

Submission in response to Productivity Commission Issues Paper June 2016, Human Services: Identifying sector for reform

Human Services - Wheatbelt - Rural & Remote

Notwithstanding the range of activities listed in the Issues Paper (Productivity Commission, 2016) the supports and services provided by carers in Human Services needs to be acknowledged in the context of sector reform. There has been some work in the area of Carers with the *Integrated Plan for Carer Support Services* (DSS, 2016) including the launch of the *Carer's Gateway* website.

Western Australia has the *WA Carers Strategy* and launched another website the *Carers Services Directory* as part of this strategy (DLGC, 2016). Replacing the 1.9 billion hours provided by unpaid Carers in 2015 with formal support provided equates to \$60.3 billion dollars. Unpaid Carers contribute the equivalent to 3.8% of gross domestic product and 60% of health and social work industry (Deloitte Economics, 2015).

With both federal and state legislation in place recognising Carers (WA State Government, 2014 & Australian Government, 2010) reforms in Human Service Carers are a service in its own right and as a critical component of many other aspects of Human Services considered for reform. Carers organisations require adequate funding to allow them to provide supports and services to Carers. Disability Services Commission (2015) in the 2014/2015 financial year provided \$641,826,195 in funding to 115 organisations. Carers' Association of Western Australia received \$225,816 of funding to support Carers in Western Australia.

The vital service provided by Carers' WA is unable to respond to the needs of the 320,000 Carers (DLGC, 2016) with such limited funding. This is clearly evident when funding for Rural and Remote areas provided by Disability Services Commission is limited to two programs, *Early Years Consultancy* to assist children in limited areas of disability and *Country Resource and Consultancy* to support country based therapists (DSCa, n.d.) The benefits for those in rural and remote areas is limited due to the tyranny of distance and carers are missing out on high-quality human services. In the Wheatbelt there were 3,058 people needing assistance supported by 6,005 unpaid Carers (WA Country Health Service, 2015) in the disability sector alone.

Using the Wheatbelt Health area as an example, there is an anticipated demand for chronic disease management and aged care services (WA Country Health Service, 2015). Services and programs will need to be targeted to address the high levels of disadvantage as per the SEIFA index of Socio-Economic disadvantage, such as Kellerberrin, Quairading and Pingelly (ibid, p.14). There is a need for access to multidisciplinary child development services (p.19) and public health intervention due to the high number children hospitalised due to falls (ibid, p.27). It is noted a need to partner with local government, other private and not for profit providers to focus on ambulatory and primary health care but volunteers must also be partnered and supported as they provide critical ambulance services to areas of the Wheatbelt. Hospitalisation statistics show that there is a high increased need for primary health services, but the design of these services will need to be across several sectors (p.53).

Those accessing services through WA Country Health Services due to the limited availability of services it at times may be difficult to uphold the *Australian Charter of Healthcare Rights* (Australian Commission on Safety and Quality in Healthcare, 2012) fully within the Wheatbelt location. Quality healthcare would be measurable through improvements in health outcomes as per the Health profile reporting including quality of life indications (WA Country Health Service, 2015). In rural and remote areas equity will always be a difficult area to address to to lower population and

the tyranny of distance. Equity in the area of allied health access is impacting across all levels of the population. Through establishment of better supports and services, between government departments, not for profit and volunteer sectors, improvements in the equity of services will be achieved. Improvement in service delivery will also deliver efficiency as improvements in the health status of those in rural and remote areas. Furthermore the population is used to limited resources and services available. It is important that innovation is made available and technical efficiency will to address unmet needs. By not providing the relevant human services to those in rural and remote areas, people are left with little choice but to leave, further reducing the equity of access to human services, due to declining population numbers. Services such as Medicare and Centrelink require at times travelling significant distances to meet with an actual staff member due to these services not being available. The main method of transportation relies on the use of private vehicle as daily return public service transport options are very limited and in most areas non existent.

Identifying services best suited to reform

User choice is a key to improved outcomes in rural and remote areas. Disability is a key area in Western Australia where an increase application of competition, contestability and user choice is still needed. The trial situation to 'preserve and enhance the investments that WA has made in its disability sector' (Productivity Commission, 2015) is restrictive to areas that did not receive investment previously. The design of the trial locations was exclusive of rural and remote locations, and the unique situations of rural and remote are not properly understood.

As raised by the Councils of Social Service (2014) development is needed for long term preventative programs to improve social outcomes and fiscal burden. WA Country Health (2015) have identified many programs to improve outcomes for the Wheatbelt, but the economies of scale in a rural and remote area with a dispersed population make these difficult to achieve in an equitable, accessible manner. Through the design of the WA NDIS, the Disability Services Commission trial, it will not be possible to unbundle multiple services due to the Responsibilities for Supports (DSCb, n.d.) and accessing the service system that best suits their needs. Whilst in metropolitan areas this may be suitable, not all these mainstream services are accessible to those in rural and remote areas. The nature of the transactions that will be delegated to mainstream services is complicated compared to the services that will be covered by WA NDIS (ibid).

The ability for a person to make an informed choice is limited as services and supports provided under WA NDIS will compliment mainstream services. The limited information that is made available about WA NDIS and being unable to use NDIS resources because of the differences in the two models. WA Country Health (2015) has already identified areas of Health Services in the Wheatbelt requiring solutions. Considering health services for a person with a disability, if the mainstream service identified in their plan the WA NDIS 'reasonable and necessary' ruling regarding transportation may impact on their ability to access the service. For example the private vehicle funding restriction is needed to ensure financial annual limits can be maintained in WA NDIS. The limited number of kilometres that can be travelled by a support worker (DSC, 2014) may restrict a person's accessibility to Human Services in general due to the tyranny of distance, particular by those in rural and remote areas. Users will then need to adapt to new arrangements for support delivery, that require a monetary contribution (DSC, 2014), thus whilst the support may be received, it is restrictive in the provision of Human Services. Those unable to financially provide for additional supports will not be able to access the service.

Scope for improving outcomes

There is an overarching theme in the previous examples that the delivery of Human Services to those in rural and remote areas needs reform. Roufiel & Battye (2008) highlight the lower health indices, higher disability rates in comparison to more urbanised areas. The socio-economic disadvantage is also associated with remote locations (ibid), which is confirmed when considering the demographics of the Wheatbelt (WA Country Health, 2015). The loss of Human Services was

one component noted by Roufiel & Battye (2008) as contributing to the social, financial and social problems in rural and remote areas.

Roufiel & Battye (2008) list the challenges for service delivery in rural and remote areas, some of which may be addressed by increased competition, contestability and choice of service users. One aspect of service delivery to be effective in providing sustainable care to the users (ibid). Staffing and organisational sustainability are key factors. By increasing competition, contestability and user choice, leaders will emerge that demonstrate vision and innovation to improve the provision of human services in rural and remote areas. The review of service model deliveries by Roufiel & Battye (2008) acknowledge that government stewardship in the designing of service delivery overlooks local needs or unique situations. The potential costs associated with allowing WA to be part of the full scheme, will be outweighed by the ability for local communities to be sustainable and potential for economic growth. The community accessing services and living in the town will create innovative solutions, stimulating economic growth within their community. Increasing user choice and encouraging competition will achieve better outcomes.

To improve performance data and information in the human services sector, particularly in rural and remote areas, requires a commitment to research into rural and remote issues, in a variety of Human Services areas. Performance data in disability will be measured by goal achievement and economic participation of the person with a disability in the community.

Case Study

The experiences of participants into in NDIS trial sites, both NDIS and WA NDIS, in Western Australia has been compiled by People with a Disability WA (2015). The reform of Disability Services in Australia, culminating in the NDIS has been a long drawn out process (Productivity Commission, 2011) with the approach model of delivery in Western Australia still undecided.

The use of a state controlled model of delivering the NDIS was considered an 'inferior' model by the Productivity Commission (2011). With the WA only having portability and scheme eligibility as the common features the accountability to those in Western Australia is limited. The ability for the model of delivery to be changed by the State Government does not reflect best-practice outcomes for quality, equity, efficiency, responsiveness or accountability.

The People with a Disability WA (2015) report highlights that the quality of the Local Coordination will be a significant factor in the outcome received through the NDIS. The low level of respondents from the WA NDIS sites does not reflect the best practice, as the Disability Services Commission placed the survey on their website, rather than demonstrating best practice of Local Coordination. The lack of services for those in the Lower South West WA NDIS site demonstrated a lack of choice in the delivery of support and this area would benefit from competition, allowing for innovation to address the lack of service delivery driven by user choice. These 'gaps' in NDIA trial sites were noted by the Australian Government (2014) and identification and addressing of these issues has been actioned.

The accountability of the trials being conducted in Western Australia is vastly different. The responses given by NDIA (2015a) in Appendix A are effective in informing the status of the NDIS hills trial site. This best practice, in regards to quality, equality, efficiency, responsiveness and accountability in relation to the Western Australian trials has been easily sourced. Example of the NDIA responsiveness to best practice, accountability and collection of quality data for comparison, is documented in their response to consulting with the ABS to create best practice data collecting surveys (Australian Government, 2015). The detail contained in the NDIA quarterly report to COAG clearly demonstrates best practice in delivering Disability Human Services (NDIA, 2015b). This is in direct contrast to the WA NDIS Quarterly Report published by the Disability Services Commission, compiled using their own methodology (DSC, 2016) and the data is presented to restrict analysis or comparison by the general public.

Human Service specific characteristics

Financial Services would be one area of Human Services that has the characteristics listed. Financial services are an area which is very standardised, information accuracy is evident. If a service recipient doesn't have the sufficient expertise this barrier could be overcome by discussing the product with the supplier. The influence of family and friends is often a deciding factor in choosing a financial institution.

Service transaction based

As raised in the Issues Paper increasing completion for medical imaging machines is problematic in sparsely populated regions. In rural and remote areas people are used to having to travel to a degree to access certain services. In Western Australia with country hospitals coming under the department WA Country Health, the competition is negated. In remote areas users are just fortunate to have a health service close to them and accept that more specialised services require travelling to a larger area. To allow this to happen equitable transport access is needed and appropriate funding model to facilitate attending more urbanised locations for services or support.

The quality of the health service certainly does depend on attracting the right suppliers and without government funding attraction and incentives more shortages would occur. Small medical practices in the Wheatbelt are common, staffed by one doctor. Whilst the consideration of telecare can increase competition the ability to access this service regardless of remoteness will depend on reliable internet services. The ability for a person to attend to the needs of an elderly person or physically less able person living independently when alerted must be considered. If the monitoring of the person is from outside of the community, sending an ambulance may take longer than anticipated, especially when the service is provided by volunteers.

Considering delivering of disability support and services rural and remote areas will be heavily influenced by the government funding and decision making arrangements in Western Australia. Economies of scale and scope could be addressed by entering into the same scheme as the rest of Australia. Areas that have smaller population and demand for disability services can access a larger number of service providers offering innovative solutions, with minimal restrictions. In rural and remote areas, users accept the service and if underperformance occurs, a user must decide to go elsewhere or raise their concerns with the underperforming provider.

With the roll out of SkyMuster NBN technological changes are penetrating further into rural and remote areas. The user choice to have a more equitable internet service is becoming more viable for those in rural and remote areas. Unfortunately the choice to have NBN is also a restrictive choice as the NBN classifies properties based on current infrastructure limitations. The methodology in not installing education ports prior to general customers does need addressing. Installer reliability and workflow scheduling is not of benefit to the user especially when installers fail to arrive and the installer company is difficult to contact.

The ability to access Fixed Wireless internet is more appealing to users, allowing internet a lower cost and higher data allowances to access technology. Thus an individual would use this option to access Human Services without concern for data usage or reliability of service. In contrast to have the majority of the data available to a SkyMuster Satellite user between the hours of 1am to 7am is not a choice, nor does it assist if trying to have a medical appointment via the Internet. The monthly limit and rolling four weekly allowance requiring careful monitoring restrictive and for those already deemed isolated and unable to access the NBN any other way, this will restrict electronic access to Human Services.

Services will vary in rural and remote areas as small population have a larger impact on the community. The key areas to be addressed are those who are disadvantaged and vulnerable and their ability to access human services is restricted by their remote location. Creative and innovation

solutions that are responsive to local community needs and human services need to be combined to address this unique situation. By only a few people managing multiple human services eg Centrelink, Medicare, visiting physiotherapist, regular visit from Carers Group if correctly designed by someone in their town, run by locals it will more likely to succeed. Through providing services that will assist the ageing demographic, the sustainability of rural and remote communities will increase. Provision of services will see people staying longer in their community rather than retiring and leaving the location.

Supply characteristics

Through the choice of WA NDIS there are any one-off adjustments that are not being considered. This will impact on service users, particular in remote areas with the funding levels being reduced to enable larger costs on setting up the scheme. Advertising the WA NDIS is a cost that has already been promoted and will need funding along with creating a portal for processing applications.

The improvement of any Human Service will require that users are able to safely voice their opinion. Change in some rural and remote areas is not something that is accepted easily, especially when it has been designed for a different demographic. When innovative ideas are created, education of users will need to be made to ensure they engage with the service being offered.

Human services in a rural and remote location face difficulty in their quality, accessibility and equitable usage especially in relation to the costs involved. Through the use of informing consumers about alternative services, the information should not be given because it is the only one available but because it addresses that particular persons need. Uniform standards for measuring service providers will need to have a mechanism to allow for economy of scale. The monitoring of more providers may impact on the ability to conduct performance management reviews. Framework needs to be created that safeguard the interests of service user and those services who did not pride the level of service the participant was looking for the participant will cease using their services.

There are aspects of State Government that should remain and there are other sectors that need more innovation and leadership to deliver high quality service and supports. In the event of the human services in question being outsourced, or inaccessible due to design, policies or framework, the negative impact on a person relocating and impact on a community will occur or higher demands on human services at a later date.

Cost

Adjustment of costs will need to be made and are made in business daily. The affect on the service provider and different types of providers will vary. Providers who service a small number of users, may need to consider innovative ways or collaborative partnerships to gain community support. Rural and remote communities do respond better to local solutions and the larger corporate entities must not only provide the service or support but also reside in the local town. Whilst the administration costs may be able to be spread over their sizeable corporate business, this will take away a part time job from a local person. These action may be the difference between a sustainable service in the long term. Alternatively corporate businesses could relocate their administration to rural and remote areas if there was equitable services, creating jobs growth and rejuvenating rural and remote areas.

Considering disability the cost effectiveness of plans in rural and remote areas will only be achieved when they are funded equitably considering the functional impact of their disability and self management of supports and services is unrestricted. Planning outcomes in some cases be

better achieved through using a 3rd party who is able to understand the individual. Flexibility in the delivery of services and having a service delivery model that is individually focused that creates completion ini is a preferred model of delivery.

Costs incurred will be reduced when systems are streamlined. This will reduce funding being spent on areas that may not have a positive impact on the system is delivered. Examples are the state government would not need to pay for advertising a disability scheme that is well known or invest creating an online portal to allow electronic processing of funding requests. In rural and remote areas the costs of providing a service will often be higher, due to the higher costs of everyday items. The providers that will succeed need to demonstrate flexibility, innovation and develop individualised solutions for service and product delivery.

References

Australia Government (2010). Carer Recognition Act. Retrieved from <https://www.legislation.gov.au/Latest/C2010A00123>

Australian Government (2014). Progress report on the implementation and administration of National Disability Insurance Scheme October 2014.

Australian Commission on Safety and Quality in Healthcare (2012). Australian Charter of Healthcare Rights. Retrieved from <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDF.pdf>

Council of Social Services in Australia (2014). Joint COSS Network Submission to Competition Review Policy. Retrieved <http://competitionpolicyreview.gov.au/files/2014/12/JCOSS.pdf>

Deloitte Economics Economics (2015). The economic value of informal care in Australia 2015. Retrieved from <http://www2.deloitte.com/content/dam/Deloitte/au/Documents/Economics/deloitte-au-economic-value-informal-care-Australia-2015-140815.pdf>

Disability Services Commission (2015). Annual Report 2014-2015

DSCa (n.d). Rural and Remote Services. Retrieved from <http://www.disability.wa.gov.au/individuals-families-and-carers/for-individuals-families-and-carers/services-supports-and-eligibility-new/services/services-provided-by-the-commission/rural-and-remote-services/>

DSCb (n.d.) Western Australian National Disability Insurance Scheme (WA NDIS) Operational Policy. Retrieved from <http://www.disability.wa.gov.au/Global/Publications/Reform/NDIS/WA-NDIS-My-Way-Operational-policy-Mainstream-supports.pdf>

DSC (2014). Lower South West Cluster Pricing Guide. Retrieved from <http://www.disability.wa.gov.au/Global/Publications/WA-NDIS-My-Way/LSW%20Pricing%20Arrangements%20-%202014%2010%202014.pdf>

DSC (2016). Quarterly Report to Commonwealth Government. Retrieved from http://www.disability.wa.gov.au/Global/Publications/WA-NDIS-My-Way/Quarterly%20reports/Q7_NDIS_Report_to_the_Commonwealth.pdf

DLGC (2016). WA Carers Strategy. Retrieved from <https://www.dlgc.wa.gov.au/Publications/Pages/WA-Carers-Strategy.aspx>

DSS (2016). Disability and Carers. Retrieved from <https://www.dss.gov.au/disability-and-carers/carers>

NDIA (2015a). NDIA Letter and Documents. Retrieved from http://www.aph.gov.au/~media/Committees/Senate/committee/ndis_ctte/Correspondence/EC15000324%20%20Letter%20from%20NDIA%20Chairman%2022715.pdf?la=en

NDIA (2015b) Quarterly Report to COAG Disability Reform Council. Retrieved from <https://www.ndis.gov.au/sites/default/files/documents/Quarterly-Reports/Report-to-the-Disability-Reform-Council-Q10-1.pdf>

People with a Disability WA. (2015). NDIS Experiences. Retrieved from <http://www.carersaustralia.com.au/storage/ndis-experiences-november-2015.pdf>

Productivity Commission (2016). Human Services: Identifying sectors for reform

Productivity Commission (2015). Competition Policy Review.

Productivity Commission (2011). Disability Care and Support.

Roufiel, L & Battye, K. (2008). Effective regional, rural and remote family and relationships service delivery. Australian Families Relationships Clearing House.

WA State Government (2014). Carers Recognition Act. Retrieved from https://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_114_homepage.html

WA Country Health Service (2015). Wheatbelt Health Profile. Retrieved from [http://www.wacountry.health.wa.gov.au/fileadmin/sections/publications/eDoc - CO - Wheatbelt Profile Sep 2015 ED-CO-15-28022 .pdf](http://www.wacountry.health.wa.gov.au/fileadmin/sections/publications/eDoc_-_CO_-_Wheatbelt_Profile_Sep_2015_ED-CO-15-28022_.pdf)