



Productivity Commission Final Report on Disability Care and Support

Carers Victoria's Overview and Initial Response

What the Commission proposes:

A National Disability Insurance Scheme with 3 tiers

- **Everyone** - social participation, minimising disability impacts, insurance against risk (*22.5 million*)
 - Information and referral and community engagement (all people with a disability and their carers) (*4 million*)
 - 410, 000 people with significant disabilities who receive individually tailored funded support from the NDIS
 - People with physical intellectual, sensory or psychiatric disabilities who have significantly reduced functioning. (N=333,000)
 - Early intervention group (80,000)
 - Small group of others
 - Some caring families

- **Commonwealth Statutory Authority - National Disability Insurance Agency (NDIA)** independent from Government and accountable to the Treasurer. This is preferred over a federated model.
 - Board (state and territory nominations)
 - Advisory Council
 - Legislation to enshrine financial sustainability and entitlement to lifelong care
 - Costs met through general Australian government revenue via National Disability Insurance Premium Fund and agreed legislated formula: Pay as you go with reserves or hypothecation
 - Cost offsets from State and territory disability revenue
 - Individualised funding rather than block funding with some exceptions
 - Common national quality standards for services providers, recommended price, standards monitoring
 - Local Area Coordinators (advice and information) and Disability Support Organisations (intermediaries.)

- Internal Office of Inspector General as Statutory Officer for complaints and disputes
 - Centralised data base of services providers and DSO's.
 - Market development and innovation funds
 - Underpinning longitudinal data system.
 - Research capacity- for evidence basing
 - Workforce development
- **Schedule of staged implementation**
 - Regional roll outs July 2014
 - Full national coverage for priority groups 2015-6
 - Fully operational 2018-9
- **Individualised tailored support provided to:**

Under 65's and people over 65 who opt to stay with NDIS (with co payments) who are:

 - People with a disability that is or is likely to be permanent, and
 - have significant reduced functioning in self care, mobility, communication and self management who require ongoing support, or
 - who would benefit from evidence based early intervention.
- **Entitlement** to supports is determined by an **independent assessment** through the NDIA – the eligibility process. Funded supports for eligible people will include redirected mobility allowance.
 - NDIA trained independent assessors, assessment tool box (valid, reliable), national equity of access and benchmarking of assessments, reassessment especially at transitions. Personal goals and plans.
 - **Carer assessment** for those providing substantial care – focus on sustainability and support needed. Tiered levels of family support with access to NDIS funded assistance where needs are high. A funding allocation for support for some carers.
 - Attention to long term planning for ageing parents
 - **Self direction, self management or shared management** of individualised funding for assessed 'reasonable and necessary' supports - full range of National Disability Agreement disability supports including Australian Disability Enterprises, disability specific school to work programs and specialised accommodation services.
 - Increased choice – of providers and Disability Services Organisations as intermediaries
 - Capacity for direct employment of support workers, who should not generally be close family members
 - Trial of direct employment of family members.
 - NDIA provides information and guidance concerning self managed funding
 - Assessment to consider and take account of what can be 'reasonably and willingly' provided through unpaid care, consistent with age and lifecycle stage.

- **Specialist Carer Support Centres** and referral for carer support and counselling. Counselling and support will also be funded through individual support packages. Evidence based training and counselling options.
- Continuation of National Carer Counselling Program, but competition to be encouraged.

A separate federation of state based catastrophic injury insurance schemes

National Injury Insurance Scheme

- State and territory no fault fully funded care and support insurance schemes for those with catastrophic injuries- motor vehicle (the priority), extending to medical, criminal and general accidents.
- Variety of funding sources.
- Harmonised standard eligibility, assessment, reporting
- Including catastrophic workplace claims
- Removal of common law right to sue for long term care and support; while retaining damages for pecuniary and economic loss.
- **Mainstream provision** of aged care, health (including palliative care and acute and clinical MH care), public housing, public transport, education and open employment are outside the scheme. MOU's will specify intra agency boundaries and referral processes.
- Government reforms to **Disability Support Payment** are recommended to align it with NDIS
 - Transitional disability benefit for those with work capacity
 - Pension for those with low work prospects
 - Reducing disincentives to employment – Effective Marginal Tax Rates, work test, employer awareness
- Retention of **general advocacy** (?individual and systemic) funding through FaHCSIA and state and territory governments on a block funding basis.

Commonwealth Government response to the final report

- Agreement on need for major reform through NDIS
- COAG to develop high level principles- foundation reforms, funding and governance
- Select Council of Treasurers and Disability Services Ministers. To report to COAG early 2012
- Advisory group chaired by Jeff Harmer and including Bruce Bonyhady and Rhonda Galbally.
- Small expert working groups on key tasks.
- National Disability Agreement priorities –national assessment framework, national service and quality standards and workforce development strategy to be developed.
- Federated model discussed.

The contribution of the network of Carer Associations

Carers Associations have contributed to a number of PC recommendations including:

- Enlarged target group as lobbied for.
- Inclusion of significant psychiatric disability and broadening of functional limitations to include 'self management' is a major improvement.
 - This includes considering the cost offsets of Psychiatric Disability Rehab Services, the Personal Helpers and Mentors Program and Mental Health Respite.
 - Includes focus on intensive housing and support needs
- Inclusion of Australian Disability Enterprises in the NDIS
- Recommended reforms to Disability Support Payment – reducing disincentives to employment (EMTR's, work test, employers)
- Successful lobby for tiered family supports for high needs families which are to be provided via individual packages and the NDIA. This includes respite and family support. Low needs families access Carer Support Centres.
- Successful lobby concerning assessing self management capacity.
- Carer Assessment and 'entitlement' through the NDIA: this begins a person centred and family focused approach but there is no carer assessment tool
 - We have gained a funding bucket (Tier 3d) – funded support for some carers.
- It appears that caring families can access NDIA support or carer support centres regardless of the person with a disability. This needs to be confirmed
- Focus on future planning for ageing parents
- Review assessments with a transition focus and as needed
- Partly successful lobby for Carer Support Centres for low intensity support and carer training (are these Commonwealth Respite Centres, given the emphasis on local provision?) However the role emphasised for Carer Support Centres is limited to training and counselling with respite and family support becoming part of the individual NDIA package. In addition, training and counselling may also be funded separately via the NDIS.
- The Productivity Commission sees advocacy (individual and systemic) as a separate parallel function to the NDIS and separately funded. (There is a different role description for Carer Support Centres in the report on Care of Older Australians. It includes carer support groups, counselling and emergency respite and advocacy.)
- Retention of National Carer Counselling Program. However, competition from direct NDIS funding is proposed as is the evaluation of best practice counselling and carer training by NDIS.
- Poorly expressed recommendation about extending the right to request flexible work to carers of adults.
- The PC report picked up on the CA submission's recommendations that specific items from the Henry Taxation Review are pursued.
- Protecting Carer Payment and Carer Allowance

Key concerns about the report

- Access to affordable community and public housing- and its importance to caring families, and people with a disability is poorly addressed.
- More work is required concerning the limits of individualised funding and where block funding is desirable
- Caution about the capacity of the market to provide and the need for community/ program development for market failures and market development. This is inadequately addressed through an Innovation Fund and a linking role of Local Area Coordinators.
- Economic rationalist approach to information and advice about providers, DSO's and self managed care (web based) although Local Area Coordinators have a key role.
- No focus on outreach – e.g. to vulnerable people with a disability in boarding houses and Supported Residential Services
- Confusion/ poor understanding of interdependence and the carer sector. It is clear the carer sector was not the Commissions primary focus. It expected this to be addressed through a comprehensive National Carer Strategy.
- There was no significant exploration by the Productivity Commission of:
 - The cost offsets from the NRCP, the Respite and Carelink Centres respite funding (disability and mental health funding) or state funding to Carer Services. (disability and mental health)
 - The Commissions expectations of the National Carer Framework appear to have assumed that growth in carer support services would occur. However, this is unlikely, given investment in other social and economic reforms.
 - The complexity, fragmentation and limited cost effectiveness of disability carer support programs 'on the ground' between HACC, state funded specialist Disability Services (facility based, community access, recreation), Victorian Support for Carers Program (disability and mental health), Commonwealth NRCP (including CRCC's and other NRCP); FaHCSIA's severe and profound program, Young Carers Program, Mental Health Respite Program, Community Development Program and the Personal Helpers and Mentors Program and NCCP. Presumably the Help for Children with Autism and Better Start program would transfer to NDIS.
 - Carer voices in the National Carer Strategy emphasise the need for 'one stop shops' to access information and support and reduce the maze.
 - Proposed new aged care 'front end' addresses this.
 - The issue is not well addressed for disability
 - Currently the block funded Carer Respite and Carelinks Centres provide only a small annual proportion of family support in the disability sector. (A detailed analysis of this is needed). But:
 - National Specialist Respite funding under the National Disability Agreement in 2009-10 was \$345,129,000.
 - Other family support is provided through NDA Community Access and Community Support Programs totalling \$ 1.25 b in 2007-8. These provide recreation, individual support packages and community access although available data does not allow a breakdown of carer support components.

- The boundaries and limitations of the existing heavily rationed specialised carer support funding programs are very problematic
 - CRCC's offer limited episodic and occasional respite provision in disability and mental health with a poor capacity for support for high needs families and limited planned and emergency respite capacity
 - CRCC's cannot provide equity for diverse groups of carers because of target group boundaries, poor program design and limited program funds.
 - Fragmented programs run by a plethora of agencies.
- The need for national harmonisation of carer assessment tools, carer support frameworks and models, services and quality standards is not addressed.
- The need to consider the number of agencies who act as access points to services.
 - Will people with a disability and their families choose to limit the agencies involved in assessing their needs and planning their care and entitlement to the NDIA?
 - Is a separate gateway to carer support desirable or cost effective for people with a disability and their family?
- The limited access of caring families to systemic or individual advocacy. Advocacy funded under the National Disability Agreement is largely targeted at people with a disability, not their families.

Essentially we have a considered set of recommendations with some potential to reform and cost effectively streamline disability services – but what this means for the carer support system and how it is streamlined and made more efficient is yet to be determined.