

SHARING PLACES INC.



**SUBMISSION TO THE PRODUCTIVITY COMMISSION INQUIRY  
DISABILITY AND SUPPORT  
AUGUST 2010**

**Commissioners:** Patricia Scott  
David Kalisch  
**Associate Commissioner:** John Walsh

Dear Commissioner Scott, Commissioner Kalisch and Associate Commissioner Walsh,  
**Inquiry into Disability Care and Support**

Thank you for this opportunity to make a submission (as attached) to the  
Productivity Commission Inquiry into Disability and Support

Sharing Places' focus in the attached submission is around the provision of support to people with severe to profound core activity limitation; eligibility; control, transparency, choice; service types; workforce and funding. Sharing Places has had much experience in working with people with disability and their families at the coal face of service delivery and knows and understands the vulnerability of the clients, their families, carers across the age spectrum.

A planned, effective efficient system, underpinned by the principles of entitlement, equity, fairness and self determination to meet the needs of Australians with disability, their families and carers is long overdue.

Sharing Places, as a long standing member of National Disability Services, Australia's peak body for disability services will also be playing a role in the development of that peak body's submission to the Inquiry.

Our submission is brief but we believe it reflects the wishes and needs of all stakeholders of Sharing Places Inc.

Yours faithfully

Ray Walker -President

Susan Healy – Executive Director 11/8/2010

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creating opportunities together for adults with disabilities

## **INQUIRY INTO DISABILITY AND SUPPORT**

### **SUBMISSION FROM SHARING PLACES INC.**

#### **Introduction**

Sharing Places Inc is ACT based and a not for profit NGO which provides community access and social participation day programs for adults aged from 18 years upwards who have severe to profound disability and, consequently, have very high and complex needs and require full time support and intervention. Each client is an individual who has different needs and desires. Sharing Places works closely with these individuals, families and other agencies in developing and delivering individualised programs using resources located in the local community. Sharing Places currently provides up to 88,000 hours of service per annum to one hundred (100) clients and employs fifty (50) staff.

Programs include recreation, social and communication activities, volunteer activities and pre vocational learning, even though the clients' disabilities do not and will not enable them to be employed. The organisation is committed to assisting clients in maintaining and further developing functional life skills, providing ongoing learning opportunities through planning, implementing and evaluating individualised programs with the client's significant others. The organisation also emphasises the vital importance of staff recruitment, retention and professional training in facilitating best outcomes for people with disability and their families.

Sharing Places is also committed to providing maximum service hours provision so has to maintain an effective business management infrastructure, staff recruitment and professional development training to facilitate operational management, top quality control strategies and, must comply with funding body agreements and quality control requirements/service appraisals.

Sharing Places major sources of funding comprise 'block funding' which was the original funding method when Sharing Places opened 21 years ago, and direct individual support funding from ACT Department of Disability, Housing and Community Support (DHCS); ACT Health and Community Care (HACC) and, NSW Human Services Ageing, Disability and Home Care (ADHC). It also obtains small amounts of funds from charitable grants and donations.

**1. The NDIS will provide a lifetime approach to care, support and ongoing functional life learning opportunities for people with severe to profound disability.**

National action for a National Disability Insurance Scheme (NDIS) is welcome and would provide equity and fairness in providing care and support to children and adults and their families/carers who suffer permanent disability before the age of 65 years, geared particularly to those people who have severe to profound core limitations and who require 24/7 support, including those people who have acquired brain injury (ABI) which has resulted in severe/profound disability. The concept of the NDIS supports the United Nations Convention of Human Rights of persons with Disabilities (2008) and of the Disability Discrimination Act (1992).

**2. The NDIS should be based on identified need with a no fault basis.**

If a child or adult requires a need for care, support, therapies and opportunity for ongoing skill development in functional life skills then they should be eligible for benefits. Basic income support should continue to be provided through the Disability pension. The primary focus should be on those people who must be supported by carers either families or service providers or both.

**3. A national governance framework would set eligibility standards and benefit standards.**

A national governance approach would overcome the current inequities between different states and territories and allow for unhindered movement and minimal fuss for those moving between states and territories. It would also simplify the delivery of services by services supporting clients from more than one jurisdiction. This national framework should also include service delivery by not for profit NGOs so all interests can be aligned. Sharing Places Inc. supports a social insurance model, based on assessing the risk of disability in the general population; realistically calculating the costs of meeting lifetime needs arising out of a person's disability and, meeting these needs by premiums/contributions by taxpayers calculated on a population basis.

It must also remove the current uncertainty for families and carers where they are often faced with trying to put together a complete package of support from a number of individually targeted funds or programs, any one of which only partially meets the needs of the disabled person.

**4. Sharing Places Inc. supports the establishment of a statutory authority.**

Sharing Places supports a formal and independent governance model to oversee the national operation of the NDIS as well as an advisory council of stakeholders to provide policy advice on the appropriateness and quality of the benefits.

**5. Eligibility should be based on functional need, not just a diagnostic label.**

Labels can be an 'umbrella' under which people can be identified as having autism, Down Syndrome, Fragile X etc. even though each person has differing levels of functioning, different needs and different expectations leading to individual outcomes from specialised support.

Coordinated services based on need would provide care and support including respite, aids, equipment, transport, home modifications and a wide range of community access/social participation programs.

People should be assessed using a consistent and national structure rather than the inconsistent state and territory based approaches currently in use. The assessment should be done by multi/trans disciplinary teams with knowledge and expertise in the area of disability. The teams should include the case managers who will maintain contact with individuals regarding life plans, supports and any change to needs effecting life plans.

**6. Children and adults who have severe to profound disability should be considered as the group most in need of such a scheme and eligibility for entitlement amount based on functional needs assessment.**

The scheme could also include those children and adults with moderate disability who still have 'gaps' in functional levels requiring support resourcing but not necessarily at the very high level. People who have severe to profound disability and their families and carers have huge obstacles to face which cannot be overcome under current funding measures. The need for community access/social participation in an inclusive society, respite care, accommodation, physical and communication resources and therapy is vital to the quality of life to these people and their families. Current funding particularly in the ACT is based on a very small and totally inadequate government budget which doles out a set amount of money without due consideration given to individual needs. It is bandaid and kneejerk crisis based. Current funding models in Australia do not cover the needs for individuals through any life stages, from early intervention through to ageing. As people with disabilities age their families and carers are ageing too. Every day Sharing Places staff are listening to the concerns of these very vulnerable people. While our staff go out of their way to provide advice and support but we are all too aware that needs are not being met and people are

scared about the future of their disabled family member. People need to be supported as they make these difficult and critical decisions their future and their child/family member's future. The system needs to address how a child is cared for after the parents die.

A system whereby individual assessment, ongoing if needs be, underpins the needs and future planning is one which is fair, equitable and gives access to a whole of life suite of services and support. These individuals need to be provided with choice, certainty and clarity - of service support, respite care, accommodation and they need to be funded for the therapy/medical services they require. Future planning, assigned financial planning and resourcing and, ongoing case management would provide for and support the rights of people with disability and their families.

Families would have to be provided with choices about the combination of family members' work and informal care at various life stages as happens with other families. It is particularly important that adequate resources are available to people living in rural communities.

- 7. There would be clear incentives in the disability service sector in investing timely interventions that promote independence, control over life choices and positive outcomes for people with severe to profound disability.**

Predictable funding available from the NDIS would allow services to plan more consistently and strategically in providing individualised opportunities and to be more inclusive and creative in the provision of services across community access/social participation, accommodation, respite and therapy.

With the ability to plan on a consistent and strategic line and to modify and be more creative with models of service also provides the opportunity to extend the workforce and to influence the recruitment, selection and retention of staff to deliver high quality service.

Between 1999 and 2007 the not for profit NGOs made an increased contribution to GDP by 7.7% per annum, \$41billion in 2006-07. Employment in these services increased from 6.8% to 8.5% with an increased value of volunteer time estimated at over \$14.6billion. These services have had huge input into GDP as well as making valuable contribution to promoting social cohesion as trusted providers. The disabled population continues to grow and NGO disability service providers will be the main, major providers of services.

**The current climate for people with disability is unpredictable, unproductive and frightening with lack of positive outcomes. A 2010 study from the Social Policy research Centre, University of NSW, undertaken for FaHCSIA, "Effectiveness of Individual Funding Approaches For Disability Support" highlights the inequity, lack of transparency and the**

**extreme disconnectedness across Australian states and territories in funding for people with disability. The ongoing confusion and apparent lack of reliable methodology in collection of data and the inability to establish effective service models for unmet and undermet need is appalling. The proposed funded NDIS must be able, through a national approach, to address the issue of unmet and undermet need for care and support and the unsustainable reliance on carers.**