



# Australian Association of Social Workers Ltd.

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Ms Patricia Scott  
Presiding Commissioner  
Australian Productivity Commission  
Locked Bag 2, Collins St East  
Melbourne VIC 8003

21 April 2011

Dear Ms Scott

It is with genuine interest that the Australian Association of Social Workers (AASW) welcomes the Australian Productivity Commission's Draft Report on the Disability sector. The AASW is the only national organisation for social workers in Australia, many of whom are involved in the delivery of a range of community and government services to people with disabilities, their families and their carers across the private, public and not for profit sectors.

Our enclosed response to the draft report has three main components. The first component is our recognition that the voice of people with disability, their families and carers have been heard by the Productivity Commission. The AASW agrees with many statements and recommendations in the draft report and we will highlight the key ones that our profession believe support the disability sector. Secondly, there are a number of areas in the report that we believe social workers have a mandate to comment on. This will lead into our final section, recommendations for action.

Across Australia, the AASW has many members whose social work practice makes a real difference to the lives of people with disability, their family and carers. Social Workers working in primary health care, in disability and aged care services, in community health and the not-for-profit sector, in Centrelink and elsewhere all impact upon the lives of people with disabilities and their families. The Association would welcome any opportunity to speak at public consultations or at hearings held by the Productivity Commission. Our National Office is located in Canberra. I can be contacted on (02) 6232 3903.

Yours Sincerely

**Kandie Allen-Kelly**  
Chief Executive Officer

**Professor Bob Lonne**  
National President

## **Submission by the Australian Association of Social Workers in response to the Productivity Commission Draft Report on Disability Care and Support**

### **Introduction to Social Workers**

The social work profession is committed to maximising the well being of individuals, families and the community in socially inclusive communities, which emphasise principles of social justice and respect for human dignity. In carrying out their professional tasks and duties, social workers strive to act in ways that give priority to equity, respect for diversity and the pursuit of social justice. This commitment is demonstrated through service to humanity, and expressed through professional integrity and competence. These commitments characterise professional social work practice within a human rights framework governed by the AASW Code of Ethics.

### **Bringing Voice to People with Disabilities, their Families and Carers**

The AASW agrees that *a real system for people with a disability is required – with much more and better-directed money, a national approach, and a shift in decision-making to people with a disability and their carers* (p 5). Moving forward, the AASW agrees with a two-pronged approach that not only introduces the National Disability Insurance Scheme (NDIS), but also outlines the National Injury Insurance Scheme (NIIS) for individuals who suffer catastrophic injuries. The Association believes that the options for both schemes to be separate and have relevant links with the aged care sector, as outlined in the Draft Report is sound. Further a consumer choice model supports people with disability, their families and/or carers taking an active role in designing and managing their ongoing treatment, interventions and quality of life options. Social workers look forward to being able to support our clients to fulfil their goals and support needs through consumer choice options.

### **Areas for Further Consideration**

#### **Service Coordination**

The draft Report acknowledges that the disability specialist service system is fragmented and complex. People with disability, their families and carers are finding it very difficult to navigate the system with people making multiple approaches to agencies, being re-assessed many times and often, in the end, not finding access to services that meet their needs. While the proposed NDIS would introduce case managers to streamline assessment and service access, it is proposed that this does not go far enough in simplifying the complexity of the service system.

The complexity of the system has a historical basis with many programs being introduced by different levels of government over many decades. There has been little effort to rationalise and simplify the system. Even when such efforts have been made, governments do not always observe them. For example despite respite and therapy services being a State responsibility under the Commonwealth State and Territory Disability Service Agreement, in the past few years, the Commonwealth Government has introduced respite for carers services and therapy for children with Autism. While a positive policy in itself, this highlights the confusing program landscape for people with disabilities and their families.

The risk to the proposal in the draft Report is that the NDIS's case managers could be just another layer in an already complex system. So although case managers would assist people to navigate the system, their presence would do nothing to simplify it. It is vital that the role of case managers be performed by quality skilled professionals with the ability to work from client-centred approach, who are accountable to their profession as well as to their employer, or this risks becoming just another arm of bureaucracy.

The proposal does not make clear what would happen to the many case managers and service coordinators already employed by disability services to do a similar role for as the NDIS case managers are envisaged to do. Transition arrangements will be crucial to the success of introducing the NDIS.

The report states that mainstream disability services would become more responsive to people with disabilities. This is very optimistic and the report does not explain what would facilitate such a change when so many previous legislative and program initiatives have failed to bring this about. The report appears to assume that the buying power which people with disability would bring into the market under the NDIS would automatically correct a multitude of service issues through market forces. This view raises concerns for social workers. People with disability are some of our most marginalised Australians. The AASW is concerned that using market forces to "push the sector into reform" may have unintended consequences for people with disability, their families and/or carers, and urges the Commission to consider how to measure quality in services, and also how any complaints from people with disabilities and their families and carers can be handled regarding these services.

People with disability represent a fairly small part of the market and their needs are diverse. The Association will watch with interest what impact their buying power would gain under the NDIS, especially related to mainstream services developing the skills and expertise needed to deliver high quality services. In our advocacy role, social workers will not sit back and watch our clients further disadvantaged. In NSW there are many reports that mainstream services in the Health sector do not have the level of expertise to support people with disability, and these people gravitate back to the specialist service system. This situation is considered even more complex for dual diagnosis, especially the complexities associated with mental health, drug and alcohol addiction and disability.

Service coordination also has significant impacts in rural, regional and remote locations of Australia. Access to services, gaps in services and access to professional development and learning and development opportunities that underpin the delivery of best practice are all additional challenges that the NDIS and NIIS will face in their implementation in some locations. The AASW looks forward to working with the government to try to address these issues.

### **Assessment Tool, Qualifications and Training**

The AASW supports the recommendations to have a set of assessment tools (toolbox) to underpin the NDIS. This recognises the many functional impacts that disability can have upon an individual's circumstances. Social workers have extensive experience already in conducting a range of assessment processes and could easily bring this expertise to the development of the suite of assessment tools.

Further, the AASW welcomes the formation of an approved pool of allied health professionals, including social workers. Currently under the Mental Health arrangements, the AASW accredits mental health social workers, enabling them to offer social work services for the Department of Veteran's Affairs and the Better Access to Mental Health Care program. The AASW is the accrediting body on behalf of Medicare Australia under these programs. The AASW would welcome further opportunity to discuss the approval process for allied health professionals to operate under the NDIS.

## **Recommendations**

The AASW recommends:

1. **A Transition period** to underpin the introduction to the NDIS. This transition period and process must ensure that participants are supported in their move from one framework of possible fragmented assistance (current arrangements) to the new NDIS.
2. That the AASW, along with other allied health representatives, is actively involved in the development of the assessment process to underpin the implementation of the NDIS.
3. That the Commission considers how to capture **improvements to quality in services** and ensures that reports that show these improvements are available to the public.
4. That the Commission considers how any **complaints about services** from people with disabilities, their families and carers, can be made to an independent and client-focussed body with the authority to act to improve services.
5. **That Social Workers who are members of the AASW are** included in the approved pool of allied health professionals able to conduct assessments under the NDIS.
6. **Development of risk mitigation strategies** to ensure that people with disability, their families and carers are not "caught up" in unintended consequences of market forces that underpin the reform of the disability sector.
7. **The development of regional, rural and remote strategies** to support the implementation of the NDIS, reduce gaps in service delivery and support the learning and development needs of practitioners in these locations. Further dialogue with the AASW is recommended as partnerships can help develop sustainable strategies.