

Macarthur Disability Services
PO Box 24
Campbelltown NSW 2560

Canberra City ACT 2601
Roberta Bausch
Productivity Commission
GPO Box 1428

Dear Ms Roberta Bausch,

Enclosed is a copy of our submission to the Disability Care and Support public inquiry titled Disability: eligibility, support workers and case management. The submission has been prepared based on the following draft recommendations.

Draft recommendation 3.2: *Individuals receiving individually tailored, funded supports should be Australian residents.*

Draft recommendation 5.3: *Any tools employed by the scheme should exhibit validity and reliability when used for assessing the support needs of potential NDIS users.*

Draft recommendation 13.1: *The Australian Government should attract further support workers into the disability sector.*

We have provided the Productivity Commission with discussion about three areas within the disability sector based on what our experience has shown us to be problematic. We have provided information and recommendations as a result of our experience and research that we feel would be beneficial within the NDIS. As an organisation at the forefront of providing disability support services we feel that we have provided you with information that will benefit the disability sector and those affected by disability.

If you have any questions or comments relative to the submission we have provided please do not hesitate to contact us at Macarthur Disability Services on the contact information we have provided above.

Kind Regards

Kaitlin Watts, *on behalf of*

Macarthur Disability Services

Productivity Commission Disability Care and Support Inquiry

Disability: Eligibility, support workers and case management

Prepared by Kaitlin Watts *on behalf of:*

Macarthur Disability Services

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1.0 Acknowledgements

This submission has been prepared by Kaitlin Watts in collaboration with Macarthur Disability Services Director, Community Training and Development Ms Julie Deane and Macarthur Disability Services Community Development Coordinator Mr Patrick Vasquez.

2.0 Introduction

Through our experience as a disability service that identifies and responds to the needs of people with disabilities, their families and carers, we feel that the assessment of eligibility for any system associated with disability has at times not been a thorough and effective tool. Macarthur Disability Services Ltd provides a range of options to benefit those affected by disability to increase choices and opportunities including employment, community participation and recreation and fitness programs. Through our experience in providing opportunities for those affected by disabilities we feel that it is important to focus on person centred planning in the eligibility process as the skills and knowledge of the assessor can often lead to people being excluded from necessary supports. A disability can be defined as any limitation, restriction or impairment which restricts everyday activities and has lasted or is likely to last for at least six months, (Australian Bureau of Statistics, 2010). In 2009, almost one in five Australians (18.5 per cent) had a reported disability, with prevalence increasing steadily with age, (Australian Bureau of Statistics, 2010). According to the Australian Bureau of Statistics (2009) 3.4 per cent of people aged four years and under were affected by disability, compared with 40 per cent of those aged between 65 and 69 and 88 per cent of those aged 90 years and over. We have prepared this submission based on the following draft recommendations.

Draft recommendation 3.2: *Individuals receiving individually tailored, funded supports should be Australian residents.*

Draft recommendation 5.3: *Any tools employed by the scheme should exhibit validity and reliability when used for assessing the support needs of potential NDIS users.*

Draft recommendation 13.1: *The Australian Government should attract further support workers into the disability sector.*

In this submission we will address:

- How eligibility is assessed and the changes that we feel are necessary to create a fair and supportive eligibility process, providing the best possible outcome for all affected by disability.
- Case management as a tool to exhibit validity and reliability when assessing the support needs of potential NDIS users and how disability support workers should be educated.

Through our experience we feel these recommendations are important to focus on as it is our concern that people with a disability who are assessed as not requiring high levels of support would quickly fall into a crisis situation or not realise their life goals.

3.0 Background

We feel that the current system by which the disabled are assessed to receive funding from the Disability Support Pension is not thorough or effective enough in ensuring people affected by disability are provided with the correct supports. To be eligible for the Disability Support Pension applicants must fit certain criterion that has been developed to recognise people affected by disability, (Centrelink, 2010). In our experience, case management has been an important way to ensure there is ongoing adequate support and sound financial planning in place for the person affected by the disability, although we have found that waiting lists can often be too long, forcing those affected to wait for six to 12 months to be assessed. We also feel that historically the disability

industry has not been staffed by people who have a sound knowledge and inherent understanding of the rights people with a disability have to live the life they choose. We believe the industry has been working hard to develop and introduce professional work practices and skill sets that can be measured against a standard of competencies, however, we feel that those who assist in the disability industry should have a higher level of skill. Disability can affect people in a variety of different ways which is why we feel it is important to have person centred planning when assessing.

In Australia:

Around 2.2 million people of working age (15-64) have a disability, (Disability Confidence, 2003).

Around 2.6 million people (14 per cent) have a physical disability such as respiratory disorders, neurological disorders, musculoskeletal disorders, diabetes, kidney disease or cancer, (Disability Confidence, 2003).

Over one million people are hard of hearing and around 30,000 people are completely deaf, (Disability Confidence, 2003).

About two per cent or 400,000 people have an intellectual impairment, (Disability Confidence, 2003).

5.0 Eligibility

In the Productivity Commission's draft report, draft recommendation 3.2 states that *Individuals receiving individually tailored, funded supports should be Australian residents*. We are in agreement with the majority of the eligibility criteria set out in the draft report, in particular ensuring that all people are covered, not just those who acquire a disability after the scheme is introduced, however, we feel that a number of factors need to be reconsidered.

Draft recommendation 3.2 states that to be eligible individuals must be permanent residents, we do not agree with this aspect of the criteria because we feel that this would impact on refugees who live in Australia with a disability or who have acquired a disability. We feel that a component of the NDIS should accommodate the needs of these people as this is also a human rights issue. We feel that people in this situation such as refugees can be assessed in a similar process as outlined in the report, however, should have regular disability review periods aligned with the reviews of their refugee status.

We also feel that it is imperative for the scheme to ensure people with intellectual disabilities as well as a mental illness are included, so as to exclude the confusion and ping ponging that often occurs between the mental health system and the disability system. We feel that the focus should be on quality of life outcomes for everyone. For these people who are suffering from dual diagnosis we feel it is important that there be a focus on person centred outcomes for the person, not a focus on a systems approach that deems eligibility.

Through our experience we have found that eligibility criterion has in the past been heavily focused on people with significant disability and high support needs. This has often resulted in people with lower support needs receiving less intensive support, we have found this to be of high concern as it is our experience that people with a disability, who are assessed as not requiring high levels of support would quickly fall into a crisis situation or not realise their life goals. This can be addressed through person centred planning.

As a rule we are concerned that assessment of eligibility has at times not been thorough or effective and the skills and knowledge of the assessor has led to people being excluded from necessary supports. Assessments should be conducted in consultation with the significant others in a person's life, if agreeable to that person, to ensure there is a collection of in-depth knowledge and understanding of that person's abilities and limitations. We feel this is necessary as we have witnessed an assessor ask a person with an intellectual disability whether they can travel

independently, whereupon they indicated they were able. In reality they could only travel independently after extensive travel training and on the same route each day. If they were required to plan a trip to somewhere else they did not have the ability to generalise their learning to other situations. If the assessor had asked further questions, the outcome could have been very different.

6.0 Case Management

Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost effective outcomes, (CMSA, 2008). In response to draft recommendation 5.3 we feel that case management is an effective tool that can be employed to exhibit validity and reliability when used for assessing the support needs of potential NDIS users. We feel that it ensures that people's right to quality of life are upheld with clear person centred planning. With a move towards self managed packages, a change which we feel will have a huge impact on how services are operated, case managers will be required to ensure there is ongoing adequate support and that sound financial planning is in place. This is only possible, however, if waiting lists are reduced. MDS has experience waiting lists for case management workshops from 6 to 12 months, we feel this is unacceptable and needs to be addressed in order to be an efficient assessment tool. We feel this can be done through attracting and retaining skilled staff and releasing funding to a broader scope of organisations and geographical areas. Funding bodies should be looking for innovation and requiring applicants to clearly demonstrate how they will include people with a disability in all aspects of service delivery as per the Disability Service Standards.

7.0 Support Workers

In response to draft recommendation 13.1 *The Australian Government should attract further support workers into the disability sector*, we feel that support workers are an important and effective tool within the disability sector, however, we feel they should be educated and qualified accordingly. Historically, the disability industry has been inadequately staffed by people who have limited to no qualifications in the industry, leading to the abuse and neglect of vulnerable people and little understanding of the inherent right of people with a disability to live a life they choose. We feel that all workers in the disability sector should be required to understand the rights based philosophy that underpins worker behaviour and professional interactions with the client. We feel that the minimal qualification disability workers should obtain before entering into the industry should be a Certificate III in Disability Work. This is necessary as not requiring support workers to be qualified devalues the work that is undertaken and has the potential to take the industry back to the days when abuse and neglect was rife. At MDS, all prospective support workers must undertake a Certificate IV in Disability. Rather than acting as a deterrent we have found this actually attracts people to jobs as we utilise the traineeship system and provide on-the-job mentoring and support. We feel that skill development is needed for support workers in understanding self managed packaging and how to support clients and families in this context as well as assessment and monitoring of person centred planning.

8.0 Conclusions

This submission was prepared to address our concerns of eligibility assessment, case management availability and skill shortages in support workers. The key issues that were identified included eligibility criteria with a focus on refugees and non-permanent residents as recipients of the NDIS scheme, those with dual diagnosis to be included in the NDIS scheme and a focus on person centred

planning. Case management waiting lists were also addressed with concentration on how this can be rectified. Skill shortages in support workers were addressed and why it is important for those who work in the disability sector to be properly qualified. We propose that our concerns can be rectified by:

Drafting eligibility criteria that allows refugees living in Australia who have a disability to be covered by the NDIS.

Drafting criteria that will ensure people with intellectual disabilities and mental illness are covered under the NDIS.

Drafting criteria that focuses on person centred planning when determining eligibility instead of focusing on the level of disability people have.

Draft criteria which stipulates that support workers must be qualified with at least a Certificate III in Disability.

Draft criteria which will allow the attraction and retention of skilled staff to decrease waiting times for case management workshops.

9.0 Recommendations

Recommendation 1

That eligibility into the NDIS should be based on person centred planning, open to refugees affected by disabilities and include people with both an intellectual disability and a mental illness.

Recommendation 2

The minimal qualification a support worker should have is a Certificate III in Disability to reduce the abuse and neglect of those affected with disabilities

Recommendation 3

That funding be released to a broader scope of organisations and geographical area to reduce the waiting lists for case management workshops.

10. Resources

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