



# **Cairns Community Legal Centre Inc**

16 August 2010

Disability Care and Support Inquiry  
Productivity Commission  
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## **Inquiry into Disability Care and Support**

### **Background to the Disability Discrimination Legal Service ('DDLS')**

The DDLS is a legal service operated by the Cairns Community Legal Centre Inc ('CCLC'). The CCLC is a non-profit, community based organisation run by volunteers and paid workers with Commonwealth and State Government funding.

The DDLS provides legal advice and case work which relates to disability discrimination complaints under the Federal *Disability Discrimination Act 1992* ('DDA') and the Queensland *Anti-Discrimination Act 1991* ('ADA').

Community education and awareness-raising activities as well as law reform work are also an important aspect of the DDLS.

### **Our submission**

From feedback from our clients and from public consultations attended by the DDLS solicitor on various disability related issues, common themes of concern have emerged: lack of available information, lack of services generally, gaps in services, lack of public awareness about disabilities generally, lack of coordination and cooperation between various departments, stigma and discrimination against people with various disabilities.

Based on that feedback and consultation, we put forward views on what we consider should drive any new disability care and support scheme. We leave economic issues to the experts.

### ***Scope of new scheme***

We note that the National Disability Strategy Consultation Report: Shut Out (NDS Report) acknowledges the need for a whole-of-Government, whole-of-life approach to disability policy. We fully support this approach.

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Taking a narrow approach to providing care and support only for people with severe or profound disabilities in a new scheme to be developed, is inconsistent with the Government's obligation under the United Nations Convention on the Rights of Persons with Disabilities (CRPD). It would not address current, ongoing shortfalls in providing necessary support for persons with a wide range of disabilities which would not qualify under that narrow approach, particularly those with mental disabilities.

Having a separate scheme for persons with severe or profound disabilities would have the effect of isolating funds and services in 'silos' which are unavailable to persons with slightly different diagnoses or support needs.

### ***Delivery of care and support***

We recommend that a matrix detailing a standard level of support required throughout a person's life, consistent with the needs arising from identified individual or combined disabilities, be developed and agreed to by all levels of Government, reflecting what we as a civil society consider each person with a disability is entitled to receive (whether it be personal care, assistive devices, employment support, respite care or other).

That support then has to be provided, whether by Government agencies or other properly funded non-government service providers. Where non-government providers are not available (for example in regional or remote communities), Government has to step up and invest in providing the necessary support directly.

In delivering an agreed level of support, certain standards relating to the care and support should be adhered to:

- Each person receives a service/support that is designed to meet, his or her individual needs and personal goals.
- Care and support is aimed at maximising the person's capacity for independence and resilience.
- Each person has the opportunity to participate as fully as possible in making decisions in relation to the care and support he or she receives.
- Each person's right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.
- Each person is encouraged to raise, and have resolved without fear of retribution, any complaints or disputes he or she may have regarding the service provider or the care and support provided.
- Each Government agency and service provider adopts quality management systems and practices that optimise outcomes for support recipients.
- Each person employed to deliver services to recipients has relevant skills and competencies.
- Government agencies and service providers act to prevent abuse and neglect and to uphold the legal and human rights of persons receiving care and support.

Such standards will guide issues such as who makes the decisions and what services are provided.

It does not matter where or how the illness or injury originated, whether genetic or congenital, by accident or malpractice (medical or industrial), through effects of time or lifestyle, or whether relatively minor or catastrophic, the person with a disability requires care and support to reach their full potential in all areas of life, including education, employment, and all aspects of social inclusion.

We recommend that various current funding schemes be absorbed into one national disability scheme, but maintain discrete reporting obligations.

Cost of providing care and support can be aligned with various funding streams (such as motor vehicle insurance, workers insurance, professional indemnity insurance, levies on businesses, Medicare levy etc.) to monitor that premiums charged are at appropriate levels.

### ***Coordination***

We recommend that one contact point be established within Centrelink for people with disabilities to access support, and a case manager appointed who has access to information on, and authority to activate, all government services, funded non-government providers and community based assistance. That case manager would have to be appropriately trained and skilled in assisting clients within a particular range of disabilities. It takes time to build up knowledge, skills and experience relevant to quite disparate conditions. We would expect each case manager to have a portfolio of clients they are assisting.

Having a case manager to coordinate support and funding through the advancing stages of the client's life will prevent people in need 'falling through the cracks'. For example: children just starting school, or transitioning from school to employment, or from supported employment to open employment, will have their changing needs addressed with a minimum of disruption. A foster child with a disability will not be left to fend for themselves when they reach the age of 18 years. A person with episodic impairment will be able to access appropriate support in a timely manner without having to abandon the support network in joining open employment.

Processing of applications for support and subsequent review, needs to be streamlined in line with the actual disability/condition of the applicant and whether that condition is temporary or life-long. For example: it is distressing and offensive for a parent of a child with cerebral palsy or a severe intellectual disability to undergo a three month or even a 12 month review, and to be asked if the condition has improved in that time or is likely to improve in the next review period.

### ***Early intervention***

There is no question that early intervention in the diagnosis of and treatment/support for disabilities is the most cost effective way of delivering, and reducing the level of dependence on, life-long support to people in need. We recommend that closer cooperation be developed between the Health and Education departments and FaHCSIA to diagnose and support children with various disabilities so as to maximise the potential and achievements of all our young people. The process needs to be simplified and streamlined, and backed up with a commitment to adequate funding. The burden of identifying the cause of and sourcing recommended treatment/support for a child's disability should not fall solely on the shoulders of its parents.

Recognising that the great majority of people with a disability are cared for at home, we recommend that the various departments coordinate efforts and funding to provide a proper level of support to enable that care to continue. A relatively small investment in support (such as respite care or upgrade of assistive devices) can have a marked improvement of the quality of life of all concerned. It is also cost effective in delaying the higher level dependence on institutional care.

### ***Contribution***

As for most Government benefits, we are of the view that care and support under a new scheme should be means tested, though at a reasonably high level. Those with comfortable means to provide

for their own support, should do so and only become eligible for Government assistance if their circumstances change.

### ***Conclusion***

We commend the Government for advancing the findings in the NDS Report and undertaking this inquiry. We strongly urge the Commission to take a holistic approach in considering a whole-of-government, whole-of-life approach to disability care and support.

We thank you for taking the time to consider our submission and ask that you contact us should you have any queries

Regards

**CAIRNS COMMUNITY LEGAL CENTRE INC**

Per:

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