City of Port Adelaide Enfield
Submission to the
Australian Government Productivity Commission Inquiry into
Disability Care and Support

City of Port Adelaide Enfield is a local government organisation and HACC service provider in the north-west to north-east of Adelaide metropolitan area. This area encompasses some of the most disadvantaged communities in the nation, along with a very diverse multicultural community.

1. Portability of services. The portability of services when people move is an ongoing issue. Geographical boundaries of agencies/services often create issues /dilemmas for people who move into different regions and maintaining ongoing supports can be compromised. Liaison and responsiveness between service providers across regions and services to ensure service continuity needs to be streamlined. Diagnostic criteria can also be problematic and restrictive in that a primary diagnosis can limit ready access to other services (eg individuals with dual diagnosis). In some instances there is a requirement for the local provider to re-diagnose rather than accept the diagnoses of other professionals who may have been working with the client for a period of time. This is counterproductive and only serves to put barriers in the way of effective service access..

2. Interaction between disability support and aged support. Clients report there are barriers and differentials of service provision between the two service systems which impact on people's ability to transition from disability to aged care services. Clients with known pre-existing disabilities are likely to have elevated service needs compared to the general population and if they have been stabilised through disability services, it is important that the change of funding stream does not disadvantage them. The transfer between these two sectors needs to be seamless and should not require the clients to navigate the system.

3. Funding models. While the consideration of "fund-holding" type of model (where the client holds the funding and decides how it is best utilised) offers some benefits in terms of appropriateness and acceptability of services to the client, there are a number of dangers inherent in this model.

If the service provision is open to family members or non-professional carers, there is potential for abuse and exploitation. There are also issues about how appropriate skill and service delivery would be monitored and how administrative / workplace functions such as Workcover, OHS standards, pay rates etc would be overseen.

There are a number of smaller NGOs who provide an excellent service to clients. The fund-holder model means that they will be unable to predict their income and hence unable to budget and plan their business appropriately. The current model whereby service-providers are allocated a certain amount of funding but are required to comply with certain accreditation standards and have the flexibility to respond according to demands, while not perfect, does provide a business model for agencies, job certainty and a career path for people working in the disability service industry.

4. Advocacy Services. Council would like to reiterate the importance of advocacy services being available to people with disabilities and that barriers to access for these services such as language, cost, distance, awareness (promotion) be addressed to ensure that clients have options available to them to address any issues that might arise as the result of services, lack of services, or changes in services. Advocacy training for people with disabilities, their families, staff and volunteers needs to be considered which would enhance people's understanding of rights and responsibilities.

5. Proactive vs Reactive Service Model. Individuals placed on an "inactive client" list, with no regular supports, can reach a point of crisis (health, financial, social etc.) quite rapidly if not regularly monitored in some way. Whereas some occasional but regular contact (even by phone) may identify concerns or warning signs for a looming crisis. Maintaining a proactive model of support could minimise issues of concern. Crisis prevention (secondary and tertiary prevention) is always more effective, more cost-effective, easier to manage and more satisfying for the client than a response which requires the client to be in crisis in order to be accepted or reactivated for services.

6. Accommodation. Prioritising services is challenging yet there would appear to be a lack of diverse accommodation services & accompanying models to meet the unique needs of people with disabilities. The gap for people moving from hostels and supported residential facilities (SRFs) to independent living, often flats or share houses, is often too significant and problematic. Opportunities for individuals to develop independent living skills in accommodation such as hostels and SRFs are very limited. After the novelty effect of the new accommodation has diminished, support services may be reduced, issues of social isolation/loneliness can arise, and the limited independent living skills of individuals become more apparent. Models of transitional accommodation aiming towards independent living need to be developed.

Funding bodies need to realise that there are a small number of clients who may require intensive service provision for the rest of their lives in order to remain stable in the community. This is the price of de-institutionalisation. For these few clients these services need to be available and responsive, and not time-limited. This service level needs to be specifically funded, or they will absorb all available funding and services. Despite the costs involved, it is still more cost-effective both financially and in terms of human lives, to provide the services than to enact a crisis-response model.

7. Transport. Another service gap is transport. People with disabilities often do not have their own private transport and subsequently depend on public or community transport systems. The lack of cheap and accessible transport continues to be a barrier for community access, employment, social and recreation options even attending health & medical appointments. Transport options for people with disabilities needs to be a major consideration, if community inclusion and participation are to be achieved.

8. Staff Training & Qualifications. The need for some minimum standardisation of qualifications/training for people working in the disability industry is required. There are different standards across states, and we should be aiming to increase the standards and professionalising the sector, rather than diluting or

reducing standards. Ongoing standardised training for disability sector staff needs to be incorporated. The sector needs to attract and maintain qualified and experienced staff and this will need to be matched with more attractive remuneration & conditions.

9. Navigating the System. People lead complex lives and have multiple needs that need to be met in order to live fulfilling, safe and productive lives in the community. Unfortunately for service providers and funders, a one-size-fits-all approach will not meet the needs of the various clients we encounter in the community. Many of the services required by clients (income security, safe appropriate housing, accessible health services, safe accessible transport, various home assist type services, social activities etc) are provided by different providers and funded through different government agencies. It is important for effective service provision and in order to produce the desired outcomes, that this mix of services is easily navigated AND that assistance is available for clients to navigate the system. Otherwise those most at need, whom will be unable to work through the system, will "fall through the gaps".

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