

27 April, 2011  
Inquiry into Disability Care and Support  
Productivity Commission  
GPO Box 1428,  
CANBERRA, ACT, 2601  
Email: [disability-support@pc.gov.au](mailto:disability-support@pc.gov.au)

Dear Commissioners,

## **Response to the Draft Report on Disability Care and Support**

The following submission is a response to the Draft Report of the Inquiry into Disability Care and Support on behalf of Villa Maria. Our response endorses the response of the National Disability Services (NDS) and identifies several additional issues and suggestions for consideration.

Yours sincerely,

Valerie J Lyons (Ms.) – FCPA, FCIS, FAICD  
Chief Executive Officer  
Villa Maria

### VALUES

Compassion  
Accountability  
Respect  
Courage

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# VILLA MARIA

A Response from Villa Maria to the Productivity  
Commission Draft Report:

## **Disability Care and Support**

**April 2011**

### **INTRODUCTION**

Villa Maria is a not-for-profit, values-based organisation providing quality services and life enhancing opportunities for older people and people with a disability. From humble beginnings as the Catholic Braille Writers Association in 1907, Villa Maria has grown to become one of Victoria's largest providers of disability, education and senior services.

Today, Villa Maria provides support to over five thousand older people and people with a disability, and their carers through community aged care, disability services, education services and residential aged care, delivered from 42 sites across Victoria and in the Riverina region of New South Wales. Every day, more than 950 staff and 300 volunteers respond to the unique needs of the people and families we support with openness, innovation, creativity and flexibility.

Villa Maria's 60 programs provide a wide variety of services that include specialist education and early childhood intervention for children with disabilities or developmental delays, community based and in-home support services for older people and people with a disability, carer support services including information, referral and respite options, residential aged care and independent living.

As a service provider Villa Maria has insight into how current disability services respond to people's needs, a keen awareness of service gaps and unmet needs, and a clear understanding of the broader issues that impact access to the disability support system and their attainment of effective outcomes. Villa Maria is particularly positioned to understand the interrelationships between disability and aged care and the unique challenges this brings.

Villa Maria has no doubt we need genuine reform for the benefit of people with a disability, their carers and their families and is strongly committed to the development and implementation of the National Disability Insurance Scheme.

Villa Maria has developed a comprehensive three year Strategic Plan and associated business plans which ensure the Vision, Mission and Values of the organization underpin and drive all of its programs and services. Copies of the [2008-11 Strategic Plan](#), our [2009/10 Annual Report](#) and the [2009/10 Financial Report](#) can be found at these links.

## RESPONSE TO THE DRAFT REPORT

Villa Maria supports in principle the response and recommendations to the Draft Report made by the **National Disability Services**. In addition, we make the following comments:

### **Chapter 3 Who is the NDIS for?**

Draft recommendations 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7

The intention and principles of these recommendations are supported by Villa Maria.

Villa Maria supports in principle the recommended functions of the NDIS and acknowledges the majority of the scheme costs will be required to provide individually tailored support (tier 3). We are however concerned about the significant gap in numbers between tier 2 (information and referral services for approximately 4 million people)) and tier 3 (support service provision for approximately 360,000 people) and the potential that there is a under representation of those who have a severe or profound disability.

A clear example of this concern is that according to the Australian Institute of Health and Welfare 3% of the population has an intellectual disability and of those 61% have a severe or profound limitations in “core” activities of daily living. By this definition there are **402,600** people who have an intellectual disability with severe or profound core activity limitations.

Villa Maria recognises the challenge that exists for the generic service system to respond to levels of support that the NDIS may not and advocate strongly for investment in community building for this to occur. Should this not occur the vision of a socially inclusive society being one in which all Australians feel valued and have the opportunity to participate fully in the life of our society will be significantly compromised.

Villa Maria understands the need to have definitions and criteria associated with eligibility to funded supports. We do however consider that greater clarity is required so that people are not potentially excluded due to not fitting neatly in set eligibility criteria. For example people with an acquired brain injury that have associated cognitive impairments may require similar supports to people with an intellectual disability but may not be assessed as such due to not having an explicit condition such as an intellectual disability.

There is some concern that people who acquire a disability after the age of 65 years will not have the same choices as someone who acquired a disability before the age of 65 years old. Villa Maria believes that regardless of age people should be entitled to similar supports both in type of support and level of support.

### **Chapter 4 What individualised supports will the NDIS fund?**

Draft recommendations 4.1, 4.2, 4.3, 4.4, 4.5, 4.6

The intention and principles of these recommendations are supported by Villa Maria.

Villa Maria believes that these recommendations are aligned with the policy areas outlined in the National Disability Strategy related to inclusive and accessible communities, rights protection, justice and legislation, economic security, personal and community support, learning and skills and health and wellbeing.

## **Chapter 5 Assessing care and support needs**

Draft recommendations 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9

The intention and principles of these recommendations are supported by Villa Maria.

Villa Maria understands that this is a critical component of the provision of appropriate, meaningful, relevant and timely supports that can change when needs change. We acknowledge the complexities associated with assessing support needs and how the present system has, in general, not delivered the funding that matched the assessed need.

Of some concern is the diligent use of the assessment tool and how this could have potential negative implications if benchmarks are applied that don't consider significant variations at different points in time. Levels of family resilience, for instance, can vary substantially and applying benchmarks where deviations outside the "norm" would need to be justified would require significantly skilled assessors. Clear interpretations of what the "norm" is would seem critical given the assessments would be person centred, taking account of people's unique circumstance.

## **Chapter 6 Who has the decision-making power?**

Draft recommendations 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.10

The intention and principles of these recommendations are supported by Villa Maria.

Villa Maria does however share concerns and experiences outlined in the National Disability Service's (Victoria) submission to the Victorian Auditor General's inquiry into the impact of individualised funding (April 2011). The issues of concern relate to the three broad and interrelated areas of:

1. Systems investment
  - a. Need for investment in service providers
  - b. Need for investment in people with disabilities and their families
  - c. Need for investment in workforce
2. Implementation issues
  - a. Financial/Client management systems
  - b. Remittance advice
  - c. Cash flow
  - d. planning
3. Unintended consequences of the individualised funding model
  - a. People with high and complex needs
  - b. Transport
  - c. Capital infrastructure
  - d. Community capacity building
  - e. Lack of an appeals process

We acknowledge the complexities surrounding the philosophy of choice and flexibility for people to self direct their supports and the practice of accountability, approved services and compliances. This is particularly relevant when considering services that should be covered with either tied or untied funding, employing people directly and paying relatives for care. Villa Maria endorses the need for ongoing research, trial and evaluation and a cautionary approach to these complex issue areas.

## **Chapter 7 Governance of the NDIS**

Draft recommendations 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 7.10, 7.11, 7.12, 7.13

The intention and principles of these recommendations are supported by Villa Maria.

Villa Maria is excited about the opportunity that exists for the current parity issues between government and non government operated service providers to be addressed by the establishment of the NDIA and its task to set appropriate prices. If government operated service providers are treated no differently than non government operated service providers and there is the capacity for people with disabilities to make their own choices and the price is appropriately set, then the issue of the current fragmented and uneven playing field related to award and pay structures should be addressed. This also has great implications for the current application with Fair Work Australia for community sector and disability workers for an equal remuneration order.

The great challenge is to ensure that the set price for the support provided is appropriate, viable and sustainable in a competitive market place that encourages choice and diversity. Villa Maria believes that there must also be some flexibility built in where the market is “thin” as in remote rural areas where cost of service and supply of service may need greater negotiations.

Villa Maria has extensive case management experience within its community services and believes that further evidence is required to support the notion that case managers could not be employed by a provider that is also providing support to an individual due to a conflict of interest. Similarly there is some confusion about the role of Disability Support Organisations (DSO's) and Service Providers (SP's) that requires greater clarity. Currently organisations working in the disability sector are more often than not providing both types of support to people with a disability without issue and the question needs to be explored as to why this cannot continue.

## **Chapter 8 Delivering disability services**

Draft recommendations 8.1, 8.2, 8.3, 8.4

The intention and principles of these recommendations are supported by Villa Maria.

Villa Maria understands the challenges implicit in the transformation of a block funded industry into one based on choice, self direction and individualism. We do however advocate for block funding to be applied in some circumstances. For example in times of crisis and where immediate need for support response is required, a block funding model would seem to be essential. Regardless of the funding model/s Villa Maria believes that the critical factor is that the set price is right and that it is regularly reviewed in accordance with indexation.

As noted above, the issue of determining the “right set price” is crucial to the success of the proposed reforms. In an environment where chronic underfunding of service providers has been the norm, setting prices too low will see many providers become unviable and possibly lead to an undesirable level of instability and uncertainty in the number and choice of providers within the community. This will be counter to the intention of the reforms to give greater flexibility and choice in service provision to people with a disability. This is particularly relevant to smaller providers and those in regional and rural areas.

Villa Maria endorses the need for a single set of national standards with an associated accreditation process but cautions against “exploring the potential to ‘sub divide’ disability standards to better recognise the diversity of disability service products.” This could result in diverse program areas having different sets of standards that service providers would be required to meet and would have a

contra outcome of a streamlined and efficient regulatory process. We recommend the approach taken in Victorian “one DHS Standards Project.”

## **Chapter 9 Disability within the Indigenous community**

Draft recommendations 9.1

The intention and principles of these recommendations are supported by Villa Maria.

## **Chapter 10 Collecting and using data under the NDIS**

Draft recommendations 10.1, 10.2, 10.3, 10.4

The intention and principles of these recommendations are supported by Villa Maria.

## **Chapter 11 Early intervention**

Draft recommendations 11.1, 11.2

The intention and principles of these recommendations are supported by Villa Maria.

Villa Maria believes that the emphasis on early intervention is the logical approach to circumventing the current crisis driven service system and will have significant and positive human and economic outcomes. The proactive approach that early intervention can bring will reduce the constant and more costly reactive response that is a major reason for this important service reform.

## **Chapter 12 Where should the money come from? Financing the NDIS**

Draft recommendations 12.1, 12.2, 12.3

The intention and principles of these recommendations are supported by Villa Maria.

## **Chapter 13 Workforce issues**

Draft recommendations 13.1, 13.2, 13.3, 13.4

The intention and principles of these recommendations are supported by Villa Maria.

Villa Maria recognises that current, and future, workforce issues and challenges exist. Recent workforce studies indicate an increased need for support workers across the community services sector with an ageing, and shrinking, workforce. There is a competition for support workers within disability services, aged care services and other human services that create opportunities for a multi skilled workforce that can work in a variety of sectors. There is also a recognition that workers that support people are significantly poorly paid for the work they do and a push for better pay and conditions that would encourage growth in these workforces is essential.

Evidence suggests that the increasing casualisation of the workforce is directly related to the evolving individualised funding models where increased demands for flexibility and specific hours of support are difficult to accommodate within existing industrial awards.

There is a contradiction of sorts when marketing and attracting support staff into the disability sector and also shifting the emphasis to mainstream services, friends, relatives and neighbours to be paid for services. This shift has a potential to undermine the need for a skilled, qualified and well paid workforce that can support people in a range of circumstances and in a range of settings. Investment in new skills that support workers require with the shift to self directed approaches and individualised is essential and Villa Maria will advocate strongly for any set price to include adequate provision for staff training.

## **Chapter 16 A national injury insurance scheme (NIIS)**

Draft recommendations 16.1, 16.2, 16.3, 16.4, 16.5

The intention and principles of these recommendations are supported by Villa Maria.

## **Chapter 17 Implementation**

Draft recommendations 17.1, 17.2, 17.3, 17.4

The intention and principles of these recommendations are supported by Villa Maria.