

HUME CITY COUNCIL SUBMISSION

RESPONSE TO THE PRODUCTIVITY COMMISSION'S INQUIRY INTO DISABILITY CARE AND SUPPORT

Introduction

Hume City, home to more than 172,000 residents¹, is based in northern Metropolitan Melbourne and incorporates the major population centres of Broadmeadows, Craigieburn and Sunbury. Spanning 503 square kilometres, the municipality is located on the urban fringe of Melbourne. Although the majority of the population live in the urban fringe, Hume City includes a large proportion of rural land.

Hume City Council provided a submission in July 2010 to the Productivity Commission Inquiry into Disability Care and Support. That submission focused on Council's role in providing Home and Community Care (HACC) services to the community and emphasised the benefits of continuity of care and local knowledge.

Hume City Council welcomes the opportunity to provide a second submission, in response to the Productivity Commission's Draft Report. The work undertaken by the Productivity Commission and the hundreds of submissions provided by government, services and individuals provides further evidence of the benefits of working in partnership across all levels of government and the community.

It must be noted that Hume City Council also supports the statements in the Municipal Association of Victoria's (MAV) April 2011 submission to the Productivity Commission. Municipal rates should not provide a funding base for the National Injury Insurance Scheme. Council is strongly opposed to collecting levies from ratepayers, simply to pass them onto another level of government, and will continue to be vigilant about additional financial impost on ratepayers. The MAV submission effectively outlines the concerns Council has with the proposed funding of the NIIS and as such, Council is not responding in detail to these sections of the Draft Report.

In responding to the Draft Report, this submission focuses on Council's questions and concerns about the role of local Victorian HACC services and the ways in which they will be impacted by the proposed changes. It also seeks further clarification about how the NDIS will meet the specific needs of people with disabilities from migrant, refugee and Aboriginal backgrounds.

¹ ABS, Estimated Residential Population 30 June 2010

Hume City Council supports the principles of the Draft Report

Hume City Council is encouraged by the direction proposed by the Productivity Commission in its Draft Report and supports the overall principles, aims and strategies. Council believes the community will be better served if the National Disability Insurance Scheme is adopted by the Australian Government. The scheme will ensure greater access and equity for Australians with a disability and will increase the dignity felt by people with disabilities.

The Hume City context

The impact of disability in Hume City is greater than in most areas in metropolitan Melbourne because of the higher rate of disadvantage, especially in the Broadmeadows SLA. Hume is the fifth most disadvantaged Local Government Authority in Victoria according to the Socio-Economic Indexes for Areas (SEIFA).

The relationship between socioeconomic status and disability is well known. In 2009, the Australian Institute of Health and Welfare investigated the relationship between an SLA's rank on the SEIFA Index of Economic Resources and its rank in terms of severe disability rates. The analysis was limited to people less than 65 years of age, excluding many people whose disability is related to ageing.

The research found that the most disadvantaged SLAs within a capital city tended to have the highest rates of severe disability and that those living in the most disadvantaged quintile of Metropolitan Melbourne are twice as likely to have severe disability (2.8%) as those living in the most advantaged quintile (1.4%). Broadmeadows SLA has the highest percentage of people aged 0–64 years with severe disability (3.9%) in Metropolitan Melbourne.² This data, as well as data about the population make-up of Hume City and the growth of the municipality, informs Hume City Council's second submission to the Productivity Commission.

Four key areas of support for the Draft Report

There are four key areas Council would like to highlight in providing its support for the Productivity Commission's Draft Report:

1. Hume City Council fully supports an increase in funding for services for people with disabilities. There are inadequate services, infrastructure, staff, research and funding to support people with disabilities living in Hume City, and the need is constantly increasing as the City grows. In 2011, the population is expected to reach more than 171,000. With a 43% population increase by 2031, the municipality is expected to reach a population of more than 244,000.³ In the 2006 Census, more than 6,000 people in Hume City

² Australian Institute of Health and Welfare, The geography of disability and economic disadvantage in Australian capital cities, 2009

³ Id Consultants, Hume City Population Forecasts, 2006-2031 (updated Tuesday, 17 August 2010)

identified themselves as requiring assistance with a core activity; however, this number is only going to increase as the population grows.⁴

2. The focus on self-directed funding is a vital step in improving the lives, choices and outcomes of people with disabilities. This is a direction Hume City Council and other Victorian Councils have been taking for a number of years through the Active Service Model. Council is also supportive of the range of funding options for people with disabilities. By providing individualised support, the NDIS will not only ensure more appropriate support, it will also enhance the dignity and self-esteem of people with disabilities.
3. Council fully supports the focus on early intervention, especially for children with disabilities. Council is encouraged by the Australian Government's commitment to focusing on early intervention, as outlined in the Draft Report. With a focus on early intervention for all who develop a disability, there will be a reduction in long-term dependence on welfare, enhanced capacity to enter employment and provide self-care, and a reduced impact on families. It is vital that early intervention is a separate, distinct step in the scheme, as proposed in the Draft Report.
4. Council supports the proposal to standardise funding, support services and administration at the national level. This will allow for universal access and costs to be shared across the community and will also reduce barriers experienced by people with disabilities when they move. It is very encouraging to see agreement at the Federal level for a disability insurance scheme and Council is pleased to see bipartisan recognition of the need for improvements in the disability sector.

Hume City Council's concerns with the Draft Report

While the Productivity Commission's Draft Report proposes a range of positive changes, Council has five key concerns with the scheme:

1. The additional rate increases that would be required if local government were to partially fund the NDIS.
2. The impact on Victorian Home and Community Care (HACC) services and the concerns about loss of continuity of care and local knowledge.
3. The reliance on market forces to develop high quality support and services for people with disabilities, especially the impact this will have on rural areas and emerging suburbs, where the service sector may not offer a range of choice for clients.
4. Greater clarity on who is eligible and the impact mental health disabilities have on the Hume community.

⁴ ABS, 2006 Census of Population and Housing

5. Greater clarity around specific support services and funding for Aboriginal people, migrants and refugees with a disability.

The financial impact on ratepayers under the NIS

Hume City Council echoes the statements in the Municipal Association of Victoria's April 2011 submission, especially in relation to Council's responsibility for public injury and the relatively low number of claims made to local government. In terms of addressing sources of violent crime, local government is not the primary responsible authority. While Council does play a role in public education about community safety, the impact local government can have on activities on private or non-council land is limited. As such, Council rates should not provide a funding base for the NIS. Hume City Council is strongly opposed to collecting levies from ratepayers to pass onto another level of government.

The financial impact on Hume City Council and its ratepayers would be significant, especially in light of additional levies that have been imposed on local governments in the past few years. As an example of the potential impact, an additional \$1million in rates would require a 1% rate increase. Based on the 2011/12 budget, this would require Hume City Council to increase rates by 7.3% rather than the planned 6.3%. As CPI in Victoria is only 2.25%, this is a substantial increase in a community where rate stress is already causing additional hardship for the community. In Hume City, more than 17% of residents are eligible for a pensioner rebate. As pensioners are often asset rich but income poor, the adoption of significant rate increases has a real impact on the disposable income of a significant proportion of our community.

The impact on Local Government Home and Community Care services

Hume City Council requests greater clarity from the Productivity Commission on how Home and Community Care (HACC) services will be affected in Victoria. In proposing a national scheme, the Draft Report does not reflect or seek to enhance the existing strengths of the current HACC service system in Victoria, and some of the proposals for change could undermine this established service platform.

The HACC system is considered by many other state service providers and State Governments to be effective in providing appropriate, locally-delivered support services for people with disabilities. While recognising the need for change in the sector, Council is concerned that continuity of care and benefits of the application of local knowledge will be affected as a result of the changes.

Hume City Council HACC services operate under the principles of the Active Service Model, which is a quality improvement initiative that takes into account individual needs and wants, reflecting the same philosophy as the NDIS – i.e. greater choice, self-directed activities and staff supporting and facilitating clients to achieve their goals and aspirations.

Council's service delivery for people with disabilities is not isolated as a distinct role and fits within a larger municipal service system that includes other services, planning for future development, advocacy and community development. The benefits this provides to the services of people with disabilities cannot be underestimated. Strong links have been developed with Council and other disability organisations in Hume City, providing for greater integration with the social, recreational and health services used by residents.

Local government significantly provides and funds community transport and domestic assistance in Victoria. Based on a survey of councils' 2009 costs, undertaken by the MAV, the estimated council contribution over and above the HACC output price for their core HACC services (domestic assistance, personal care, respite, property maintenance, delivered meals and Planned Activity Groups) was \$66 million or 25%.⁵

HACC services and Delivered Meals are heavily subsidised by Victorian Councils and there is little acknowledgement of this in the Draft Report. For instance, Hume City Council annually contributes \$540,000 towards the Delivered Meals scheme alone, on top of the \$1.49 per meal received from the Victorian State Government. The benefits of the HACC service delivery platform are such that it is a critical to integrated service delivery for clients.

Of major concern to Hume City Council is the potential loss of local community and client knowledge should HACC services no longer be provided by local Councils. As with most Victorian Councils, Hume City Council does not only provide services to residents; it also provides integration and links into other mainstream health services, provides referrals and advice, and is a strong advocate on behalf of its community.

These are the less-obvious benefits and outcomes of HACC service delivery occurring at the municipal level. Hume City Council staff conduct a detailed assessment before taking on any new clients, which includes a range of background questions that seek to understand the person and their community. Rather than lose this continuity of care, Hume City Council strongly advocates that the Productivity Commission consider investigating the Victorian model as an integral part of the overall scheme.

Council believes Victoria is an appropriate State in which to pilot the NDIS as the HACC service model used in Victoria is closely aligned in principle with the NDIS aims and the benefits of the existing system can be explored in refining the new scheme. Council welcomes the statement in *The Age* newspaper on 1 May that Victoria is being considered for the pilot.

⁵ MAV, Draft submission to the PC inquiry into disability April 2011 public

The reliance on market forces

Hume City Council is concerned about the reliance on market forces to ensure appropriate and effective service delivery. In some areas, especially rural areas, satellite towns such as Sunbury and newer suburbs such as Craigieburn, this will further disadvantage communities that are geographically separated and already under-serviced, with limited infrastructure. The proposed market response approach to service development will not be adequate to ensure timely and appropriate service options in all communities. Without some protections and incentives, the market is unlikely to provide adequately in remote or low density areas, or for some of the more vulnerable target groups.

The role played by Local Governments in Victoria includes integrating clients into other services and allied health systems and identifying and meeting gaps not related to the issue they are presenting with. Local Councils, by the nature of their regular contact with residents, provide a high level of accountability and transparency and face a higher level of scrutiny than service providers within a market-based system.

Council is also concerned about the impact that the loss of funding will have, not only on Council HACC services, but on local community organisations. It will be difficult for smaller providers to ensure the availability of employment and facilities, as funding will no longer be guaranteed. This could bring about a 'casualisation' of the workforce, leading to increased wage and administration costs and making it difficult to achieve continuity of care. While Council advocates an increase in wages to attract sufficient staff to the sector, these resources could be wasted if they are directed to an increasingly 'casual' workforce.

Council is concerned that market forces will not be equitable across all areas of the community; rural areas and growth areas in particular may not be sufficiently serviced. This concern is especially relevant to Hume City as the municipality experiences nearly 3% growth every year and infrastructure and services are already stretched to respond to community need. The implementation of the NDIS must include some actions to incorporate strategic planning and to enable disadvantaged communities to be supported to set up services and advocate for new services.

There are a range of questions that need to be answered in relation to relying on market forces to ensure quality and appropriate services for people with a disability:

1. Who will be responsible for ensuring quality of service? What is the mechanism for quality control and what redress do community members and local Councils have if services are thought to be inadequate?
2. Which body or level of government will ensure services are being established in all areas? If no service exists or develops in a given area, who is responsible for addressing that gap?

3. How will the National Disability Insurance Agency protect vulnerable community members from unprincipled providers? This is of particular concern if Local Government is no longer involved in service provision.

Greater clarity about eligibility

There is a need for greater clarity around eligibility – the ‘who is in and who is out’ question. This is especially necessary in regards to terminology such as ‘severe’ and ‘profound’ and in considering the link between mental health issues and disability. The Productivity Commission has asked for guidance and feedback about the line between disability support and the mental health sector. Hume City Council’s feedback is that this is the biggest disability evident among people living in Hume City. The burden this places on services and the community is significant.

Hume City experiences a higher rate of mental illness than most other municipalities across Victoria. According to the Victorian Department of Health, the percentage of years lost to disability due to depression and generalised anxiety disorder is higher in Hume than in Victoria. In Hume City, the percentage is 11.1% while in Victoria it is only 9.1%. There is a higher rate of depression among males in Hume than across Victoria. Depression is the largest contributor towards years lost to disability for females in Hume City and accounts for almost 10% of all years lost to disability among males in Hume.⁶

Hume City Council believes mental illness needs to be considered and acknowledged within the NDIS. The crossover could be around the definitions of who is eligible. Some people with a mental illness are unable to perform daily tasks for themselves and there is some argument that the disability they experience would fit within the definitions provided in the Draft Report. However, as the Productivity Commission’s research has not taken into account the numbers of people whose lives are restricted through mental illness, the funding increases proposed by the PC are unlikely to cover the funding needs of people with mental health issues.

Clarification around support for migrants, refugees and Aboriginal people

There is a need for more information about how people from migrant, refugee and Aboriginal backgrounds will be supported. Hume City is home to more than 37,000 people from non-English speaking and Aboriginal backgrounds. Residents in these communities often need additional support in terms of cultural awareness, translations or interpreters, and targeted communications. This can impact on funding, resources and staff time allocated to communicating with clients or delivering a service, and adds complexity to the delivery of a service.

⁶ Hume City Council, Hume City Health Snapshot 2010

Concerns specific to migrants and refugees

Council is concerned about the lack of detail in the Draft Report about language and culturally specific services. The additional needs these communities have has not been addressed in the Draft Report and Hume City Council requests additional information about the support services and funding available to these community groups, especially keeping in mind the benefits of early intervention.

Hume City is home to more than 36,000 people from non-English speaking backgrounds. Approximately 1,200 migrants and refugees arrive every year.⁷ More than 29.3% of Hume City residents were born overseas, coming to Hume from 145 different countries, with 36.2% residents speaking a language other than English at home.⁸ In the suburbs of Broadmeadows, Campbellfield, Coolaroo, Dallas, Meadow Heights and Roxburgh Park, fewer than 50% of residents use English as their spoken language at home.⁹

Hume City has almost three times the proportion of settlers (27.8%) who come through the Humanitarian Program than Melbourne (10%). Of all migrants from the Humanitarian Program that settled in Metropolitan Melbourne from 1 July 2003 to 30 June 2008, 10% have settled in Hume City. During the five years from 1 July 2003 to 30 June 2008, 5,963 new migrants settled within Hume City.¹⁰

Supporting people with a disability is especially difficult in areas of higher migrant population, as language, past experiences, lack of confidence and cultural differences impact on migrants' and refugees' ability to source services. A key issue that Council advises the Productivity Commission to take into account is the role of interpreters in providing assessments, service delivery and advocacy. Each session with an interpreter takes at least twice as long and the funds for hiring interpreters can be out-of-reach for people from migrant and refugee backgrounds. These challenges need to be taken into account and planned for in the development of a new scheme.

The Productivity Commission's Draft Report indicates that people with disabilities will receive funding regardless of whether they receive the Disability Support Pension; but is this also true for refugees? Children should be included regardless of whether they have residency status or not. Council is concerned about the services and support available for children and adults at the detention centre in Broadmeadows and requests the Productivity Commission include some recommendations about funding, services and support for people in detention centres across Australia.

⁷ ABS, 2006 Census of Population and Housing

⁸ ABS, 2006 Census of Population and Housing

⁹ ABS, 2006 Census of Population and Housing

¹⁰ Hume City Council, Hume City Health Snapshot 2010

Concerns specific to the Aboriginal community

In 2006 according to the ABS, there were 892 Aboriginal and Torres Strait Islander people living in Hume City. This represents 0.6% of the total population for the LGA, which is similar to the Victorian average of 0.61% and higher than Metropolitan Melbourne (0.39%).¹¹ However, there is anecdotal evidence within the Hume Indigenous community and the Aboriginal health services sector that the Aboriginal population in Hume City is much higher than that.

A key concern in addressing the health needs of Aboriginal people is the difficulty in obtaining current, accurate data; the real need is not visible and there is a concern that Aboriginal people are under-represented in the current data. This is partially linked to the concerns about accuracy with ABS statistics in regards to Aboriginal populations, as well as to a lack of identification of disability by many Aboriginal people. These issues have been considered by the Productivity Commission, but what has not been acknowledged is the untold picture of mental health issues prevalent in Aboriginal communities.

At a recent Indigenous Health and Community Services Forum hosted by Hume City Council, the participants (including Council staff, local Aboriginal community, and staff from Aboriginal health services and mainstream health services) committed to lobby for research into the incidence of mental health issues in Aboriginal communities. In order for the NDIS to adequately support all Australians with a disability, additional focus needs to be given to mental health issues, including data and support for people from Aboriginal and Torres Strait Islander backgrounds.

Home and Community Care (HACC) user data for Victoria shows that Aboriginal people use HACC services more frequently at younger ages than non-Aboriginal people. Aboriginal people are more likely to use property maintenance services, planned activity groups and case management than non-Aboriginal people.¹² This is also true in Hume City, which has a range of activities, programs and support services for Aboriginal people through the HACC service. The services have engaged with many Aboriginal people in Hume and are making a real difference to children, elders and their families.

This further emphasises the importance of the role of Council HACC services in providing access, services, social planning and specific support for vulnerable communities. With its local knowledge, ability to form partnerships with local communities and ability to link services through to other parts of Council and the community, Local Government is best placed to deliver targeted support services to its community.

¹¹ ABS, 2006 Census of Population and Housing

¹² Hume City Council, Hume City Health Snapshot 2010

Conclusion

Hume City Council fully supports the principles of the Productivity Commission's Draft Report to the Inquiry into Disability Care and Support. The Draft Report goes a long way to addressing inequity and the needs of people with a disability. It is long overdue and the level of support and feedback from the industry further supports the value of the proposals. Council is encouraged by the bipartisan support the NDIS is receiving and is keen to add its voice to this support.

That being said, there are four main areas of concern that Hume City Council wishes to raise. The value of the HACC service system in Victoria cannot be underestimated and while an overhaul of the disability sector is needed, Council strongly advocates for the protection and maintenance of the HACC system within the sector. The reliance on market forces to ensure high quality services could negatively impact Victorian HACC services and the continuity of care that is delivered on a daily basis to hundreds of clients. Market forces may not ensure quality services and Council requests further clarification around who is responsible for ensuring high quality services are established in all areas.

Council requests further clarification around eligibility, especially in regards to supporting people with mental health issues, which in Hume City, is the largest cause of years lost to disability. Council also requests greater clarity about specific, targeted support for people from migrant, refugee and Aboriginal backgrounds. These community groups are some of the most vulnerable and not only is the incidence of disability unknown to some extent, there are also a range of barriers to accessing services.