

**Submission: Productivity Commission's Inquiry into Reforming Disability Care and Support**

- who should be the key focus of a new scheme and how they may be practically and reliably identified

The key focus of a new scheme should be people with any type of disability (for the different types of disability, please refer to [http://www.hreoc.gov.au/disability\\_rights/faq/who\\_is\\_protected/\\_who\\_is\\_protected\\_.html](http://www.hreoc.gov.au/disability_rights/faq/who_is_protected/_who_is_protected_.html)) as well as people associated to them such as their families and/or carers. The identification may be done by medical and health practitioners.

- which groups are most in need of additional support and help

When assessing support and help, it should be done from the level of support and help that the person with a disability and/or their carer is currently receiving and how much more support and help is still needed.

- the kinds of services that particularly need to be increased or created

First of all, people with disabilities need to be supported to remain independent for as long as they can. To increase the chances of achieving this independence and living harmoniously within the community, we need to be lifting any barriers. Some practical examples are:

- affordable and accessible housing-
  - integrate into the Building Code of Australia and Disability Discrimination Act
  - offer incentives to developers to build affordable and accessible new housing stocks
  - enforce a reasonable minimum percentage of older housing stocks to convert into affordable and accessible housing (both rental and 'for sale' properties)
- training, education and employment-
  - inject adequate resources into the education system (particularly the more affordable public education system), both specialist and mainstream, offering parents equally appealing choices. For instance, train teachers sufficiently to deal with various types of disabilities as well as increase specialist teachers in each school.

- Apprenticeship positions must be easily adaptable to suit a person with a disability. This is preferred compared to dedicating a certain percentage of apprenticeship positions to people with a disability. This means that the onus on the employer to go the extra mile to show that they are not discriminating against a person with a disability. Raising societal expectation in this way will encourage employers to seek professional advice and support from disability employment services on how they can make the job, from recruitment to retention phase, more accessible to all types of job applicants (as opposed to the other way around).
- National awareness raising campaign on the benefits of employing people with disabilities.
- Employers need to be re-trained on how to make the job more accessible to all types of job applicants, with or without a disability. Carers and people with disabilities believe it is no longer enough to just hide under the banner of Equal Employment Opportunity. Employers need to display practical strategies they are using to open up their jobs to all applicants.
- transport and recreation
  - People with disabilities have varying needs and preferences for travelling and transport use. Transport needs to be affordable and accessible with several options of availability and modes. For instance, NSW Ministry of Transport has a 10 year plan to make all transport options accessible.
  - Similarly, recreational options need to be affordable, accessible, varied and several.

On top of the above objectives, the following services need to be increased and improved:

- respite
- transport
- social/recreational support
- physical and technological aids and equipments
- health and medical
- supported accommodation
- case management and advocacy
- one stop shop information and referral service- combining 2 well-known models
  - a- a welcoming tourist info office used by tourists in a new destination

b- a library full of the latest info and research.

- ways of achieving early intervention

Hospitals, local medical centres, local GPs, child care centres and schools should have close affiliations with early intervention services and disability service providers. Parents should have opportunities to be well-informed and well-equipped at whatever stage or locations they receive the diagnosis in. Some practical examples are to have allied health professionals available in local medical centres or local health clinics. A network of child care centres and/or schools may be able to share a set of allied health professionals.

- how a new scheme could encourage the full participation by people with disability and their carers in the community and work

Please refer to comments above.

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

People with disabilities and their families/carers need to be armed with information and understand their options very well before they can make decisions. They need a panel of independent and objective experts from a range of backgrounds to listen to their appeals.

- how to improve service delivery — including coordination, costs, timeliness and innovation

A common problem that exists among service providers is that they are delivering services within compartmentalised specialisations and restricted guidelines and boundaries. The outcome is usually the person with a disability and/or the carer falling into the gaps. Some of the identified gaps that need to be eliminated are:

- eligibility criteria- age, geography, type of disability
- differing service types with specific funding specifications-
  - Example 1) home modification vs allied health- it would be ideal to have an in-house Occupational Therapist within a home modification service for a more coordinated approach

- Example 2) a one-stop service - accommodation, social support and employment. A service that assists to find a suitable accommodation, a matching co-resident (someone without a disability), helps in expanding the social networks and finding appropriate employment.
  - fragmented and discontinuous services across the lifespan- from early intervention to disability services, aged services within the community, to residential services. Also for chronic, complex cases requiring the expertise of both disability, mental health and aged services.
- the factors that affect how much support people get and who decides this

The level of support must be a joint decision between the person with a disability, the family/carer, and the service provider. The level of support varies depending on the competency and confidence of the person with a disability. For instance, in supported employment, a person with a disability may feel confident & reject assistance prior to reaching an acceptable level of proficiency and competence in the workplace. All parties involved will need to come up with a consensus, keeping the person with a disability's interest & needs in the centre.

- how to ensure that any good aspects of current approaches are preserved

The holistic and person-centred approach needs to be kept in the new scheme. Any current innovative practices around a transdisciplinary approach as explained above where various services from different steams work collaboratively with each needs to be expanded and supported. As the ageing population grows, more and more chronic and complex cases will be seen and this type of approach will be very beneficial and necessary.

- what to do in rural and remote areas where it is harder to get services

Incentives to assist the expansion and retention of their workforce, paid and unpaid. Financial assistance as service delivery will cost more, e.g. greater driving distances. Part of the solution is for all levels of government to support the national wage for community services worker to be increased.

- reducing unfairness, so that people with similar levels of need get similar support

There needs to be a transparent assessment system, that works compatibly with a holistic and person-centred approach.

Supporting local, smaller services, with tremendous local knowledge by eliminating the competitive tendering system.

- getting rid of wasteful paper burdens, overlapping assessments (the 'run around') and reducing duplication in the system

A national computerised intake system can help simplify the process and reduce the pressure on the overloaded system.

- how to finance a new scheme so that there is enough money to deliver the services that are needed and provide greater certainty about adequate care in the future

No feedback.

- the practical aspects of a scheme that will make it work, such as how existing arrangements would fit into a new scheme, how to manage risks and costs, and ideas for attracting people to work in disability services.

Recruiting people to work in the disability sector needs to be channelled into national, regional and local marketing and awareness-raising campaigns. The school system needs to take responsibility into exposing the younger population into the merits of working in the disability sector, e.g. rewarding, flexible, varied. Skilling the workforce and raising the award pay rates are other strategies to build the sector.

- how long would be needed to start a new scheme, and what should happen in the interim.

The current sector needs at least 5 years of change-over to ensure continuity of high quality services. It can be divided into 3 phases.

The first phase can focus on education and training. The second phase can focus on guided implementation. The third phase is the independent implementation.