

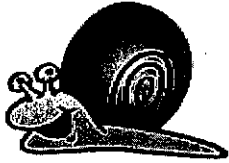
Submission
No 53

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

Organisation: Allowance Incorporated

Name: Mr Mark Sheehan

Date received: 6/08/2010



“Allowance Incorporated”

~~ Attendant Care ~~

6 August 2010

Submission to The Inquiry into services provided or funded by the Department of Human Services (Ageing, Disability and Home Care)

Introduction

Allowance Incorporated is a not-for-profit organisation which receives most of its funding from the NSW and ACT governments. A significant proportion of this funding comes from the Commonwealth Government. We are user run brokers of the Attendant Care Package Co-Operative Model, and all our users (who we refer to as participants) have a severe physical disability.

Allowance Inc is run by a Management Committee of participants (with disabilities) in accordance with the NSW Associations Incorporation Act, DADHC and Disability Guidelines and the Social, Community, Home Care and Disability Services Industry Award 2010

Our key objective is to ensure that our participants live their lives as they choose, without the dictates of a bureaucracy or profitability driven business. This model allows the participants the right to employ their own carers on an 'above' award basis, giving them the flexibility and freedom to manage their allocated hours in a way that accommodates individual lifestyles. Allowance Inc offers support to participants wherever necessary to carry out this role. For many participants, the flexibility offered by this model has been a life changing experience.

A few minor accounting issues aside, the professionalism and compassion demonstrated by ADHC to Allowance Inc and its clients couldn't be better and I have no grounds at all for criticism.

Funding Issues and Portability

Whilst Allowance is based in Sydney, we take on participants from all over NSW and the ACT. It is our vision to eventually expand this model and take on members nationwide. This desire however, raises constraints that exist as a result of the current state-based funding model and problems as a result of the supremacy of NSW's attendant care system.

Currently, participants don't have the freedom of choice to move interstate and remain on their existing Attendant Care Package (ACP). They are given twelve months to make other arrangements with their new home state, where the choices are to go on a "self-funded model" or under the care of either a government or privately run agency. For many of our participants, accepting these options would inevitably lead to a diminution in their quality of life and freedom of choice. Because of conflicting compliance and governance standards between the states, it is not possible at this stage, to offer ourselves as a broker in other states.

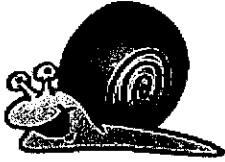
The main problem I see with the attendant care package is the source of funding. We strongly feel that funding should come from and be administered by the Federal Government. Perhaps ADHC could retain an assessment and compliance role using "live" criteria, but if someone meets eligibility criteria

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in Sydney, they should have the same entitlements as a person that meets the same criteria in Cloncurry and vice versa. I am unaware of what packages exist in other states, but I do know that we've had at least two people forced to move to NSW to enjoy the benefits of the NSW ACP.

Access to an Attendant Care Package is provided in NSW without fear or favour. I feel proud to live in a state, indeed a country, where such a facility has been made available, and thereby empowering people with disabilities. And this is where the problem lies. Allowance Inc could provide its services to a person in the remotest corner of the country today, if funding was obtainable from the relevant state. Meeting all the states' compliance requirements are a bridge too far for us unless we can obtain a nationally recognised accreditation.

Such an avenue may exist via a programme currently run by the Attendant Care Industry Association (ACIA), of which Allowance is a member. An initial approach we made to ACIA to undertake the accreditation program was rejected on the grounds that Allowance doesn't actually employ the carers. Whilst this is true, our obligation to the employees is shared with the participants, and in actual fact, our obligation is greater than that of the participant. Our responsibility is to ensure that all OH&S policies and regulations are strictly adhered to, therefore, we have appointed an Occupational Therapist (OT) to carry out regular assessments and recommendations as part of its risk management process. Originally, the reviews were carried out by an OT biennially, however, in our endeavour to elevate our risk management practices, the reviews will now be carried out annually. The OT is at present setting up a comprehensive compliance plan, which once up and running, will minimise the risks for ADHC, Allowance Inc, the participants and their employees.

Self Funded and Co-Operative Models

To the best of my knowledge, Allowance Inc is the only organisation in Australia using the co-operative model. In addition to NSW, we operate in the ACT as their government is willing to accept our current compliance procedures, including the conduct of an external audit by Chartered Accountants.

Whilst self-funded models provide individuals with a great deal of freedom, it can also take up much of their time. Many of our participants are extremely "time poor", as amongst them, we have senior management from the world's top 100 companies, barristers, accountants, lawyers, senior public servants, authors, company directors and successful self-employed business people. For some, the administration of the self-funded model is too time-consuming and can encroach greatly on their spare time. Allowance Inc helps to lighten that load. We provide assistance with areas such as recruitment, review of fortnightly timesheets, processing of payroll, workers compensation and superannuation for their employees, and the preparation and forwarding of their Instalment Activity Statement to the ATO.

In addition, we organise annual/biennial visits by the relevant professionals, to ensure that living and working conditions are of an acceptable standard and in compliance with the conditions of government funding. At the end of each financial year, Allowance Incorporated acquits unspent money back to the respective government and we are subject to an external audit.

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We provide all of this support, and our administration expenses are less than seven percent of the funding we receive. What our Management Committee would like to see, is that either an automatic allocation of a similarly funded ACP when a person has moved interstate for more than twelve months, or that the funding comes directly from the Commonwealth. Unfortunately, there is no equivalent to Allowance Incorporated in any other state.

Whether the funding comes from the states or the Commonwealth, we would like to see our accreditation emulated on a national scale, so that we only need to undergo the process once a year and can thereby, provide our unique service Australia wide.

Our participants are seeking the same rights that every other Australian enjoys, be they employed, unemployed, able-bodied or with a disability.

Hospital Carers

Unfortunately, because of the nature of their disabilities, some of our participants are required to spend time in hospital. ADHC (and I assume Disability ACT) rules state that the participant cannot be attended by their carer during these hospital stays. The reason for this is that the Government is of the view having an Attendant Care Worker attend to their employer constitutes a duplication of services. Without exception, our participants would dispute this. Given that almost invariably, an average hospital has neither the ability nor the means to provide participants, whose needs at this time are magnified, with anything other than "normal" care. Hospital staff are already overloaded and stretched beyond their capabilities, and would welcome a participant's carer to come in and assist that person.

This causes a two-fold problem. Participants are not getting anywhere near the care they require, which then hinders their recovery, thus increasing their time in hospital. Their carers, who in many cases have become trusted and well trained, are effectively unemployed for that period and may have to consider terminating their employment and looking elsewhere.

The current scenarion means that, once the participant has been released from hospital, they then have the worry of trying to recruit a new batch of suitable employees, causing further stress.

This matter can be easily resolved and for a relatively minimal cost. Indeed, there is no additional budgeted expense as the expense incurred whilst receiving care in hospital is no more than what has been provided for within the Attendant Care Package

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