AASW
Australian Association of Social Workers

Submission to the Productivity Commission's National Disability Agreement Review

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Introduction

Who we are

The Australian Association of Social Workers (AASW) is the professional body representing more than 11,000 social workers throughout Australia. We set the benchmark for professional education and practice in social work, and advocate on matters of human rights, social inclusion, and discrimination.

The social work profession

Social work is a tertiary-qualified profession recognised nationally and internationally that supports individuals, families, groups and communities to improve their wellbeing. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledges. Social workers consider the relationship between biological, psychological, social and cultural factors and how they impact on a person's health and development. Accordingly, social workers maintain a dual focus in both assisting with and improving human wellbeing and identifying and addressing any external issues (known as systemic or structural issues) that may have a negative impact, such as inequality, injustice and discrimination.

Social workers believe that individual and societal wellbeing is underpinned by socially inclusive communities that emphasise principles of social justice and respect for human dignity and human rights. All people regardless of difference have the right to be included in society and to have outcomes equal to other citizens. It is this understanding and commitment that social workers bring when working with people with disability.

Our submission

The AASW's submission focuses on the sections of the National Disability Agreement (NDA) review that are looking at how the introduction of the NDIS has impacted the disability sector, including for people who are not eligible. The AASW welcomes the NDIS as a rights-based approach that supports the independence and the social and economic participation of people with a permanent impairment or condition resulting in disability. The values of 'choice and control' that underpin the NDIS are consistent with the values and principles of self-determination and empowerment that have guided the social work profession for many decades.

AASW members report two significant concerns in relation to the roll out of the NDIS of relevance to the NDA, including: the difficulties and service gaps created in the transition to the market based service system and the provision of supports and funding for psychosocial disability.

Our submission looks at two major areas and provides the following **recommendations** in relation to NDA reform, including:

- The NDA have an active role in assigning responsibilities for addressing service gaps, including greater clarification of the interaction between health and disability portfolios.

- The NDA provide greater clarity about roles and responsibilities in relation to psychosocial disability services provided by the NDIS and through governments.

Response

a. NDIS roll out and its impact on disability services

Impact of the NDIS on the disability sector

The NDIS model of service delivery is creating difficulties for participants and non-participants who need a comprehensive coherent response to their evolving and complex needs. A number of concerns have been raised by social workers dealing with complex family circumstances. People from non- English speaking backgrounds, people with cognitive impairment and people experiencing poverty and multiple layers of disadvantage experience barriers both to mainstream services and the NDIS. In these instances, our members have reported needing to devote a significant amount of time to assisting these people through liaison and advocacy with mainstream services to ensure that participants receive the full range of appropriate community supports. This can include liaising with multiple community agencies, obtaining information about new services, exploring the options with participants, making 'warm' referrals and ensuring participants receive the promised supports.

In many regional and remote communities, our members observe the consequences of limited service options compounded by the introduction of the NDIS. The ideal of consumer led care cannot be met when the services either do not exist locally, or when travel to those services consumes most of the funding package. Our members report that many plans are composed to conform to the services that planners know to be the only service available. This represents a complete reversal of the intention underlying the NDIS. Not only is this a frustration for participants,[1] but also for members whose experience tells them that more sophisticated planning skills could have identified better service options for that participant. In some instances, the inability to locate services led to participants losing their funding altogether, because planners misinterpreted the reason for funds not being spent.[2]

In remote Indigenous communities, the absence of Aboriginal controlled organisations in the provision of disability services is compounded by very low levels of employment of Aboriginal staff by the major disability service providers. In these respects, the system is failing to provide culturally responsive services to Aboriginal people. This combined with ineffective outreach and information has led to an identifiable absence of plans and services for Aboriginal children.[3] This represents an injustice for already vulnerable people and is causing an unacceptable increase in inequality of outcomes.[4]

The NDIS's budget-based approach to planning at times appears to be at odds with the insurance principles underlying the scheme. We have heard frequent accounts of funds allocated being insufficient to meet the participant's needs and a lack of general services available. What constitutes 'reasonable and necessary' support can be the subject of divergent opinion, however there is not enough recourse to professional expertise about what, in the long term, is most likely to produce the best and most cost-effective outcome. Rather, there is an emphasis on short term cost minimisation. Our members' impression is that this is exacerbated by the nervousness of service providers about their long term financial viability in the context of the current pricing structure. This is leading to significant service gaps for participants and for people not eligible.

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[1] Warr,D, et.al 2017 Choice and Control: *Service users' perspectives on the National Disability Insurance Scheme*, University of Melbourne.

[2] Warr,D, et.al 2017 Choice and Control: *Service users' perspectives on the National Disability Insurance Scheme*, University of Melbourne

[3] National Disabilty Services, & Centre for Applied Disability Research, 2017 *State of the Disability Sector Report* .2017)

[4] National Disabilty Services, & Centre for Applied Disability Research, 2017 *State of the Disability Sector Report* .)

Main Gaps in Service outside the NDIS

Our members have highlighted significant concerns about how the roll out of the NDIS has severely impacted the ability of people aged under sixty-five with life limiting illness, who do not have a permanent disability, to be able to access home care supports. While some of the clients they work with have conditions which meet the definition of a disability, many of the clients we work with have life limiting diagnoses which fall outside this definition, including conditions such as cancer, end stage cardiac disease, respiratory illnesses and kidney disease. Since the introduction of the NDIS, it has become very difficult for these clients to access any kind of ongoing support with services such as personal care (bathing), domestic assistance or in-home respite for carers as these services are no longer funded to accept NDIS ineligible patients.

Palliative care patients are one of the most vulnerable groups in our community, and are currently left without any support. [5] Palliative care patients have long term and increasing needs for assistance with personal care, and with activities such as cleaning, shopping and transport. The carers of palliative care patients experience a high level of carer burden and high levels of depression and fatigue. There is a need for ongoing respite for carers and it has become very difficult to access appropriate supports since the introduction of the NDIS.

There is significant concern within the community and from the experience of our members the problem has reached a crisis point. Services which we have previously have been able to refer to for our clients aged under sixty-five years of age, such as Homecare services or other former HACC providers are now reporting that they no longer receive funding to provide services for people under the age of sixty-five unless that person is NDIS eligible.

Fundamentally, this is an issue that highlights the intersection between health and disability systems and the lack of clarity around responsibilities.

Recommendation

- The AASW recommends that a revised NDA play an active role in assigning responsibilities for addressing service gaps, including greater clarification of the interaction between health and disability portfolios.

b. NDIS and psychosocial disability

Psychosocial disability

The AASW along with other mental health groups welcomed the inclusion of psychosocial disability in the NDIS. Unfortunately since the roll out of the NDIS members report continued confusion and lack of clarity relating to roles and responsibilities between Federal, State and Territory governments. This has directly impacted the provision of service with numerous and valuable programs that ceased operating due to lack of funding. [6]

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[5] 9 News 'They need their mum': Red tape keeping terminal mum from her kids' https://www.9news.com.au/national/2018/03/14/17/49/ndis-red-tape-preventing-woman-from-going-home

[6] The Guardian, 2018, Fears those with severe mental health issues are falling through NDIS cracks, https://www.theguardian.com/australia-news/2018/jan/17/almost-75-of-people-on-mental-health-programs-left-without-ndis-support

The AASW strongly supports the recommendations proposed by Mental Health Australia, of which the AASW is a member, in their submission to this review. Their submission proposes that a National Disability Agreement should build on existing efforts by the Federal Health Minister to address this issue and:

- Clarify where the psychosocial disability and health portfolio responsibilities lie
- Ensure all governments have program in place to provide the highest standard of mental health through the provision of psychosocial disability support services in addition to clinical care and treatment
- Clarify the psychosocial disability support services covered by the NDIS
- Specific psychosocial disability support services that will be available for those who are ineligible for the NDIS
- Assign roles and responsibilities in relation to implementation of the revised National Disability Strategy
- Specific jurisdictional roles and responsibilities in relation to:
    - Psychosocial disability policy development and implementation
    - Provision of psychosocial disability support services
    - Funding contributions for psychosocial disability support services
- Contain monitoring and reporting provisions to ensure government meet their responsibilities and commitments beyond their obligations to the NDIS.

Recommendation

- NDA provide greater clarity about roles and responsibilities in relation to psychosocial disability services provided by the NDIS and through Australian Governments.

Conclusion

We welcome the opportunity to further discuss any of the points raised in this submission.

Submitted for and on behalf of the Australian Association of Social Workers Ltd

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