, following which it became eligible to receive a subsidy. In 1986 there are more than 600

members who receive services, at least 80 per cent of whom are intellectually or multiply disabled. To provide its services Cosmos employs eight full time and twenty six part time salaried staff and has the support of some eighty volunteers. For the year 1984/85, Commonwealth and State grants and subsidies formed 72 per cent of its income and these amounted to \$158,388.<sup>47</sup>

Acting on a recommendation from the National Committee on Sport and Recreation for the Disabled, the Commonwealth Department of Sport, Recreation and Tourism provided Cosmos with a grant in 1986. The purpose of the grant is to institute the establishment of a recreation and sporting association in Tasmania which will promote, develop and co-ordinate sport and recreation for people with intellectual disability. The Association and an interim committee of 20 people was formed on 8 September 1986.

#### Multicap Inc.

The Society for the Multiply Handicapped in Tasmania (Multicap Inc.), based in Burnie, was formed principally

To assist in the care, habilitation and rehabilitation of severely handicapped children and adults in Tasmania (at the Association's discretion) who, because of the severity and multiplicity of their handicap(s) (excluding geriatrics, and psychiatrically disabled people, who are, or tend to be violent) are usually not acceptable at existing centres, by providing medical treatment, nursing care, education and training, entertainments and leisure activities/facilities, activity therapy centres, employment training and any other service considered by the Association to be necessary for the habilitation/rehabilitation of and beneficial to the general well being of such people.<sup>48</sup>

The Society operates an approved deficit-funded 20 bed capacity nursing home (Panorama) for severely/profoundly physically or multiply disabled people aged between one and fifty years. It aims to develop a comprehensive residential

<sup>47</sup> Annual Report 1984/85, Cosmos Inc., Hobart, 1985.

<sup>48</sup> Multicap Heights, Burnie, Multicap Inc., 1984, mimeograph.

service including community based group homes and flats. Multicap also operates an ATC and associated rural enterprise program for about twenty five clients, most of whom are intellectually disabled, which service is subsidized under the provisions of the HPA Act. As circumstances permit, it endeavours to provide sessional services to other disability client groups in the Burnie area, e.g. a twice weekly social program for people who suffer from multiple sclerosis.

Whilst Multicap's services are located in Burnie, its fundraising program is Statewide and effective compared with the larger voluntary organisations. The 1986 quests alone contributed \$206,451 towards its income.<sup>49</sup>

Having established a sound service record and financial base, Multicap agreed in 1986 to join forces with the Launceston-based Caring Parents Association. The latter body is a small incorporated voluntary organisation established in 1985 for the purpose of developing a residential service for severely and multiply disabled people of all ages. Following amalgamation, the re-structured Multicap Inc. was successful in obtaining a significant grant from DCS to establish three group homes in Launceston. When opened, these will reduce the current IDS waiting list for residential services in Launceston.

#### SERVICE DELIVERY COSTS

The major Australian reports on services for intellectually disabled people recognised the significant expenditures on these services from the consolidated revenue funds of the

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<sup>49</sup> "Funds raised in Multicap quest doubled", *Mercury*, 8 September 1986.



Commonwealth and the State Governments but none were able to identify the extent of these expenditures. This at present is a seemingly impossible task, especially given the multiplicity of legislative mandates in Australia for the delivery of these services.

A major constraint on cost-effectiveness studies in this field is that of financial records being maintained by public sector agencies in a manner prescribed by the respective Treasury departments. Thus expenditure on a specific sub-component of a program may be recorded under the program as a whole. As well, few agencies adopt the practice of distributing their general administration costs to specific programs and their components as the formula for determining such distribution can seldom be precise.

A comment often made in recent years at gatherings of interest groups in Tasmania is to the effect that Tasmania's IDS compares poorly with the services provided by the Division for the Intellectually Handicapped (DIH) in Western Australia and that Western Australia became the trendsetter because of a consistently high level of expenditure. Whilst State by State comparative studies have yet to be attempted, the evidence presented in Tables 8 and 9<sup>50</sup> at least shows that Tasmania's CRF expenditure on IDS compares favourably with Western Australia's CRF expenditure on DIH.

The data in Table 8 shows that since 1976/77 Tasmania's total expenditure from its CRF has been marginally but consistently higher, on a per capita basis, than Western Australia. The

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<sup>50</sup> The data on CRF expenditures was obtained from Tasmanian and West Australian Annual Reports to the respective Parliaments. For population statistics used to determine the per capita data see Appendix D.

**TABLE 8 - Consolidated Revenue Fund Expenditures -  
Tasmania and Western Australia**

Year	Total CRF		Total per capita CRF	
	Tasmania \$	West Australia \$	Tasmania \$	West Australia \$
75/76	317,946,696	950,267,621	782.73	820.47
76/77	395,033,163	1,141,112,000	965.62	957.62
77/78	450,706,175	1,311,205,000	1082.13	1077.32
78/79	492,960,811	1,443,334,000	1175.96	1166.71
79/80	563,916,672	1,641,191,000	1335.66	1305.43
80/81	627,440,727	1,862,007,000	1475.29	1450.16
81/82	717,628,276	2,061,894,000	1674.75	1562.99
82/83	772,735,011	2,339,070,000	1793.30	1730.85
83/84	855,005,881	2,659,761,394	1966.43	1934.93
84/85	952,922,305	2,842,267,768	2167.70	2037.91

public domain data presented in Table 9 for the Tasmanian IDS for the years since 1980/81 does not include a proportion (unknown) of the MHSC's Administrative Support Services costs. Had these costs been distributed between the MHSC Programs, it is estimated that the per capita cost of IDS from 1981/82 would have been approximately one dollar greater than shown, further accentuating the difference between the two States in recent years.

**TABLE 9 - CRF Expenditure on Intellectual Disability  
Services - Tasmania and Western Australia.**

Year	CRF Expenditure		IDS Cost per capita		% of CRF	
	Tas. IDS \$ '000	W.A. DIH \$ '000	Tas. IDS \$	W.A. DIH \$	Tas. IHS %	W.A. DIH %
75/76	3,012	7,938	7.42	6.85	0.95	0.84
76/77	3,577	10,889	8.74	9.20	0.91	0.95
77/78	4,082	13,083	9.80	10.75	0.91	1
78/79	4,490	14,429	10.71	11.66	0.91	1
79/80	5,755	16,845	13.63	13.40	1.02	1.03
80/81	6,349	19,579	14.93	15.25	1.01	1.05
81/82	7,991	22,291	18.65	16.90	1.11	1.08
82/83	8,779	26,349	20.37	19.50	1.14	1.13
83/84	9,592	30,233	22.06	21.99	1.12	1.14
84/85	10,159	34,465	23.11	24.71	1.07	1.21

The IDS operational costs are shown in Table 10. The data illustrates the development of the community services during the ten year period commencing 1975/76, with an increase in

outlays of about 2440 per cent. The cost of operating IDS' only institution (Willow Court) clearly remains a significant budget item - 97.6% in 1975/76 and 82.4% in 1984/85. However, in terms of the cost per resident per day, this service has been found to rank as one of the cheapest institutional services in Australia.<sup>51</sup>

TABLE 10 - Tasmanian IDS Component Costs - \$ '000.

Year	IDS Community Services						Institutional Services	Total IDS
	O.D.	Q.D.C.	Q.R.C.	E.D.C.	R.T.C.	IDS(N)	W.C.C.	Costs
75/76	--	40	--	34	--	--	2,939	3,012
76/77	--	48	--	53	--	--	3,477	3,577
77/78	--	72	--	65	--	--	3,945	4,082
78/79	--	89	--	70	60	--	4,271	4,490
79/80	33	110	--	82	111	--	5,419	5,755
80/81	38	144	--	94	162	--	5,911	6,349
81/82	42	162	81	116	429	--	7,161	7,991
82/83	81	157	141	135	685	--	7,580	8,779
83/84	98	168	182	--	--	1,100	8,044	9,592
84/85	118	155	210	--	--	1,299	8,377	10,159

O.D. - Office of the Director - IDS, Hobart, includes Resource Team staff.

Q.D.C. - Quindalup Day Training Centre, Hobart.

Q.R.C. - Quindalup Respite Care Centre, Hobart.

E.D.C. - Elonera Day Training Centre, Launceston.

R.T.C. - Rocherlea Training Centre, Launceston.

IDS(N) - Intellectual Disability Services - Northern Regions.

W.C.C. - Willow Court Centre, New Norfolk.

Western Australia's DIH likewise operates an "institutional service" (Pyrton). The 1983/84 average daily gross cost per resident (average daily number being 159.21) for the whole Pyrton complex was about \$152. The Willow Court costs for the same period averages at about \$73. However, the Pyrton complex absorbs only some 30% of the DIH budget. Although the Willow Court service and the MHSC has endured much critical media coverage over the years, its increase in expenditure of 285% compared with the total MHSC budget

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<sup>51</sup> Foster Report, *op. cit.*, para. 17.14.3, p. 487.

increase of 263%, over the same ten year period, demonstrates its competitiveness for effecting improvements. In addition to Pyrtou, DIH provided a residential service in its 21 hostels, at a cost of \$14m (46.4% of its budget), to 520 clients (daily average) during 1983/84 - the average daily gross cost per resident ranging from \$31.54 to \$121.56. The IDS does not provide this type of residential service.

The available data on the payment of grants out of CRF and Trust Funds by Tasmania and Western Australia demonstrate clearly that successive Western Australian governments have been more supportive of the voluntary sector services than Tasmanian governments. The data from Western Australia, presented in Table 11, relates only to grants paid by DIH to the two principal voluntary organisations which provide services to intellectually disabled persons. Information on grants which may have been paid to voluntary organisations by other government agencies of Western Australia is not readily available.

**TABLE 11** - Grants paid to Voluntary Organisations for Services to I.D. Persons - Tasmania and Western Australia.

Year	CRF/Trust Fund Grants		Grants per capita		% of CRF	
	Tas. Govt. \$ '000	W.A. DIH \$ '000	Tas. Govt. \$	W.A. DIH \$	Tas. Govt. %	W.A. DIH %
75/76	68.3	970	0.17	0.84	0.021	0.10
76/77	78.9	1,120	0.19	0.95	0.02	0.098
77/78	100.8	1,342	0.24	1.10	0.022	0.10
78/79	112.7	1,724	0.27	1.39	0.023	0.12
79/80	145.4	1,942	0.34	1.55	0.026	0.12
80/81	165.8	2,090	0.39	1.63	0.026	0.11
81/82	156.3	2,321	0.36	1.76	0.022	0.11
82/83	163.6	3,060	0.38	2.26	0.021	0.13
83/84	205.8	4,049	0.47	2.95	0.024	0.15
84/85	324.9		0.74		0.034	

The Tasmanian data relates to grants paid by all government agencies to non-government organisations, including pro-

fessional and other societies, and reflects this writer's estimate of the proportion of the grants which are likely to have been expended on services by these organisations in support of intellectually disabled people. Compared with Western Australia, Tasmania now has a large number of non-government organisations which rely on grants, few of which exist primarily to assist intellectually disabled people.

One might contend that economy of scale of operations and Western Australia's population distribution act in favour of DIH. During 1983/84 some 4250 clients received services from DIH, the total number of clients registered with DIH at 30 June 1984 being 7858. The great majority of the DIH clients live in or near the Perth metropolitan area. At a slightly greater cost per head of population, Tasmania's IDS provided services to 693 clients.

To a degree, Sir Bede Callaghan's observation that the decentralised nature of Tasmania's population influences the economy with which programs can be developed and carried out<sup>52</sup>, is reflected in the IDS service delivery costs. The impoverished state of the voluntary sector services in Tasmania also impacts on IDS. The evidence as presented supports the findings of the Foster Review that considerable action is necessary to improve the co-ordination of services delivery in Tasmania. Given Tasmania's size, one could expect to find a highly developed network of co-ordination machinery.

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<sup>52</sup> Sir Bede Callaghan, *op. cit.*

## CHAPTER 5 - SUMMARY AND CONCLUSIONS

At a recent workshop on inter-agency co-ordination, conducted by a national conference of professionals working in the field of intellectual disability, the Director of the Office of Disability concluded her address with the observation that:

Co-ordination has to lead to an end. It must be a dynamic process not only for the people involved in doing it, but it must relate to the fact that people with disabilities have needs which change. Co-ordination therefore is not just one thing.

I would like to finish by quoting from a favourite book of mine "How people get power":

"That I needed a home, and you gave me food stamps;  
That I needed a job, and you got me on the welfare;  
That my family was sick, and you gave us your used clothes;  
That I needed my pride and dignity as a man, and you gave me surplus beans."<sup>1</sup>

Ask any person in Tasmania, who is concerned with services for intellectually disabled persons and their families, what he/she considers to be a critical deficiency in this service area and the answer will usually lead, directly or circuitously, to the topic of co-ordination. The more senior or experienced that person is, the more direct and comprehensive his or her answer is likely to be linked to co-ordination deficits. Their depth of perception of what is required but missing in the way of services would be a matter of concern to any Minister, responsible for an agency involved in this area, if made fully aware of this.

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<sup>1</sup> Si Kahn, *How people get power*, McGraw-Hill Book Co., New York, 1970, as quoted by Judy Ellis in her address, *Some issues in relation to interagency co-ordination*, Office of Disability, Sydney, Paper presented to 1986 Annual Conference of the Australian Group for the Scientific Study of Mental Deficiency, Sydney, 29 August 1986, mimeograph, p. 23.

Few of these people are aware of the existence of the many recent reports on services which have been reviewed in the preceding chapters. Fewer still have studied them for the purpose of comparison with Tasmanian conditions and seeking out those proffered solutions which might merit closer consideration for implementation.

Some administrators might refer derisively to the growing co-ordination cult in the public sector. To the staff in the human services field, who daily need to grapple with the consequences of service agencies "not co-ordinating", the stating of the increasing and obvious need for better co-ordination of efforts is neither an exercise in cultism nor a wish to be fashionable. It is an expression of genuine concern for the welfare of their clients and a feeling of futility arising from artificial "them" and "us" boundaries.

The most recent report on Tasmania's services for intellectually disabled people and their families, the Foster Report, has identified a number of key deficiencies. Similar to other States, Tasmanian services have to cope with the problems of allocating scarce resources. Ensuring that the available resources are equitably allocated to meet identified needs, according to an established priority order, calls for co-ordination of data gathering and analysis by the affected agencies, and rational long term development planning associated with forward budget projections.

The undesirable effects flowing from departmentalisation, described by many committees of inquiry and referred to in the preceding chapters, were found to be present in Tasmanian services. Statutory mandates for the services are few and of

an implicit, if not a challengeable, nature. The largely informal nature of assigning "specific" functions results in overlap in some instances, but more importantly, leaves gaps because individual disabled people may not meet eligibility criteria set by agencies. These people inevitably are "referred on" by each agency with which they have come in contact, never finding an open door.

This fragmented arrangement of services inevitably ensures that "departmentalism", as described by Painter and Carey, and "delegate behaviour" will be encountered at inter-agency meetings. Rationalisation of services through trading of sub-organisational functions rarely succeeds without legislative or executive government intervention.

Several of the major Australian reviews of intellectual disability services have expressed the view that the many and significant problems encountered by these services in the exercise of co-ordination might be circumvented by establishing the service as a statutory authority. Consideration of the advantages and disadvantages of the statutory authority model is beyond the purview of this study. There are the arguments for economy of scale and there is a present political reluctance to increase the number of Crown agencies.

It is unlikely that the collective Tasmanian community would significantly benefit from the establishment of a separate department or statutory authority, with its full panoply of administrative support services, for the management of services for intellectually disabled people. However, having regard to what is to follow, consideration might well be



given by Cabinet to ensuring there is a degree of autonomy for the service in its managerial decision-making.

An economical solution might be the creation of a "limited" statutory authority, directly responsible to a Minister, attached for administrative support purposes to an existing and appropriate "host" Crown agency, an arrangement favoured for such circumstances by Sir George Cartland.<sup>2</sup> The organisational links and relationships between the two separate units consisting of the Office of Disability and the Policy Co-ordination Unit, and the Commonwealth Department of Community Services and the Minister for Community Services, would be worthy of a close study.

The Foster Report discusses the necessity for new legislation, and any complementary amendments to other existing legislation, together with a clear statement of public policy and philosophy, to streamline the services presently provided by a multiplicity of public and voluntary sector agencies. Many of the Report's detailed recommendations on enabling legislation for an Intellectually Disabled Persons Services agency, with explicitly stated functions and principles, which were largely based on the recommendations of the Rimmer Report, now form the basis of Western Australian and Victorian legislation. These new pieces of legislation may be read as the respective governments' intentions for and policy statement on services.

Legislated authority alone is not likely to prevent the occurrence of "delegate behaviour" in the co-ordination

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<sup>2</sup> *Report of Phase II of the Review of Tasmanian Government Administration*, Government Printer, Hobart, 1981, p. 41.

arena. It should reduce, as postulated by Paterson, the incidence of territorial disputes. Existence of a mandated authority in one party ought to facilitate greater use of the accountability process by any of the parties involved. Rather than allowing an IDC to become deadlocked, the agency which is to be negatively affected if a proposal is implemented would resort to accountability through the established channels.

The formal mechanism for co-ordination, as recommended in the Foster Report, is the Peak Council. This body is intended to be the vehicle for inter-governmental and inter-departmental review of any proposed policies and procedures for, and the impacts of current policies and procedures on, services for intellectually disabled persons and their families.

Given the present services arrangements, the establishment of such a body - in the absence of implementation of certain other recommendations - is more likely to lead to a counter-productive filtering of proposals flowing between the services and the responsible ministers than it is to result in co-ordination. The members of that body are unlikely to have the necessary personal professional expertise in, and knowledge of the state of the arts of, the rapidly changing field of intellectual disability. Ministers ought to be protected against embarrassment, which is preventable, ensuing from political promises to the community based on misunderstood advice.

When matters of speciality impact on public policy making, consideration might well be given to replacing the Peak Council model with the British and Canadian system of joint

ministers-officials meetings. Availability of expert knowledge below the Head of Agency level at a meeting is ensured. Whilst the risk of some invasion of the sanctity of the political executive needs to be recognised, against this must be weighed the likely benefits to the exercise of collective ministerial power.

In the conventional hierarchical order of management, the client/consumer is relegated to the base line - if indeed his place is shown at all in corporate organisational charts. Human services agencies which are hierarchically structured and contain multiple separate service programs need to ensure that such "departmentalisation" does not act against the client's interests. The separate services provided to the client within the agency must bear a constructive relationship to each other and jointly meet the client's needs.

To achieve this aim, the Community Services section of Tasmania's Intellectual Disability Services has designated for each of its clients a member of staff as that person's "Service Co-ordinator". The Service Co-ordinator is responsible for organising the client's needs assessment by appropriate professionals, convening a team which develops a service/management plan for the client, and the general oversight and monitoring of that plan with periodic reviews. The Service Co-ordinator thus acts as the focus of communication for the client and his family and agency staff.

Outside of IDS, the Service Co-ordinator has no formal standing. If his/her client also receives a service from another agency then the task of co-ordinating the services

provided by both agencies is dependent on goodwill, mutual co-operation, and effective communication between the Service Co-ordinator and staff of the other agency. Communication would be enhanced however if all agencies adopted this model. It will not however prevent another agency from pursuing its own targets for the client and independently developing a service program for that client. The result may well be one of confusion for the client and his family and counter-productive.

The Service Co-ordinator model of IDS is now well-placed to enable IDS to adapt to the changes which need to be made, by disability services agencies, in 1987 when new Commonwealth disability services legislation comes into force. The new legislation may be perceived to have the effect of inverting the customary hierarchical service system. The usual practice of the client being placed in an existing service program offered by an agency, sometimes by personal choice, is intended to cease. Instead, to receive financial assistance from DCS, agencies must enter legally enforceable contracts. There will then be a formal requirement for agencies to achieve specified outcomes for their disabled clients. The desired outcomes are to be determined from assessment of the client's needs and clients will need to be consulted on decisions affecting their lives. These processes will be monitored by DCS.<sup>3</sup>

Few of the present agencies have the necessary professional resources to undertake a detailed assessment of client needs,

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<sup>3</sup> *Disability Services Act 1986 - Questions and Answers: A Guide to the New Directions for Commonwealth programs for people with disabilities*, Department of Community Services, Canberra, October 1986, mimeograph, p. 3.

to develop the broad services delivery plan for each client, and to design the detailed individualised training and other intervention programs which the client may require. As well, a significant proportion of disabled persons have widely varying needs and require access to services provided by various agencies. One option for ensuring that effective co-ordination at the consumer level takes place is the removal of this responsibility from the conventional services agencies and placing it on a contractual basis with independent service brokerage firms in the private sector or with agencies especially established for this role.

In addition to establishing eligibility of clients for services and identifying the client's needs, the service broker would be empowered, and funded, to negotiate with existing providers of services for the supply of specified services to the client, to purchase such services when appropriate, and to monitor progress made and amend programs as necessary. The contractual and funding arrangements which are involved in this model, as has been experienced in the United States, facilitates co-ordination across agencies of specified and individualised services which meet the identified needs of the client.<sup>4</sup>

Under the new Commonwealth program, accountability between the service agencies and the funding agency will go beyond the traditional financial aspects and encompass service standards and client outcomes measures. The service brokerage model might further strengthen the accountability

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<sup>4</sup> A useful overview of the potential of the service brokerage model and its place in the "New Directions" for disabled people may be found in: Judy Ellis, *op. cit.*

process through service agencies under contract with an independent service broker also being accountable to the broker. An aggrieved client and/or a broker acting on the client's behalf, if the circumstance of a breach of contract should arise, would have legal standing and access to the due process of law.

The strategy of placing the client at the top of the services delivery pyramid thus could have far-reaching and beneficial consequences. It has the potential to significantly alter the present nature and shape of the services provided by the public as well as the voluntary sector. Access to funds for the purpose of purchasing required services removes disabled people and their families from their present "dependency role". As well, a contractual and enforceable responsibility will rest with a named individual for co-ordinating the efforts of those who supply the direct individualised services to his/her client.

Co-ordination in human services thus has a variety of purposes and targets. A responsible agency cannot rest on a mandated authority to co-ordinate. The active exercise of that authority requires liberal measures of effective communication as well as co-operation with others. The act of enlisting the co-operation of others is itself dependent on meaningful and open communication. In order of their significance, communication, co-operation and authority thus comprise the three conditions essential to the achievement of co-ordination.

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## APPENDIX A

### MAJOR AUSTRALIAN REPORTS ON SERVICES FOR INTELLECTUALLY DISABLED PEOPLE

Eight out of eleven<sup>1</sup> major reports on services in Australia for intellectually disabled people and their families/usual caregivers considered the need to re-structure the provision of services to enable a co-ordinated implementation of proposed policy changes. These are as follows:

- Bright Report
- McCoy Report
- Beacham Report
- Evans Report
- Rimmer Report
- Foster Report
- ADB Report
- Richmond Report

Six of these opted for the separation of services from the health/mental health administration. These are:

- Bright Report
- McCoy Report
- Beacham Report
- Evans Report
- Rimmer Report
- Foster Report

Four specifically recommended the creation of a statutory authority with clearly prescribed functions. These are:

- Evans Report
- Bright Report
- Beacham Report
- ADB Report

The Rimmer Report recommends that a Crown Department be created within the Health Ministry, to be known as the Office of Intellectual Disability Services. It argued that the creation of a statutory authority could not be sustained in that, inter alia, the tide of opinion had swung away from this model, their stated freedom from political influence - often over-stated - may result in a reduced accountability to government, and such bodies are claimed to have a narrow focus which is not conducive to co-ordination with other services.<sup>2</sup>

The McCoy Report considers four major organisational models for services in some detail and in the end, rather surprisingly, opts to recommend the formation of a Community Welfare Advisory Committee, to be known as the Intellectually Handicapped Persons Policy Advisory Committee, its membership of eight persons to be appointed by the Minister of Community Welfare. The Project Committee consisting of a Steering Committee, a Parent Consultative Committee and a Special Consultants Committee, could not reach a consensus on the most appropriate organisational arrangements. Analysis of a preferential vote on the four models studied resulted in a compromise recommendation that the services should be transferred from the Health Commission to the Department for Community Welfare.<sup>3</sup>

The Foster Report stopped short of making a specific recommendation on the exact placement within the public sector for the administration of "Intellectually Disabled Persons Services"<sup>4</sup>, but expressed the view that it ... *might well form, and operate as, a separate guest unit in an existing, bigger host department., able to exercise ... a necessary degree of independence from the host department and its Head with regard to policy and decision making, including such vital areas as the appointment and classification of staff, or inhibit that officer (Director) from direct liaison with the Office of the Minister and the Heads and principal officers of Commonwealth and State government departments in Tasmania.*<sup>5</sup>

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<sup>1</sup> These are as follows:

1. *Evaluation of Services for the Intellectually Handicapped in Australia*, (Berry Report), National Advisory Council for the Handicapped, Department of Social Security, Canberra, 1977.
2. *Report of the Victorian Committee on Mental Retardation*, (Evans Report), Government Printer, Victoria, 1977.
3. *Report of the Tasmanian Board of Inquiry into the Needs of the Handicapped*, (Webster Report), Government Printer, Tasmania, 1980.
4. *The Law and Persons with Handicaps*, (Bright Report), Vol. 2. - Intellectual Handicaps, Government Printer, South Australia, 1981.
5. *Discrimination and Intellectual Handicap*, (ADB Report), New South Wales Anti-Discrimination Board, Government Printer, New South Wales, 1981.
6. *A New Pattern of Services for Intellectually Handicapped People in South Australia*, (McCoy Report), S.A. Health Commission, Government Printer, South Australia, 1981.
7. *Report of the Minister's Committee on Rights and Protective Legislation for Intellectually Handicapped Persons*, (Cocks Report), Health Commission of Victoria, Government Printer, Victoria, 1982.
8. *The Future Delivery of Services for People with Intellectual Handicap in Western Australia*, (Beacham Report), Office of Minister for Health, Western Australia, 1982.
9. *Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled*, (Richmond Report), N.S.W. Health Commission, Government Printer, New South Wales, 1983.

10. *Report of the Committee on a Legislative Framework for Services to Intellectually Disabled Persons*, (Rimmer Report), Health Commission of Victoria, Government Printer, Victoria, 1984.
11. *Report of the Joint Commonwealth & State Review into the Needs of Intellectually Disabled People in Tasmania*, (Foster Report), Department of Social Security, Tasmania, 1984.

<sup>2</sup> Rimmer Report, *op. cit.*, pp. 33-50.

<sup>3</sup> McCoy Report, *op. cit.*, pp. 167-195.

<sup>4</sup> Foster Report, *op. cit.*, p. 43.

<sup>5</sup> *Ibid.*, p. 474.



## APPENDIX B

### REGIONAL COMMITTEES FOR THE HANDICAPPED

#### TERMS OF REFERENCE

##### Northern Region

1. Formulate a feasible plan of development to cater adequately for the needs of the handicapped in the northern region.
2. Act as a resource for organisations to assist in the implementation of future developments.
3. Avoid duplication of services.
4. To provide a continuing liaison between all concerned.<sup>1</sup>

##### Northwestern Region

1. Formulate a feasible plan of development to cater adequately for the needs of the handicapped in the northwestern region.
2. To act as a resource for organisations to assist in the implementation of the plan.
3. To advise on the best use of funds available from Government Departments or any other sources.
4. To act as a facilitating body to enable the optimum use of resources from Organisations and Government Departments.<sup>2</sup>

##### Southern Region

The proposed terms of reference put to the Conference held in Hobart on 19 August 1977, were:

1. Evaluate existing services to the Handicapped in the Southern Region, with a view to rationalisation, co-operative effort, improved efficiency, effectiveness of delivery, viability and future development.
2. Bearing in mind 1. above, formulate a feasible plan of development to cater adequately for the needs of the handicapped in the Southern Region.

3. To act as a resource for organisations to assist in the implementation of the plan.
4. To advise on the best use of funds available from Government Departments or any other sources.
5. To act as a facilitating body to enable the optimum use of resources from Organisations and Government Departments.

Instead, the Conference appointed a Steering Committee and a Planning Group. At the meeting held on 17th October 1977 the Planning Group adopted the Steering Committee's recommended guidelines and objectives which were:

- a. To promote co-operation and co-ordination between voluntary agencies and government departments and,
- b. To advise on the best use of funds available from government departments or other sources.

On membership, the guidelines state:

Government Departments, organisations and associations (i.e., voluntary or professional bodies) who are concerned with services to the handicapped are free to participate in the Planning Group and to contribute to the task of planning services for these people. These organisations may nominate one representative to represent them at meetings and, in their absence, will be encouraged to send a proxy. If the body so established wishes to form a central steering group or sub-groups for special purposes, it may do so in any way the Planning Group sees fit.<sup>3</sup>

## MEMBER ORGANISATIONS

### Northern Region

Retarded Children's Welfare Association  
St. Michael's Association Inc.  
Self Help  
Tas. Assoc. of Disabled Persons (Northern Branch)  
St. Giles Home  
Royal Tas. Society for the Blind & Deaf (Northern Branch)  
St. Vincent de Paul Society  
Multiple Sclerosis Society  
State Health Department  
Social Security Department  
Mental Health Services Commission  
Education Department  
Department of Employment and Industrial Relations  
Physiotherapists Association  
Tas. Branch Occupational Therapists Association  
Speech Pathologists Association, Tas. Branch

### Northwestern Region

Multicap Australia Inc.  
Retarded Children's Welfare Association  
Tasmanian Spastics Association  
Northwest Coast Disabled Citizens Association  
St. Vincent de Paul Society  
State Health Department  
Mental Health Services Commission  
Education Department  
Department of Employment and Industrial Relations

### Southern Region

Retarded Children's Welfare Association  
Tas. Assoc. of Disabled Persons  
Royal Tas. Society for the Blind & Deaf  
St. Vincent de Paul Society  
Multiple Sclerosis Society  
State Health Department  
Social Security Department  
Mental Health Services Commission  
Education Department  
Department of Employment and Industrial Relations  
Physiotherapists Association (Tas. Branch)  
Tas. Branch Occupational Therapists Association  
Aust. Council on Rehabilitation of Disabled (Tas. Branch)  
Convent of the Good Shepherd  
Creek Cottage Centre  
Department of Social Welfare  
Paraplegic and Quadraplegic Assn of Tas.  
Society for Care of Crippled Children  
Southern Tas. Regional Council for Social Development Inc.  
Specific Learning Difficulties  
Talire School Parents & Friends Assn.  
Tasmanian Council of Social Services  
Tasmanian Spastics Assn Inc.  
Spina Bifida Assn.  
Tasmanian Diabetic Assn.  
Epilepsy Assn. of Tasmania  
Guide Dogs for the Blind Assn.

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<sup>1</sup> *Conference Proceedings: Conference of Organisations concerned for the Handicapped - Northern Region*, Department of Social Security, 1977, p. 57

<sup>2</sup> *Proceedings of the Conference of Organisations in the Northwest Region of Tasmania Concerned for the Handicapped*, Department of Social Security, 1977, pp. 43-46.

<sup>3</sup> *Guidelines for operation of Southern Tasmania Regional Committee for the Handicapped*, Minutes of Meeting, 17th October 1977.

## APPENDIX C

### 1977 STATE CONFERENCE PROPOSALS

These proposals<sup>1</sup> were put to the final Plenary Session of the State Conference on the Handicapped by the five Conference workshops and accepted, by consensus, for submission to the Minister for Health and Industrial Relations, the Hon D.A. Lowe M.H.A.

1. Lack of comprehensive statistics - Departments release statistics subject to permission of individuals.
2. Uniformity of legislation and policy on the handicapped required throughout Australia.
3. State has an obligation to employ professionals who are made available to the voluntary groups.
4. Information and education service is required and the need could be met by ACROD
5. The State should set up a resources centre with the object of assisting voluntary agencies.
6. The State could subsidise voluntary agencies to provide counselling services.
7. The State Education Department accept responsibility for continuing education for over 16 year age group without bar to entitlement.
8. The State should make buildings accessible to the handicapped.
9. The conference endorsed the forming of the three regional bodies and they be clearly established each with a central steering committee.
10. A Secretariat or body be formed comprising State and Federal Bodies to administer to the Regional Groups. A delegate from each region could be represented on the Administering Body.
11. With regard to the ACROD workshop proposal, the Minister for Health set up a Study Group to examine the proposal.
12. The Secretariat should co-ordinate voluntary and government services and the collection of data and distribution of information.
13. The inter-departmental Co-ordination Committee include voluntary as well as Government members.

14. A Council for the Handicapped be established to educate the community, co-ordinate sharing of professional staff, specify areas of need etc.
15. The Mental Health Services Commission define its policies towards mental retardation especially in regard to community health.
16. St. John's Park should be released from the Public Service Act.
17. A State Health Commission be established to cover all State health services because of the current fragmentation of services.
18. The handicapped have equal opportunity as others with regard to employment.

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<sup>1</sup> Firm Proposals, *Report on the State Conference on the Handicapped*, Department of Health Services, Hobart, 16th September 1977, pp. 17-20.

**APPENDIX D**

**MEAN RESIDENT POPULATION**

Year	Tasmania	Western Australia
75/76	406,200	1,158,200
76/77	409,100	1,183,300
77/78	416,500	1,217,100
78/79	419,200	1,237,100
79/80	422,200	1,257,200
80/81	425,300	1,284,000
81/82	428,500	1,319,200
82/83	430,900	1,351,400
83/84	434,800	1,374,600
84/85	439,600	1,394,700

Data supplied by the Hobart Office of the Australian Bureau of Statistics.

## APPENDIX E

### FUNCTIONS OF DISABLED PERSONS' SERVICES UNIT

The Disabled Persons' Services Unit within the Department for Community Welfare was established in March 1981, at which time it was known as the Handicapped Persons' Services Secretariat. Its establishment was first suggested in September 1977, by the then Minister for Health, Mr D.A. Lowe, at his State Conference for the Handicapped - see Appendix C. Whilst Mr Lowe had foreshadowed that the Secretariat would be independent of bureaucratic control, his Inter-Departmental Co-ordinating Committee subsequently recommended that it should be placed within an existing department and that the staff should be appointed under the provisions of the Public Service Act. Its staff establishment has remained constant since inception and comprises a Co-ordinator, an Executive Officer and an Office Assistant.

The Unit's functions are as follows:

1. To provide advice to the Minister for Community Welfare on all matters relating to the needs of disabled people and the development and delivery of services to meet those needs.
2. To act as Secretariat to the Disability Advisory Council of Tasmania.
3. Management, subject to the Minister, of a grants programme which provides significant financial assistance to a wide range of organisations providing services to the disabled.<sup>1</sup>
4. To evaluate services being provided to the disabled and, where funding is being provided through the grants programme, to ensure efficiency and accountability.
5. To provide support and advice to organisations for the disabled and to assist them to develop appropriate services.
6. To provide a referral and information bureau for the disabled to assist them to make best use of services that are available.<sup>2</sup>

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<sup>1</sup> The schedule of grants paid to 53 organisations and facilities during 1984/85 amounted to \$ 541,955.

<sup>2</sup> Information supplied by Co-ordinator of the Disabled Persons' Services Unit.

## APPENDIX F

### FUNCTIONS OF NATIONAL ADVISORY BODIES

#### NATIONAL ADVISORY COUNCIL FOR THE HANDICAPPED - 1974-83

##### Terms of Reference

"To consider the special needs of handicapped people and advise the Minister on the organisation, development and operation of rehabilitation services. In particular, and without limiting the generality of the foregoing, to:

- (i) advise on all aspects of the Australian Government's rehabilitation services;
- (ii) advise on ways and means of ensuring the co-ordination and integration of the Australian Government's services with other available community facilities and services;
- (iii) advise on standards of services and facilities for the handicapped;
- (iv) advise on the provision of adequate training facilities and courses for professional and other staff concerned with the handicapped, and for their recruitment;
- (v) maintain liaison with statutory authorities and organisations concerned with the handicapped;
- (vi) advise on methods of stimulating and maintaining the interest and support of the community in the needs of, and services for the handicapped;
- (vii) advise on and stimulate research into selected aspects of rehabilitation;
- (viii) assist in organising conferences, seminars and the like, and visits by overseas experts on the handicapped;
- (ix) advise on such other matters as may be referred by the Minister, and on all other matters concerning the handicapped which the Council considers should be examined.

The eleven members of Council were appointed not as representatives of particular organisations, but in their own right as experts in the fields of disablement and rehabilitation."<sup>1</sup>



## DISABILITY ADVISORY COUNCIL OF AUSTRALIA

### Terms of Reference

"In response to requests of the Minister (for Community Services), and on Council's own initiative, advise the Commonwealth Government on all matters connected with disability including the effects of Commonwealth policies, programs and activities on people with disabilities.

Without limiting the generality of the foregoing:

- . develop proposals to achieve the objectives of 'full participation' and 'equality' for persons with disabilities in Australia in accordance with the United Nations World Program of Action Concerning Disabled Persons;
- . advise on the effectiveness of Commonwealth policies, programs and activities that affect or could affect people with disabilities, including progress towards the above objectives;
- . as approved by the Minister, undertake activities designed to increase knowledge of and interest in disability matters, issues and perspectives;
- . by agreement with the Minister, publish reports and other papers on issues in the field;
- . maintain liaison with international, national and other bodies concerned with disability;
- . stimulate data collection, research and evaluation in relevant disability areas and advise on utilisation of research grants as appropriate;
- . recommend measures for improved standards of service to disabled people, and especially greater accountability of Government-subsidised facilities and programs;
- . provide advice on appropriate initiatives for Australia internationally with particular reference to the Asia-Pacific region;
- . provide advice on such other matters as may be referred by the Minister."<sup>2</sup>

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<sup>1</sup> *annual report 1975-1976*, national advisory council for the handicapped, AGPS, Canberra, 1976, p. 1.

<sup>2</sup> *australian disability review*, AGPS, Canberra, No. 1, 1984, p. 55.

## APPENDIX G

### INTER-DEPARTMENTAL CO-ORDINATING COMMITTEE ON HANDICAPPED SERVICES

In October 1977 the Minister for Health (Mr D.A. Lowe) and the Minister for Social Welfare (Mr M.R. Polley) decided to establish an inter-departmental co-ordinating committee with respect to governmental services for the handicapped. The heads of Department of Social Security (C/W), Mental Health Services Commission, and Departments of Health, Education and Social Welfare were each asked to appoint a representative. Departmental heads were advised that the major function of the Committee was to collect information on existing government and voluntary services for the handicapped and to correlate statistical data from available government sources.

The Committee, at its first meeting held on 16 November 1977, was presented with the following terms of reference:

- (i) To produce a regular circular on the activities of each Government agency for distribution to those agencies;
- (ii) To improve the collection of information on the handicapped by avoiding duplication of effort and to standardise the collection forms;
- (iii) To promote the interchange of statistical and other information between Government agencies;
- (iv) To assist, wherever possible, the Secretariat, yet to be established;
- (v) To advise the Government through the Minister for Health on inter-departmental responsibilities in the case of the handicapped and the way in which greater co-ordination of Health, Welfare and Education can be achieved.

A representative of the Department of Housing and Construction joined the Committee at its second meeting held on 13 December 1977 and the C/W Department of Employment and Industrial Relations' representative joined the Committee at the meeting held on 9 November 1978, since which date the Committee has not met. Although the Committee was not formally dis-established, it ceased operations when its Chairman was seconded full time to assist the Tasmanian Board of Inquiry into the Needs of the Handicapped from December 1978, to April 1980.

## APPENDIX H

### DISABILITY ADVISORY COUNCIL OF TASMANIA

The establishment of State Advisory Councils on services for the handicapped was recommended by the National Advisory Council for the Handicapped in its Annual Report of 1975-76.<sup>1</sup> Acting on the first two recommendations in the Report of the Tasmanian Board of Inquiry into the Needs of the Handicapped, the Tasmanian Government established the State Advisory Council on 1st January 1981. The Board recommended:

4.2 ... that a State Advisory Council for the Handicapped be established to be comprised of representatives of the voluntary sector, representatives of the Regional Committees for the Handicapped and representatives each from the State Departments of Health Services, Education and Social Welfare, the Mental Health Services Commission and the Commonwealth Departments of Social Security, Health and Veterans Affairs.

4.3 ... that the State Advisory Council advise the Premier on broad policy issues for handicapped persons and that the Council monitor the implementation of programmes for the handicapped from the government and non-government sector.<sup>2</sup>

#### Terms of Reference

To investigate issues and advise the Government on policy in respect of the provision in Tasmania of -

- (a) Services for all people handicapped by long term disabilities of body or mind and taking account of the medical, educational, social and economic aspects of their needs.
- (b) To consider the adequacy of their provision and most effective use of resources to satisfy those needs.
- (c) To advise the Government with respect to implementation of recommendations contained in the Report of the Tasmanian Board of Inquiry into the Needs of the Handicapped.
- (d) Enquire into and report on all matters incidental thereto.

#### Members

The Minister for Handicapped Persons Services, Mr. A. Lohrey, announced that 15 members of the Council had been appointed for three-year terms as follows:<sup>3</sup>

Mr Gordon Geeves - Chairman  
Mr Byron Bailey - Department of Social Security  
Mr Angus Downie - paraplegic

Mr Yvan Dufour - Multiple Sclerosis Society  
Mr Tas Gower - Co-ordinator, Handicapped  
Persons' Services  
Mr Trevor Hodge - Multicap Inc.  
Dr George Pate - Mental Health Services Commission  
Mr David Powell - double amputee  
Mr David Ransley - impaired vision  
Miss Beverley Richardson - representing Director-General  
of Education  
Sr Dorothy Simpson - representing Director-General of  
Health Services  
Mr Clarrie Strochnetter - paraplegic  
Mr J.G. Thorne - President, Principals of Special  
Schools Association  
Mr John Walker - recreation for the disabled  
Mr M. Wright - President, St. Giles Home <sup>3</sup>

Following the retirement of several members of the Council and the election of a new State Government in 1982, the then Minister for Health and Community Welfare - Mr John Cleary - in August 1982 directed the Council to go into recess for a period of six months. Appointments of the Council's remaining members were subsequently rescinded.

In November 1983 the Government re-constituted the Council and appointed as its members the following persons:

Mr John Thorne - Chairman  
Ms M. Thurley  
Ms R. Wilkinson  
Mrs J. Cairns  
Mr C. Strochnetter  
Mr P. Bailey  
Mrs R. Streets  
Mr T. Gower - Minute Secretary

The Council's terms of reference, however, remained unchanged. Its title was changed to "Disability Advisory Council of Tasmania" in September 1984.<sup>4</sup> The terms of reference were repealed in July 1986 and the Council was advised by the Minister for Community Welfare that, being a Ministerial Advisory Council, the Council's

... objective is to promote the quality of life for people with physical and/or intellectual disabilities.

The function of the Council is to provide advice to the Minister for Community Welfare on matters relating to the special needs of people with disabilities by:

- . investigating, considering and reporting upon matters referred by the Minister;
- . investigating, considering and reporting upon such other matters as the Minister may approve upon the request of the Council.<sup>5</sup>

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<sup>1</sup> annual report 1975-1976, national advisory council for the handicapped, AGPS, 1976, p. 8.

<sup>2</sup> Report of the Tasmanian Board of Inquiry into the Needs of the Handicapped, Government Printer, Tasmania, 1980, p. 22.

<sup>3</sup> "Fifteen named for handicapped council", Mercury, 22 January 1981, p. 10.

<sup>4</sup> "New name for advisory body for disabled", Mercury, 19 September 1984.

<sup>5</sup> Secretary, Disability Advisory Council of Tasmania, personal communication.

## APPENDIX I

### SHELTERED EMPLOYMENT

It is an expectation of the Commonwealth Government that sheltered employment price and cost structuring should be consistent with commercial objectives. Thus, an employee producing 25 per cent of an able-bodied person's output should get not less than 25 per cent of the adult wage based on award rates in open employment. In 1982 it was considered that employees who are disabled to the extent that they are unable to earn at least \$10 per week ought to be transferred to Adult Training Centre programs.

Inquiries into services for disabled people have consistently reported on a conflict of interests faced by Boards of Management of sheltered workshops. Analysis of the financial statements of the workshop operated by the NWCDC Association for the years 1981 to 1983 evidences the pressures on the workshop to diversify its activities in order to survive. During the workshop's first year of subsidised operation, 1981, the salary subsidy received equated to 93 per cent of the salaries bill. This rapidly reduced to 36 per cent for 1982 and 29 per cent for 1983, suggesting the employment of staff engaging in duties not approved for subsidy purposes.

Using the data contained in the Association's Annual Reports, it is deduced that the 25 disabled persons employed in 1982 earned an average weekly wage of \$10.87 and that the average weekly wage paid to 31 persons in 1983 was \$12.64. Every employee, however, is paid according to his/her assessed productivity level. Wages so earned are added to the employee's Sheltered Employment Allowance (SEA). This Allowance is equal to the Invalid Pension and is paid by the Department of Social Security to the workshop for disbursement through pay packets. As for the Invalid Pension, the SEA is reduced by 50 cents for each dollar earned in excess of \$30 per week. Managers of some workshops have been criticized for treating the limit of \$30 as the ceiling for wages to be paid to disabled employees.

Sheltered workshop managements have now expressed concern over a DSS proposal to remit the SEA by Direct Credit to bank accounts of eligible persons. This proposal has the support of critics of the sheltered employment system who contend that the SEA serves to hide the minimal wages paid to employees. AAMR holds the view that

... the self image and personal competency of the individual is more enhanced by regular, meaningful, and paid employment than through subsistence via government handout.

This belief, however, should not be taken as support for any employment or 'training' service that provides payment for labour at less than productivity equated rates; that provides lifetime 'training' in tasks already mastered by employees; or that discourages moves into open employment because of the need to maintain productive viability. AAMR has, on several occasions, urged the Government to take firm action against such abuses of human rights, and any misuse of the sheltered employment system.<sup>1</sup>

The Grimes Report contains similar observations, and notes

While more than 9 000 people were receiving Sheltered Employment Allowance in 1983/84, only 27 Training Fees were paid for the placement of disabled people from sheltered workshops into open employment. Moreover, wages in workshops have continued to be appallingly low.<sup>2</sup>

Senator Grimes' Handicapped Programs Review made several recommendations aimed at improving the training and employment prospects for disabled people, including improving the co-ordination arrangements for the programs and services of the DCS and the Department of Employment and Industrial Relations (DEIR).<sup>3</sup>

It also recommended that the Commonwealth Minister for Community Services and the Minister for Employment and Industrial Relations consider

... establishing a productivity-based minimum wage for people working in long term supported employment on a pro rata basis keyed to prevailing able bodied rates for that industry; ...<sup>4</sup>

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<sup>1</sup> Roger Barson, "Subsidized Employment of People with Intellectual Disabilities", *AAMR Journal*, (March 1986), p. 29.

<sup>2</sup> *New Directions, Report of the Handicapped Programs Review*, AGPS, Canberra, 1985, p. 36.

<sup>3</sup> *Ibid.*, p. 38.

<sup>4</sup> *Ibid.*, p. 39.

## APPENDIX J

### TASMANIAN BOARD OF INQUIRY INTO THE NEEDS OF THE HANDICAPPED

On 9th November 1978, Mr Bushby M.H.A. gave Notice of Motion in the House of Assembly as follows:

That a Joint Committee be appointed, with power to send for persons and papers, ... to enquire into and report upon the needs of the handicapped in Tasmania and in particular:

1. The extent of financial support to the handicapped, to volunteer organisations assisting them and to the parents and guardians.
2. The provision of suitable hostel accommodation for the handicapped.
3. Whether sufficient workshops and activity therapy centres and employment opportunities for handicapped people after leaving school exist.
4. The extent of educational opportunities in Tasmania for the more severely mentally handicapped.
5. The need for properly trained and qualified personnel who can be used on a consultative basis.
6. The need for the problems of the handicapped to be removed from the Health Department and to come under the Social Welfare Department.

and that the number of members to be appointed to serve on the said Committee on the part of this House be Four and that the Committee report by 30th June, 1979.<sup>1</sup>

Following three hours of debate on November 15th, the Government announced that it would set up an independent Board of Inquiry. Professor I.W. Webster, Professor of Community Medicine, University of New South Wales, was appointed Chairman of the Board, and Dr A.J. Foster, Physician, was appointed a Member of the Board. The Board of Inquiry was set up by Order-in-Council dated 12 December 1978, pursuant to the provisions of the *Evidence Act 1910*, to advise the Tasmanian Government, the terms of reference being:

- (1) To inquire into and report upon the provision in Tasmania for all people handicapped by long term disabilities of body or mind, taking account of the medical, educational, social and economic aspects of their needs;
- (2) To consider the adequacy of their provision and the most effective use of resources to satisfy those needs;
- (3) To make recommendations thereon; and
- (4) To make such reports from time to time as it may consider necessary or desirable.

In relation to the administration and co-ordination of the diverse services in Tasmania, the Board's Report contains the following recommendations:

... that a State Advisory Council for the Handicapped be established to be comprised of representatives of the voluntary sector, representatives of the Regional Committees for the Handicapped and representatives each from the State Departments of Health Services, Education and Social Welfare, the Mental Health Services Commission and the Commonwealth Departments of Social Security, Health and Veterans Affairs. (para 4.2).

... that the State Advisory Council advise the Premier on broad policy issues for handicapped persons and that the Council monitor the implementation of programmes for the handicapped both from the government and non-government sector. (para 4.3).

... that the State Government direct the Heads of the Departments of Health Services, Education and Social Welfare and the Mental Health Services Commission to present an administrative formula by which they could better co-ordinate their common responsibilities in the interests of handicapped people. (para 4.6).

... that co-ordination between State Government departments in the field of handicapped should depend upon the leadership of senior government officials. (para 4.7).

... that in each of the three regions, a Handicapped Persons Advice Bureau be established. The establishment of the bureaux should be the responsibility of the State Government. The Board further recommends that the persons appointed in each of the regions to fill this role should act as a co-ordinating officer between the various agencies and departments within the region and maintain a proper flow of information between the Regional Committees and the State Advisory Council. (para 4.11).<sup>2</sup>

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<sup>1</sup> Notices of Motion and Orders of the Day, *Journals and Printed Papers of the Parliament of Tasmania 1978-79, Vol. 198 - Part II*, Government Printer, Tasmania, 1979, pp. 190 - 191, 199, 205.

<sup>2</sup> Administration of Services, *Report of the Tasmanian Board of Inquiry into the Needs of the Handicapped*, Government Printer, Tasmania, 1980, pp. 22-23.



## APPENDIX K

### HPR OPTIONS FOR DIVISION OF RESPONSIBILITIES

The HPR team expressed the view that joint Commonwealth/State Government activity is necessary in the area of disability services to develop a better integrated approach to assisting disabled people. A joint program of special services might be arranged, involving complementary legislation, cost sharing and establishment of effective co-ordination links with generic services. For such an arrangement, the Commonwealth and the States will need to agree on their respective major roles.

The first option proposes that the Commonwealth be assigned responsibility for:

- . policy and program standards development and review at Commonwealth and State levels;
- . planning and co-ordination of services at the Commonwealth and State levels;
- . co-ordination and collection of assessment data about individual needs across States;
- . development of demonstration programs to assess feasibility, effectiveness and efficiency of new and innovative service proposals under the proposed Disability Services Legislation; and
- . joint funding of program activities encompassed in national, State and regional plans, in conjunction with State Governments.

in which case the major roles assigned to State Governments might be:

- . policy and program standards development and review at State, regional and local levels;
- . planning and co-ordination of services at State, regional and local levels;
- . co-ordination and collection of assessment data about individual need;
- . provision of special services either directly, or contracted through non-government organisations; and
- . joint funding of program activities encompassed in State, regional and local plans, in conjunction with the Commonwealth Government.<sup>1</sup>

The alternative option put by the Review is that the Commonwealth be provided responsibilities for a greater involvement at regional and local levels through the provision of direct special services, or through direct funding of organisations at the non-government, local government or State government levels.

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<sup>1</sup> *New Directions - Report of the Handicapped Programs Review*, AGPS, Canberra, 1985, pp. 104 -106.