

Submission to:
Disability Care and Support Inquiry
Productivity Commission Issues Paper – May 2010
Part B

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13 June 2010

PART B

How should the scheme address disability associated with natural ageing, and why?

See PhD thesis/work Margaret Cooper – LaTrobe University

For UK perspective: Conference - Geographies of Disability and Ageing, July 13th -14th 2010 Lancaster University; The RGS/IBG Geography of Health Research Group is running a mini-conference focused around Geographies of Disability and Ageing. The aim of is to engage with debates increasingly being raised within health geography, but also more broadly within disability studies and critical gerontology, that disabled and frail older people are often treated as mutually exclusive groups despite the fact that a) impairment rises with increased age; and b) many issues around the body, stigma, exclusion, dependency and independency, care versus independent living and the social construction of disability and old age run in parallel.

-UK appear to be having the same discussions

-raise eligibility of support in disability/impairment area to 75 years of age for acquired injuries. 65 is too young for someone that has acquired a serious and permanent impairment and has a high level of support need, to be forced into a nursing home because restricted community-based entitlements available through the aged care sector don't meet need. At 65, individuals still have a lot to contribute socially, with experience and life knowledge, even if they may have acquired a serious impairment. Also, in these situations, aging partners of people acquiring a serious impairment would not be able to physically take on any intensive level of support needs, and unless younger family took on the support load, these individuals would be forced into aged care facility.

An extension of age eligibility, upwards to 75 years of age, would see a more extensive allocation of support provided to individuals in this 65-75 y/o age bracket where a gap in eligibility to high-level community-based support has been shown to exist.

What implications would the resulting eligibility criteria have for people outside the system?

Individuals 75 years and younger who had acquired a serious and permanent impairment would be gain eligibility to support services within the national support services scheme

What have been the experiences overseas and in Australia with individualised funding, including their impacts on outcomes and costs? What lessons do these experiences provide for adopting this approach as an element in a national disability scheme?

-see references:

Prideaux, S., A. Roulstone, et al. (2009). "Disabled people and self-directed support schemes: reconceptualising work and welfare in the 21st century " Disability & Society **24**(5): 557-569.

O'Donnell, C. (2000). "Motor accident and workers' compensation insurance design for high-quality health outcomes and cost containment." Disability & Rehabilitation **22**(1-2): 88-96.

Ottmann, G., C. Laragy, et al. (2009). "Experiences of disability consumer-directed care users in Australia: results from a longitudinal qualitative study." Health and Social Care in the Community **17**(5): 466-475.

Are there ways other than individualised funding that empower people with disabilities and their families?

-having a fully accessible built environment provides empowerment. Where individuals with mobility impairments are given the capacity to move freely and with choice through the built environment, including travel on accessible transport and living in an accessible residential housing, their rights to social inclusion are acknowledged. Access to the entire built environment also meet national anti-discrimination requirements and Human Rights requirements as prescribed by the United Nations Convention of Rights of People with a Disability (CRPD). Full access to built environment would serve to empower people with impairment in providing choice and flexibility of movement. In addition, improved access to the built environment would in some cases, see a reduction in the need for formal support provision where an individual with an impairment would not need support to navigate the built environment/transport system/any residential housing, but could do so independently.

Are there any services not provided now that should be part of a national disability scheme?

At a broader level, more long-term cognitive and physical rehabilitation for people with impairment, inclusive of those born with an impairment, acquiring an impairment or diagnosed with a degenerative medical condition. This would include funding for capacity to explore new areas of rehabilitation such as neuroplasticity of brain, long-term fitness and strength building physio or hydrotherapy. Access to these schemes would work towards improving cognitive and physical function over the life course of an impairment, rather than seeing decreased cognitive and physical function over the life course of impairment which are current trends.

Adopt world best practices in rehabilitation.

How would services be structured to increase the likelihood of participation in work and the community?

Introduction of ISPs would provide flexibility within allocation for work and community needs. Attendant care would be rostered around work requirements, and if required, allocation of support services to support community inclusion increased.

How could innovation be encouraged?

What is the role of research and innovation in a national disability scheme? How could it be promoted, and who would do it?

Innovation and technologies are vital. Innovation and emerging technologies can provide increased physical independence and functional capacity that can improve quality of life and reduce formal support requirements needed with some daily tasks. They can provide pathways to improved social inclusion, increase physical mobility and provide critical advances in means and forms of communication.

As with availability of advanced and ongoing rehabilitation, access to services that support the advancement of innovation and technology need to be made available to purchase within the support allocation.

At a government level, increases in research and development funding in innovation and technology (and advanced rehabilitation) to support development in these areas, also ensuring there is knowledge transfer of new innovations and technologies into disability sector so new innovations and technologies can be applied at a day-to-day level.

What are the obstacles to a cohesive package of disability services, where do the problems most arise, and how can they be fixed? What processes might be needed to fix them?

Allocations received need to be coordinated and run from a single scheme, on a single platform and through contact with a single caseworker (or small team of caseworkers). A nationally funded scheme needs to be truly national, and bits of funding shouldn't be available from a different scheme here or there, or at a different level of government. Support allocations Services provided through HACC (Home and Community Care) would thus be available only to aging citizens, providing support services that enable them to remain living in the community longer and supporting Aging in Place policy objectives.

How could a national disability scheme be used to leverage greater community contributions to the care and support of people with disabilities and their

families?

Some investment could be made by community contributions in residential housing stock required for people with impairment, with reduced rent if available

Increased social education on need for all members of community needing to take on a role in supporting disadvantaged groups.

Maybe scheme could provide incentives/sponsorships for employers/social groups advancing community participation of people with impairments (depending on resource availability).

Scheme would need to take on state-based transport and workplace safety advertising campaigns and workplace safety checks to ensure community education on safety and injury prevention continues.

Who would be the funds manager? What should be the investment strategy?

Scheme would employ own expert team to manage scheme's investment strategy, overseen by auditors, to ensure long viability and sustainability of scheme, with demonstrated interest, expertise and commitment in wanting to see success of the scheme and with strong links to investment sector.

What kind of information gathering system about outcomes, costs and individual records should be developed, how would it be run, and how long would it take to develop? How would privacy concerns be managed?

Annual reviews and monthly statements on allocation usage would provide extensive data records, so an information management system platform with capacity to take onboard and collate these attributes would need to be developed. This would include information received through utilisation of Human Rights instruments and collection of qualitative data.

A national scheme would more accurately be able to determine and measure unmet need.

What would be the efficiency costs of the financing method associated with a new scheme and how does that affect the choice of method?

Less duplication by each state of same tasks in policy development, accounting, data collection, reporting and auditing. Funds saved would be directed towards increasing allocation.

Single platform of funding with single scheme would improve transparency and accountability, and reduce any potential issues of cost shifting between levels of government, improving uniformity and overall equality of

support provision.

Increased scope and resources for a more strategic early interventions to ensure improved long-term physical and cognitive function and in turn, improved capacity for social inclusion.

To what extent could a new scheme produce cost savings (or other offsets) and what design of the scheme would be likely to maximise these without limiting service delivery?

How could the benefits of various scheme options be qualitatively or quantitatively assessed?

Again, a single national scheme would see data from utilisation of Human Rights Instrument and qualitative data from annual reviews utilised to assess and measure service provision. During annual review, individuals could be given opportunity to provide any feedback about scheme.