ANGLICARE
in every Community AUSTRALIA


Response to the

# Productivity Commission Draft Report: *Disability Care and Support*

May 2011

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# Anglicare Australia

Anglicare Australia is a network of 43 independent organisations that are linked to the Anglican Church and are joined by values of service, innovation, leadership and the faith that every individual has an intrinsic value. Our services are delivered to one in forty Australians, in partnership with them, the communities in which they live, and other like-minded organisations in those areas. In all, over 13,000 staff and 13,000 volunteers work with over 615,000 vulnerable Australians every year delivering diverse services, in every region of Australia.

Between them, 19 of Anglicare Australia's member organisations provide disability support services for nearly 5000 clients with almost 100,000 per annum client contacts across the country, employ over 500 (FTE) disability support professionals and are actively supported by over 200 volunteers.

For details on which Anglicare agencies provide disability support services see Appendix 1.



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# Executive Summary

The Productivity Commission has adopted the voice of the sector in developing a system of care and support for people living with a disability in Australia. It has provided a model that is comprehensive, responsive and sustainable into the future. In providing the model, the Commission has created a space that has allowed for a closer inspection of detail and the identification of certain incongruities that exist in the proposal.

The Commission has proposed that it is not feasible for the National Disability Insurance Agency to accommodate all services and systems that people with a disability might access. Anglicare Australia agrees with this position however in taking such a stance, it does not negate the fact that the NDIA will have some responsibility to people with a disability accessing those systems and that likewise, those sectors, systems and services that are not directly related to disability will have responsibility to and for people with a disability.

People experiencing mental ill-health will find themselves on the cusp of the NDIS if the model does not make room for their care and support needs. It can be demonstrated that the needs of people with severe mental illness are akin to those of people with a disability and as such should be included in the system.

The assessment of the disability support sector and the proposal of the NDIS with its delineation between the types of support that people may or may not require could be seen as an opportunity to make cost-savings and claw back funds through the diminishment or removal of supports. It cannot be too strenuously stated that reform is not a cost-saving measure and that no person should be worse off as a result of disability reform.

In its original submission Anglicare Australia advocated for and stressed the importance of three particular foundational principles. These were choice, flexibility and individualised support. It is clear that these principles have been adopted and implemented in the report recommendations. Concern exists though around the dichotomy that may be established through the separation of *Tier 2* and *Tier 3* clients. It is reasonable that the NDIS has been held over for the most complex and resource intensive needs of people experiencing disability. However, it does not seem reasonable that those judged to have less complex or less enduring needs be saddled with the legacy of the current system, because effectively, that is how the model appears. *Tier 2* clients will not be subject to the funding benefits of the NDIS but will continue in the state and territory funded system. The removal of the most complex cases from that system is not enough to rectify the existing deficiencies, which have been so clearly pointed out by the Commission. Will this potentially deny people accessing that system a clear choice, flexibility in care arrangements and an individualised response to their care needs?



Workforce planning though comprehensively covered by the Commission's proposal is yet another area where further work could strengthen the model. Protections have been suggested by the Commission in terms of the rights of family members and friends employed directly by the person with a disability. The Commission has recommended that a testing phase be carried out on this policy objective and it would be Anglicare Australia's recommendation that included in the evaluation framework is a marker for the maintenance of workers' rights and/or standards to protect against the encroachment of industrial rights in an informal work setting.

Included in workforce planning concerns are the further issues of career progression and service support, in that both will have direct impacts on the productivity of the workforce. It has been stated by the Commission that the Government does not usually influence career progression outside of the services it directly funds. It is our contention that the NDIA in cooperation with other sectors such as the aged care, alcohol and other drugs and mental health sectors, would support workers to develop a skill set that, for workers, is transferrable and recognisable between sectors.

As intimated earlier, clients receiving funding from the NDIS and from state and territory services will be accessing the same service providers. At a time when we are trying to simplify funding agreements, streamline service provision and reduce inequities in care and support services how will the dichotomy of funding sources and what those care packages will allow, effect service provision at the front-end?

# Introduction

Anglicare Australia contends that the draft report from the Productivity Commission (the Commission) demonstrates the Commission's commitment to develop a model for the long-term care and support of Australians with a disability that is responsive, client-centred and sustainable. The Disability Support Sector has grown to a point that it is not meeting the needs of those who use it and has become a national issue of some standing. This consultation process has demonstrated that the issues surrounding the quality and adequacy of disability supports in Australia are in urgent need of redressing and though the Commission's proposed draft model is comprehensive, there is still some way to go.

There are issues around the interaction of the National Disability Insurance Agency (NDIA) and the National Disability Insurance Scheme (NDIS) with other systems that people with a disability will engage with in the future; there are issues around the lack of certainty of support for people with mental ill-health and how they might or might not be included in the NDIS. There are issues around the potential that reform of this magnitude can be seen as an opportunity for cost-saving measures.

Anglicare Australia feels that the work around the supports and entitlements for the people that will come under the proposed Tier 2 has been too quickly dealt with. It seems that there is real scope for inequities to exist in terms of the key principles of the proposed model: choice, flexibility and individualised support.

Finally, there are further considerations for quality workforce planning issues that warrant attention before the Commission hands down its final report to Government.

## A Strong Position

In deliberating over the final draft of its proposed model of disability care and support in Australia, the Productivity Commission can rest assured that it is doing so from a solid position. In proposing the model that it has, the Commission has shown that it has taken on the voice of the sector to develop a model of care and support that is person-centred, quality and evidence based and sustainable into the future. However, as with any major reform it is not possible to get it perfectly right the first time. In providing such a strong model of care and support for the most profound and severe experiences of disability a space has opened up to allow us to inspect more closely the incongruities which might exist for those who don't neatly fall into the most severe, profound or enduring experiences of disability. Before we attend to these however there are issues that have been raised in other fora but which warrant repeating here.



### Interface with other systems

The Commission has recognised in its report that it is inappropriate for the NDIA or any other centralised body to take on responsibility of all systems and sectors that interact with the disability sector. Anglicare Australia supports this view especially in the interest of competition, innovation and variability. Having established that this should not be the case though does not in any sense negate the NDIA's responsibility to or for the people with a disability who interact with these 'other' systems. Nor would the existence of the NDIA relieve those 'other' systems of having any responsibility to or for people with a disability.

What it does indicate and which Anglicare Australia is sure the Commission is sensible of is the onus of responsibility on all intersecting sectors to manage the practicalities of being multiple providers to individuals with disabilities. The intention here is not to nanny people with a disability; there is a clear strategic objective to cultivate an environment where people living with disability have the best possible opportunities to exercise their rights as citizens to access quality joined-up service delivery which meets their needs and amounts to a dignified and meaningful life.

Services and systems are part of the support environment and it will require cooperation from all fronts to achieve appropriate outcomes for people with a disability and as such is worth reiterating. Adopting the unique position of being so closely integrated into the lives of the people it serves, the NDIA would

be ideally placed to show leadership in joining up service delivery, not in a managerial or funding sense, but in terms of service pathways, integration and true client-centred practice. Similar to the national partnership agreements, options for this type of conduct occur at many levels throughout the sector. One option is for interweaving the leadership role at the executive level through inter-sectoral agreements such as Memoranda of Understanding; another is through case managers at the local level, leading the way for local innovation, cooperation and communication with other key personnel involved with the client; another is through the NDIA evidence base, conducting research in partnership with other sectors to identify the best methods of creating change systemically and socially and translating this through its public health messages.

***Recommendation:***

> That the Productivity Commission consider making more detailed recommendations about leadership in the community sector especially regarding the interface of the NDIS with other systems that are relevant to people living with disability such as but not limited to Housing, Education, Employment and Transport.

## Disability and Mental Health Void

The Commission has acknowledged in its draft report that a void exists between the disability and mental health sectors. Anglicare Australia does not have the relevant expertise to guide the Commission in this area however we would like to note mental health as being an issue of great concern and one of the incongruities intimated earlier in this paper. Ideally, it would not be the *cause* of an individual's disability that would determine eligibility but their level of need. In terms of the effects of severe mental illness, these can be similar to those experienced by any number of disabilities.

> *Mental disorders are an important cause of long-term disability and dependency… About 14% of the global burden of disease has been attributed to neuropsychiatric disorders, mostly due to the chronically disabling nature of depression and other common mental disorders, alcohol-use and substance-use disorders, and psychoses. Such estimates have drawn attention to the importance of mental disorders for public health. However, because they stress the separate contributions of mental and physical disorders to disability and mortality, they might have* ***entrenched the alienation of mental health*** *from mainstream efforts to improve health and reduce poverty.*[1]



The question of *whether or not severe mental ill-health is a disability*- is not on the table. The question of *are the effects similar and deserving of an equivalent response*- is. And as the author of the above quote attends; the effects of mental illness has a strong association with long-term disability manifesting in decreased physical and social functioning.[2] For example "depression predicts the onset and progression of both physical and social disability. Conversely, disability is an important prospective risk factor for depression in older adults."[1]

The NDIS determines, as far as Anglicare Australia understands it (and in the broadest of terms), the extent to which a disability limits daily function and the extent to which care and support are required to maintain the dignity and well-being of that individual to effect a full and meaningful life. On this basis, Anglicare Australia would see that people experiencing severe mental ill-health be subject to the same level of assessments as people with a disability.

The proposed model is premised on flexibility and choice- why should sufferers of mental ill-health, who will require a flexible and individualised response to meet their needs, be excluded from the benefits of such a system? It is a challenge, yes, but not impossible. Anglicare Australia notes that the Mental Health system is under review however until there is publicly available information regarding a comprehensive support system for mental health then it is the contention of Anglicare Australia that

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[1] Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M., Rahman, A. (2007). No Health Without Mental Health. *The Lancet*, DOI 10:1016/S0140-6736(07)61238-0

[2] *Ibid* cited in Fraser, N. 2008. *Mental Illness and Disability*. Asia-Australia Mental Health.

people experiencing mental ill-health to the extent that it affects the day to day life in such a way as to cause disabling effects, should be a part of this system.

***Recommendation:***

> Where those individuals whose experience of mental ill-health have enduring impacts on self-care including physical and social functioning, the same level of assessment is undertaken to determine the level of care and support available to them. If assessed to be ineligible for the NDIS that specific protocols be enacted to ensure the individual attracts the necessary state or territory-funded service support through a process of warm-referral.

### Cost Savings

Contextualisation of reform is as important a consideration of the reform process as 'who' and 'how'. As we move into the next leg of the 43rd Parliament we are bombarded with rhetoric of "tightening our belts" and "pulling our weight" etc. What is important to remember in this reform process and any others which may have gone before or will come after, and on which Anglicare Australia cannot put too great an emphasis, is that reform is not a cost-saving measure.

In developing a system that caters to the needs of people with the most severe and profound disability and by quarantining that group from the three and a half odd million others with or who care for someone with a disability, has the Commission inadvertently demarcated the group where "cost-savings" could be made i.e *Tier 2*; either through a reduction of supports or a complete removal?

Anglicare Australia strongly suggests that this is not the medium in which to do this. No person should be worse off as a result of the system and would suggest to the Commission they make a statement to this effect concerning genuine reform.



## Equivalent Benefits

In its original submission Anglicare Australia was firm in the delineation of principles that should underpin a care and support system for people living with a disability and their carers. These were:

***Flexibility*** is the capacity to work to create the desired outcome rather than the outcome being determined by the system.

***Individualised support*** calls for the client to be the core consideration in all matters with a genuine commitment for meeting their individual needs.

***Choice*** in recognition of the contribution people make to their own care and the respect owing to them as equals in society, options must be provided in this sector just as in mainstream society.

It is affirming to see that in the Commission's model these principles are clearly articulated. It is clear in the NDIS framework how these principles pervade the engagement processes for *Tier 3* clients, the assessment processes that will be undertaken and ultimately the way in which care and support plans are enacted. The concern that Anglicare Australia has for this model is the dichotomy that will be established between *Tier 3* and *Tier 2* clients.

Anglicare Australia recognises that the Commission has extricated those that have the most pressing, complex and expensive need and created for them a system that is all-encompassing and responsive. Anglicare Australia also concedes that those in *Tier 2* may not have as complex, or intense support requirements for them to enjoy a similar level of fulfilment and engagement in their lives. The crux of the matter though seems to be that the 'reform effort' has been given solely to those who will experience all the benefits that *Tier 3* will provide. In a manner of speaking, the Productivity Commission seems to have satisfied itself of addressing the needs of *Tier 2* individuals by intimating that freed up expenditure in the existing system will be sufficient for those purposes.

The Draft report opens with a fairly exhaustive list of reasons why the disability sector is in the disarray that it is. It covers inadequate resourcing, inadequate services, rationing services, under-servicing,

variation in support for similar levels of functionality, limited control, lack of evidence, lack of funding certainty for services and the 'confusopoly' that is the system. Anglicare Australia isn't sure that the increase in available funds and a decrease in the number of people accessing the same pool will necessarily resolve all of these concerns.

Anglicare Australia agrees that addressing the deficiencies of the existing system whilst avoiding new pitfalls is a great challenge. And as mentioned previously, the Commission has taken a strong and forward-thinking approach to provide a solution. However, the solution derived for people in the category *Tier 2* has perhaps been too quickly dealt with. It is not feasible for the NDIA to assume all disability service provision and the states and territories have an obligation to their citizens that their health and wellbeing is assured. Given these parameters, reform for those with less inhibiting conditions needs to be redressed before the Commission hands down its final proposal.

It's understood that those not in *Tier 3* will be accessing the same 2200+ service providers that are currently providing services. And that these 2200+ services will be quality services having undergone accreditation or quality processes to be eligible to provide services under the NDIS and that *Tier 2* clients accessing a service will be benefitted by that process. But what *choice* is there for people who are still operating in the current system. What *flexibility* is available to them to develop the best possible care package that meets their needs and what outlet is there for services to take an *individual approach* when existing funding structures apply the same constraints that have prevented services from undertaking this type of client-centred approach in the past?

Anglicare Australia appreciates the distinction between the federal system, the scope for the Commission's recommendations, and the State and Territory disability support systems. But given that three and a half million people will still be supported by state and territory based funding Anglicare Australia is interested to know how the Commission would propose to address inequities in the lack of choice and control, funding certainty and system structures in those systems. In the proposed model, *Tier 2* clients may well have the information as to what is effective and what is available but how does that influence the choices they have or what their funding package may allow? *Tier 3* clients will benefit from the latest in research and evidenced based practice, filtering through as one of the NDIAs quality assurance responsibilities, they will benefit from the latest in assessment procedures and tools. They will benefit from constant care and engagement from the national agency and enjoy a freedom in the system not known to them before. Will people in *Tier 2* enjoy any of these benefits? How will their supports travel across jurisdictional boundaries, how will their needs be responded to in an individualised and flexible manner?



As an example let's take the story of *Annie*.

Annie is an older lady living in a small village in Tasmania. Annie has State funding for a support worker to assist with showering once a day but, having lived in the town most of her life she doesn't want anyone from her village, the people she has known for much of her life, to provide that service. If Annie was in *Tier 3* she might be able to dedicate some of her funds to a travel allowance to have a support worker come from one of the nearby towns to provide that service thereby retaining her dignity and sense of identity in her community. And yet we know in some of the states and territories that travel has been removed from service packages as an 'extraneous expense' and so in *Tier 2*, Annie will not enjoy the same sense of choice and flexibility as she might otherwise have in the NDIS.

This example is not meant as an argument for all people experiencing a disability to be included in the NDIS. It is a simple demonstration of how the proposed model might be applied in a real setting and is meant to highlight that if the deficiencies that do exist in the current system, federal or state based, are not addressed then inequities will emerge between the two tiers. Political rhetoric is talking about a two-speed economy because of the mining boom. It would reflect poorly on all of us to allow a two-speed disability support sector to emerge out of this opportunity for genuine reform.

In that sense then, it would be beneficial for the Commission to undertake some groundwork as to where the states and territories may begin to address their own systems or to make recommendations in the proposal for Government to negotiate these as part of the National Agreement on Disability.

***Recommendation:***

That the commission in their deliberations develop suggestions for state and territory governments to reform their own disability support systems to be more in line with the principles and policies of the NDIA and NDIS.

## Quality Workforce Planning

Workforce issues have been comprehensively covered by the Commission in its draft report. It is clear that the expectation is for the sector to see a growth in the number and retention of staff in the long-run, as conditions and wages improve. In addition to the strategies that the Commission has suggested for overcoming the interim workforce issues Anglicare Australia would suggest that there are a few areas concerning a quality workforce that would benefit from further unpacking in as far as how they might be covered off or relate to the proposed model. These are outlined below.

### Worker Protections

It is noted that the NDIS will take into account the natural supports that are available to people living with a disability as they undergo the day to day activities of their lives. In the assessment process, part of determining what funded supports are available to an individual is in part contingent on what informal supports are also available to them. Further, that the funds allocated to an individual as part of the support package are able to be utilised to provide recompense to those friends and family who are providing support.

Anglicare Australia is strongly in favour of this model. It is important that people who are providing care and support are recognised as doing so and receive the appropriate level of payment and that people with a disability have the flexibility and choice of directing their own care.



Anglicare Australia notes that Draft Recommendation 6.5 calls for a testing phase for this process as there are inherent risks in its implementation. A particular risk that has been in part noted by the Commission as illustrated in the workers compensation and complaints mechanism requirements in Draft Recommendation 6.8 is that of the potential for abuse of industrial rights of workers, in taking higher paid or less formal paid work those protections might not exist. As part of the evaluation framework Anglicare Australia would like to see reports against outcomes for the maintenance of workers' rights and/or standards.

### Career Pathways

Anglicare Australia notes the Commission's position on providing recommendations regarding career pathways as it is not usual for Government to influence career progression outside of the services that it directly funds. In this instance and with the parallel aged care inquiry, circumstances may be different. The Commission is quite right to recommend that the barriers to working in the sector should be minimised which includes avoiding overly cautious qualification requirements etc especially as many of the skills attributable to the type of work carried out in the sector are not those that lend themselves easily to training. However, given the workforce shortage/ageing in all sectors which require care and support, so not only disability but ageing, alcohol and other drugs and mental health- just to name a few, it might be timely and opportune for the NDIA to have some role in determining a cross-sector qualification or skill-set that is recognisable and transferrable across working environments.

### Service Support

For services moving into the next iteration of disability care and support, the Commission's draft proposal has them in the cross-fire between state and territory funding and funding from the NDIS. As we currently work to make funding agreements more simple, consideration must be given to the impact

that the dual systems will have on services and how this will translate for support staff. The commission has noted that between the NIIS and the NDIS the care recipient should not notice any real difference in front-end service delivery. Can this be said for clients who will receive support by the same service, but a separate system? The Commission may like to conduct some modelling in this instance to better understand how the two systems may impact on service management. On the one hand, services will be competing for the business of NDIS recipients with viability dependant on the organisations ability to provide comprehensive services, on the other, they may be receiving block funding relating to specific service level targets. Will this type of funding mis-match impact on the delivery of services to clients?

***Recommendation:***

> That the Commission note these concerns regarding quality workforce planning in their deliberations before handing down their final report to Government.

# Conclusion

Anglicare Australia is mindful that the Productivity Commission has been requested to develop a future model of Disability Care and Support in Australia by the Federal Government. It is understood that anything the Commission proposes does not bind Government to take action and nor can it direct other Governments to take action in this regard. In developing a model however for care and support for people living with a disability across Australia it is impossible to detach federal and jurisdictional responsibilities from the ongoing care and support of Australian citizens.

The model proposed by the Commission is comprehensive and responsive to the needs of a sector that is struggling against itself to meet demand and provide a quality of life for Australian citizens living with a disability. The model is not perfect, nor can it ever be expected to be so. There are facets where the model could improve, such as the interface with other sectors, and particularly how it proposes to manage the increasing demand for mental health supports and the dichotomy that exists between the tiers in terms of supply and entitlement. Much of the work that will be left however, will be the responsibility of the disability support sector and the wider community sector to lobby Government to enact the recommendations laid out in the Commission's report. We will have to work to facilitate and encourage the state and territory governments to buy into the new system and follow it up with reforms of their own.



Anglicare Australia commends the Productivity Commission for its efforts in regard to a National Disability Care and Support Scheme and submits this response for its further consideration.

# Appendix 1: Anglicare Australia Network Members

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| **AUSTRALIAN CAPITAL TERRITORY** | Anglicare Canberra & Goulburn ●<br>St John's Financial Assistance |
| **NEW SOUTH WALES** | Anglicare Diocese of Sydney ●<br>Anglicare New England NW<br>Anglicare North Coast ●<br>Anglicare Riverina<br>Anglicare Western NSW<br>Anglican Counselling Service<br>Anglican Retirement Villages<br>The Buttery<br>CASPA ●<br>St John's Anglican Church Darlinghurst ●<br>Samaritans Foundation ●<br>Social Responsibilities- Diocese of Newcastle ●<br>Work Ventures Ltd ● |
| **NORTHERN TERRITORY** | Anglicare NT ● |
| **Q UEENSLAND** | Anglicare Central QLD ●<br>Anglicare North QLD<br>Anglicare Parish of Heatley<br>EPIC Employment Services Inc ●<br>Spiritus ● |
| **SOUTH AUSTRALIA** | ac.care<br>Anglicare SA ●<br>Anglicare Willochra<br>Laura & Alfred West Cottage Homes Inc<br>St John's Youth Services |
| **TASMANIA** | Anglicare Tasmania ●<br>Glenview Community Services Inc |
| **VICTORIA** | Anglicare Victoria ●<br>Anglicare Ballarat<br>Gippsland Anglican Aged Care ●<br>Benetas<br>Brotherhood of St Laurence ●<br>E Qubed Inc<br>ECHO Inc<br>Melbourne Social Responsibility Committee<br>St Laurence Community Services Inc ●<br>St Luke's Anglicare ● |
| **WESTERN AUSTRALIA** | Anglicare WA ●<br>Anglicare South-Bunbury Diocesan, Anglicare Council ●<br>Parkerville Children & Youth Care Inc<br>Social Responsibilities Commission, Province of WA |
| **NATIONAL & INTERNATIONAL** | Anglicare StopAIDS PNG<br>The Anglican Care Network ●<br>The Selwyn Foundation<br>Australian Council to the Mission to Seafarers<br>Mothers Union Australia<br>The Anglican Trust for Women |

● Disability support service provider