INQUIRY INTO SERVICES PROVIDED OR FUNDED BY THE DEPARTMENT OF AGEING, DISABILITY AND HOME CARE

Organisation: Warringah Council

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Warringah Council is located on the Northern Beaches of Sydney NSW with a population of 144,092, of that approximately 28, 818 people have a disability. Disability can take many forms and affects such a significant proportion of our population. The wellbeing of people with a disability and their families is a key area of concern for Council. Effective service delivery by ADHC is essential in providing for the needs of people with a disability and their families in our communities.

This submission outlines a range of disability service delivery issues which need to be addressed:

Quantifying the impact of disability on peoples lives

In order to gauge the current extent of unmet need - the number of people with a disability and the impact of the disability on their lives should be measured and quantified in order for the government to develop effective service delivery. It is impossible to know the current extent of need especially in terms of service delivery if it hasn't been quantified.

Mental Health

Mental Health is a key area of concern for unmet need. Mental health funding is included under the umbrella of disability services of ADHC's Home and Community Care but mental health services are poorly resourced compared to other disability services. However mental health is an extremely significant issue in our society. According to the Australian Bureau of Statistics in 2007, 45% of Australians aged 16-85 years (or 7.3 million people) reported to have, at some point in their lifetime, experienced a mental illness (classified as an anxiety, mood or substance use disorder) which lasted at least 12 months or a lifetime.

Mental health services are crisis driven and too little is invested in early intervention and support. While the needs of people with mental health issues are ignored it is having a detrimental impact on our communities. A lack of services and early intervention is causing unnecessary costs on our hospital systems, the justice system, contributing to the rates of homelessness and suicide and causing terrible suffering by those experiencing mental illness and their families. Greater provision for case management and in-home services for people with mental health issues is needed.

Carers of people with a mental illness feel neglected by the lack of state government service provision. The amount of funding that goes into aged and disability compared to mental health is inequitable. For example a carer reported that her 20 year old son has spent half his life (10 years) in hospital with mental illness. Most of those 10 years in hospital have been unnecessary – if he had a case manager and adequate in home care he would not reach the state where he needs to be admitted to hospital and begin the cycle of discharge, mental health decline due to lack of support and then re-admission to hospital. Greater case management and support services urgently need

to be funded and provided for people with mental health issues so that they can lead fulfilling lives in society.

Social Inclusion
Education programs which enable communities to be not only educated but sensitive and inclusive of people with a disability are in need. The key to developing social inclusion for people with a disability is to work on social stigmas and stereotypes through positive social education campaigns and ensuring that people with a disability are active participants of the community who are visible. Currently there is very little invested in education awareness programs and this is a valuable area which should be given more focus.

A focus on developing real social connections with the community is also essential. Research should be conducted into social/community connection initiatives (e.g. the Circles of Support Initiative which began in South Australia).

Transport
A lack of flexible and affordable transport is still a major problem for all communities and especially for people with a disability. Funding for flexible, affordable, reliable transport solutions is needed. Good transport is a key to improving social inclusion for people with a disability.

Currently funding for day programs does not include funding for transport to and from a day program. ADHC should consider co-funding transport with day programs as parents often struggle to transport their adult children to and from day programs and meet work commitments.

Key Transition Periods
The last 5 years have seen an improvement in the support of key transition periods particularly the transition periods from school into adulthood. However, there is still room for major improvement. People with a disability and their carers are not satisfied with the limited options available to them and the limited availability of those options. Day programs need to be transformed from the current traditional school like structures to be more innovative, interesting, fun and meaningful.

Accommodation, transport, recreation and employment are all very well known key areas of concern and also form the basis of the issues associated with key transition periods. In terms of accommodation some people are satisfied with the options of group homes but have to be lucky enough to have the opportunity to get a placement and a placement which is suitable. For most carers the option of a group home is unsatisfactory as carers want options which provide social inclusion, independence and mainstream accommodation options – for example whereby the person with a disability lives in a share house with other people that don't have disabilities and are provided with appropriate support.

Distribution of Information
The distribution of information for people with a disability and their carers is very problematic. There are still too many carers who are not getting the information they require – they receive information usually through conversations with other carers which is very ad hoc. A national website which is intuitive streamlined and well planned which contains all the information and links related to the needs of people with a disability could be a viable solution.

Flexibility for eligibility requirements

People who don't quite fall into a specific diagnosis for example someone that has a rare genetic disorder which causes a disability struggle within the inflexibility of eligibility criteria for services. Greater flexibility in eligibility requirements is needed to ensure easier process for the carer and to prevent people in need of falling between the gaps.

Classifying and assessing disabilities as health and lifestyle impacts as opposed to the 'type' of disability may ensure fairer support for all people with a disability and better funding to the sector. This would also ensure that people with a mental health issue and those that do not easily fit into 'a' diagnosis' are not marginalised.

Respite allocation system

The system of respite allocation based on vacancy availability is crisis driven, unsatisfactory and creates unnecessary stress on carers. RIAP was introduced to centralise respite to improve the allocation system of respite for carers but it continues to fail them. A local carer commented that it has not made any improvements to her life as she has not gotten the extra respite that she needs but instead now competes with other carers who are in just as much need. She reports that the only way to get respite that is desperately needed is to beg which is disempowering and inequitable. This story is not uncommon among carers.

People with a disability need to be empowered through self directed funding so that they have the power to choose the type of respite they want and when they need it.

The National Disability Insurance Scheme which is currently being researched and considered could alleviate a lot of the service problems faced by people with a disability and their carers but in the mean time respite is greatly inadequate and needs to be addressed.

Person Centred Approach

The current disability sector is essentially disempowering for people with a disability and their families. ADHC talks a lot about the person centred approach where people with a disability and their families are at the centre of decision making and determining their own choices. In order to truly achieve the person-centred approach though – people with a disability and their families should receive the funds that they need, to guide and direct the support they need.

In order to drive better quality disability services competition should be developed between service providers. Competition between service providers would occur if families were empowered to tell service providers what services they want.

In addition, service providers need to collaborate to provide more effective and efficient services. Service providers should be challenged by ADHC to develop and prove how they will work in collaboration with other service providers and how they will be delivering a person centred approach in order to gain funding from ADHC.

In the possible cases of the mismanagement of funds by people with a disability and or their carers appropriate systems can be put in place in order to counter this problem just as there are reporting requirements for service providers.

Some pilot projects have utilised the tool of self directed funding already and the government now needs to be proactive and timely with what it has learnt from those pilot projects and be instrumental in changing the current funding arrangements.

Accommodation

Independent supported living options need to be funded and developed inline with a social inclusion focus whereby community connectedness is developed so that people aren't dependent on service providers and so that group homes and hostels aren't the only option.

Under the current system every carer is expected to care for their child from cradle to death and this completely inequitable. Every carer must be entitled to supported accommodation for their child with a disability. A variety of appropriate accommodation options must also be made available under such a scheme.

In-home care packages should be offered to people with a disability (of any age) to achieve independent supported living just like the aged EACH packages (which was suggested by Community Care Northern Beaches at the ADHC Stronger Together Consultation held at Chatswood on 15 July 2010).

Attracting and Retaining Staff

Attracting and retaining passionate, quality dedicated workers to the disability sector are common issues for service providers which impact on their service outcomes. Skilled, strategic management staff are also difficult to attract and retain and greatly impact on the development of services. Council encourages the review by Fair Work Australia into the pay inequity of the not-for-profit sector. Hopefully the not-for-profit sector which provides many services to people with a disability will achieve more equitable pay which will in turn attract and retain invaluable staff to the sector.

Disability services provided by the State Governments Ageing, Disability & Home Care under its current system is unable to provide for the unmet need in disability services. Disability services needs to be reformed into a system which is better streamlined, flexible and empowering to people with a disability and their carers. It is recommended that at minimum a funding stream to support new creative pilot projects to address some of the needs identified in this submission be established.

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