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29 April 2011

Disability Care and Support Inquiry
Productivity Commission
GPO Box 1428
Canberra City ACT 2601

To Whom It May Concern,

Submission from the Moonee Valley City Council to the National Disability Care and Support Scheme Inquiry

The Disability Care and Support Scheme Inquiry could potentially greatly improve the quality of life for many people Moonee Valley City Council is pleased to attach a submission in response to the information requests and recommendations of the Draft Report.

On 19 April Council resolved in-principle support to the National Disability Insurance Scheme. Council is committed to full access to facilities and services for all of our residents, especially those with a disability, who are of all ages, and may who have low incomes.

As a funding provider for the Home and Community Care Program, Council is committed to working with other levels of Government and the Municipal Association of Victoria to develop our disability care and support implementation systems. The Council Plan, Community Wellbeing Strategy, Healthy Aging Strategy, and Diversity Access and Inclusion Strategy, identify a range of actions we are taking to ensure equal access to facilities for our citizens.

Yours sincerely

ANTHONY SMITH
Acting Chief Executive

Cc Bill Shorten, MHR, Federal Member for Maribyrnong

**Submission to the Productivity Commission
National Disability Care and Support Scheme Inquiry
April 2011**

1. Overview

Moonee Valley City Council supports the findings of Productivity Commission that nationally *“The current system for people whose permanent disability has a significant impact on their daily life is underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports.”*

Council would welcome the introduction of a flexible approach to quality long term disability support, as specified in the Inquiry Terms of Reference. The people of Moonee Valley need a secure, consistent pool of funds from which support can be drawn for people with a disability, their families, and their carers.

In response to information requests and recommendations of the draft report, Moonee Valley City Council presents:

- In-principle support for the NDIS.
- A request for the consideration of the long standing assessment tools within the Home and Community Care Programs which are funded and administered by Local Government in Victoria.
- A request for the consideration of the relationships between the NDIS and the current health reforms.
- Support for the submission from the Municipal Association of Victoria dated April 2011, including a request for significant further research around the operational structure and resourcing of the proposed NIIS which does not appear within the operational capacity of local government.
- Questions of accessibility for people with specific disabilities, for people of culturally and linguistically diverse backgrounds, and for people who identify as Aboriginal and Torres Strait Islanders.

2. Background

The City of Moonee Valley is a municipal council situated between Melbourne's inner northern and western suburbs, with a population of approximately 114,000 people. The municipality is home to a small indigenous population, and 30 per cent of the overall population was born overseas. Approximately 28 per cent of the overall population speak English as a second language. The growth rate is approximately 0.37 per cent per annum, and over the next 15 years the greatest growth rate is expected to be people who are between 40 and 60 years of age.

Moonee Valley is home to a number of people with a profound or severe disability. In 2008, 7.1 per cent of residents of Moonee Valley were estimated to have disabilities causing profound or severe restriction over communication, mobility, and self-care. Overall approximately 22 per cent of residents have some form of disability. Of disabilities, 12 per cent are physical, 2 per cent are sensory, 1 per cent is psychiatric, and 0.5 per cent are intellectual and acquired brain injury. The most profoundly disabling conditions include diseases of the nervous system, arthritis, stroke, and dementia. Mental health disorders rate as the third highest Burden of Disease rate in the municipality.

Within Moonee Valley's Home and Community Care Program, 0.2 per cent of people identify as Aboriginal and Torres Strait Islander, and 44.5 per cent were born in non-English speaking countries. Through this program Council currently provides disability support services to approximately 350 residents, 87 per cent of whom are under the age of 60.

Moonee Valley City Council implements a range of policies which relate to disability care and support, including:

- The Council Plan 2009-2013 in accordance with Section 125 of the Victorian Local Government Act 1989. Strategy 1.5.2 of the Council Plan seeks to *"Plan, provide, and advocate for the needs of people with a disability"*.
- The Community Wellbeing Strategy 2008-2012 alongside the Healthy Ageing Strategy 2007, which have been written in accordance with Section 26 of the Victorian Public Health and Wellbeing Act 2008. The Community Wellbeing Strategy works within a human rights framework with guiding principles around areas of diversity and social inclusion, mental health and wellbeing, physical health, transport and accessibility, and community safety. The Healthy Ageing Strategy identifies current and future needs of people with a disability and their carers, and lists a range of strategies including advocacy on disability needs and issues with State and Commonwealth Governments.
- The Diversity, Access, and Inclusion Strategy 2009-2013 in accordance with Section 38 of the Victorian Disability Act 2006. This strategy includes an action to *"Continue to advocate to all levels of Government for better access to appropriate services for people with a disability"*.

Council has a Disability Reference Group which consults with communities to identify and advocate for key issues. Council has also shown long term dedication to funding and the quality implementation of Home and Community Care. The submission by Moonee Valley City Council is based on the following advocacy, research, and knowledge:

- Accurate demographic profiles of the current and growing numbers of residents with a disability in our municipality.
- Recent consultations/ongoing cooperative working relationships with locally based disability advocacy groups.
- Our Home and Community Care staff working daily with people with a disability, who formally assess clients to address primary and secondary needs. This knowledge this provides in ensuring our services are continually responding to the changing needs of our community.
- Experience in developing new innovative services which meet the needs of our residents with a disability such as school holiday programs for children with disabilities, accessible dances, and Saturday evening group social activity/respite care programs.
- Experiencing in delivering services and tailoring programs to promote accessibility of people from culturally and linguistically diverse (CALD) backgrounds.

3. National Disability Insurance Scheme (NDIS)

The Moonee Valley City Council has motioned to offer in principle support to the NDIS.

In response to further information requests from *Chapter 5* of the report, municipal councils in Victoria have long established tools for aged care assessment which thoroughly identify capacity, primary need, and secondary need. This assessment system is effective and unique to Victoria. In considering assessment tools between regions, the Productivity Commission is requested to support the systems currently in place in the City of Moonee Valley and other Victorian Local Government Home and Community Care Programs.

The Productivity Commission is not charged with the implementation of the health reform, however relationships between health, disability, and aged care reforms must also be considered within the final recommendations of this inquiry.

4. The National Injury Insurance Scheme (NIIS)

Moonee Valley City Council supports the intentions of the NIIS scheme outlined in *Chapter 16*, however the proposal requires significant further clarification to determine operational capacity. Current structures, resourcing, and support mechanisms would need to significantly change. It is not clear within the draft report how the NIIS could provide an alternative system within the current capacity of local government.

Council supports the submission from the Municipal Association of Victoria, in particular in regards to concerns that:

- *“There is little potential benefit to Victorian councils through the imposition of a no-fault injury scheme as catastrophic injuries where a council is deemed at fault are highly infrequent and would only form a very small proportion of the costs not currently covered by TAC, WorkCover, or medical indemnity insurance.*
- *Given the above, the MAV contends that far from presenting an incentive for councils to manage risks and hence reduce injuries over time, the removal of the alignment between the parties responsible for catastrophic injury and the schemes funding will introduce moral hazard that could lead to further accidents.*
- *There are serious deficiencies in the argument for the introduction of a rates based mechanism as an administratively simple and efficient mechanism. This argument relies on analysis undertaken which does not accurately reflect the rating system in Victoria. As such, the efficiency of any levy placed on council rates is likely to be lower than is estimated by the report.*
- *There is no consideration of the equity of the effect of a levy on councils. Research undertaken by MAV has suggested that rates are regressive, which would lead to a reduction in the overall progressiveness of the taxation system in Australia.”*

Whilst the NIIS could be administered through municipal councils, the recommendations in the draft report raise a number of significant questions around roles and responsibilities, and equity within revenue. Further research into alternative funding arrangements and service provision models must be conducted prior to announcing local government as the most suitable and efficient approach for NIIS funding and administration.

5. Accessibility

The Terms of Reference makes it clear that the Australian Government is committed to increasing participation for people with disabilities and their carers. The Draft Report claims that '*...people would have much more choice in the NDIS*'. This does however assume that people with disabilities will be appropriately assessed, that they will have access to funds, and that their service providers will have access to resources.

The terminology 'severe or profound disability' is used throughout the draft report; however there is no clear definition of the phrase. Whilst this term may encompass some disabilities, people who lose function in response to sensory issues may struggle to be recognised within the eligibility criterion. Assessment tools must consider this to enable accessibility.

Whilst early intervention groups may be eligible for support through the proposed NDIS, according to *Recommendation 3.2* they are only eligible for support when early intervention is deemed 'cost effective'. The term 'cost effective' must be further defined or quantified to ensure an equitable and consistent approach.

The report does not detail the level of additional support that CALD backgrounds require. Both the NDIS and NDIS need to consider additional funds for service providers in areas which require greater levels of cross-cultural communication skills and understandings. This will help to ensure that staff are effectively trained, adequately compensated, and can offer quality support across our communities.