

**Every Australian Counts –
National Disability Insurance Scheme revolutionising disability supports**

**Karingal's submission to the Productivity Commission
Disability Care and Support Interim Report
April 2011**

Introduction

Karingal acknowledges the Productivity Commission on the breadth and depth of the interim report. The recognition that the 'system' as it currently stands is "inequitable, underfunded, fragmented and inefficient and gives people with disability little choice" and the message that a "*real* system for people with disability is required –with much more and better –directed money, a national approach and a shift in decision making to people with disability and their carers" are key points which are very welcome and they will provide the foundation stones on which we can all move forward.

The Productivity Commission's proposed implementation timetable is realistic without leaving people waiting forever for the new scheme to become reality. The 2014 pilot in one region will allow for "teething problems" to be identified and rectified and the 2015-2018 targeted groups will allow for some of the most vulnerable groups to be assisted quickly.

In addition to the proposed target groups identified to be brought on line from 2015 - 2018, Karingal would like to see the Productivity Commission investigate the feasibility of the following:

- releasing some new funding prior, to the implementation of the new scheme, to assist with the chronic unmet need in disability supports that will continue to grow until the NDIS is fully operational; and
- including indigenous and newly arrived communities in this target group.

Productivity Commission Information Requests

Chapter 3 Who is the NDIS for?

Aged Care and Disability Sector Interface

Utilising the pension age as the point of difference is to be commended as a 'keep it simple' approach. People with a disability under 65 years who move into Residential Aged Care (RAC) in order to have their accommodation needs met, will require ongoing access to NDIS supports as a "top-up" to RAC services.

People with disabilities residing in RAC in Victoria are not eligible to access the State funded aids and equipment program. RAC services do not have the funding available to provide highly specialised, individualised pieces of equipment and therefore people with a disability either go without or are required to self fund these

items. It is also of particular relevance to ensure that the person has a life outside the RAC service and has access to on-going therapy and disability supports that he/she may require.

Mental Health and NDIS Interface

The early intervention, proactive, preventative, long term outcomes focus of the general NDIS has particular relevance to the mental health area also. It is well known that early intervention and support for a mental health issue will lead to better recovery outcomes and a less “disabling” effect on the life of an individual and his/her family carers.

The treatment and support of acute, clinical mental health is best located in the health services system.

The ongoing, daily support needs of people with mental health issues are best met by having a person centred, consumer directed approach which will be more effectively achieved via a NDIS. This will enable people to take control of their recovery journey and their goals with the support of service models that have a strengths based, recovery focused approach e.g. Personal Helpers and Mentors Initiative (PHaMs). PHaMs works from a holistic framework that involves an integrated approach with clinical services, various community agencies, families and significant others.

Chapter 4 What Individualised Supports will the NDIS fund?

Artificial Limbs - Should be viewed as aids and equipment and where the limb enables function across life areas it is highly likely it will reduce dependency and ultimately decrease daily support requirements.

Higher Electricity Costs - The systems need to be nationalised so that current state-based discrepancies are removed. The provision of this support where required must be maintained.

Taxi Subsidies - With the early intervention, long term outcomes focus of an NDIS it is anticipated that some people with disabilities would be able to reduce their dependence on taxi travel as they gain the skills to travel more independently. For those whom independent travel is not an option then at least the minimum of the equivalent of the Mobility Allowance (if this is rolled in to the NDIS scheme) should be provided. For people with a disability the mobility allowance in conjunction with the Multi purpose taxi program (Victorian scheme) equates to approximately \$5,000.00 per annum in transport support funding. This needs to be seen as a minimum as people’s quality of life should not be compromised through lack of access to affordable travel.

Carer Payment, Carer Supplement, Carer Allowance, Mobility Allowance and Child Disability Assistance Payment should they fall within the scope of the NDIS?

The Carer Payment, Carer Supplement, Carer Allowance should not fall within the NDIS. Consideration should be given to the benefits of streamlining funding by including an allowance to replace the Mobility Allowance and Child Disability Assistance Payment within the NDIS.

Upfront Contribution Fee

An upfront contribution fee could easily become a barrier to people accessing support. Given that for most individuals it would be waived because 'natural supports' exceed the amount of the fee, it is questionable as to whether or not the process to administer such a fee would be cost effective.

Chapter 5 Assessing Care and Support Needs

Currently there is no one tool that is adequate or appropriate but there are many tools both Australian and International that could be pulled together to develop a comprehensive tool over 2012 and 2013 ready for trialing in the 2014 pilot.

While an assessment tool needs to be valid and reliable, if it is to have the confidence of those affected by it, its construction needs to be transparent, it needs to be critically and independently reviewed at regular intervals and the findings made public.

In 1992, the Victorian Department of Human Services constructed an assessment tool to determine levels of support under its 'Fairer Funding' program for people with intellectual disability attending day programs. This tool heavily weighted mobility factors in comparison to behavioural factors. The assessment tool was a bulwark to containing funding but lacked credibility for its proper function. Essential elements of a tool that is used accountably are transparency, independent and critical review, together with public reporting.

The Draft Report stated that 'rigour' is also a desirable feature of assessment tools. This is required to prevent any notion 'gaming' or overstating the extent of a disability by service providers or others for the purpose of receiving increased levels of funding (Section 5.4). It should be noted that 'gaming' may also apply to funders, particularly through indirect pressures applied to even 'independent' assessors for outcomes intended to contain funding. Training of assessors is not enough. There also needs to be a process that is transparent to both funders and funding recipients.

The NDIS will require one point of referral like the Aged Care Assessment Service and it will need to be as accessible, structured and formalised as ACAS.

Chapter 8 Delivering Disability Services

The NDIS will require the professionalisation of accreditation processes that measure quality of life outcomes across all service and support options. Consideration of the standardisation of quality of life outcomes across the human services sector would be a worthwhile exercise.

The accreditation process must include “drop in” monitoring for group/shared supported options (group/shared options could be defined as 3 unrelated people) including disability accommodation and day services and supported residential services.

People with lived experience of disability must form an integral part of the monitoring process and all auditors must be accredited and monitored e.g. JASANZ

Chapter 9 Disability within the Indigenous Community

Specifically targeted programs and initiatives must be implemented for both the indigenous and new arrivals communities. The focus of these programs must be culturally sensitive, locally available and have an early intervention, preventative and proactive focus.

Karingal urges the commission to consider adding the indigenous and new arrival communities to the target groups to be brought on-line from 2015-2018 as they are definitely fit the criteria of “groups most disadvantaged by current arrangements.”

Chapter 16 A National Injury Insurance Scheme

Whilst the rationale for introducing an NDIS and an NIIS appears logical (and should prevent some of the delays of trying to introduce one scheme across the Nation) we must ensure that the introduction of two separate systems does not lead to a continuation of the “haves” (compensable disability) and the “have nots” (non-compensable disability) system that has plagued the disability services sector for a long time.

If introduced, a NIIS must fund all catastrophic injuries irrespective of cause e.g. hypoxic brain injury must be covered.

The focus of an NIIS must be on the provision of life-long, medical and slow stream rehabilitation support for people with catastrophic injuries in addition to their disability support needs.

The notion of a review of the NIIS in 2020 is welcome.

Other Comments

Chapter 1 Clarifying ‘supports’ versus ‘services’ (Section 1.3, p1.9)

We should not institutionalize the term ‘support’ in DSO’s (Disability Support Organisations) to distinguish them from so called ‘specialist service providers’. As a “specialist service provider” we should not lose ‘support’ from our ‘services’. From the early 1980’s Karingal had a practice of using both terms and it was very much done deliberately in the sense of activities being ‘with people’ rather than ‘to them’ and ‘for them’.

Chapter 3 Using the terms ‘severe’ and ‘profound’ descriptors (Section 3.5, p3.11)

Families of many people with an intellectual disability would strongly support the inadequacy of some disability descriptors such as ‘core limitations’ commonly used but weak when applied to people with intellectual disability and other cognitive impairment such as acquired brain injury.

Chapter 4 The Role of Mainstream Services

Employment

Specialist work related programs such as Australian Disability Enterprises (ADE) and transition to work programs should be funded under the NDIS. The majority of the ADE workforce would meet the NDIS eligibility criteria. For these people it would streamline access to services in that they would not have to negotiate multiple funding sources.

Chapter 8 Safeguarding Quality

There are many models of services that history has demonstrated are not conducive to individuals achieving full citizenship. It is an imperative that the NDIS has safeguards in place to ensure that service models being proposed are rigorously evaluated and endorsed prior to implementation. It is important to note that the aged care sector has returned to large scale congregate care in order to survive; at the same time the disability sector are closing institutions.

Chapter 13 Workforce Issues

Workforce limitations associated with the supply of a competent and confident workforce is a reality today and will be further exacerbated by the increased demand for staff as part of the NDIS.

The support needs of people with a disability have and are changing with many people with high and complex needs associated with dual disability, health and behavioural factors. In addition to this, much of the work associated with individualised funding is undertaken in ‘uncontrolled environments’ in varying community settings with minimum supervision. Therefore, it is vital that the NDIS supports a skilled and well trained workforce who is fairly compensated for the complexity of the work that they undertake.