

RESPONSE TO THE PRODUCTIVITY COMMISSION'S

DRAFT REPORT

DISABILITY CARE AND SUPPORT

Submitted by: The Board of Directors

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INTRODUCTION

Hills Community Options Inc., is a not for profit disability support provider, funded under the National Disability Agreement to provide services in accommodation support, Day Options, in home support, Neighbourhood Links, specific life style and learning programs and recreational opportunities for persons with an intellectual disability as their primary disability. A number of our clients, being 47% per cent have a dual disability, that of a diagnosed mental health issue.

Hills Community Options welcomes the draft report on Disability Care and Support, and applauds the overall thrust of the report which recommends a National Disability Insurance Scheme. Such reveals an important shift toward recognizing disability support as an investment in people which calls for an immediate and substantial funding boost, whilst acknowledging the ability, independence and participation of people with a disability.

It is important also that the Productivity Commission's reform finds itself in context with the National Disability strategy, which will ultimately give effect to the UN Convention on the Rights of Persons with a Disability.

Nevertheless there are some small details which we believe require further exploration and thought and wish to make the following comments in relation to same.

A national scheme, as described is indeed long overdue and one which separates the roles of governance (being independent of but reporting to all Australian governments) and service provision will ensure better outcomes for persons with disabilities. The financing of the scheme is also of merit. The matter of control and choice of service and provider, attributed to the person with a disability, supported by adequate funding will ensure a life comparable with the rest of the community.

DISCUSSION

Specific Comments.

Chapter 3: Who is the NDIS for?

- **The three tiers of the National Disability Insurance Scheme**

There is apparent a large gap between the services of Tier 2, described as Information, Referral and Web Services, and that of Tier 3, referring to people receiving funding support from the NDIS. It would seem advisable to investigate the skills required to, following referral, access appropriate mainstream services, without some level of initial support. This would be particularly relevant to persons with low level sensory issues or those with a mild to borderline intellectual disability, who may be deemed able to maintain themselves without qualifying for an individual package. There are numbers of people in our community who find themselves involved in the justice system and on the edge who for the most part function, albeit it at a reduced level, but may currently be entitled to a limited service from

support providers. An implementation of a limited application of a program similar to the Local Area Co-Ordination would be beneficial for this group of people.

Chapter 7: Governance of the NDIS

- **The role of DSO's**

In an instance whereby a DSO and a Service Provider are one and the same, despite the fact that “Brokering services” would not be a function of a Service Provider who is acting as a DSO, there is still a strong possibility of a ‘Conflict of interest’ pertinent information, personal planning and in particular advocacy services. All of these services could be utilised by a DSO to direct people through their own service provision, and in addition create barriers to effective advocacy, if an issue arose. It would therefore be preferable to separate the two roles entirely, thereby resulting in effective co-operative relationships between DSO's and Service providers that would ultimately enhance outcomes for people with disabilities.

Chapter 8: Delivering Disability Services.

- **Private Providers**

There is obviously merit in an open market approach to service provision, but care must be exercised in relation to the application of this principle to the lives of people. People are rather different to products and require a system that ensures support. Traditionally, private providers who respond according to market values and pressures, do so from a perspective of sustaining their own business and improving outcomes for investors. As stated previously people are not products, nor are they like cans of fruit, that can be adjusted to suit market forces, but should be valued for themselves and responded to according to their needs. The not for profit sector has been able to sustain outcomes for people with disabilities for many years, despite the system being broken and insufficient funds available to achieve opportunity and development. In an environment which sets a package price for comparable services, the need of a private provider to satisfy investor demands, would of necessity result in a reduced final service to people with disabilities, because the output of people with severe disabilities is not likely to increase and improve profit margins. The disability sector currently espouses a “client focused” approach, that is the “raison d’etre” is to support the development of people with disabilities in a quality and self directed way. This approach is underpinned by a solid business model, rather than the converse of increasing business outcomes in preference to developing the person.

Chapter 13: Workforce Issues

- **Attracting Workers , Qualifications, working knowledge and career paths.**

The assumption in the report concerning the suitability of persons for employment in the sector, without adequate training, is of much concern.

One of the major issues relevant to the current workforce is the very low requirement for training and expertise.

This is of particular concern for those working with people with an intellectual disability, those with Autism Spectrum Disorder, sensory issues, communication disorders and cerebral palsy.

It is generally accepted in most states that a Certificate 3 in Disability is a minimum requirement, but experience has shown that this too is insufficient in that people with little or no appropriate training and development do not perform at a satisfactory level and require significant in house training and access to additional certificate training.

People with little or no formal training enter the sector with values that are inappropriate, particularly in relation to people with an intellectual disability, in that they are overly protective, tend to “mother” clients and thereby retard their development and learning. They come from a perspective of “doing for” rather than enabling and empowering clients.

The understanding of and inability thereby to implement specific models of practice in relation to, Person Centred Active Support, Sensory Integration, Intensive Interaction, Thinking Skills and Problem Solving methodologies is lacking and results in people actually “being stuck” without the possibility of further development and acquired learning. There are too ever increasing requirements in terms of effective reporting, quality delivery and matters relevant to accountability. professional behaviours, adequate observation and report writing skills and the value of diversity, that require comprehensive training.

In addition, matters pertinent to community integration, participation in local community and being engaged in local pursuits as with the rest of the community are learned and important skills for staff, as are the ethics underlying how we work with people. An understanding of the barriers to effective inclusion, developing effective strategies to engage stakeholders and promote the capabilities of people with disabilities, all form part of a very important training regime for those wishing to enter the field of disability, which are most readily obtained in a formalized process. The profile of people with disability who are being supported is changing significantly, in that a much greater percentage of persons are evidencing complex health needs, dual disabilities, drug and alcohol issues and challenging behaviours.

No other sector denigrates their workforce to the extent of the disability sector, by not requiring adequate formal training, which in turn devalues the people we work with and their place in community.

Even though, as is stated in the report “the overwhelming current source of care is unpaid and usually untrained family careers”, these situations for the most part receive support from professionals such as, psychologists, occupational therapists, speech therapists, physiotherapists and the like. Many families attest to the fact that they are overstretched and do not know what to do in many situations, but do the best they can with what they have. This is not to diminish the input of families, but serves to highlight the fact that in certain circumstances, such as intellectual disability, dual disability, Autism Spectrum Disorder and

others, a good knowledge gained from formal training indeed increases the effectiveness of the support provided and gives the person with a disability opportunity that they deserve.

The voice of persons with an intellectual disability is often not as prominent as those who have a physical disability, but this group definitely benefits from and appreciates the support that emanates from well trained staff.

We therefore urge the Commission to reconsider their skepticism regarding the imposition of additional requirements and credentials of training and instead promote a well trained valued workforce that can make a difference in the lives of people and be regarded as equivalent to workers in other sectors.

Thank you for the opportunity to make comment on the Draft Report.

As a member of National Disability Services, Hills Community Options fully supports the extensive response submitted by NDS.