BACKGROUND

Leveda Inc is a South Australian non government accommodation and community support service for people with disabilities and complex support needs. Our vision is that people living with disability are active, valued members of the community, having maximum control over all aspects of their life.

Leveda was formed in late 1988 by a group of parents whose sons and daughters were moving from a state operated nursing home and wanted to have greater involvement and choice in their child's services. From the outset, Leveda determined to be an organisation founded on values of choice and inclusion. Over the past 22 years, Leveda has grown from an organisation supporting 20 people with severe and multiple disabilities to providing accommodation, respite and community support to more than 140 people living with severe and multiple disability, developmental disability, acquired brain injury, complex heath needs and challenging behaviours. In the past five years Leveda has commenced supporting children and adolescents in addition to adults. Our services are located in northern and north eastern metropolitan Adelaide and extend from the suburbs of Elizabeth Grove to Payneham.

Leveda welcomes the Productivity Commission Draft Report: Disability Care and Support, in particular the recognition that generational change is needed in the way services and supports are provided for Australians living with disability, to truly meet the government's commitment to the United Nations Charter of Rights for People with Disabilities.
Given the current funding levels for disability services, this scale of change cannot be successfully achieved without the injection of significant additional recurrent funding. Leveda therefore welcomes the recommendation that the funding level for disability services is doubled to $12.6 billion annually.
Leveda is aware that change must be presented in a way that will garner the support of the Australian community and therefore a human rights framework must be balanced with a pragmatic approach. Hence the recommendations on preferred funding models, staged implementation and program pilots represent an approach that is most likely to advance discussions and implementation of stage 1 of a National Disability Insurance Scheme.

ELIGIBILITY

Leveda is of the view that the eligibility statement for the NDIS requires further clarity. In stating that people with "significant limitations in communication, mobility or self care" are eligible it is assumed that a scale to define "significant limitation" would be utilised within an eligibility or assessment process.

Leveda does not support the inclusion of one disability type to the exclusion of others and believes that reference to "have an intellectual disability" should be removed from the eligibility statement.

This would focus eligibility on two premises: functional need for support (a rights based approach for those most in need); and where there is clear evidence of benefit for early intervention (a cost benefit approach, with early intervention not limited in definition by age, although it would include children and young people).

Consistent with our view of eligibility through functional need for support, or cost- benefit from early intervention, Leveda views that one scheme should operate for all people requiring support due to disability regardless of the origin or causal factors.

Leveda believes that people who have acquired disability (through accident or medical event) should be included within one NDIS. A person who sustains a quadriplegia through an accident has similar needs to a person with multiple sclerosis who loses the function of their limbs. At present there is a wide divide between the supports available to someone who is eligible for compensation funding and another person who is accessing generic disability services. It is vital that any new scheme does not further these inequities.

ASSESSMENT

Leveda supports the use of a validated assessment tool to underpin the assessment of needs. The tool should be sufficiently sensitive to changing needs and sufficiently robust to prevent under or overstating need.

Leveda views that the assessment should be a joint process between the individual / family and the assessor / professional. As such the assessment tool should support co-assessment with the individual/ family. It should also be validated, tested and monitored through the establishment of an expert reference group.

FUNDING MODELS

Leveda strongly supports the entitlement of hours of support, rather than the allocation of a budget. This will protect the erosion of services from inflation and wage pressures as has occurred in the current disability funding environment.

Where there are predictable transitions that will require increased levels of support, this should be built into a funding model. For example transition to school and transition from school to post school options or employment are accompanied by increased need for support services, environmental modifications, behaviour and support programs. This should be expected and built into a support pathway. Any further variation would require additional assessment.

Funding should be identified for community development programs that aim to influence the attitudes of the community and the support the community provides for people with disabilities. Community development is not currently funded under the National Disability Agreement service types, although research has shown that the attitude and involvement of the immediate community has a significant impact on the positive inclusion of people with disability.

INCLUSIONS

Leveda broadly supports the directions within the recommendations in that education, employment, health, housing, income support and public transport are outside the scope of a NDIS. NDIS will not be sustainable if it is established as a catch all for people with disabilities. Generic services must continue to provide services for all the Australian population inclusive of people with disabilities.

While Leveda supports the recommendations around the interface with education, in that education continues to support the needs of people with disabilities in the school and education setting, greater flexibility is required (for example in portability of equipment) across different settings.

With the increasing complexity of needs of people with disability, particularly the incidence of dual diagnosis, many clients with a disability are accessing the mental health sector and staff in the disability sector are requiring additional training to meet client needs. It is vital that people with disabilities continue to access the mental health system, and that training and support are available from the mental health sector for disability staff. Where individuals have very complex needs, a model may be required across sectors, so that planning and funding is centred on the person, rather than the primary sector funding services. This would require consideration of individualised funding by the mental health sector that could be pooled with disability funding.

Leveda is supportive of the proposed model in relation to the aged care interface, in that the person with a disability is able to choose from where their services will be delivered, when they are 65 years and over. However, mechanisms to provide real choice are required in that the average package in the aged care sector is less than in disability and there may be an incentive to cost shift between sectors.

QUALITY

Leveda believes that one nationally consistent quality accreditation system should underpin all services funded by the NDIS. This system should be developed to be easy to use and interpret, not place a bureaucratic burden on agencies or individuals providing services and be developed in conjunction with people with disabilities using services. The concept of an approved provider panel provides an assurance to people seeking minimum standards of care and support. This does not preclude market forces determining decision making by the consumer within this framework.

RESEARCH

The report does not appear to have addressed the needs for a funding allocation to research. There are areas where Leveda believes this is required- in the development, identification and fine tuning of the assessment tool and in identification of best practice approaches to service delivery to ensure the cost benefit of early intervention. The work done in the establishment of the Early Intervention Program for Children with Autism is a good example of evidence based approaches to funding.

A long term view is required with future projections and financial modelling, that develops a lifetime predictive funding model for support of people with disabilities. Adequate funding for research is part of understanding effective funding models and to demonstrate outcomes of the support provided.

WORKFORCE

Leveda is most concerned that the report recommends no minimum training or qualifications for staff providing personal care support.

In the community services sector, staff working in aged care and child care are required to hold a minimum qualification. This is part of creating a career structure and pathway, attracting and retaining staff to work in a sector. If disability (and personal care services in particular) are the only segment of the community services sector not requiring a qualification, this further downgrades the attractiveness and value of the disability sector as an employer, and inherently is making a statement about the value of people with a disability.

Leveda believes that the quality, experience and availability of disability support workers underpin the level of services that can be provided and the experiences of the person with a disability.

Leveda has traditionally focussed on the provision of support for people with complex needs or dual disability. Leveda recognised the need, and led the development of the Disability Services Policy (DSP) 15 in South Australia, which defines the skills and qualifications to support people with disabilities and complex health needs. Careful risk assessment is required to ensure that service delivery is not over-professionalised, leading to unnecessarily expensive and restrictive services. Equally, trained and credentialed staff are needed to provide more complex support.

Leveda is of the view that only agencies or individuals on an approved provider panel should be delivering services for people with complex needs. The interaction of unstable health conditions, underlying disability, and the impact of disability with age requires that a professional support and supervision system underpins the direct care support. This professional support and supervision may be provided by nursing, psychology, medical or other staff with specialised qualifications. Leveda's disability support staff all hold, or are undertaking a Certificate 3 or 4 in Disability Studies. We strongly believe this should be a minimum requirement across the sector.

Leveda recognises that the recommendation regarding no minimum training may stem from an intent to provide greater flexibility for people with disabilities to directly employ neighbours and friends as support workers, in the implementation of a self managed funding package. A strategy to provide flexible funding and support for this staff cohort to obtain a qualification would not only provide a safer and more consistent standard of care for the individual, but also be one factor in creating a more sustainable workforce.

Leveda is aware that many people with disabilities wish to, and in some states, do directly employ support workers. There are a number of industrial and legal issues in this direct employment relationship, where lessons learned in one directorate can be applied to a new NDIS.

IMPLEMENTATION

Leveda supports the recommendation of an initial pilot, however this should recognise baseline funding and implementation differences. It should therefore include pilots in metropolitan, regional and remote areas and states with both low and high current per capita funding bases. Each of the pilots should be independently evaluated to inform further roll out.

Leveda is concerned about the reliance on market forces to generate the best outcome for people with disabilities. This will inherently direct providers to the most profitable segment of the market that is high volume, less complex support needs.

As a provider of services for people with very complex needs (such as people requiring airway support and very challenging behaviours including people with autism and aggressive behaviours), Leveda views there should be careful consideration of how support is currently provided to this group and how a transition plan to a market driven model could affect the level and quality of services.

In order to move to a market driven model, innovation and support grants should be provided to the not for profit sector to assist in this transition. Each state is starting from a different baseline, depending on their current uptake of self managed funding. South Australia is earlier in the development towards self managed funding and while there is much to be learned from other states, agencies moving from a block grant model to a market driven model have a huge practical and cultural shift to make. The sustainability and health of the not for profit sector at a time of critical change is vital in maintaining and growing the choices for people with disabilities.

CONCLUSION

Leveda supports the establishment of the NDIS, the implementation of a new model of funding and service provision, increased recurrent funding and increased choice for people with disabilities.

We look forward to working with our current and future clients and their families in this new framework to establish innovative ways to meet the needs and wishes of people living with disability