LEISURE CONNECTIONS ASSOCIATION INCORPORATED

SUBMISSION TO THE PRODUCTIVITY COMMISSION - DISABILITY CARE AND SUPPORT ENQUIRY.

ORGANISATIONAL VALUES

Leisure Connections Association Incorporated was founded in January 1993 by a group of parents who were opposed to the traditional practice of congregation and segregation. As we refused to use these services our sons/daughters were with us 24/7. We held the firm belief – ***Our sons/daughters were part of our families and were entitled to be part of their community, and therefore should not be "herded in a group" away from the community.***

Experience has shown us that the old adage – *They like to be with their own kind* – is not true. Our sons and daughters want to be with the people they love and who love them which not necessarily is other people with a disability.

We decided to target recreation because people are enjoying themselves and with a common interest there would be more likelihood for successful inclusion. Therefore we founded Leisure Connections Association Incorporated. Leisure Connections Association Incorporated supports people with disability to access ordinary community recreational facilities of their choice. We match the support person to the interests; age and culture of the person using our service.

Our mission statement says it all –

Recreation and Leisure are an accepted an integral part of the Australian way of life. Leisure Connections Association Incorporated will assist people with a disability to share equally in this experience.

As an organisation we strongly support the idea of a National Disability Insurance Scheme where the emphasis is taken from **the welfare scene to an entitlements scene.** Every person is different and we all have different gifts and talents which make up the whole person and a disability is only **part** of the person. Our current system does not recognise this and groups people together because of their disability and this builds dependency. Our experience has been that, given individualised support, many people have been able to develop skills in their recreational interest and become independent of our support. It does cost extra initially but the end result is cost saving and the boost in confidence of the person being supported is immeasurable.

We do support people with varying degrees of support and acknowledge that some people with really high support needs may never become independent of our support but that does not mean that we limit their capacity to grow.

As we are a family governed service and very dependant on voluntary support we have chosen to only address the key questions in the issues paper.

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

Surely the answer should be anyone on a disability support pension. We acknowledge that there are many people on disability support pensions for questionable problems – e.g. back problems but undoubtedly people born with intellectual disability should undoubtedly be one of the key focus groups.

People with an acquired disability through accident or illness would also need to be included in the focus group. The potential of someone acquiring a disability could be selling point.

Which groups are most in need of additional support and help?

Within each disability group people have varying needs, so support should be according to the need of the individual.

Without a doubt people with intellectual disability are among the most vulnerable people in our society. They need help in almost every aspect of their lives.

The kinds of services that particularly need to be increased or created.

There is a need for responsive, individualised and flexible services who will listen to the person and his/her family/advocate and spend time in person centred planning. Services must learn to look at **“*what is best for the person not what is best for the system”*.**

One on one support does cost more initially but over a few years (and it does take time) does produce cost savings to the funding body and more importantly increases the independence and self confidence of the person.

Ways of achieving early intervention.

During pregnancy parents have dreams for their unborn child. When they discover that their child has a disability that dream candle flickers. Then they search for the “magic wand” and visit all the therapists they can find. Finally most parents accept the inevitable and try to get the best life for their child and then the candle can burn brightly again.

This is a crucial time for families. This is the time that they should receive encouragement to believe that their son/daughter may aspire to an ordinary life. This way of thinking should be included in the training of early childhood professionals both health and educational. The expectations bar has to be lifted. People do rise to expectations.

How a new scheme could encourage the full participation by people with disability and their carer’s in the community and work.

For people with a disability to be accepted in the community their behaviour needs to be as normal as possible. How can a person learn normal behaviour when they are continually placed in groups of people with behavioural problems? They have no role model. Individual support out in the community is how and where they can learn behaviours that will assist them to fully participate in their community. When people with disabilities move around in groups in the community there is very limited opportunity for interaction with the public and it can portray a negative image of people with a disability. When providing one on one support in the community our workers are trained to send a message to the community that ‘I am enjoying the company of this person and value there capacity to fully participate in their community.’ This gives the opportunity for members of the public to look beyond the disability and see the real person.

We have the same philosophy about sheltered workshops.

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)

Individualised funding – where the person has the ability to buy the service they desire. This funding must be attached to the person so that they can transfer to the service which most meets their needs. Funds should be attached to the person and transferable so that they can move to another service should expectations not be met. This moves the power to the purchaser.

There should be an option for families to manage the funds or for the funds to be managed (or on behalf of the person) by a preferred service provider.

Person centred plans would be developed with the person and family/advocate. When this process is followed decision making is back in the hands of the individual and their family/advocate.

The factors that affect how much support people get and who decides this.

With Leisure Connections the person we are supporting decides this - e.g. a gym session – one hour plus transport to and fro – possibly two hours. A fishing trip could be four hours. The people we serve decide on the activity and the activity dictates the hour of support required. Then we look at what level of support that person requires to participate in the activity and ensure the Support Person is trained accordingly.

People will often change their recreational activity and thus the hours of support and level of support change.

The emphasis is on an **ordinary life** and recreational interest may change as with any of us.

How to ensure that any good aspects of current approaches are preserved.

Ask the people who receive the service!!!

Leisure Connections conducts a regular Service User Satisfaction Survey.

Staff are required to provide feedback on their time sheets.

We have six monthly reviews and planning meetings with staff and families where we look at what is happening at the activity; what is the interactions with others; what can be improved. We then plan with the person and his/her family for the next six months. All support is geared to an ordinary life with expectations placed on everyone. This methodology provides us with what people feel are good aspects needing preservation.

What to do in rural and remote areas where it is harder to get services.

This is where individualised funding really shines. With individualised funding people can buy support locally in regional and rural areas. With proper support children could attend their local school, join a club, do voluntary work, etc. Local area coordinators could arrange this. As we provide our service in a regional area there would better qualified people to advise on remote areas.

Reducing unfairness, so that people with similar levels of need get similar support.

The current system is a lottery where some people receive proper support and others miss out. A national disability insurance scheme could ensure that all people with similar need receive similar funds.

Getting rid of wasteful paper burdens, overlapping assessments (the 'run around') and reducing duplication in the system
The requirements of the current quality system in Queensland to have both internal and external audits every year has increased our paper burdens enormously . A system of an external audit every three years with an internal audit in the two intervening years would half our paper usage in this area. These internal audit reports go to the external auditor anyway. This would also reduce our audit costs by about $8,000 in the two years out of three as well as the paper costs.

How to finance a new scheme so that there is enough money to deliver the services that are needed and provide certainty about adequate care in the future.
We believe that the proposal to introduce a levy similar to Medicare is a good way to start. It is imperative that the current level of government funding is sustained and that governments continue to include disability in their annual budgets.

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.
Individualised funding and person centred planning puts purchasing power in the hands of the Service User which enables them to plan and choose the service that best suits their needs.

There will be risks and costs associated with the scheme however Leisure Connections believes that there are much greater risks and costs if it isn't introduced.

Leisure Connections is totally opposed to disability specific qualifications. Our experience of 17 years has clearly demonstrated that employing people with the specific skills that relate to the support required has been most successful. E.g. If we are looking for someone to support someone to go fishing we employ a fisherman. Traditionally a lot of university students are employed as casuals in the disability field for their youth, enthusiasm and fertile minds. As they would be concentrating on their university studies they wouldn't be interested in studying for qualifications in disability thus, that source would dry up. Recent and continuing wage rises is attracting people to the industry.

How long would be needed to start a new scheme, and what should happen in the interim.
It is absolutely essential that this scheme has the support of all political parties. Once this has been obtained the scheme should move as quickly as possible. Possibly a pilot scheme in each state would allow any initial teething problems to be identified. These pilot schemes should only be long enough to enable a national scheme to work smoothly.

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