

Australian Productivity Commission – Inquiry disability care and support

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Katoomba Neighborhood centre (KNC) is a community, not for profit centre based in the upper Blue Mountains, NSW. In relation to providing disability services in the local community, KNC runs projects such as the Katoomba Volunteer Home Visitors scheme, Blue Mountains Home Modification Service, and the Vale Street Social & Recreation Service (KNC. 2006). Firstly, regarding the Katoomba Volunteer Home Visitors scheme, it is a service, largely supported by volunteers, which provides in and out of home care that supports 'people of all ages with disabilities by providing services which enable these people to remain in their own homes' (KNC. 2006). Secondly, the Blue Mountains Home Modification Service is a service that provides assistance for people living with disabilities in their homes, providing modification and maintenance, such as providing assistance with widening doorways, bathroom and toilet grab rails (KNC. 2006). Thirdly, the Vale Street Social & Recreation Service provides recreational and social activities for people recovering from a mental illness, such as providing programs like creative writing, pottery, computer classes, sewing, theatre sports, and yoga (KNC. 2006).

As indicated in the COAG 2008 National Disability Agreement, improvements were agreed upon to 'simplify funding and service delivery responsibilities to make it easier to coordinate services, close service gaps and improve access to right services' (Council of Australian Governments. 2008, p. 2). Indeed, this raises the question would the objectives and outcomes of the new disability care and support scheme work in with the COAG National Disability Agreement?

In this submission, some of the key questions will now be addressed in regards to the proposed disability care and support scheme.

- Question: How to improve service delivery – including coordination, costs, timeliness and innovation

Firstly, one of the issues we would like to raise relating to this is gaps in service delivery to people living with disabilities and their carers. For instance, gaps in service delivery may exist in places where services are in place for mental health, but may be lacking or non-existence for people living with physical disabilities. Moreover, we suggest that federal, state, local governments and other stakeholders work together in identifying and removing gaps in service delivery. For example, one way to address this issue is to have community focus groups where stakeholders could meet, analyze and report to a government body to implement suggested policies.

Secondly, another issue that we would like to address regarding the question of how to improve service delivery is the occurrence of multiple assessments. Indeed, a person living with a disability in NSW might need to be assessed

multiple times and at different times in order to receive various services which are funded by the government. For instance in NSW, different assessments might occur for a person living with a disability who apply for services, such as the NSW Companion Card, Attendant Care program, Life Choices program (Ageing, Disability and Home Care, Department of Human Services NSW), or disability employment services (Department of Education, Employment and Workplace Relations. 2010).

Thirdly, we would like to suggest that a single government body facilitate a new assessment process where a person living with a disability can be assessed and referred to appropriate services without having to then undergo further similar assessments for that service. For example, one suggestion could be to establish a new federal government agency that deals specifically with disability, assessment and referral. Indeed, the recently introduced Access Point Demonstration Project in the Hunter Local Planning Area could provide a good model in providing a nation-wide assessment and referral service under the proposed disability care and support scheme (Department of Health and Ageing. 2008). Additionally, the referral process could involve a voucher system, in which consumers could receive vouchers for services they require in the local community. For instance, vouchers could be issued to a consumer who needed a home modification service or a disability employment provider, in which the consumer could then take the voucher to the provider and receive the appropriate service. Also, we suggest that eligibility for a voucher system be based on need because of their disability, and which is not limited to a particular age bracket. Furthermore, by reducing assessment requirements for a person living with a disability to access services, it could reduce waiting times and costs associated with multiple assessment processes.

- Question: how to give people with disabilities or their carers more power to make their own decisions (and how could they appeal against decisions by others that they think are wrong)?

We advocate an individual case management model where people living with disabilities or their carers can be assessed by an agency to identify their situation and potential needs, and if warranted, power is given to the individual to choose a particular support package. For instance, if a person was assessed as being capable of managing their own affairs, an annual voucher support package could be given, in which the individual could purchase required services or products in the community, such as food services, care or respite services, mobility aids, transport services. Furthermore, a voucher system should not replace any part of income support, but should only add to the support services available to a person. However, in the case of where a person is assessed as being limited in their ability to make their own decisions because of a particular disability, a case manager could assess their needs in which the individual could be issued with vouchers to purchase particular products or services in the community. Indeed, by issuing a voucher system packages it provides some flexibility and choices in what products or services people living with disabilities or carers require. As well, an appeal system should exist for consumers to agitate against particular decisions made by

case management, by which decisions could be re-considered, and scope should be also given for individuals to access vouchers on a regular basis if required.

- Questions: how to ensure that any good aspects of current approaches are preserved, and what should be done in rural and remote areas where it is harder to get services?

We advocate that approaches taken by current services that are assessed as being important services in the community for people living with disabilities and their carers are not fragmented or disenfranchised, in order to preserve existing local infrastructure and expertise. Indeed, possible impacts of fragmentation of services is evident in the case of the Katoomba Neighborhood Centre project, the Blue Mountains Home Modification Service, which is a vital service funded by NSW State Government Home and Community Care Program (HACC) (KNC. 2006), as its future service delivery is unknown due to fragmentation of the current HACC program (NCOSS. 4th May 2010). For instance, as the NSW State HACC aged care program is being transferred to Federal authority (NCOSS. 4th May 2010), it raises the question will services such as the Blue Mountains Home Modification Service, who caters for both the aged and people living with disabilities (KNC. 2006), continue to receive similar funding after the COAG Disability/ Aged services split. Moreover, we advocate that local services, like the Blue Mountains Home Modification Service, be considered as important services to preserve under the proposed disability support and care scheme because, as holders of accumulated local knowledge (both community and technical) they are better able to support and promote independent living for people living with disabilities.

In regards to the issue of rural and remote areas where it may be difficult to get services, a voucher system could be utilized under a new disability care and support scheme by people living with disabilities and their carers. Indeed, in rural and remote areas vouchers could be used at local businesses, which keeps money in the community, and reduces the need to set up a specific service. For instance, a person living with a disability in a rural township who requires fresh, packaged food could use vouchers in purchasing items from local caterers or restaurants, providing choice to the individual and potentially lessening the need of establishing a government funded food service. In these areas, vouchers could be also used to purchase community services, such as employment programs, mobility aid providers, hearing or visually impaired services, and respite services.

- Question: the kind of services that particularly need to be increased or created

There is an estimated 10,000 people living with a disability in the Blue Mountains (Primary Health Care Research & Information Service. 2010), and as there is an increase in the ageing population in the Blue Mountains there could be in the future a greater incidence of disability in the region (Blue Mountains City Council. 2009). In examining the key question of a new

scheme, regarding the kind of services that may need creating or be increased, some particular issues can be linked to the Blue Mountains. In particular, services in the Blue Mountains which may need improving or implementation include more accessible public transport, increases to social, support and recreational services for people with disabilities, educational campaigns to de-stigmatize disability in the workplace, increases to carer financial and community support programs.

For example, regarding public transport, 13 out of 18 train stations on the Blue Mountains inter-city train line are not wheelchair accessible (CityRail), and the Blue Mountains Bus Company which provides a public bus service in the area, but provides only a limited bus service with wheelchair accessibility (Pearce Omnibus. 2008). Indeed, it is understood the NSW State Government is working to improve public transport accessibility for people living with disabilities, however, accessibility for all buses is not expected to be fully completed until the end of 2022 and train rolling stock until the end of 2032 (Transport NSW. 2010). Furthermore, people living with disabilities living in areas with no accessible public transport deserve the right to have access to these services to have some independence and opportunity to participate in the community, and they should not have to wait more than 10 years before this problem is rectified. Moreover, more State or Federal Government funding should be allocated to identifying and developing accessible public transport in places in NSW that need these services before the current compliance timeframe (Transport NSW. 2010).

In addition, we suggest that training and support be introduced in local communities to manage new packages (such as a voucher system). For instance, if a voucher system was implemented under a new disability care and support scheme, training workshops could be facilitated by government or community organizations at a local level to educate and train stakeholders about workings of a new system. As well, a support system could exist in the form of a telephone support line or from within an agency, which is facilitated by a government or non-government organization, to assist individuals in the workings a new system, such as regards to a voucher system.

- Questions: Are there ways of intervening early to get improved outcomes over people's lifetimes? How would this be done? And how could a new scheme encourage the full participation by people with a disability and their carers in the community and work?

By implementing a voucher system that provides support that can be used for work or recreation or whatever is wanted, improving accessible infrastructure, and removing other existing barriers to work and community participation (Australian Human Rights Commission. 2005). For example, removing stigma and discrimination of disability in the community could be one of the ways of potentially improving outcomes for people living with disabilities (Australian Human Rights Commission. 2005). Indeed, perhaps educating the public through such avenues as disability advocates raising disability awareness in local communities could be important in reducing stigma, and may help to reduce barriers to participation for people living with disabilities.

- Question: How could a new system get rid of wasteful paper burdens, overlapping assessments (the 'run around') and duplication in the system?

By having a One stop shop, like a Access Point assessment, in which a person living with a disability or their carers can choose their services and don't need to be assessed by every service they use.

- Question: How should a new scheme be financed?

This model will reduce bureaucracy and provide more services for the dollar, and all funding should be provided by one source i.e. Federal Government.

- Question: How can it be ensured that there is enough money to deliver the services that are needed and provide greater certainty about adequate care in the future?

By making the scheme open to all ages including elderly, everyone in the community will feel that they are part of the scheme and support it. As well, to ensure there is enough money to deliver services under a new disability support and care scheme, separate service provisions, such as respite care, disability employment services, home modification services, food services, should be annually evaluated to estimate financially how much is need to meet service demand. Indeed, annual federal budgets should allocate money to where it is needed to maintain disability and carer services in the community.

- The factors that affect how much support people get and who decides this

One of the factors that we would like to address is the potential differences in the extent and type of service delivery people receive between people living with disabilities and people aged over 65. Indeed, as NSW HACC services for people over 65 years is being transferred to Commonwealth funding responsibility (NCOSS. 4th May 2010), it raises an issue could this be a factor in how much support is given through service delivery for people living with disabilities if they are aged over or under 65 years of age? For example, service provision from such services as the Katoomba Volunteer Home Visitors project which receives funding from HACC (KNC. 2006), could be affected by the HACC split (NCOSS. 4th May 2010), particularly if they do not continue to receive funding to cater for people living with disabilities if they are over 65 years of age. Moreover, we advocate that disability service delivery should be based on need, and not be fragmented because of a person's age.

- Other ideas for a good scheme?

To make this work, pay and conditions need to be improved. Conditions are so bad that it is hard to keep good staff. Services are always desperate for staff and take people who may not be the best. To provide a quality service for

people with a disability you need quality staff who are valued and paid properly.

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