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**PRODUCTIVITY COMMISSION 2011, *DISABILITY CARE AND SUPPORT*, DRAFT INQUIRY REPORT CANBERRA**

**RESPONSE FROM NULSEN ASSOCIATION  
WESTERN AUSTRALIA**

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**Introduction:**

The Nulsen Association welcomes the Draft Report on the establishment of a National Disability Insurance Scheme (NDIS) and the National Disability Injury Scheme (NIIS) for Australians who acquire their disability at birth or through a catastrophic injury later in life. As the report rightly notes, the current disability system in Australia is fragmented, underfunded and unable to meet the current and future demand. The report identifies significant issues given future changes in the demographics, and the anticipated decline in the availability of informal care which are expected to place further pressure on the existing system over coming decades.

As a specialist disability provider in Western Australia over the past 56 years, the Association is only too aware of the issues facing the community services sector in particular the disability sector. The sector, people with disabilities, their families and other stakeholders, have lobbied successive governments over many years for increased funding to this sector. Despite all the statistical and human interest stories provided, little has been done to address the current and looming crisis with any resolve.

The Association is generally supportive of the recommendations as outlined in the draft report and intends to only make comment on areas of the report where we believe an issue exists that may hinder the implementation of a more effective national disability system. At the outset the Association commends the Productivity Commission on the Draft Report which provides a framework on which to seek government support in building a more robust, coherent and consistent system for the future.

The current system and jurisdiction issues outlined in the report would be consistent with the Associations views and experiences currently. It is with this in mind that we support the introduction of a three tiered approach to funding the people with disabilities, their families and the specialist disability system to deliver the support required.

**Parallels with the Aged Care Support System:**

The proposed parallel system is supported by the Association whereby a person with a disability can elect, upon reaching the pension age to move to the aged care system. The critical element we support in recommendation 3.5 is the ability of

people with severe and profound disabilities to retain services provided by their disability provider. Our experience has been that for people with highly complex levels of disability, the aged care system is not well equipped to provide the necessary support. By providing people with the choice to select the most appropriate supports that best suit their needs an important safeguard to their ongoing care and wellbeing is maintained. We would not have supported any simplistic notion that recommended people move to the aged care system automatically upon reaching the pension age.

### **The Assessment, Funding and Planning Process:**

We agree with the notion of having an initial assessment team that would work with the person with a disability to determine the support required. However in most organisations providing specialist disability support, life planning and clinical processes are already in place and provided as critical elements in delivering meaningful lifelong care and support. This is often a critical stage in the transition of a person into fulltime care in developing an understanding of the person with a disabilities needs and also the needs of the family/carer. The process proposed infers the specialist provider would not be engaged during this stage and we would suggest that pending the selection of a provider, engagement in these processes should commence immediately. It is critical that providers, the person with a disability and the family/carer work closely together in the early stages to get support requirements right and develop the working relationship.

A concern of the Association is that those on the assessment brokering agency, may not have the specialist background to understand the complexity of support required. The Association has been concerned for sometime of a dumbing down of appropriate support for people with disabilities. By this we mean, that basic care and support is provided such as three meals a day, a place to live etc; however other critical and essential elements of care and support are not addressed. These include but not limited to, appropriate health management and support, dietary requirements, programs for the management of challenging behavior, life skills training and training of staff to have the skills to meet the persons complex needs and so on. For those of us working in the more complex end of the disability spectrum, we would need to be reassured that those doing the assessments have the appropriate skills and knowledge to undertake the task of assessor. Again it will be critical that specialist support agencies are engaged at the earliest time possible to assist in this process to ensure we get support right.

We support the Commissions intention to develop a coherent package of assessment tools for use across Australia that focus on particular areas of support e.g. aids and appliances Vs job readiness training. The Association would caution implementation of the scheme in the absence of these tools. We acknowledge that they will take some time to develop, therefore, funding should be provided to each jurisdiction to maintain the current systems therefore increasing provision of services until the tools are developed. It is our view that across jurisdictions getting

agreement of what constitute best available tools will be challenging and may be divisive. Development of such tools requires a national representative approach for each area of expertise.

For example, with additional funding, the Disability Services Commission in Western Australia would be able to provide additional services using current systems as an interim approach.

We note that were informal carers meet a large share of a person's support needs, they would receive their own assessment to establish the sustainability of that care and ways in which it could be supported. The recommendation should also make reference to the consideration of other siblings in the family home and the impact the person with a disability may have, or be having on the home environment.

The proposed NDIS would periodically reassess people's need for funded support as their circumstances changed, especially at key transition points. Specialist Service providers are absent from this area and would in our view have a key role to play. It will be essential for providers to also provide/request for funding changes concurrent with the changed needs of the person. Especially in cases of lifelong care and support.

### **Funding the National Disability Insurance Scheme:**

The Association notes the Commission's estimate that a further \$6.3 Billion will be required per annum to fund the scheme. We also note the Commission's leaning to the funding of this scheme through direct payments from consolidated revenue into a "National Disability Insurance Premium Fund" Vs the implementation of a tax levy as a second option. The Association would support the scheme being funded directly from consolidated revenue, given recent community backlash over the implementation of a flood levy and carbon tax.

The Association supports the recommendation within the report to give people with disabilities power and choice. This is an important principle of many disability systems across Australia. However, the NDIS should provide for a range of means for funding to be provided that best meets the needs of the individual and where required, safeguards the ongoing care and support required. There are many within the disability community who are unable to make decisions in regards to their care and support. Likewise, for some their family circumstances would also hinder appropriate decision making either as a result of the family having a decision making disability themselves, or because of culturally and linguistically diverse backgrounds. There needs to be adequate safeguards in place to ensure that the person with a disability receive appropriate, safe and secure long term care and support. Funding models are not always the best driver of the principle of choice and empowerment.

The disability sector in Australia is made up of many non-government organisations that over many years have invested in infrastructure, service expertise and quality service delivery. Indeed many of these organisations were developed by parents in earlier years and continue to be family based organisations with a strong focus on mission. The introduction of this new system should ensure that the value of this contribution in improving the lives of people with disabilities is recognised. Organisations will be undertaking considerable transitional change into this new system and it is essential that we do not lose or put at risk organisations that have provided the best possible services to people with disabilities over a long period of time.

### **Workforce Issues:**

The Association is significantly concerned and critical of the Commission's treatment on the requirement of training and credentials of a disability services workforce. At best we believe that the Commission has been somewhat naive here in believing that the only skills required are empathy and listening. These are skills that may be appropriate for someone supporting a person with a physical disability who has the ability to make decisions in their own best interest. For community services, great numbers of workers are commencing from a very low skill baseline (Meagher & Healy 2006), yet face increasingly complex social and welfare environments (Productivity Commission 2005).

At the complex end of the disability spectrum, people with disabilities and service providers require staff to have the necessary skills in order to provide the complex support arrangements required. For example a person with a high level of challenging behavior will require a support worker with the necessary skills and competencies to manage and potentially modify that behavior. Similarly, a person with a high level of medical/health management support will require a person with the skills to carry out a range of health related supports as well as engaging that person to participate fully in their community.

For the complex end of the disability spectrum, we believe that there should be appropriate entry level requirements, career pathways and training levels relevant to specific disability issues. One cannot expect positive outcomes for a person with complex needs if those charged with the care and support role are not appropriately trained.

We believe the NDIS needs to strongly support the requirement for training of a workforce that is required to work in the complex area of disability. Importantly the NDIS should ensure that the funding of complex services will provide adequate resources to deliver a trained and competent workforce that is able to respond to current and future needs of people with disabilities. .

The Industry Skills Council Commissioned a report entitled "*Identifying Paths to Skills Growth or Skills Recession [Version 2 24<sup>th</sup> April 2008* [www.cshisc.com.au](http://www.cshisc.com.au) ]

We recommend that the Commission review this report which succinctly outlines the depth of workforce challenges faced by the community services and health industries in Australia and overseas. The report outlines seven key findings or factors that are significant in progressing debate surrounding training, and its growth. The report notes that for both health and community service industries, changing models of care delivery (including changing expectations associated with client need) mean that workforce skills require updating. For workers currently in the labour market, the composition of skills held may have to change. For workers who have engaged in a high level of training before workforce entry, continual refinement of these skills throughout the course of a career will be necessary.

The NDIS is well placed to take up some of these findings and to improve the productive capacity of the health and community services industries through skills development. We trust that the Productivity Commission will provide further attention to this issue in the final report.

### **Governance of the NDIS:**

The Association notes the recommendation for the establishment of a National Disability Insurance Agency and supports this agency having responsibility for supervising key aspects of the scheme. However, where jurisdictions have existing dedicated agencies for the management of disability services in the State/Territory, we believe the scheme should be implemented locally through these bodies.

In Western Australia, the Disability Services Commission has been in existence in a variety of forms since the early 1980's. The Disability Services Commission has extensive knowledge and expertise in the development of disability policy and the funding of services providers in Western Australia. The Commission in the main has a long history of working with the sector to achieve positive outcomes for people with disabilities living in the State.

We do not believe that the NDIS would be as effective if run Federally as it would not be across a range of local issues which span rural, regional and metropolitan. It is our view that the NDIS Nationally should set the policy, principles and general framework for the scheme. However, State entities such as the Disability Services Commission are charged with administering the scheme in their State in accordance with the National framework. In cases where a State or Territory does not have a dedicated disability government agency, then the system may well be managed centrally.

In speaking with colleague organisations, this would be the most topical issue raised. The model being adopted by the Federal Government for the Harmonisation of Workforce Health and Safety perhaps has some currency in the proposed NDIS system. Whereby the Federal Government has set the legislative framework in which each State and Territory pass their own legislation which adopts that

proposed by the Federal Government. In this way there is uniform implementation of the new legislation which is State Territory Based but Nationally compliant.

We would also suggest that the role of the NDIS be done in each State/Territory as each jurisdiction will have its own unique qualities. The collective outcomes taking a National implementation approach should inform a much stronger NDIS and NIIS for the future.

### **Conclusion:**

The Association supports the introduction of the NDIS and its many principles around increased choice and empowerment for people with disabilities, and their families/carers. A national approach to disability services is long overdue and would result in a less fractured system across the nation. Collection of data will be central to the NDIS to allow for service providers to plan to meet demand in conjunction with the NDIS administrators. Something that is very much lacking in the current system.

The NDIS represents monumental change for this sector and as such needs to be implemented with caution, engagement of all key stakeholders and with a long-term vision in mind. It will be critical, above all else to ensure that where good services are provided to people with disabilities within the current systems, that there is not disruption or uncertainty brought into their lives.

The report perhaps needs to identify more clearly the broad church which makes up the disability community. That is people with extremely complex needs for support to those who have very mild levels of support needs or cognitive impairment.

Again the disability system in Australia has been built on the back of many non government organisations who are charitable in nature and focused on their missions to deliver good outcomes to people with disabilities. Whilst some providers in this country may deliver questionable outcomes or services, in the main most providers have been or are trying to deliver services within a very difficult funding, workforce and economic environment.

It is important that the NDIS continues to value this contribution as without the support of the disability sector, good outcomes, service innovation and research will not be forthcoming. Much of the sector has had to operate within inadequate funding policy and resources, which has contributed to the inappropriate level of services provided today.

We again commend the Productivity Commission on the Draft Report and look forward to the final report being released.

Gordon Trewern  
**Chief Executive Officer**