For us or with us? A critical discourse analysis of Australian Community Access Services policies effecting people with disabilities, families/informal primary carers community participation.

Conference theme: Community, work and family issues in diverse family types

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BIOGRAPHY

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ABSTRACT

This research presents seven initial findings from a Critical Discourse Analysis (CDA) of Australian Community Access Service policies effecting people with disabilities, families/informal primary carers community participation particularly their involvement in a ‘co-production’ process as equal partners in designing, implementing and evaluating services. The research is an integral part of broader national research (as part of a PhD candidature) regarding the service quality and innovation in Community Access Services (CAS) commonly referred to as ‘day activities’, ‘day options’ or even ‘holding centres’ for people with disabilities in Australia (Evans, 2013). Despite many years of service provision, researchers have identified a ‘notable absence of international research’ regarding CAS for people with disabilities, particularly people with a severe or profound level of intellectual disability who have little opportunity for employment or further educational opportunities (Hartnett, Gallagher, Kiernan, Poulsen, Gilligan, & Reynolds, 2008). While disability studies continue to influence changes in societal understandings of disability the use of language to ‘influence’ service provision with, and for, people with disabilities has received limited attention. Aspects such as the use of language in ‘power relationships’ are fundamental to CDA and are presented within this research.
INTRODUCTION

This research paper presents seven initial findings from a Critical Discourse Analysis (CDA) of Australian Community Access Service policies effecting people with disabilities, families/informal primary carers community participation. The research is an integral part of broader national research (as part of a PhD candidature) regarding the service quality and innovation in Community Access Services (CAS) commonly referred to as ‘day activities’, ‘day options’ or even ‘holding centres’ for people with disabilities in Australia (Evans, 2013). Whilst researchers such as Fleming and Taylor (2010) and Vlaskamp, Hiemstra, Wiersma and Zijlstra (2007) have highlighted the benefits of participation in CAS by people with disabilities there continues to be a dearth of research regarding innovative strategies and quality attributes of CAS both internationally and nationally. Despite many years of service provision, researchers have identified a ‘notable absence of international research’ regarding CAS for people with disabilities, particularly people with a severe or profound level of intellectual disability who have little opportunity for employment or further educational opportunities (Hartnett, Gallagher, Kiernan, Poulsen, Gilligan, & Reynolds, 2008). Furthermore, ‘significant gaps in information about current practice exist’, which reflects the ‘paucity of research on day services’ for people with learning difficulties [intellectual disabilities] to date (Cole, Williams, Lloyd, Major, Mattingly, McIntosh, Swift, & Townsley, 2007).

The discourse used to define disability in the literature reflects a changing understanding and respect for people in society. However, for many centuries a diverse range of stigmatising definitions and words have been used to describe people with disabilities, which were often derived from a person’s ‘physical appearance or functional inabilities in a very simplistic manner’ (Donoghue, 2003, p.200). Historically, descriptive words have been used to label people within society including ‘incurable’, ‘lunatic’, ‘mongol’, ‘spastic’, ‘vegetative’, ‘retard’, ‘infirm’, ‘birth defect’, ‘deformed’, ‘abnormal’, ‘impaired’, ‘imbecile’, ‘deaf and dumb’ ‘feeble minded’ and ‘moron’. Such words have been used to stigmatise and demonise fellow human beings as being ‘other than normal’. While disability studies continue to influence changes in societal understandings of disability the use of language to ‘influence’ service provision with, and for, people with disabilities has received limited attention. Aspects such as the use of language in ‘power relationships’ are fundamental to CDA and are presented within this research. CDA is a ‘valuable tool’ for researching processes of social and political context as disability policy shifts towards a focus on disability as a rights issue (Pinto, 2011).

This research explores if Australian Community Access Services policies strengthen opportunities for people with disabilities, families/informal primary carers community participation particularly their involvement in a ‘co-production’ process as equal partners in designing, implementing and evaluating services.
1 LITERATURE REVIEW

People with disabilities have been receivers of care in publicly managed, charitable institutions in which services were provided to ‘meet’ their physical, social and emotional needs. There were few if any alternatives. However over the past 30 years, opportunities have increased for people with disabilities to live in non-institutional communities consisting of individual or shared accommodation, to be employed and/or participate in further education and have greater life choices. An important aspect of participating in communities includes opportunities for ‘socialisation’ in a range of community based social settings (Convention on the Rights of Persons with Disabilities, 2006, Articles 19, 20, 23, 28 & 30). The notion of a Community Access Service (CAS) may suggest that a person with a disability will have opportunities for increased community access and socialisation, through participation in these services. The provision of Community Access Services in Australia has received limited attention in the literature. Activity Therapy Centres (ATC’s) as they were previously known were defined in the early 1980s as being;

“facilities which provide programs for the more severely disabled adolescents and adults who are currently unable to be meaningfully employed in the work-force or in sheltered workshops. Ideally, structured programs are provided in the areas of social education, work and recreation in order to promote the personal and social development of ATC clients” (Meade, Guy, Roulston, Cope & Dyke, 1981 cited in Panckhurst & Panckhurst, 1982, p.51).

At a time when the ‘medical model’ of service delivery dominated decision making, people with disabilities or those who had a ‘biological malfunction’ (Best, 2007) were viewed as needing to be segregated from society in order to receive care (Oliver, 1983). Since the 1980’s the discourse about service provision has continued to change as an increased understanding of a ‘social model’ of disability occurred (Burchardt, 2004; Hughes & Patterson, 1997; Shakespeare & Watson, 2002). The fundamental matter of social justice ‘with regard to the dismantling and elimination of barriers for people with disabilities as they participate in society’ (Oliver & Barnes, 1998) is a key policy concept for community participation.

In Australia, CAS have been described by the Australian Institute of Health and Welfare (AIHW) as services which are designed for people with disabilities to “gain and use their abilities” to “enjoy their full potential for social independence” and are “used by people with disabilities who are not attending school, are not employed full time for the purpose of providing activities so that they continue to develop, receive stimulation and experience social interaction and community participation” (AIHW, 2007, p.66). CAS have been frequently provided using a traditional structure of services between 9am and 5pm from Monday to Friday. CAS in Australia are primarily public sector managed services, based in community settings such as community centres and coordinated by charitable or not-for-profit organisations. In the funding period 2009/2010, 92.8% of CAS were managed by non-government charitable or not for profit organisations (AIHW, 2011, p.69). There were 58,632 people with disabilities participating in CAS in Australia in the financial year 2009/2010 an increase of 32.8% from 44,166 participants in 2004/2005 financial year (AIHW, 2011, p.8.). In the financial years 2009-2010 the Australian, State and Territory Governments provided $639.1 million towards these services (AIHW, 2011, p.12).
Despite changes in understanding of disability from a ‘medical’ to a ‘social’ model the discourse regarding CAS may still be perceived as ‘options’ for people who can’t; rather than as range of services over which people with disabilities can exercise their ‘choice and control’ (Morris, 2011). For example, CAS have been perceived as places in which people with disabilities are segregated from their community, hence people with disabilities, family members, advocates and academics have questioned why public sector managers and government policy makers have spent “millions moving people with disabilities into the community only to return them to segregated services during the day” (Wilson, 1997, p.13). With an increasing demand for the deinstitutionalisation of services, researchers further highlighted that “until transfer to the community is also associated with a major change in the nature of people’s day programs, one of the most important benefits of deinstitutionalisation will be unrealised” (Stancliffe & Lakin, 1999, p.56.). Recent research has demonstrated that although significant numbers of people with disabilities continue to move into community settings, the existence of deeper social and economic segregation is still a significant challenge. In Australian society this still requires further “fundamental changes to policies and programs and changing the way we think.. (as)….people with disabilities want to bring about a transformation of their lives” (National People with Disabilities and Carer Council, 2009, p.9). Although people with disabilities in Australia had been physically segregated, many Australians with disabilities now find themselves socially, culturally and politically isolated as negative attitudes towards people with disabilities continue in the community (National People with Disabilities and Carer Council, 2009).

Community Access Services, as agents of social change, may contribute to the facilitation of social opportunities for people with disabilities in actively chosen social pursuits. Participation in CAS may provide a valuable socialisation alternative for people with disabilities to unemployment, underemployment, boredom and limited further educational opportunities. When young people with disabilities, for example, complete their secondary education, CAS may be viewed as providing a pathway for independence and adulthood by increasing opportunities to access community services in a supportive environment whilst also providing vital respite for themselves and their families. The need to explore innovative strategies and service quality attributes of public sector managed services has been an important policy consideration in order to ascertain the extent to which the aims and program documentation which Community Access Service providers have articulated, “are realised, and have produced sought after outcomes” (Bigby, Balandin, Fyffe, McCubbery, & Gordon. 2004, p.253).

In Australia the quality and innovation of Community Access Services has received limited attention in the literature. Researchers have sought to identify elements that comprise best practice and quality in successful programs particularly as people with disabilities transitioned from secondary school (The Moreland Group & Stanton, 1994). Using individual program data, discussion with stakeholders and an examination of literature, including Government reports, the researchers discovered that day programs frequently provided meaningful activities for people with high support needs, particularly as they were unlikely to leave the program unless they moved to a new district.
Similarly, a review of post school options for people with disabilities in South Australia in 1994 discovered that there were some 4,380 people with intellectual disability, aged 15 plus who did not have any known day occupation, with over 1,000 people with intellectual disability who were aged 15-24 years of age. The researchers stated that;

‘These young people are not in employment, they are not in education and training, they do not have recreation and leisure activities and they do not have opportunities for socialising and friendships. They do not access TAFE vocational education and training programs, job search and labour market programs and employment services. In other words they do not have post school options. They are denied access to the opportunities to participate in, and contribute to South Australian community life. As a result, they are more likely to lead a life of poverty’ (Department of Health, Housing and Community Services, 1994, p.1.).

Furthermore the researchers proposed that ‘day activities’ were rapidly becoming a catchment area for all people who were denied access to vocational opportunities because of an ‘assumed lack of potential’ (Department of Health, Housing and Community Services, 1994). In Australia Riches (1996) in a review of the transition planning process for people with disabilities from secondary education to post school options including CAS also identified that both vocational and CAS options “should not merely be holding centres but offer relevant and pertinent training” (Riches, 1996, p.85).

This concern that CAS policy and practice is steeped in language which depicts people with disabilities as needing ‘time occupation’ or as people who ‘can’t’ has continued to be explored. In 2001 in South Australia the post school outcomes of 28 young people with autism spectrum disorder participating in CAS (day option programs) were reviewed. The researchers concluded that in order to improve the quality of CAS there was an urgent need to focus on the long term learning and lifestyle outcomes of those who participated in day option programs “and that an examination of the effectiveness of these programs to respond to the unique needs, goals, interests and preferences of young people with Autism Spectrum Disorder was required” (Burrows, Ford & Botroff, 2001, p.45). In 2004 an Australian national survey of day services used by older people with disabilities occurred. In this research a survey was developed consisting of open and closed questions to explore the use of funded disability day support and leisure programs by older people with a disability. The researchers distributed the postal survey to 596 day programs for people with a disability in Australia and a 28% response rate occurred. Interestingly only 19% of service users were aged over 55, with the bulk of respondents being between 40-60 years age group. The largest group of participants were people with intellectual disabilities (81%). The findings of the research concluded that challenges identified in providing day support were “lack of financial resources, knowledge and expertise amongst staff, and difficulties interfacing with other service systems” (Bigby, Balandin, Fyfe, et. al., 2004, p. 240).

These findings in Australia since the 1980’s have been identified in the context of the predominate policy of ‘block funding’ of CAS providers (rather than people with disabilities, families/informal primary carers) by Government funding bodies to deliver services to people with disabilities.
Internationally, changes to policies of CAS have been implemented. However, researchers have discovered a discrepancy between policy and practice with regard to CAS provision. In the United Kingdom despite the emergence of a range of community based alternatives to CAS since the 1980’s many public sector managed providers, such as councils are still struggling to ‘tailor’ their services, which offer choice and control for people with disabilities. Furthermore, while there is a slow movement away from people with disabilities attending day centre five days weekly to more innovative and individualised participation in community activities “there remains a lack of options for people with high support needs particularly alongside non-disabled people and more specialist services for black and minority ethnic groups” (Cole, Williams, Lloyd et. al. 2007 p.vii). Although policy makers recommended day service programmes be provided in local settings, campus based programs remain a common feature in Ireland (Hartnett, Gallagher, Kiernan et. al. 2008).

While Governments have implemented a New Public Management approach to ‘block funding’ for service provision researchers have argued that the ‘welfare system would be transformed’ by developing a relationship of ‘co-production’ between professionals and people using such services (Leadbetter, 2004; Duffy, 2010). The need to explore innovation through approaches such as ‘co-production’ to public sector managed services has gained increasing attention (Osborne, Radnor & Nasi, 2013; Brown & Osborne, 2012; Roberts, Greenhill, Talbot & Cuzak, 2011). Researchers recognise the importance of a fundamental shift from an underlying public sector tradition of expert driven creation and delivery to increased ‘co-production’ in which the ‘leveraging of peoples own resources and engagement to enhance public service delivery’ is enabled (Hartley, 2005). Such a strategic approach may transform CAS from being perceived as services in which the primary purpose is ‘time occupation’ for people with little to contribute to society into ‘active participants’ in service design, delivery and evaluation and a process in which they have a significant role as agents of social change. Integral to this process of enhancing service quality and innovation of CAS is the role of policy makers and funding bodies. In particular how the ‘voice’ of CAS participants is incorporated into every aspect of the services. Researchers using a critical discourse approach have questioned how the language of a ‘rights discourse’ for people with disabilities is occurring to ‘reshape power relations’ between people with disabilities and law and policy makers (Pinto, 2011).

Recently for example, a critical discourse analysis approach was applied when researching power relationships between service users and referring support workers within a residential service. Researchers Nunkoosing and Haydon-Laurelut (2011) conducted a CDA to examine referrals made to a Community Learning Disability Team in which people with intellectual disabilities were portrayed as ‘a problem to be solved’ and ‘in need of surveillance’ revealing how power operates within written texts. As the people with disabilities were described as having ‘challenging behaviours’ the referrer for services ‘is positioned as having the authority to seek interventions and therapy to control the person and his or her behaviour’ (Nunkoosing and Haydon-Laurelut, 2011, p.406). In an analysis of 59 referrals about people with ‘challenging behaviours’ the researchers concluded that ‘the referrals contain discourses of both the medical model of disability and of oppression’ (Nunkoosing and Haydon-Laurelut, 2011, p.415). Researcher Grue (2011) using a discourse analysis approach when considering issues of social justice and disability studies stated that whilst documentation of legitimate, medically certified disability provides ‘access to certain rights and privileges’ (it also may be) ‘accompanied by a considerable loss of personal autonomy, as well as social stigma’ (Grue, 2011, p.536).
This brief literature review has highlighted a changing discourse from CAS for people who can’t; towards an increased ‘voice’ of people with disabilities, families/informal primary carers within all aspects of CAS. Importantly do Australian Community Access Services policies (strategic and operational) strengthen opportunities for people with disabilities, families/informal primary carers to be involved in a co-production process as equal partners in designing and delivering services (active participants) or are policies developed to enable the provision of services to them? Furthermore this research explores if publically available written policies contribute to a paradigm shift from people with disabilities being perceived as ‘passive recipients of services and burdens on the system, into one where they are equal partners in designing and delivering services’ (Boyle, Slay & Stephens, 2010, p. 23).

2 METHODOLOGY

Research using a ‘grounded theory approach’ (Charmaz, 2006) has been used in a range of settings involving people with disabilities, for example, researchers Wee and Paterson (2009) explored factors which impacted upon the activities of daily living and participation of persons with a disability. Researchers Arnold, Heller and Kramer (2012) used a Grounded theory approach to explore the support needs of adult siblings of people with developmental disabilities.

For this PhD research a grounded theory approach has been used by the author, commencing with a review of International and national literature, followed by three community forums (n=81) and five focus groups (n=39) using semi-structured questions with people with disabilities, family members/informal primary carers, CAS providers, academics, policy makers and funding body representatives in South Australia. These learning’s informed the development of semi-structured questions for face to face interviews with people with disabilities, family members/informal primary carers and CAS providers in metropolitan and regional South Australia (n=24). The research questions explored participants’ perceptions of service quality and innovation of CAS in terms of their expectations prior to commencement of CAS, their needs and rights and their experiences of CAS. Transcripts from the data collected were analysed using Nvivo data analysis software. Following the community forums, focus groups and face to face interviews a Critical Discourse Analysis (Jager & Maier, 2009; Fairclough, 1995) of publically available written evidence, particularly strategic and operational policies relevant to Australian Community Access Service provision, occurred between 2010 and 2013 and is the focus of this research paper.

A Critical Discourse Analysis (CDA) of written evidence can be an integral part of a grounded theory approach (McGrath, 2009). Critical discourse analysis has been described as being:

“fundamentally interested in analysing opaque as well as transparent structural relationships of dominance, discrimination, power and control as manifested in language. In other words CDA aims to investigate critically social inequality as it is expressed, constituted, legitimatised, and so on by language use (or in discourse)” Wodak & Meyer 2009, p.10.
Critical Discourse Analysis within this research informs the approach to data analysis and has sought to explore the ways in which written language may produce, for example, a perception of social domination of one group over others. Written evidence for this research relevant to CAS included firstly; publically available Australian policies and funding guidelines which were accessed electronically from Australian State and Territory Government Departments websites. Secondly; publically available written information about CAS provider’s services was sourced from both published documents and electronically via organisational websites. In South Australia, for example, CAS provider’s services are collated and provided each year through the ‘Disability, Ageing and Carers Day Option Program: ‘Look Book’ which is produced by the South Australian Department for Communities and Social Inclusion. The 2012 version of the ‘Look Book’ was analysed during this research. Written evidence which was analysed included the CAS provider ‘mission statement’, ‘service goals’, ‘program availability’ and ‘description of programs individual needs’. Finally; CAS providers’ written assessment, implementation and evaluation tools were also, with permission, provided and critically analysed.

3 RESULTS (OR FINDINGS)

Within Australia seven initial findings from this current research are presented which have both potential strategic policy and operational practice implications as CAS are co-produced with, and for, people with disabilities. The findings include the development of processes to improve transition of people with disabilities from secondary education into CAS; development of strategies to enhance client determination and choice within services; enhanced availability of local community based services; participant to provider ratios to enhance individualised responses of service delivery; innovation within service provision; gender, age and cultural appropriateness and having a progressive approach to community inclusion. The following initial findings are presented.

4.1 Develop processes to improve transition from secondary education

The discourse used in recent Australian State or Territory policies regarding transition from secondary education into CAS infers that people with disabilities will be participants in the transition planning process with Service providers/Departmental representatives. For example the Department of Communities, Child Safety and Disability Services, Your Life, Your Choice Host provider model Handbook for people with a disability, their families and support network (Queensland Government, September, 2012) states that ‘By using a combination of disability funding and other resources to plan and purchase supports and services, you become an active participant in the design and delivery of how you will meet your disability support needs’ (including community access services) (Queensland, Government, 2012, p. 3).

Policies which specify eligibility of access into CAS however may vary according to each Australian State or Territory. As Pinto (2011) highlights a move towards services for a new and narrower category of people the ‘deserving disabled’ ‘risks leaving unprotected larger numbers of others whose levels of needs, although significant, may not be sufficient to qualify for special services and/or benefits’ (Pinto, 2011, p.2).
Such concerns have been raised when exploring CAS policy. In May 2006 a ‘Day Options- A way Forward’ for the delivery of Day Options Services within South Australia was produced as an attempt to ‘set future directions for day options’ (Department for Families and Communities, South Australian Government, 2006). This was followed in August 2006 by a ‘Better Pathways’ consultation paper on improving the pathways from school to further education, training, employment and day options for young people with a disability prepared by the Social inclusion unit (Department of the Premier and Cabinet, South Australian Government, 2006). This consultation paper reported that there were 1,049 young people with intellectual disability and or Autism Spectrum Disorder with very high to moderate support requirements within the day option system, ‘however people with an acquired brain injury and/or physical disability such as neuro-muscular conditions are not eligible to receive day options services’ (Department of the Premier and Cabinet, South Australian Government, 2006, p. 19).

However ‘many of this group are not eligible for employment with Business services because their disability inhibits their participation yet conversely they are not included in the day options programs (in South Australia) as they are outside the support requirements criteria and funding has not been provided for this group (Department of the Premier and Cabinet, South Australian Government, 2006, p. 19). Opportunities for positive outcomes for these people through participation in day options services were therefore unavailable. In 2008 the South Australian Governments review into Post-School pathways identified that approximately 240 young people with disabilities aged 15-24 would prefer to participate in day activities but don’t meet the current criteria (Department of the Premier and Cabinet. Government of South Australia, 2008, p.15.). This report further highlighted that regarding specific disability diagnosis ‘young people with Asperger’s Syndrome are not eligible for a day options service and may have behavioural issues making it difficult for them to gain employment even in a supportive environment including Business Services (sheltered workshops)’ (Department of Premier and Cabinet, South Australia, 2008, p.18.).

The Western Australian Governments Disability Services Commission Alternative to Employment (ATE) Program Policy Framework (2010, p.3) purports a different process of transition. The ATE program ‘provides support for people with disabilities with high support needs; who cannot realistically pursue full-time employment (defined as 20 or more hours a week of supported employment); and who are unable to undertake full-time study or full-time training due to their support needs. Eligibility criteria includes any of the following primary disability diagnosis: profound intellectual, physical, sensory, cognitive or neurological. People with disabilities can apply for funding via the Post school option process in the second-last year of school or if the person with a disability has left school within the last two years.

When considering transition from secondary school the timing of planning with people with disabilities, families/informal primary carers is also important. The Department of Communities, Queensland Government, for example, refers to assistance to young people with a disability in their final years of secondary school to plan for their transition to life after school through the My Future, My Life strategy (Department of Communities Queensland Government Disability Service Plan 2011-2014. p.20.).
4.2 Explore a variety of choices of CAS intervention

When considering attributes of service quality and innovative strategies an important need/right identified in the research is the opportunity to have a variety of service delivery choices. A parent during a face to face interview stated “there really is no choice. It’s either an unsuitable service or an unsuitable service. They are not what my son needs. I don’t want him to be a retiree at 20 years of age”. This contrasts significantly with the language used by the Australian Institute of Health and Welfare (AIHW) to describe key features of CAS including; ‘that services are flexible and responsive to personal needs and interests, range from educational to leisure and recreation pursuits, range from facility to home-based activities, include supervision and physical care, link people into activities offered to the whole community and range from long term day support to time limited and goal oriented education that maximises personal independent functioning and may complement other community services’ (AIHW, 2011, p.117).

Policies which contribute to increased community participation may include participation in opportunities outside of a traditional Monday to Friday ‘day time’ format. People with disabilities living in Victoria, for example, according to the Disability Services Day Services Guidelines may participate in CAS ‘thirty hours per week for forty-six weeks per year offered over seven days (that is, including weekends), either during the day or at night and across 52 weeks in the year’ (Department of Human Services, Victoria, 2012, p.5).

4.3 Review availability of local accessible services

Availability of local accessible CAS may positively contribute as people with disabilities ‘are treated as belonging and contributing to the communities in which they live’ (Morris, 2011, p.1.) Policies which effect local community participation however may be across government divisions/organisational practice. For example, an accommodation policy of closing (some) residential sites during the day may require the transportation of people with disabilities to a range of ‘day activities’. During a face to face interview one family member of a person with a disability described their day as follows; “you get out of bed, then you get on a bus to a car park, then on another bus to the centre. Then you get on another bus to go to the pool. You get changed, then into a pool for maybe half an hour, and then you get onto a bus and then another bus……...”. This occurred because the accommodation where the person lived was closed during the day from 8am to 4pm. Each day they were transported to a central location (a car park) from which people with disabilities were transported to various CAS.

Written policies in Australia highlight the importance of local services. The introduction of ‘Gateway Services’ (Department of Health and Human Services, Government of Tasmania, 2010) may assist people with disabilities and families/informal/primary carers navigate through the information available regarding CAS as may local directories available on Governments website as occurring in the Northern Territory. The discourse of belonging to a local community is also important for example the Department of Communities, Child Safety and Disability Services (Queensland Government) Your life Your choice: self-directed support framework includes the definition of community access as being ‘support to participate and belong in the community’ and ‘having more opportunities to connect and participate in the local community’ (Queensland Governments 2012, pp.4-5). This is in stark contrast with being transported to a segregated venue and transported back to segregated accommodation. As researchers emphasise ‘There is a danger that segregated cultures will persist unless services have clear strategies to achieve integrated opportunities and community connections and those strategies are not very evident yet’ (Cole, Williams, Lloyd, Major et. al., 2007, p. vii.).
4.4 Review ratios of people with disabilities to staff within each service provider

Determining a ratio of people with disabilities to CAS provider staff has been recognised as a challenge within traditional ‘day time activity’ group service provision. A CAS provider interviewed during the research stated that opportunities for improved service quality and innovation are restricted as they “are always having groups of 4-6 participants and are on a daily basis needing to consider and plan the group dynamics, vehicles, staff to ensure that the services are best for the people involved”. An analysis of 20 South Australian CAS providers ratios provided in the Look Book (2012) identified variation from being ‘individual services which are negotiated under a separate costing structure’, ‘predominately there are 1 staff to 2 clients’, ‘on average one worker per 3 clients’, ‘1:3 or 2:5 or 3:6 or 3:7 depending on dynamics, activity and support needs’, ‘1:2, 1:3, 1:4, 2:5, 3:8. depending on dynamics, activity and support needs’ to ‘1:4’, ‘1:5’, ‘1:6’ up to 1 staff to 7 clients. Each CAS provider has a cost structure which people with disabilities, families/informal primary carers consider depending on their ‘level of support required’. Transport may or may not be included. One organisation in regional South Australia stated during an interview that an individual travels ‘150 kilometres’ per day to access CAS services. Recently also a service was established on Kangaroo Island (South Australia) so that people didn’t have to travel to the mainland for respite and CAS.

The introduction of individualised funding will effect potential changes to ratios of staff to individuals. As stated within the Government of Western Australia. Disability Services Commission Individualised Funding Policy (2013) ‘people with specialist disability funding are able to self-direct their supports and services, have flexibility in how their allocated funding is used, and have genuine choice and control over the design, planning and delivery of services they require. This is intended to lead to better outcomes for people with disability, their families and carers’ (DSC, 2013, p.1).

4.5 Explore innovative opportunities for CAS provision

Innovation opportunities for CAS may include not only the range of choices which benefit the individual but also how the individual benefits the society in which they live. An example when reviewing CAS provider mission and aims highlights a ‘focus on breaking down barriers, challenging preconceptions and boldly placing disabled visual and performing artists centre-stage. Tutti’s goals are to create quality artistic experiences and contribute to the development of Australia’s disability led arts and culture movement which means there is also a focus on personal development, literacy and leadership for participants. All art form programs are professionally led by practicing artists with the aim of: Developing independent individuality, Providing ongoing education/skills development in the performing, visual and digital arts, Creating pathways into the arts which enable artists to earn income from their work’ (Look Book, 2012).

Through a co-production approach people with disabilities (direct users) and their families (indirect users), rather than being passive receivers of services may instead be actively involved in the design, implementation and evaluation of CAS. This may further include for example involvement on Community Advisory Groups, Steering Groups and Boards of Management. Leadership within services and more broadly across State and National policy development may be an innovative means of moving away from constraints of power and decision-making resting with service authorities only.
This may mean that cultural changes in leadership of CAS are needed as researchers have identified ‘so that innovative, integrated opportunities and community connections’ can exist (Cole, Williams, Lloyd, Major et. al. 2007). Being innovative may also involve changes to policy across a range of Government Departments and Government priorities. In the United Kingdom researcher Simon Duffy has identified that ‘Each part of the welfare system focuses on a particular set of problems, but struggles to meet needs when those needs do not fall neatly within the boundaries of their service’ (Duffy, 2010 p.212). In the United Kingdom people with disabilities and families have had to choose between further education opportunities and CAS. Post school studies may occur for up to 3 days per week ‘therefore attraction of placements offering over a 5 day week period in a social care organisation’ continued to occur (Cowen, Duffy and Murray, 2010, p.35).

4.6 Review gender, age and cultural appropriateness of CAS

In this research a family member stated that there is an important need for CAS to help people’s quality of life by ‘having services which are age appropriate and are planned to take into account peoples different cultures’. Currently people accessing CAS may commence as young as 18 years of age but be involved in services planned for people in their late 50s or early 60s. Both a review of interests which may be gender specific as well as cultural considerations will also improve the service quality of CAS. The Department for Families and Communities, New South Wales Government, Community Participation, Life choices and active ageing Program Guidelines (2012) for example identifies the importance of providing ‘accessible, equitable, responsive and respectful services for Aboriginal people with a disability’ (Department for Families and Communities, 2012, pg.14). The Guidelines further highlight that ‘as people from a non-English speaking background with disability experience multi layers of discrimination on the basis of disability services must reflect accessible, equitable and respectful services that are responsive to cultural, linguistic and religious diversity. (Department for Families and Communities 2012, pg. 15)

Internationally, researchers in the Netherlands endeavoured to consider the ‘adequacy’ and ‘appropriateness’ of day activities for people with profound intellectual and multiple disabilities (PIMD) (Vlaskamp, Hiemstra & Wiersma, 2007). As relatively little attention has been paid to the quality and appropriateness of day services the researchers highlighted additional needs which pertain to the adequacy of day services including age appropriateness, degree of community inclusion and the extent to which activities fit into the individual educational or activity plan for the person involved (Vlaskamp, Hiemstra & Wiersma, 2007).

Policies which include consideration of the individual and their networks and peers may influence community participation and enhance the quality and innovation of CAS. As stated within the Queensland Governments ‘Your Life Your Choice: Self-Directed Support Framework’ ‘Bringing together a range of different people with different views, skills and experiences helps build a richer vision and plan for what a good life for a person and/or family could look like’ (Queensland Government. p.6.).
4.7 Having a progressive approach to community inclusion

By having a progressive approach to community inclusion CAS may provide the social scaffolding for people with disabilities to transition into a range of community opportunities including further education, volunteering and employment opportunities. In June 2009 the Social Inclusion Unit of the Department of the Premier and Cabinet, South Australian Government, for example, produced a report titled *Choices and Connections The Better Pathways Service Approach for Young People with Disabilities* which recommended a focus on development and progression so that ‘Day options placements for the 15-24 year old age group will be flexible with an orientation of ‘flow through’ to more developmental options to give increased incentive for progression to other vocational options (eg. 3-5 years). (Department of the Premier and Cabinet, South Australian Government, 2009, p. 43.).

Rather than a language of CAS being a ‘final destination for people who can’t’ CAS policies can focus on community inclusion at various life stages. The Department of Human Services, Disability Services Day Services Guidelines (Victorian Government, July, 2012) for service providers, for example, indicates that ‘Students with a disability making the transition from school can apply via their DHS regional office for support for up to three years.. is available to eligible young people between the ages of 18 and 21. Towards the end of the transition period, ‘planning will be undertaken with the person by the DHS regional office to determine future goals and whether they require ongoing disability supports to achieve these goals’ (DHS, 2012, p. 4).

4 DISCUSSION

The initial findings indicate a range of progressive changes to strategic and operational CAS policies within Australia since the 1980’s leading to a transition from services provided to people with disabilities towards a partnership approach of CAS being co-produced with people with disabilities, families and informal carers. Whilst traditionally ‘block funding’ had been provided to a government or contracted service provider to provide a defined disability support type, in contrast individualised funding may support partnerships and opportunities for formal and informal networks of support as the person with a disability orchestrates his or her arrangements. The individualised funding approach which basically turns the user of services into the purchaser of services is a dramatic shift in paradigm in terms of control and power (Marlett, 2006).

The concept of individualised funding is not new. Researchers have raised concerns particularly ‘whether the most vulnerable will be left without support; whether a market economy will ignore the marginalised who are unlikely to provide a profit; whether people will be left isolated and vulnerable at home if there is no case manager to notice inadequate resources or to advocate on their behalf and whether people living independently may become more isolated and less socially engaged’ (Laragy, 2010, p.131.). Such significant concerns will undoubtedly be the focus of policy development and ongoing participatory evaluation with the commencement of the National Disability Insurance Scheme, Disability Care Australia on July 1st 2013 so that services such as CAS become part of a ‘flexible set of supports’ and so that people with disabilities ‘have as much control of their lives as possible’ (Duffy, 2010, p.257).
This is evident for example in the discourse of the Department for Families and Communities, New South Wales Government *My life, My Way Choosing the self-managed model for your day program booklet* (2011) which states that a self-managed model may suit people with disabilities ‘because they live in a rural or regional area and find it difficult to travel to a centre; they have health problems that require more flexibility in the way they manage their program; they need more choices due to cultural and other reasons’ (Department for Families and Communities, 2011, pg. 7).

Internationally, regarding transition planning and individualised funding, researchers Alison Cowen, Simon Duffy and Pippa Murray (2010), highlight that ‘effective integration and transition planning can be achieved when citizens and families are given clear entitlements and control of resources’ Furthermore, ‘personalised transition is a community led initiative’ which is developed through a ‘powerful partnership’ of people with disabilities, their families and professionals’ (Cowen, Duffy & Murray, 2010, p.3).

With the introduction of Disability Care Australia innovative CAS services may further contribute to people with disabilities increased community participation. As Simon Duffy (2012) from the United Kingdom highlights ‘primary innovators become disabled people, families and professionals together – redefining their roles together, building better lives together. (Duffy, 2012, p.121).

5 CONCLUSIONS

This research has presented seven initial findings from a Critical Discourse Analysis (CDA) of Australian Community Access Service policies. The research is still at the early stage of data collection and further themes will no doubt emerge as further CAS policies are developed and analysed and focus groups and face to face interviews are conducted. A National questionnaire has also recently received approval from the Flinders University Social and Behavioural Ethics Committee the findings of which will also contribute to this research. The researcher welcomes information which contributes to the topic from people with disabilities, family members/informal primary carers, CAS providers, policy makers, academics and funding body representatives. He can be contacted though Flinders University details as provided.
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