

Dare

to

Care

(A SUB-COMMITTEE OF PATH Inc.)

Address:

Suite 115, The Community Connection Building
114-116 114-116 Henry Street
PENRITH NSW 2750
(PO Box 1288, Penrith, 2751)

Phone: (02) 4721 0866
Fax: (02) 4721 0805
Email: path@eftel.net.au
www.pathinc.com.au

The Productivity Commission
GPO Box 1428
CANBERRA CITY ACT 2601

Dare to Care is a disability advocacy group concerned with the needs, rights, interests and aspirations of people with disability in the Nepean and surrounding areas, including Penrith, Blue Mountains and Hawkesbury, New South Wales. Our focus is the adequate and quality provision of respite care and supported accommodation to adults with disability, particularly but not exclusively people with intellectual disability and cognitive disability.

SUBMISSION TO THE PRODUCTIVITY COMMISSION

on

Draft Report

Disability Care and Support

Overview and Recommendations

April 2011

INTRODUCTION:

Dare to Care congratulates the Productivity Commission on its Draft Report, *Disability Care and Support*, handed down on February 28th 2011 presenting a proposal which outlines a realistic and achievable method to provide all people with disabilities across Australia with a fair and equitable support system.

Dare to Care is particularly pleased that the Commission has recommended key issues which highlight the dignity and basic human rights of people with disability and their families, and provide these people with some real choices, some of which are as follows:

- The Australian government taking full responsibility for funding the entire needs of the NDIS;
- The Australian Government should amend the Income Tax Act Assessment Act 1936 and the Social security Act 1991 to ensure that self directed funding is not treated as income for assessment of taxes or eligibility for income support or other welfare benefits;

- The NDIS being a federal authority with strong governance arrangements and an independent Board with legislation protecting the scheme from outside political influences.
- The reliable provision of services to ALL people with disabilities on a no-fault basis;
- Fair and independent assessment procedures based on the person's support needs;
- Focusing on a real 'person-centred' approach;
- An assessment and support package which is portable;
- The ability for people to choose their service providers and, if appropriate, to employ friends, neighbours and family members to provide some aspects of their support;
- Encouraging service providers to develop and be rewarded for new and innovative initiatives in support services, thus allowing people with disabilities opportunities to choose supports that meet their needs, interests and wishes rather than simply trying to fit into existing well-established programs; and
- A set of standards for service providers that will be evaluated by "directly observed consumer outcomes" rather than the current methods which often rely on the auditing of paper files.

SOME CONCERNS:

As is always the case, there are several areas where Dare to Care holds possible concerns about aspects of the Report or the proposed implementation of the Scheme.

Indigenous People:

Concern that the processes for inclusion of Aboriginal people and CALD people with disability may not be developed and implemented upfront at the inception/initiation of the NDIS – must happen at this time rather than as a later priority.

Safeguards:

Report says that the Guardian gets to choose for person with disability. The person with disability should ALWAYS be asked first as a matter of course, then the guardian to make the final decision.

Governance of scheme NDIA - committee comprises insurance experts - needs the participation of expert people with disability, not just as an advisory committee.

Recommendation: people with disability with skills and range of experiences

Recommendation: representative of interests of people with disability in the advisory body

Recommendation: government body to take notice of advisory body, has delegated powers to make enforceable decisions - consult with sector

Recommendation: accountability of government body

Recommendation: public representations to Parliament

Appeals for people not getting packages - processes for complaints/appeals

Accessible information

Inequity:

Mainstream have 65 years to accumulate wealth but only 50 years for Aboriginal people. People aged over 65 years have had 65 years to accumulate assets before the

means test but Aboriginal people, with historical disadvantage, have only 50 years before the same means test applies.

The Transitional Period:

Although Dare to Care appreciates the complexities of implementing the scheme, we are concerned about the length of the transition period from its initial introduction in 2014 to progressively cover “all relevant people with a disability” in 2018 (page 44). There is already a crisis in supported accommodation in the Nepean, Hawkesbury, Blue Mountains LGA and can only see it increasing. Dare to Care would like the Productivity Commission include a high priority to allow urgent funding in emergency cases.

Dare to Care therefore suggests that the Productivity Commission add a high priority category, to operate from the initial introduction of the Scheme in 2014, which will allow urgent funding interventions when required in situations of dire emergency. The Productivity Commission also recommends that States and Territories with funding levels below the National Average will be raised to levels commensurate with those states that otherwise enjoy funding levels above that of the National Average.

Careful use of assessment tools is critical

Dare to Care agrees that assessments must be “as objective as possible” and made finally by people “independent from the client”. It also believes that it is essential that all stakeholders including families, treating GPs, specialists and any other person with knowledge of the person, their disabilities and needs, must have the opportunity to present their views during the assessment process (Recommendation 5.2).

The Report also highlights the need for a coherent package of tools – a “toolbox” (Recommendation 5.7) - which Dare to Care acknowledges will form an efficient template for assessment of the needs of people with disabilities and in turn offer consumer choice and favourable outcomes for people with disabilities. The assessment “Toolbox” is an essential vehicle to represent the needs of people with disabilities.

For people with a disability, Dare to Care believes we must assess ALL people with disabilities from the viewpoint of the ‘whole person’. We must start to address the needs of the person, NOT JUST THE DISABILITY!

Advocacy:

Advocacy plays an important role in the lives of people with disability and should be included in the Package.

Physical Capacity:

Some people have poor functioning but reasonably physical capacity - how will these obviously eligible people be included in the scheme. Also, people without physical capacity are an obvious inclusion in the NDIS but people with physical capacity but cognitive or other incapacities may find it hard to be included as per above.

Mental Health Sector:

Dare to Care is also concerned about the assessment and support of people with mental health issues (page 22-23). Dare to Care agrees that for many people with long-term mental health issues (eg schizophrenia, bipolar depression), it is essential

that they be eligible to access the same range of support options as people with other forms of disability.

Dare to Care also realises that mental health illnesses may often be episodic with periods of disability interrupted by long periods of ability to cope with and live effectively in normal community situations.

It is also becoming clear that many people with a disability, as they age, are at a high risk of developing a range of mental health problems which may significantly impact on their on-going support needs (dual disability). Co-morbidity of mental health in people with disabilities is very high. This may require NDIS to develop assessment tools and procedures to identify these individuals and appropriately change their support packages to meet their new needs.

For many years, governments have saved money by simply moving these people back and forth between the Mental Health Services and Disability Services. Unfortunately, most of these people 'fall between the cracks' and receive little or no support at all.

Complaints system:

The Report raises the need for a complaints system and suggests the appointment of an independent person to act as a 'Complaints Officer' as part of the National Disability Insurance Agency (NDIA) (page 32). Dare to Care stresses the need for this position to be seen as completely independent of other NDIA procedures such as appointing a Disability Commissioner or Ombudsman who can exercise immediate powers in the event that a report of abuse is made to a 'Complaints Officer'.

There must also be a mechanism in place to ensure a rapid and efficient resolution of complaints. Unlike many other government promoted schemes, the NDIA must develop a reputation for dealing with complaints fairly and expeditiously. Failure to do so can only increase community scepticism and further harm the reputation of the disability sector.

In mid-March 2011, the Commonwealth Ombudsman handed down a scathing report on the complaints resolution procedures employed by Centrelink which he described as 'broken' and 'unfair'. His report also pointed out that service users were commonly not even made aware of their rights and that more than 50% of complaints which went to Appeal were found in the service users favour. Abuse by families, service providers or support staff, in its many forms, has always been a major issue across the disability sector and especially for those people with more severe disabilities.

Mandatory reporting of all forms of abuse of people with disabilities of all ages should be a feasible option and over time, should become a legislative requirement. There is increasing evidence that abuse and lack of involvement of people with severe disabilities in their support may be a major cause of 'challenging behaviours'.

A National Disability Insurance Scheme (NDIS) & National Injury Insurance Scheme (NIIS)

Dare to Care agree with the two schemes. However, there is a strong community perception, especially among people across the disability sector (people with disabilities, families, workers in the sector), that the current two-way system is unfair and unjust. Many people resent the fact that a person involved in a car or work accident, which may have been partly their own fault, can receive large payouts to cover their on-going care and support needs from Court decisions. The NDIS and

NIIS systems must ensure that the community realises the fairness of and the reasons for the two schemes.

Dare to Care feels that the proposed first review in 2020 should be moved forward to be held within two years of the commencement of the NIIS to help reinforce public acceptance of this structure.

HACC Program - Dare to Care is concerned about the dispersal of this Program. Will people with disability from HACC (ie requiring in home support services) be eligible? If they are not, how can they continue to receive the necessary supports to remain living in the community?

INFORMATION REQUESTS:

Chapter 3 – Mental Health

Dare to Care has some concerns about Recommendation 3.4. Dare to Care feels strongly that it is essential for many people with long-term mental health issues, to be eligible to access the same range of support options as people with other forms of disability. On-going mental health illnesses are simply another form of disability. Dare to Care also realises that mental health illnesses may often be episodic with periods of disability interrupted by long periods of ability to cope with and live effectively in normal community situations or the illness may develop later in life. Dare to Care feels that people with long-term, on-going and permanent mental health problems should be able to apply for assessment by NDIA, and if found eligible, to receive the same type of support package as any other person with a disability. For those people with episodic mental illnesses, a broadening of the current Medicare system to include a wider range funding options for mental health treatments and supports may be a better alternative.

Chapter 4:

Inclusion of costs

Dare to Care strongly believes that any costs or expenses that are necessary to meet the needs of a person with a disability must be included in the funding provided by NDIS.

A person with an artificial limb has huge advantages over a person forced to remain in a wheelchair in terms of general mobility, ability to access activities, work options and community integration and acceptance. Who can possibly decide on a manual versus an electric wheelchair except the person who is going to have to use it? Therefore, any item which increases the person's quality of life and helps the person to better interact with their community must be included in NDIA support packages. In Nepean, we regularly read of older people and pensioners who are afraid to turn on their air-conditioners in summer because of the increased, and often unaffordable, electricity costs. And we regularly hear of these people ONLY when they have been taken to hospital with heat exhaustion. For many disabilities including Multiple Sclerosis, hypersensitivity to heat is a major problem and access to air-conditioning is considered essential for some people. Which is more expensive – electricity or hospital care?

ALL costs that directly impact on the needs and quality of life of the person with a disability MUST be met by NDIS.

Transport & taxis

Transport is a major problem, particularly for people with physical disabilities. In Nepean, the Public Transport services fail to meet even the basic needs of people with

disabilities. The Access Taxi service, because of the small number available, also fails to meet those needs. And yet, as the Commission itself reports, being able to attend community venues and to go to one's workplace greatly improve a person's quality of life.

Dare to Care accepts the difficulties of the NDIS attempting to fund all necessary transport needs. However, just as for household items and modifications, NDIS should fund, or assist in funding, the purchase of a car or the modification of a car to enable a person with a disability to transport themselves.

Currently, public transport and taxi services are state government responsibilities. State governments are aware of the need to expand and improve these services to meet the demand. They are also aware that an increase in the subsidies paid to people with disabilities would greatly assist people with disabilities to be more mobile. The final funding of the NDIS should reduce the financial responsibilities on states to provide funds for disability services. Perhaps, as part of those federal – state negotiations, an increase in mobility allowances and subsidies available could be negotiated to assist with this problem.

Carer Payments

A range of entitlements are currently available to people with disabilities and their carers from various government services.

Dare to Care feels strongly that ALL entitlements paid to the person with a disability (eg Disability Support Pension, Mobility Allowance) MUST be retained and continue to be paid to the person after they have been assessed and supplied with a support package by NDIA.

Thank you

Dare to Care,