

# Through the looking Glass: An insight into the future of ADHC as we know it.

## Interview with David Coyne

*Executive Director of Clinical Innovation and Governance, Ageing, Disability and Home Care, Department of Family and Community Services NSW.*



David Coyne is the Executive Director of Clinical Innovation and Governance, Ageing, Disability and Home Care, Department of Family and Community Services NSW.

David has worked in Disability/Human Services for over 23 years in a variety of roles including Regional Director, Deputy Regional Director of an ADHC region, Regional Manager Service Development and Planning, Regional Manager and Senior Guardian within Office of the Public Guardian.

David also has worked within the National Health Service in the United Kingdom as a Manager of Clinical Services for a specialist challenging behaviour team. He is a psychologist by training and is registered with the NSW Psychologists Registration Board.

Clinical Innovation and Governance has been established under the Stronger Together Plan to provide leadership and coordination of services to clients with complex needs and challenging behaviour.

### *Clinical Innovation and Governance:*

- Establishes and reviews policy and practice guidelines relating to the provision of support to adults, children and young people with complex and challenging behaviour.

- Provides practice leadership in the areas of physiotherapy, speech pathology, psychology, occupational therapy and nursing and health care.
- Identifies training and professional development requirements in relation to its areas of focus.
- Establishes and reviews policy and develops good practice guidelines for working with people who have patterns of offending behaviour.
- Establishes and monitors the use of restricted practice approval mechanisms by ADHC and the application of such mechanisms across the disability sector.
- Establishes close links and working relationships with stakeholders relevant to the specialist support of challenging behaviour and offending behaviour.
- Provides oversight of the provision of services to people with an intellectual disability and a mental health issue.
- Manages the operation of the State Wide Behaviour Intervention Service, and NSW Integrated Services Program.

*We welcome David to this interview and thank him for taking the time to answer our questions.*

### **What has been your career to date? Why did you choose the disability sector?**

I think I initially was led to the disability field because when we first emigrated to Australia my mother's first job here was in a respite centre for children with disabilities and I was just finishing high school and started a degree in psychology and on the weekends my mother used to encourage me to visit the respite house. Firstly, so she could keep an eye on me but secondly and far more importantly she felt it was good for these teenagers to have a non-disabled peer to interact with. That was the start of my contact with people with a disability and she was quite influential in starting me down that path.

In terms of background, I finished university and became a psychologist and worked with various communities supporting people with a disability within health/community service/DADHC and also worked in the UK with the NHS as manager of clinical services. In terms of the last ten years I have held a number of roles including: regional manager service development and planning, really focusing on developing partnerships with our non-government organisations Working with them in relation to quality, relationships man-

agement, contract management more recently the Deputy Regional Director and Regional Director of an ADHC region. I commenced in the role as Executive Director, Clinical Innovation and Governance about three years ago.

**What most influenced your career?**

My mother was the initial influence but then I had the opportunity to work with some pretty important people in the disability field people like Jane Cross, Ethel McAlpine, Mary Ellen Burke, Margaret Oldfield and also some very well respected people in the UK. They were very important in shaping my career and probably Ethel McAlpine in particular as she strongly suggested I move from the region into this role.

**What are some of the achievements of the directorate Clinical Innovation and Governance?**

Not in any particular order: Certainly the establishment of two chairs at the University of NSW is fairly significant; the appointment of Associate Professor Julian Trollor and more recently the appointment of Associate Professor Leanne Dowse. I think they've been really significant achievements for the directorate and for the agency and indeed for the sector and I think their legacy will become crucially important as ADHC transitions to the non government sector. I'd also suggest that the development and endorsement of the Memorandum of Understanding between Health and ADHC was a fairly significant piece work led by Clinical Innovation and Governance and people like Dr David Dossetor were a key champion on that piece of work along with me; he provided quite exceptional support in ensuring that we

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got that across the line. We are now in a second stage of implementation now what ADHC and Health have moved to the same local health district boundaries. Now we are in a new phase of reinvigorating the key components of the MoU.

Presently CIG has a key focus on “Practice Packages” for clinicians working in the disability field. These practice packages (and core standards) focus on a range of issues, including behaviour support, supervision, health and well being and the working alliance. A number of the packages are in an e-learning format. To support this work, CIG has recently commenced regularly webinars supporting the development of clinical staff across the sector. In terms of other achievements, I think establishing our learnings and evidence base in relation to working with peo-





ple with complex needs and in particular through the integrated services program and the community justice program really developing a lot of information and knowledge about what the therapeutic components are for people with disability exiting the criminal justice system, but also what the issues are for people with a dual diagnosis of mental health issues and some form of disability. These are some highlights, but there are many more.

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## “We need to give constructive feedback in order to continue to build a better system...”

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### **What do you feel is the biggest challenge in the disability sector?**

One of the biggest challenges will be preparing the sector for all parts of the business and service delivery that are presently delivered by the NGO Sector, by the for-profit sector by government and by a range of other government partners. So I think the NDIS provides a wonderful opportunity for people with disability to be able to make a range of choices about service delivery. The focus of the work that we do in CIG is really around practice leadership and working with individuals with complex support needs. So the challenge I think for the sector will be how we maintain what has been built as part of Office of the Senior Practitioner and Clinical Innovation and Governance and how do we translate that into a NDIS environment. We have recently prepared a discussion paper for the ADHC Executive but also for discussion with the NDIA and the NDIS. What that paper talks to is the need for a Centre of Excellence to be established with hub and spoke like models across the country. In developing that paper, I led a couple of discussions which were across jurisdictions but most recently a meeting in Melbourne that I chaired with all the jurisdictions, to talk about what functions would be needed in a NDIS environment. Each of the states are going about implementation of NDIS in different ways. We all agreed that essentially there would be six key functions in the Centre of Excellence to support practice leadership for people with complex needs in the real world; essentially they are safeguarding, practice leadership, innovation and research, specialist tertiary supports need to remain somewhere in the system, workforce capacity building has to be an absolute focus on an ongoing basis for the sector and finally there needs to be a monitoring and review function (whether that's in relation to quality of behaviour support planning or implementation or monitoring of restrictive practice authorisation use of psychotropic medication), those things need to be in the system.

### **Can you describe the changes that are going to be made and what we can expect?**

One of the expectations is that the NSW government, the NDIS and the NDIA are in regular discussion about not only the NSW Hunter region trial site, but for implementation in NSW. Directorates like CIG are regularly asked to comment

on national position papers on particular issues. As a result of our presentation of a paper to the NDIS and NDIA we have been engaged with several consultants who are working for the federal government who are developing strategies around workforce development and so on. We are inputting into those processes. We are still working through issues at the moment of eligibility for people with complex support needs. We are presently making referrals to NDIS Hunter for a number of people in the Community Justice Program. We have also been liaising with the NDIS Hunter in relation to some ISP clients. As we work through those referrals, we learn more about where the system needs to be changed and how people can be better supported. There is still a lot of work to do and lots of discussions still to have.

### **How should parents or clients prepare for this change?**

I think they should be talking to their local NGO's. They should be talking to their local ADHC staff. They should be getting as much information as possible from the NDIS website about supports available and different funding packages available. I would also suggest that if families, guardians, advocates or clients themselves are not happy with the services they have received then they need to be clear and articulate what it is that isn't helpful. The important thing to stress at the moment is the NDIS roll-out in the Hunter region is a trial. I don't think we can be too quick to judge what has not worked or what is indeed working at the moment. We need to give constructive feedback in order to continue to build a better system.

### **What do you feel will be the impact on services that cater for the emotional and behaviour disturbance of children, adolescents and adults with an intellectual disability?**

There could be further siloing of services such as 'this is a disability support', 'this is mental health support', this is something else'. I think the challenge for us is to ensure that all of the agencies involved in providing support to children with a disability don't become so focused on their own silo's and continue to work across program boundaries. Pieces of work like the MoU continue to be implemented in the new FACS world. The reorganisation has helped to do that now that we are in the same boundaries as Health.

The role of the mental health commission will become more important. The role of the NSW Ombudsman will become more important as a significant government provider as ADHC exits. The work that has been done between the Children's Hospital and State-wide Behaviour Intervention Service continues. These partnerships are really good models in supporting children in multiple and complex support needs.

The challenges potentially will be that we will have more players than before such as the federal government, state government agencies, the for-profit sector, the NGO sector, all needing to deliver services in this space potentially. There will need to be very clear leadership through Health, very clear leadership through CIG while we are still here and it will be CIG and Health's responsibility to reinforce those messages to the NDIS and NDIA. Also, over the next couple of years to continue to work through the curriculum training, through the publishing of journal articles and books to en-



sure there are contemporary resources available so that the sector is clear about what it is this particular client group needs in order to do well.

**Some fun questions;**

**What was the last thing you read?**

I spend so much time reading at work, I can't actually remember the last thing I read though I suspect it was something about Emperor Hadrian. He was one of the Roman Emperors who was quite influential in really shaping Roman Britain and was stationed in Britain for a number of years and he was quite an inspirational leader, he was also a gay man who while he had a wife for political purposes also had a male lover so it is interesting to see such an important historical figure and how he basically tamed the British.

**Something that you like about your field:**

In the area that we focus on in CIG, one of the most important things that we can do is really make a difference to people's lives. In that context I am talking about people who have been homeless, people who have come in contact with the Criminal Justice System, people who have been languishing in psychiatric units for many years. In the work we do here we have a real ability to work with people to assist them and to turn their lives around. To quote Ethel McAlpine, 'to help people get a life' and to assist them to have positive experiences in their local communities and for them to be viewed positively by their local communities. I think one of the other things that we do and I was made aware of it, probably only six months ago, when a clinician in a district actually came up to me after a presentation and

said "Oh I've been watching your career for a while and I've read some of the things that CIG/ OSP produces and I really want to work in a directorate like yours one day" and that was really quite confronting for me but in a nice way. It was such a nice compliment.

The work that we do around skill building and capacity building I think is really important and hopefully when we have exited the service system there will be some sort of legacy we can leave behind in terms of practice leadership and capacity building.

**Is there a web link that you'd like to share?**

Yes, look we've got lots of web links we could share which house practice packages, our core standards, links to the ID mental health university chair and links to some of the publications that we have done.

[http://www.adhc.nsw.gov.au/sp/delivering\\_disability\\_services/core\\_standards](http://www.adhc.nsw.gov.au/sp/delivering_disability_services/core_standards)

[http://www.adhc.nsw.gov.au/sp/delivering\\_disability\\_services/behaviour\\_support\\_services](http://www.adhc.nsw.gov.au/sp/delivering_disability_services/behaviour_support_services)

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[http://dadhcintranet.nsw.gov.au/client\\_services/clinical\\_innovation/statewide\\_behaviour\\_intervention\\_service](http://dadhcintranet.nsw.gov.au/client_services/clinical_innovation/statewide_behaviour_intervention_service)

### **The disability sector in the future, what do you see? What's your vision?**

In NSW, I think, the building blocks we've put in place over the last decade have been really important building blocks. So the relationships that we have developed with health, the relationships that we have developed with universities, the practice leadership responsibilities that we have developed in the office of the senior practitioner or CIG. I think they are really important pieces of work that hopefully will take us to the next iteration of disability services; which is about more choice, individual funding, living life my way. But also ensuring that the sector has appropriate ongoing support in terms of practice leadership, professionalisation and specialist tertiary supports.

### **Is there anything else you want to add to this?**

I think more than ever, there will be a need for mainstream clinical services to be across disability issues and so some of the work that we have started in relation to the psychiatry fellowships and ensuring that we are able to target psychiatry registrars and enhance their training to ensure they're well equipped to work with people with a disability. I think that's really, really important and we can't lose sight of this. Not only being focused on just disability professionals, but we need to ensure that there is a greater range of professionals that have a good understanding and awareness of disability issues.

And you could take that down to another level which is not only disability awareness but also awareness of issues around culturally and linguistically diverse communities,

working with indigenous communities. You know we ask a lot of our professionals but we need to have that broad skills set.

One of the other things which I think is a bit of a highlight is in March this year I was invited to go to Denmark to give a series of lectures to one of the universities in Copenhagen about supporting people with complex support needs and so I went and did that. But for me, it was really exciting because this directorate was recognised as having some really important expertise in the disability sector and so to be asked to go to Denmark to provide that information was really, really, really exciting. We now have formal links with a number of universities in terms of research but also student placements and one of the outcomes of that university visit was they would like to establish with us a formal student placement agreement.

### **Will there be someone to support NGO's?**

We're not clear yet, presumably that will be the responsibility of NDIS, NDIA. The Ombudsman may have some monitoring role into the future. A centre of excellence if it gets off the ground may have a role there as well.

### **I wonder if something like this has happened before and what the outcome was for the state?**

Well they have done similar work in the UK but it's not been an "all or nothing" so the UK has gone down the path of moving quite significant parts of government services within the NHS and local health authorities. There have been a number of reviews where, in the UK, the government is looking at how to take back some responsibility for some services. So there have been a number of high profile incidents in the criminal justice system where people were released and dreadful incidents occurred and so there were questions asked about the validity and the appropriateness of the monitoring and the review. So I think there are some processes in place to look at how government takes back some of those functions.

The beautiful artworks in this journal are taken from the participants of the **Operation Art project** at the Children's Hospital at Westmead. You can find out more at <https://www.artsunit.nsw.edu.au/visual-arts/operation-art-2014>

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