

Inquiry into Disability Care and Support
Productivity Commission
GPO Box 1428, Canberra City ACT 2601

14 April 2011

Dear Commissioners,

We thank you for the opportunity to provide a submission to the draft report into Disability Care and Support.

About Inclusion Melbourne

Inclusion Melbourne is a not-for-profit organisation that provides services to people with an intellectual disability, helping them to create more enjoyable and rewarding lives and participate fully in the community.

Our vision at Inclusion Melbourne is for people with intellectual disability to live in an inclusive community, where everyone has the same opportunities to participate in community life and to take their place in society as respected citizens.

We believe our role as a disability support provider, is to encourage and enable people with disabilities to achieve and maintain a valued quality of life. We achieve this by supporting people to create highly individualised and flexible lifestyles based on their needs and desires. To achieve this we encourage people to participate in activities and develop relationships with people within their local community.

Our response

Inclusion Melbourne welcomes the Productivity Commission's draft report and is supportive of the directions it proposes. As highlighted by the commission, the current disability support system is underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports. Australians clearly deserve better.

We support the proposal to establish two schemes: that of the National Disability Insurance Scheme (NDIS) to provide insurance cover for all Australians in the event of significant disability; and a smaller scheme, the National Injury Insurance Scheme (NIIS) which would be a federated model of separate, state-based no-fault schemes providing nationally consistent lifetime care and support to all people newly affected by catastrophic injury. We do not intend to provide commentary on the most appropriate means of funding these systems.

Inclusion Melbourne strongly endorses the proposal that people could choose their service provider, with assistance where necessary. We appreciate that there would also be the option available to 'cash out' a support package (subject to conditions) and manage it at the detailed level - self-directing their funding. However, we recommend the establishment and endorsement of models such as microboards or circles of support that reduce the administration and 'burden' from a single family member or older person feeling that they are continuing to 'do it alone' and encourage greater participation, and therefore inclusion, of community members in the lives of Australians with a disability. These would sit alongside new models of assisted guardianship currently under consideration in a number of States.

One area of concern we would highlight is that of the emergence of for profit providers in an area largely provided by the community sector. Our concern is not the participation of for profit competitors – it is their focus on returning a financial gain rather than a social dividend that will result in community sector services to abandon community capacity building, community strengthening and volunteering initiatives in order to match the costs associated with pure individual support provision costs.

Evidence from Victoria, and its transition to individualised funding for people with a disability, is that community based organisations are undertaking fewer community building and development activities as more and more funds are tagged to an individual. While this may appear to contain costs within the system, it is at odds with the achievement of the recently released National Disability Strategy, a COAG initiative that seeks to maximise the potential and enable people with a disability to participate as equal citizens in Australian society. If we are to achieve that global vision, then any future NDIS should give consideration as to how governments, the community sector and the wider population can be encouraged to undertake and incorporate a range of community capacity development activities so as to reduce the formal costs in supporting people with a disability over time. This would be achieved via greater civic participation and greater adoption and modification of generic services, thus leading to a reduction and reliance on paid support at all times in order to participate within the community.

Inclusion Melbourne currently utilise over 170 volunteers to work with 70 people with intellectual disability, all of whom are in receipt of support packages from the State of Victoria. Through raising our own funds to support volunteering (including specialist staffing, recruitment, training, recognition and support costs) we expend approximately \$150,000 of funds to provide an annualised figure in 2010 of \$995,493 worth of additional support to the people we work with. This figure is derived from calculating the amount of hours Inclusion Melbourne supports a person, and then subtracting the funded hours we provide, and assigning the Victorian Department of Human Services 1:1 hourly support rate to the remaining hours provided. These volunteers provide a much greater gift than simply support for a few hours each – they provide a freely given relationship that cannot be achieved through paid staffing support. These relationships result in strong bonds that assist to connect people with a disability with their communities, neighbours, local businesses and in some cases, even their families. An NDIS that simply provides support hours to a person will never achieve this, and we therefore recommend the consideration of how such a scheme may also enable capacity building payments to be made to organisations who seek to build the strength and resilience of local communities.

Finally, Inclusion Melbourne believe that any reform of the disability support paradigm should also take into account the compelling evidence that people with disability are more likely to have poorer health than the general population - on a range of indicators. They are more likely than others to have poor physical and mental health and exhibit higher rates of risk factors such as smoking and being overweight. Those with severe and profound disability fare particularly poorly, as do people with intellectual disability. Therefore, we believe the productivity commission report should also consider the interface between health and social support systems, so that this reform also can in part, address quality of service, providers and staff, and the increased availability of quality health care services for people with a disability.

Yours sincerely,

Daniel Leighton
Chief Executive Officer