

17 August 2010

Disability Care and Support inquiry
Productivity Commission,
GPO Box 1428
CANBERRA CITY ACT 2601

Dear Productivity Commissioners

**SUBMISSION TO THE PRODUCTIVITY COMMISSION INQUIRY INTO A
LONG-TERM DISABILITY CARE AND SUPPORT SCHEME**

I am writing on behalf of the Darebin Disability Advisory Committee (DDAC). DDAC acts as an advisory body to Council on issues relating to access and inclusion for people with a disability in Darebin. DDAC is chaired by a Councillor and its membership is made up of community representatives with a disability, carers, local service providers, and relevant Council staff.

We would like to commend the Productivity Commission for its efforts to date in leading an inquiry into the future of care and support arrangements for people with a disability and their families. We are pleased to have the opportunity to be a part of this important national discussion.

To set some context there are approximately 25,000 residents in Darebin with a disability, with another 4000 residents identifying as a primary carer of a person with a disability. Physical disability is the most prevalent form of disability in Darebin followed by sensory conditions and psychological and psychiatric conditions.

This submission will be addressing some of the key questions raised in the Productivity Commission Issues Paper May 2010.

1) Who should be the key focus of a new scheme?

The Issues Paper proposes that the scheme will only be available to people with significant need of support. We recommend the scheme cater for all individuals with a disability regardless of level of need. Providing services based on highest need would inadvertently prioritise people with high physical support needs. Taking this approach may cause people with mild to moderate disabilities to fall through the gaps and result in even higher levels of social isolation.

All people with a disability should be entitled to services and funding based on a holistic assessment that reflects the different aspect of a person's life and support systems, which encourages social participation of all people with a disability regardless of support levels.

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

More work needs to be done to bridge the service gap and build confidence and knowledge among people from culturally and linguistically diverse and Indigenous communities. There needs to be more culturally specific information and services so that people and communities have information and choices available to them.

There also needs to be more services available for people with a dual diagnosis of disability and mental health issues. People with a dual diagnosis often don't fit neatly into either category and thus fall through the gap. There needs to be better coordination and delivery of services between the disability and mental health sectors.

Recommendations to bridge these gaps could include setting up cultural specific advisory committees at State and Federal levels to guide policy and service delivery, greater funding allocation and more community engagement and involvement between the service sector and particular population groups.

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

There needs to be an increase in respite hours and options for carers and families, as well as enhanced choice and flexibility to access facility based respite, community based respite, emergency and over night respite and in-home respite.

In addition to respite more support needs to be provided to carers to reassure them that their family members will be cared for in the best possible way when they no longer have the capacity or are deceased. Due to a lack of services and a lack of confidence in the service system too many carers are forced to continue their caring, unpaid physical and psychological duties, beyond their years.

Carers in Victoria alone save the State Government more than \$7.8 billion dollars each year in unpaid work, which often sees them amongst the most socially isolated people in the community. Research indicates that carers experience significant emotional, physical and social impacts, consistently reporting higher rates of depression than the general population.

Case Management and funds management will play an integral role in supporting individuals and families through the introduction of a new insurance scheme. In particular if funding is allocated through Individual Support Packages brokerage services should be made available to people who choose not to administer their own funds. In addition, individuals receiving support should also be able to access additional funding for personal supports such as language interpreters, sign language interpreters, brokerage services, advocates, and negotiators.

5) How a new scheme could encourage the full participation by people with disability and their carers in the community and work.

Providing services that are flexible, timely, individualised and that increase choice will build and encourage greater participation, empowerment and inclusion in ones life and community. This will therefore allow carers to have greater confidence in the system and more resources to have the choice to reduce their caring role.

Increased early intervention services will support children with disabilities from a young age where a supportive environment is crucial to one's development. This will ensure children with a disability have the same opportunities as their peers and will set them up for the transitions and decisions they will experience as they age. Providing timely services earlier on will also reduce the need and cost for intensive or long term services later on in one's life.

Most importantly a new scheme will see the service market being driven by its consumers, people with disabilities. This in turn will see people select services who deliver quality, choice and flexibility in accordance with industry standards.

6) How to give people with disabilities or their carers more power to make their own decisions.

Greater flexibility of how funding packages are used would give people with a disability and their carers more power to make their own decisions. Greater flexibility with funding criteria would provide people with the power of choice and increased opportunity to plan for the future. Unspent funds should be able to be carried over from one financial year which would provide greater flexibility for individuals to save and plan for big purchases and emergencies.

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

Assessments and eligibility are the key factors that affect how much support people receive. The new scheme proposes making decisions regarding eligibility using a means testing approach. Concerns raised by local people with a disability regarding this approach, is that it can exclude people who come from different family and support settings.

Means testing also impacts on people with a disability who are employed. Those who are seen to be earning 'too much' will receive less service funding than people who work less hours or not at all. Earning an independent income should not necessarily make a person ineligible or limit the services they receive.

Assessments should also take into account the care capacities as well as constraints of carers when allocating services and funding. The broader family network should be taken into consideration, there may be other children needing to be cared for, work commitments, family structure, and cultural considerations in providing care and location of where the person/family is situated in relation to services required. The service system needs to recognise carers as individuals with their own needs, within and beyond the caring situation.

12) Getting rid of wasteful paper burdens, overlapping assessments (the 'run around') and reducing duplication in the system.

A concern with the current service system which can be frustrating for service users is the inability to move geographically and still receive the same services in a timely fashion. There is a need for more consistency across the nation's services to provide flexibility of choice and timely services.

Case Management should be linked to LGA's or regions so that there is one contact person who is knowledgeable about a person's local community and can support them with the range of needs that they may have. The case manager would also be able to assist with referrals and service engagement and if someone moved would be able to transfer information on their behalf to the new services.

13) 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

An insurance scheme could be funded through a number of different avenues including income tax revenue, increased margin on Medicare Levy, introduction of a new tax or premium and contributions from families and carers and possible taxation incentives.

Alternatively funding from the cutting of the Federal Government 30% Rebate on private health insurance could be utilised.

Historically personal financial contributions have limited a person/carers ability to receive top up for services required. If the scheme allowed for individuals to make personal contributions this would not only support the overall scheme budget, but also lighten the burden in times of emergencies and better support long-term planning.

One factor that may have a significant impact on how the scheme is funded and how much funding is available is the increase take up of Individualised Funding Packages. Attention needs to be given to the amount of people currently on ISP's, a future forecast of ISP take-up and how much of the total scheme budget ISP's will use up.

15) How long would be needed to start a new scheme, and what should happen in the interim?

Any new scheme should be phased in over a number of years and be implemented through a series of community forums, information and resources and communication from the Government to the service providers and consumers.

We thank you for the opportunity to be a part of this important national discussion and are available to clarify any points made through our submission.

Yours sincerely

**Cr Vince Fontana
MAYOR**

**On behalf of
Darebin Disability Advisory Committee**