



Australian Government
Productivity Commission Inquiry:
Disability Care and Support

Submission to public Inquiry
By
Maribyrnong City Council

Preface

The City of Maribyrnong, previously the City of Footscray, has been planning, designing and providing basic community care services to people with disabilities and their carers, community development programs and capacity building initiatives since the mid 1970s.

The work of local government in Victoria has provided the models and ongoing leadership that has informed the Home and Community Care Program (HACC), Disability Policy and other associated strategies.

It is MCC's practice wisdom (as direct service providers and agents for community development), policy experience, significant funding effort and proximity to our communities that provides a solid basis for this submission.

It is Council's view that the Productivity Commission has an opportunity to provide advice to the Federal Government based on a holistic whole of life / whole of community/ whole of government approach that includes but is not limited to a social insurance model (NDIS and NIIS) but guided by principles of human rights and citizenship that enables people with disabilities to participate more actively in mainstream life.

Lessons from established social health insurance model (Medicare)

The history of public policy in Australia clearly indicates that a universal social insurance model (in itself) may not be the panacea to the systemic and structural issues that lie at the heart of the current disability services system.

An opportunity exists for the designers of a universal social insurance scheme to learn the lessons from the current Medicare system (and associated private insurance systems).

The shortfalls identified in the current Disability services system are also endemic in the current Medicare arrangement including but not limited to;

- Underfunding with long waiting lists
- Failures to intervene early to reduce hospital stays / expensive interventions
- Fragmentation and an unnavigable system
- A lack of clear responsibilities (Federal / State 'buck passing')
- Patients having little choice as the system is overly influenced by clinicians and other vested interests.
- A lack of community confidence
- Confusing evidence and information provision.

A framework for disability care and support

The Victorian Charter of Human Rights and Responsibilities 2006 and the *Victorian Disability Act* 2006 provide robust legislative and principle-driven underpinnings to create a national framework that ensures that people with disabilities and their carers (care networks) have the maximum control over their lives.

Suggested Principles

1. Self determination: actively encouraged to make decisions that affect their lives
2. Choice: actively express their views and preferences in meeting their goals, lifestyle choices and aspirations
3. Inclusion: are embraced as belonging, sharing responsibility contributing to and adding value.
4. Transparency: resources are allocated based on individual needs, goals and aspirations in a fair and open manner.
5. Accessibility: information, policies and processes are clear and understandable to maximise control
6. Citizenship: as members of the multiple communities and communities of interest exercise their equal rights and responsibilities.

Alignment with National Disability Strategy

Council strongly supports that any national disability care and support system be directly informed by the National Disability Strategy 2010 – 2020. Endorsed by the Commonwealth and State Governments the strategy provides a robust framework;

- Inclusive and accessible communities
- Rights protection, justice and legislation
- Economic security
- Personal and community support
- Learning and skills
- Health and wellbeing

Points of clarification

There are number of elements in the Productivity Commission's draft report that are ambiguous and requires some clarification.

1. **Council of Australian Government's (COAG) reform to Home and Community Care (HACC) Program**

As of 1 July 2011 the COAG reforms for HACC funding will be triggered. At this time the States (and in Victoria, local government) will continue to have funding responsibility for basic community care services for people with disabilities under 65 years.

- (a) Will the introduction of a new disability support and care scheme supersede (invalidate) the COAG Agreement?
- (b) Will basic community based services be available for those people (low level disability) unable to access resources from the disability care and support scheme and in particular the National Disability Insurance Scheme?

For the purpose of clarification and to reduce any ambiguity and inconsistencies it is to clarify what elements would be included in a national social insurance scheme. There continues to be some ambiguity about income support, employment services, transport provision of aids, and home modification.

2. Defining disability

The principles of equity and universality that underpin the language of the proposed disability care and support scheme indicates that all current and future people with disabilities will be supported. However the NDIS report (PricewaterhouseCoopers) seems restricted to a focus exclusively on people with 'major disabilities'.

It is Council's strong recommendation that the disability care and support scheme (including the NDIS) adopt the broad definition of disability used in the *Disability Discrimination Act 1992* to ensure universal coverage and protection vis physical, intellectual, psychiatric, sensory, neurological, learning disabilities, disease-causing organisms in the body and physical disfigurement. (As it is adopted in the National Disability Strategy 2010-20)

3. Classifying disability

The disability care and support scheme should be underpinned by a fundamental principle of self-directed care. It has been Council's experience that self-directed care and the active participation in mainstream and civic life is directly influenced by people's levels of physical, mental and emotional functionality.

Council would strongly recommend that the Australian Government plan, design, implement and fine tune data sources and complementary framework of functionality based on the strengths of the International Classification of Functioning, Disability and Health (World Health organisation 2007).

4. Financial modelling

It is Council's view that the introduction of an underfunded social insurance scheme would further exacerbate the problems, impediments and barriers associated with the current service system.

Some key assumptions underpinning the financial modelling (undertaken by PricewaterhouseCoopers on behalf of the Department Families, Housing, Community Services and Indigenous Affairs (2009)) are unclear. These include, but are not limited to;

- Carer support (and an implied \$ value) or no carer support
- A co-payment structure or no charge
- Definition of 'lifetime support'

Council would recommend that;

- (a) the introduction of a new social insurance scheme should be based on a financial model that assumes no carer support and no co-payments; and
- (b) this arrangement be evaluated and reviewed after five years.

National Injury Insurance Scheme

It is Council's view that there is no fundamental benefit to people with disabilities and their carers by creating an artificial demarcation for people who become disabled through catastrophic causes. The report provides no clear public policy rationale for this separation and creates an unnecessary complexity.

Council support for a holistic disability care and support scheme

1. Council strongly recommends that the Commonwealth Government commission a detailed feasibility study into the creation of a single National Disability Insurance Scheme with a single prudential governance structure that;
 - (a) Is planned and designed to meet the existing, unmet and future lifetime care and support needs of people with disabilities (as per DDA 1992 definition) where the disability is acquired irrespective of the cause before age 65.
 - (b) Ensures the care and support needs are commensurate with the self directed care needs of the individual to participate in mainstream life.
 - (c) Is funded from a single source (either general revenue or through a Medicare – like levy) in recognition of the shared public risk and responsibility for people with disabilities
 - (d) Has a seamless interface with State government accident insurance schemes
2. Removes and / or reduce taxes associated with the purchase of essential goods and services.
3. An enabling tax regime that encourages savings plan for the financial needs of people with disabilities

4. Establish mandatory requirements and associated financial incentives that all new residential buildings are accessible and adaptable to facilitate ageing in place.

Leadership by the Commonwealth Government

The creation of a unified National Disability Care and Support system is a unique opportunity in Australia's history.

It is particularly incumbent on the Commonwealth Government to provide clear and high profile leadership role in the planning and detailed design of an enabling appropriately funded scheme and to create a national culture of inclusiveness based on the needs of individuals with disabilities and carers as a primary driver and to clearly eschew any 'professional capture' and vested interests.

This needs to be embedded and endorsed prior to the establishment of any statutory or governance arrangements for the prudential management of the scheme.

Conclusion

This initial discussion paper developed by the Productivity Commission is an excellent first step.

It is Council's strong view that the responses received to the discussion paper should form the basis of a further detailed feasibility study as part of a further process of consultation and community feedback.