



City of
KINGSTON

Access and Equity Advisory Committee

**Submission to the Productivity Commission Inquiry
into Disability Care and Support**

July 2010

1 Background – The City of Kingston and People with Disabilities

According to the Survey Disability Ageing and Carers (SDAC) data, it is estimated that up to 32,228 or almost 23% of the population in the City of Kingston have a disability of some kind.

Of this 32,228, it is estimated that 1,951 of these residents are children aged 0 – 14 years while 16,522 are people of working age (15 - 64 years).

With regard to the range of disabilities, it is estimated that 10,530 residents (7.6% of the total population) have disabilities causing profound or severe restriction of communication, mobility or self care, with a further 12,580 residents (9% of the total population) having disabilities which place limits on their employment or educational opportunities.¹

The overall range of disabilities includes:²

- Physical disability (75% of all disabilities)
- Sensory disability (13.3%)
- Psychological disability (6.2%)
- Acquired Brain Injury (2.6%)
- Intellectual disability (2.3%).

As is evident from the data above a substantial section of the community is directly affected by a disability of some kind. Extend this out to include carers and families and it is obvious that the development of an insurance scheme that can adequately provide for the needs of people with a disability and their carers is something of great significance.

2 Important Principles

The Access and Equity Advisory Committee (A&EAC) has identified the following principles to be important for consideration in the development of a disability care and support scheme.

- i All people regardless of race, gender, class or ability have inalienable human rights and are entitled to the dignity and respect that is bestowed on all Australians as citizens of the state.
- ii The funding and provision of services to people with disabilities and their carers needs to move away from a system that is based on the outdated welfare model of the deserving and the undeserving.

¹ Victorian Local Governance Association findings of the 2003 National Survey of Disability, Ageing and Carers and population and aged profile of the City of Kingston, 2007

² Department of Human Services, Disability Estimates for Local Government Area's and Regions in Victoria, June 2001

- iii Any scheme must strive to reduce the fear and anxiety that families, parents and carers feel for the welfare and future for their children.
- iv It should apply universally to meet the needs of all people with a disability.
- v Support should be assessed on needs regardless of income – it should be a universal scheme that values all people regardless of who they are and their circumstances.
- vi The scheme must support equal opportunity and respect to live full lives, giving people with disabilities a sense of value and wellbeing. People should not be discriminated against and excluded because they have a disability.
- vii Self determination: Decisions about the needs that people with disabilities and their carers have and the appropriate level of support, the types of services, the nature of accommodation, education and training should sit with the people most directly involved – the people with disabilities and their carers.
- viii The scheme should work to reduce inequalities.
- ix Funding, facilities and services should provide people with disabilities and their carers with as much dignity as possible.

3 Areas of Concern

The A&EAC notes these areas of concern as important background knowledge for consideration in the development of a disability care and support scheme.

- i Parents are fearful for the future for their children. As parents age or become infirm or die they have great concern about who will look after their children. Who will provide for their income, their accommodation, their care, their recreation, their overall wellbeing and so on?

- ii There is a real shortage of appropriate and accessible and affordable housing options. People with disabilities need to be able to choose the accommodation that meets their needs. They need a safe and nurturing environment.

Shared accommodation may be important for some people with disabilities as they age and parents are unable to look after them, while others are should be able to lead independent lives as far as possible.

Young people with disabilities should not have to go into aged care facilities and programs with older people.

- iii People with disabilities should be assessed to identify their skills and knowledge and how they can be supported to further develop their skills and knowledge. We should be looking at the ability not the disability.

- iv As parents it is hard to let go and enable young people to develop their independence. How can parents anxious about the wellbeing and future of their children be supported and encouraged to let their children become independent?
- v Respite care is impossible to get at the weekends or in the evenings. Respite care needs to be more flexible and it should be provided in the home of the person with the disability.
- vi More work needs to be done in ensuring access to buildings, public spaces, and facilities and so on is appropriate for all people, regardless of the disability – intellectual or physical.
- vii There needs to be standards that cover all aspects of disability – intellectual, mental and physical.
- viii Greater support for young people with disabilities in education and training and their transition to employment should be available.

What happens when children go into secondary education and are confronted with bullying, lack of educational supports, marginalisation.

There should be increased and improved provision of trade type schools focusing on independent living skills. This would enable people with disabilities to develop the skills required to provide for their families and make a positive contribution to the community and the economy.

4 Who should be covered by the scheme?

The A&EAC recommends the following people are covered by the proposed scheme:

- i People who have been born with a disability.
- ii People who acquire a disability later in life through an injury not acquired in the workplace or through a traffic accident.
- iii People who have an intellectual disability.
- iv People who have a physical disability.
- v Carers of people with a disability.

5 Who Decides?

The A&EAC recommends that assessment panels drawn from members of the community are created to govern the scheme. It should be made up of:

- people with disabilities
- carers of people with a disability
- service providers
- medical specialists
- members of the broader community

6 Funding – How will the Scheme be Funded?

I A separate levy similar to Medicare.

Or

ii An increased Medicare levy which would be set aside for people with a disability and their carers and targeted only at people with a disability and their carers.

7 How could services be improved?

The A&EAC identifies the following recommendations for how services for people with disabilities and their carers could be improved:

- i Take an individual approach and consult with individual families and people with disabilities – hear what their needs are and tailor responses and supports to meet the needs of those individual families.
- ii There has been concern about negative community attitudes. Community education and awareness raising programs in the broader community need to be expanded and improved.
- iii Improved access to public transport – announcements at train stations should be made in a variety of ways other than just verbally through a public address system. Enabling people to participate fully in the life of the community requires access to appropriate transport services.
- iv Vial of Life cards should be promoted to people with disabilities and their carers. Carers are fearful that if anything happens to them when they are out and about their children may be left on their own and become distressed. Carers cannot leave their children at home when they go shopping. The children have to accompany the carers to the shops. Having no extended family and supports is a problem.
- v People with disabilities should have the opportunity to be independent in their own homes. Facilities similar to retirement villages aimed at young adults where they have independence but have access to care and support from family and professionals should be supported.
- vi Carers often feel alone, isolated and unsupported. People can't be bothered to take the time to try and understand because their lives are untouched by disability. Carers need greater recognition and acknowledgement in the community.

- vii Often people working in the disability sector are just in the job and very few go out of their way to make a difference. Further training, more resources, better facilities and working conditions are required to improve the professionalism of the industry
- viii Low self-esteem, lack of confidence, feeling different are significant issues for people with disabilities and needs to be addressed through social and interpersonal programs.

8 Conclusion

The City of Kingston's A&EAC acknowledges the complexity and implications of developing a no fault insurance or disability care scheme and the impact that it will have on finances and budgets.

However, it believes that this small cost to the economy and community can make a vast difference to the lives of many. It will provide dignity to the lives of people with disabilities, their carers and families.

The creation of a disability care and support scheme is a vital step to be taken so that we can call ourselves a civilized society that looks after the most vulnerable in its community; one that embraces all regardless of who they are because they are citizens of the state and are entitled to all its rights and privileges.