

# Disability Care and Support Response to Productivity Commission Draft Report, February 2011

**April 2011** 

#### About National Seniors Australia

National Seniors Australia (NSA) is the largest organisation representing the over 50s in Australia with over a quarter of a million individual members.

Our members are from metropolitan, regional and rural areas across all states and territories, and are broadly representative of the three key ageing cohorts: those aged 50-65; those aged 65-75; and those aged 75 +.

NSA works to provide a voice and address the needs of this diverse membership:

- ➤ **We represent** to governments, business and the community on the issues of concern to the over 50s:
- ➤ **We inform** by providing news and information through our website, forums and meetings, our bi-monthly award winning magazine, a weekly E-newsletter and our Australia-wide branch network;
- ➤ We provide opportunity to those who want to use their expertise, skills and life experience to make a difference in indigenous communities and on our environmental legacy;
- ➤ We support those in need our Charitable Foundation raises funds to provide comfort and support for our most vulnerable older citizens;
- ➤ **We provide savings** through quality insurance, affordable travel and tours, and discounts on goods and services.

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## Introduction

National Seniors Australia made a submission to the Productivity Commission's Inquiry into Disability Care and Support in September 2010.

National Seniors is pleased that the Productivity Commission has acknowledged the underfunding, often unfair, fragmented and inefficient disability care sector and the extent of unmet need. National Seniors therefore welcomes efforts to reform the policy frameworks, mechanisms and operations of the Disability Care and Support systems by the Productivity Commission.

## **Funding**

The Productivity Commission notes that funding of disability care and support would require an additional \$6.3 billion.

The Productivity Commission suggests that Commonwealth takes over responsibility for funding the entire needs of the National Disability Insurance Scheme (NDIS) given efficiency losses in States and Territories. The States and Territories would either reduce their taxes that are charged to disability services or transfer this revenue to the Commonwealth. The Productivity Commission suggests that the NDIS would get its funding from by the directing of payments from consolidated revenue into a 'National Disability Insurance Premium Fund' (NDIPF). stating that a tax levy would be a second best option.

The need for alternative funding was well documented in the PricewaterhouseCoopers' final report on funding options for a National Disability Insurance Scheme (NDIS)<sup>1</sup>, which justifies the development and implementation of a funding scheme that targets the areas of greatest unmet need in disability care. National Seniors Australia welcomes the idea of the National Disability Insurance Premium Fund.

#### The New Scheme

It is proposed that all Australians would receive full coverage of the cost of long term disability care and support. The NDIS, it is stated, would be like a Medicare type scheme where all Australians would know that they and their families would get long term and lifetime support if they acquired a significant injury. It would be overseen by the National Disability Insurance Agency with an independent board and governance arrangements.

The proposal is that the NDIS would provide aids and appliances in the home, vehicle modifications, personal care, community access supports, respite, domestic assistance, specialist employment services, therapies, case management with local

<sup>&</sup>lt;sup>1</sup> PricewaterhouseCoopers: National Disability Insurance Scheme - Final Report (October 2009)

coordination and development which aim to maximise people's independence and participation.

National Seniors agrees with the options that maximise people with disabilities' independence and participation as we are well aware of instances where by reason of a disability a person can be socially isolated.

#### **Case Study**

Matilda (not her real name) is an elderly lady in a wheelchair. She has been moved into a small public housing house which had no ramp. Telecommunication companies refused to connect her due to previous disconnections as she had struggled to pay bills. State and Commonwealth government agencies argued over who would bear the cost of installing a ramp and this argument went on for over 6 months. In the interim, the lady could not enter and exit the house. The elderly lady has two children also in wheel chairs, with autism, who live elsewhere. She was totally isolated and could not contact her family members. She was stressed and depressed and her health had gone into decline. (2009).

The NDIS also has other roles including quality assurance, mustering community resources and diffusion of best practice among providers. National Seniors Australia would like further detail as to how this new system would operate and the governance structures that would be in place. We are concerned about the potential for conflict that might emerge in having the various roles working within the one agency.

The Productivity Commission's comments around the provision of more choice of service providers and assessments based on needs and the use of individualised support packages are similar to the arrangements proposed to be introduced in the aged care system.

National Seniors Australia would like to ensure that the assessments by NDIS are made according to the needs of the consumer and that the people making such assessments are appropriately trained in the nature, impact and effect of disabilities on peoples' day to day lives. The NDIS should have formal protocols to manage assessments of disabilities that could be judged to fall within the domain of both aged care and a National Disability Scheme. National Seniors Australia welcomes the portability of assessments and information, subject to privacy protection, across the system as this has been problematic for people trying to move between agencies and jurisdictions and has led to delays and the re-invention of the wheel for people with a disability and their carers.

The Scheme would commence in early 2014 in a region, with the opportunity to fine tune it and then roll it out in 2015. National Seniors agrees with the concept of any new reforms being transitioned in such a way that enables fine tuning before full roll out in view of the potential harm to people that could be caused if there are glitches in any new reform.

National Seniors Australia is interested to know further detail around how the proposed disability care and support system will interact and how it will interface with the health care system and the aged care systems. We are also keen to learn of how the issues of consent and capacity (particularly of people with intellectual disabilities) will be addressed in ensuring understanding and choice.

National Seniors Australia notes that currently care arrangements have been poorly funded and often not well targeted and ad hoc. National Seniors Australia hopes this new system will be more responsive to the needs of people with a disability and will benchmark any reforms on this basis.

#### Carers

Some National Seniors Australia members, who provide the essential role as carers for people with disabilities, as they age, are increasingly concerned about what will happen when they can no longer cope and what will happen to their loved ones.

Issues around the need for respite care, proper supports for carers will not only be solved by what the Productivity Commission identifies as giving them more choice alone. In addition, an array of supports and some assistance with diagnosing clinical need to match this with choice is required. In its discussion of respite care, the Productivity Commission has suggested respite in the home, a community setting, networks of host families and recreation, holiday programs and specialist accommodation and support. These suggestions around respite are flexible and National Seniors welcomes this. National Seniors Australia would like more information on how more flexible respite with an increase in locations to enable access will be achieved and resourced.

National Seniors also notes, as it does in its *Response to the Productivity Commission, Caring for Older Australians* (1 April 2011), that similar flexible options for respite are also needed in the aged care system for carers and the aged. The issues for carers looking after children/adults with disabilities as they age and become frail are vexed. More support and opportunities for support and education in pre-planning for this stage are needed with appropriate resources being committed. This will assist, earlier in the transition, so that aging carers can have peace of mind.

# **Acquired Brain and Spinal Cord Injury**

One key concern National Seniors Australia raised in its September 2010 submission, was a concern around the care for people with an acquired brain injury and the need for appropriate care and facilities to support them, other than the aged care system, if they are not aged. A national disability scheme should actively engage with the younger people in Residential Aged Care Program to move people inappropriately placed in aged care facilities on to the disability scheme.

National Seniors Australia is pleased that the Productivity Commission has acknowledged the need for people requiring lifetime care and support for

catastrophic injuries who have been overlooked in terms of their care and support needs for many years.

National Seniors Australia welcomes the idea of a 'no fault' national injury insurance scheme (NIIS) to better respond to this class of people. We reiterate however, our concern that such a scheme ought not to lead to a loss of benefits for people aged 65 and over who incur a profound or severe disability and are interested in more explanation on the mechanisms which would be put in place to ensure the better offerings of some of the State and Territory schemes would not be lost in any move to a national scheme.

# Interaction of the Proposed Disability Care and Support System with the Aged Care System

National Seniors notes that, upon turning 65, people would be given the option of electing to have their needs met in the disability care and support system or move into the aged care system (with the co-contribution arrangements set out in the Productivity Commission's Report, Caring for Older Australians, March 2011). National Seniors notes that some disabilities require high levels of specialist knowledge and dedicated care that is specific to the disability. It is hoped that such skills and expertise would not be inaccessible by an election to move into the aged care system and that any proposed 'gateway' would be sufficiently resourced and linked into disability service to ensure that such offerings would continue. National Seniors seeks clarification on this point from the Productivity Commission in its final report.

Although National Seniors acknowledges that there are similarities and differences in philosophy, employment goals, duration of care and support and competence in aged and disability sectors, National Seniors seeks clarification as to why, under the NDIS scheme, there is an option to cash out a funding allocation and direct funding to areas they think are most important and yet this option is not proposed in the context of the Productivity Commission's, Caring for Older Australians Report.

Given the consensus that the distinction between aged and disability care is an artificial one, National Seniors believes that the new National Disability Scheme should be designed in such a way that it can be readily extended at some future date to include further categories of disabilities, including those resulting from the natural process of ageing, not currently contemplated for inclusion.

### **Consumer Protection**

The Productivity Commission states In Chapter 8, Delivering Disability Services (page 8.33) that:

"... in practice, self-assessment and auditing tends to focus on the existence (or non-existence) of documented policies and procedures, which are a poor proxy for quality of service. Compliant providers may actually deliver lower

quality services (for example, nicely completed forms, but unempathetic staff), and non-compliant ones may be more responsive and effective at meeting people's actual needs.

Fourth, burdensome self-assessment and auditing regimes may have anticompetitive effects, since they typically involve fixed costs that loom large for smaller providers offering niche service products. This undermines consumer choice and reduces the competitive pressure on providers to deliver high value and quality service products.

For these reasons, once initial certification has been achieved, self assessment requirements should be concise and aimed at informing providers of their obligations (in terms of standards and other laws and regulation) and the explicit policy or procedures they must have in place to meet them.... However, where standards fall below an acceptable level, making a complaint can be difficult, particularly under current arrangements where consumers are disempowered by scarcity, lack of choice and lack of support. Establishing an effective complaints mechanism would be an important feature of the quality assurance under the NDIS."

National Seniors has pointed out in its Response to the Productivity Commission's Draft Report, Caring for Older Australians (1 April 2011) that similar issues arise in the aged care system. In this response National Seniors recommends the establishment of an Aged Care Commissioner with an attached Community Visitor's Scheme. We note that the Productivity Commission's Draft Report on Disability Care and support states:

"The community visitors have specific legal powers to make unannounced visits to accommodation facilities, talk privately with residents or employees, inspect operational documents and report on the adequacy of services provided. In addition community visitors support the quality provision of service in a number of other ways:

- they can draw issues to the attention of service providers
- when serious issues are detected, they can instigate further investigation by the NSW Ombudsman, the Office of the People's Advocate or police
- in Victoria, the publication of the annual report provides information to consumers about ongoing issues with certain providers and to government about broader industry challenges and trends in service delivery...

Community visitors are a well targeted way of monitoring groups with particular vulnerability who receive care and support in situations where poor practices our outcomes are more likely to go undetected. The capacity for random inspection strengthens industry wide incentives to comply with service standards as well as other laws and regulation. As such, these schemes should be extended on a national basis under the NDIS. In doing so, the NDIA could fund state agencies with community visitor schemes or public advocates to take on this work... (8.35)"

National Seniors Australia would like to make the point that a similar argument to that presented by the Productivity Commission on disability services could be made as equally in relation to the aged care system and are hopeful that this means the Productivity Commission is as equally open to the National Seniors recommendation in its Response to the Caring for Older People Report.

Similarly, the idea of red flag indicators being useful guides for consumers who want to know if a large number of complaints have been made and who is a good provider is a good idea. This is one that National Seniors considers could be valuable in relation to the aged care sector as well.

## **Conclusion**

We welcome this very important Report on Disability Care and support by the Productivity Commission in view of the importance to our society in ensuring that those with disabilities are able to participate and be appropriately supported.

Should you have any questions please do not hesitate to contact Dr Liz Curran, Director of Policy on (02) 62304588.