



Productivity Commission draft report into Disability Care and Support (28 February 2011)

The Rehabilitation Counselling Association of Australasia (RCAA) welcomes the opportunity to provide a response to the Commission's draft report. Recommendations for an increased level and range of support and services for people with disability, for reduced system fragmentation, for portability of services across states and territories and for greater choice and flexibility are most welcome and indeed, long overdue.

Rehabilitation Counsellors work across government, non-government and community sectors with people who experience disability. This group of professionals would be likely to play a significant role in the delivery of assessments, case management and disability support services in the NDIS and NIIS. On this basis RCAA wishes to provide comment on several of the draft recommendations for the schemes.

About RCAA

RCAA is a professional body representing and accrediting tertiary qualified Rehabilitation Counsellors in the Australasian region.

A Rehabilitation Counsellor is an allied health and human service professional who works with individuals experiencing injury, disability and/or social disadvantage to achieve occupational, personal and social goals. To achieve this, rehabilitation counsellors work with individual strengths and facilitate change in both the person and their environment.

RCAA members are recognised by DEEWR for the purposes of Job Capacity Assessments and they form a significant staffing component in Disability Employment Services and in the Job Network. RCAA members are recognised by the majority of State WorkCover Authorities and the Heads of Workers Compensation Nationally Consistent Approval Framework for Workplace Rehabilitation Providers. RCAA members satisfy Comcare's competency criteria. Rehabilitation Counsellors are employed across the disability services sector and work in a wide range of government and non-government agencies in human service and social inclusion areas.

For further information, please see rcaa.org.au

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Draft Recommendation 3.2; target group for NDIS services

Rehabilitation Counsellors have specific expertise in identifying, delivering, developing and purchasing services which increase the social and economic participation of people with disabilities. The inclusion of persons who will benefit from early intervention or who will have large identifiable benefits from supports into the NDIS scheme is commended. RCAA supports the Commission's call for research in Australia to develop the evidence base for interventions aimed at reducing the personal, social and economic impact of disability.

Draft Recommendation 3.4

The Commission seeks feedback as to where boundaries between the proposed NDIS and the mental health system should lie. Whilst it is acknowledged that the mental health system is under review, it has long been the case that mental health funds have been largely taken up by treatment and crisis response services, with far too little left over for disability support. People with severe mental illness are among our most marginalised citizens and are highly represented in the long term unemployed and DSP populations. Nonetheless there is a sound body of evidence that provision of timely and tailored personal and vocational supports does enable people with severe mental illness related disability to significantly increase employment and social participation (For example, see Davidson, L. Harding, C. & Spaniol, L., 2005. *Recovery from Severe Mental Illnesses: Research Evidence and Implications for Practice*. Center for Psychiatric Rehabilitation, Boston University). The huge unrealised potential for social and economic participation by people with mental illness can be better realised.

RCAA therefore recommends that people who experience ongoing *disability* arising from mental illness be given access to the NDIS. As is the case with several other serious health conditions, disability arising from mental illness can be episodic and unpredictable in duration and severity. The NDIS will require the capacity to deliver timely and expert assessments, as well as flexible service delivery options, for a range of people whose supports needs vary over time. While early and better access to health services can reduce disability, it cannot be argued that a proposed increase in treatment services is a rationale for excluding people on the basis of their disability type from NDIS assistance.



Draft Recommendation 4.5: Services inside and outside the NDIS

Mainstream employment services would remain outside the National Disability Insurance Agency (NDIS), but specialist employment services would remain within the scheme. School to work transition and Australian Disability Enterprises are important parts of the employment services spectrum. However, there is potential for perverse scheme outcomes if NDIS support is restricted to the existing range of employment service delivery options. RCAA expects that with access to specialised vocational rehabilitation together with tailored personal and on the job supports, many NDIS clients would have the opportunity to access the mainstream workforce. Further, the innovation fund has enormous potential for development of support systems to increase participation in the workforce, for example through a range of social enterprise options. The recently launched and widely supported *Australian and New Zealand Consensus Statement on the Health Benefits of Work* highlights the individual and societal benefits of optimising access to employment for all people and recommends the provision of support for individuals trying to access work (See AFOEM <http://www.racp.edu.au/page/racp-faculties/australasian-faculty-of-occupational-and-environmental-medicine/realising-the-health-benefits-of-work/>).

Recommendation 5.3: Assessing Care and Support needs

RCAA members are recognised by DEEWR and have significant experience in the delivery of Job Capacity Assessments including assessments for Disability Support Pensions. It is notable that many of the features of the proposed NDIS assessment are already key components of the JCA process. It is therefore recommended that when a JCA has occurred, that individuals can choose to enable NDIS Assessors to access relevant parts of their JCA report, subject to privacy protections. It is acknowledged that this concern may be addressed through recommendation 8.2 regarding shared electronic records.

RCAA acknowledges the requirement for evidence based, valid and reliable assessment instruments for use by appropriately qualified assessors. RCAA also supports the inclusion of self-assessment information into the NDIS process. As the overwhelming national feedback about the JCA will attest, the assessment process must enable assessors to gather further information when required and to exercise professional judgement in order to ensure an appropriate service outcome for the person subject to the assessment. Appropriately resourced assessments will prevent individuals from having to endlessly recycle through rigid systems which fail to identify and meet their needs.

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Recommendations 8.3 and 10.1: Quality Framework and Data Requirements

RCAA fully supports the innovation fund approach as well as the requirement for a rigorous quality management and service accountability framework. RCAA wishes to sound a note of caution in that while rigorous data management is integral to the development of the evidence base as well as for quality management and accountability, data management can be a significant impost on the overheads for service delivery providers. Further, shared data collection approaches across government portfolios can, even with the best of intentions, result in rigid systems with reduced referral options for the very people they intend to assist.

Thus RCAA recommends careful consideration of the range of data collection and management options as part of the NDIS implementation. It is recommended that data should not be collected unless it is clear that it will be used. Options for rigorous and purposeful data collection by independent bodies (rather than as a routine provider activity) should be considered. Further, data systems should have a clear framework which spells out how data is to be used and shared (de-identified) so as to improve service delivery.

Recommendation 11.1: Early intervention

Benefits of early intervention include reductions in long-term costs, secondary disablement, and family relationship strains. Increased independence, quality of life, community participation, health and rehabilitation and employment outcomes are also improvements associated with early intervention. Early appropriate assessment and case management by a Rehabilitation Counsellor can reduce secondary risks associated with disability such as social exclusion, vocational exclusion, and secondary mental health issues.

The report indicates a limited evidence base for cost benefits of early intervention. Research into Australian Workers' Compensation arrangements, though limited as a source of evidence, does consistently indicate that early intervention and early return to work result in lower overall claims costs. For example, a pilot study by Schultz et al indicates likely effectiveness of comprehensive early intervention services for workers at high risk of disability. (See Schultz, J., Crook, J., Berkowitz, R., Milner, G.R., Meloche & M.L. Lewis, 2008, A prospective study of the effectiveness of Early Intervention with high-risk back-injured workers – A Pilot study. In *Journal of Occupational Rehabilitation* Vol 18, Number 2, pp 140-151).



Research in Disability Management also indicates that the bulk of the costs of workplace injury and disability are not included in direct cost measures. This is supported by Australian industry reports that acknowledge that despite additions to factors considered in cost estimates of work-related injury and disability, indirect long-term costs to individuals and society are still not included in the national estimates (See Australian Safety & Compensation Council, 2009, *The cost of work-related injury and illness for Australian employers, workers and the community: 2005-06*, Commonwealth of Australia).

RCAA agrees that more Australian research to establish the efficacy and cost benefit of early intervention for the NDIS client population is required. With regard to developing the evidence base for the range of possible interventions, the Commission should consider the value of a broader range of types of evidence commonly generated in different areas of research. For instance, research by Rehabilitation Counsellors is often qualitative and can be applied directly to practice. RCAA holds the view that people who are affected by disability require opportunities to participate in research, to articulate their views about the impact of service delivery arrangements and to identify requirements for practice improvements. Often such qualitative research has the capacity to identify those questions which most benefit from quantitative research.

Recommendation 13.1: Workforce issues

Staff turnover and burnout is a significant problem in the disability sector. Strategies to attract and retain workers into the sector should include a greater emphasis on career options, including opportunities for higher education in relevant areas such as rehabilitation counselling. Career paths for people already working in the industry can be improved with increased funding for study pathways to tertiary qualifications in rehabilitation counselling fast tracked by recognition of industry experience. Currently available Graduate Certificates provide stepping stones to postgraduate studies in rehabilitation counselling. This approach would require promoting career opportunities for disability workers alongside promotion of the entry level positions. Currently rehabilitation counselling is a relatively small profession in Australia (although very large overseas, especially the US), and it can be a highly suitable career aspiration for people who wish to focus on services for people with disability.



The primary focus of Rehabilitation Counsellor tertiary training and employment is in bio-psycho-social approaches to improve social and economic participation for people with disability. At present the relevant tertiary institutions cannot supply enough graduates to meet industry needs. There is a real need for wider recognition of rehabilitation counselling as a specific profession so as to enable tertiary institutions to attract a higher number of students. Alongside this there is significant unrealised potential for Rehabilitation Counsellors to contribute relevant research to this field.

Conclusion

RCAA is pleased to have the opportunity to comment on the draft report. Should the Commission wish to contact RCAA, please contact any of the Directors listed at rcaa.org.au via the email address admin@rcaa.org.au.

Signed by Christine Randall on behalf of the RCAA Directors.

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