



Catholic Social Services
Victoria

*Response to the Productivity
Commission
Draft Report on Disability
Care and Support*

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1. Introduction

1.1 Overview of this response

Catholic Social Services Victoria (CSSV) strongly affirms the direction and recommendations of the Productivity Commission Draft Report on Disability Care and Support. This is a seminal review, in that it seeks to create a coherent system of support from what has been a fragmented system, which grew in response to need, funding opportunities, and the initiative of organisations and families – and which all too often was insufficient for the level of need.

This has been a substantive opportunity to take a step back and design a system which ensures the right of people with disabilities to fully participate in the social and economic life of the community. The establishment of a National Disability Insurance Scheme to fund as an **entitlement** the services required by all people who have a significant and permanent disability will result in an increase in the quality of life for a substantial number of people and families in Australia, who previously have had little or no access to services.

Given our support for the overall direction of the Report, the following is confined to:

- Commenting on the importance of the functions of the NDIS which aim to create opportunities and minimise the impact of disability - these strategies are seen as of crucial importance if the overall scheme is to succeed; and
- Areas where CSSV recommends that further thinking or particular strategies are required.

Finally, this submission lends its support to the Victorian Government proposal to lead the trial of the reformed system.

This response builds on the CSSV submission to the Inquiry in August 2010.

1.2 Catholic Social Services Victoria

As part of the Catholic Church, CSSV is a peak body for the many Catholic social service agencies that deliver a wide range of services in Victoria. A list of our member agencies is at Attachment 1 to this submission. Inspired by the life, death and teachings of Jesus Christ, we work with these member agencies to fulfil the gospel imperatives to stand with and serve the poor, disadvantaged and marginalised, and to work for a just, equitable and compassionate society. Further information about Catholic Social Services Victoria can be found on our website: www.css.org.au

Several of our member agencies are engaged in care and support for people with a disability and with those members of the community experiencing mental illness.

1.3 Catholic Social Teaching and the UN Convention

The principles of Catholic social teaching promote the common good - that no part of society can flourish if other parts of society are unable to achieve their potential. Currently many people with a disability and their families do not receive the supports they are entitled to, or require to participate fully in the social and economic life of the community, or systemic issues prevent optimal support. They are therefore unable to achieve their potential, or all too often even reach a decent standard of material, social or emotional life. As a body founded on the teachings of the Catholic Church, CSSV strongly affirms efforts to improve the both the quality and quantity of supports to people with a disability and their families.

The inherent dignity of all people is a fundamental tenet of Catholic Social Teaching, and from this it follows that “Since persons with disabilities are subjects with all their rights, they are to be helped to participate in every dimension of family and social life at every level accessible to them and according to their possibilities.”¹ This leads to a broader focus than on care and the provision of services. It requires that society promote the rights of people with disabilities, and ensure access to the life of the community.

The UN Convention on the Rights of Persons with Disabilities similarly urges Governments to be proactive in identifying need and establishing more effective social support systems - “Countries that join in the Convention engage themselves to develop and carry out policies, laws and administrative measures for securing the rights recognized in the Convention and abolish laws, regulations, customs and practices that constitute discrimination”².

2. Opportunities and awareness

The recognition that the social and relational aspects of disability create an additional layer of disadvantage is a commendable feature of the Draft Report, and the recommendation that a substantial area of NDIS functions be dedicated to the creation of opportunities and minimisation of the impact of disability. It is important that this is not diminished in the implementation of the scheme.

These strategies should be practical, evidence based, and founded on the recognition of the rights of people with a disability rights.

¹ Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church*, 2004, para 148, at http://www.vatican.va/roman_curia/pontifical_councils/justpeace/documents/rc_pc_justpeace_doc_20060526_compendio-dott-soc_en.html

² United Nations, *Convention on the Rights of Persons with Disabilities*, Article 4

In addition to the creation of opportunities / minimisation of the impact of disability, greater community awareness and understanding will be important in maintaining the community and political support required to sustain the funding of the system over time.

3. Service Sector Development

Initiatives by the Victorian state government to introduce consumer directed funding have shown the willingness of service providers to embrace this approach. However, this has also shown the time that this process has taken, and the challenges that this has presented to service providers. As noted in the Draft Report, consumer directed funding requires organisations to develop alternative business operating models, a process which can take some time and organisational development. It would be counterproductive if quality long standing services (which are wanted by consumers) were to fail because they were unable to rapidly adapt to new business models.

There are also significant issues related to capital, particularly with respect to accommodation services. Individualised funding can present difficulties for organisations that are unable to access capital, and conversely, advantage those organisations that have easy access to capital. The capacity to access capital is only coincidentally related an ability to provide high quality services.

CSSV notes and supports the comments of one of our member agencies, Villa Maria, in its submission to the Commission. These comments indicate the need for sector development/ investment, and resourcing to develop systems in the preparation for, and implementation of individualised funding.

“Villa Maria does however share concerns and experiences outlined in the National Disability Service’s (Victoria) submission to the Victorian Auditor General’s inquiry into the impact of individualised funding (April 2011). The issues of concern relate to the three broad and interrelated areas of:

- 1. Systems investment*
 - a. Need for investment in service providers*
 - b. Need for investment in people with disabilities and their families*
 - c. Need for investment in workforce*
- 2. Implementation issues*
 - a. Financial/Client management systems*
 - b. Remittance advice*
 - c. Cash flow*
 - d. planning*
- 3. Unintended consequences of the individualised funding model*
 - a. People with high and complex needs*
 - b. Transport*
 - c. Capital infrastructure*
 - d. Community capacity building*
 - e. Lack of an appeals process*

The Draft Report places a high degree of reliance on the market to build a high quality, efficient, and consumer focussed service sector. CSSV recommends that further consideration be given to qualities of a service sector that is best placed to provide the services and supports desired by people with disabilities and their families. In a sector that requires a foundation of caring, respect for dignity and rights, the market may not always deliver the best outcomes, and may diminish the important role of not for profit (including church – based) organisations.

The Draft Report has flagged some areas where, for example, block funding may be maintained (such as rural areas where demand may not be sufficient for particular services). We would recommend that the NDIA be open to further exceptions to the market driven approach and be prepared to implement different strategies to achieve an optimal service sector, which recognises the value of caring and respectful services.

CSSV anticipates that the new framework for operation of Disability Services will be welcomed by the majority of existing providers, and there will be a willingness to invest in the required organisational changes. However, the NDIA might consider facilitating arrangements that would ameliorate organisations' capacity to respond to NDIS recipients and reduce the costs to organisations. For example, organisations may agree to divide up responsibility for different functions and infrastructure, agree on which organisations would be brokers, which would be providers, and coordinate with one another regarding systems infrastructure. 'Intervention' in the sector such as this would ensure that any dislocation resulting from changes would be reduced.

4. Markets not a guarantee of quality of services and supports

Ensure the quality of services is another important area where it is not sufficient to rely on market mechanisms.

The implementation of a quality framework by the National Disability Insurance Agency (as discussed in the Draft Report) will be a complex and central task. Given the vulnerability of the target group, and the risk of harm that could result from even one adverse event, there will be a need to develop sophisticated quality systems, which do not rely solely on the informed choices of people with disabilities and their families.

It is encouraging that the Draft Report recommends a focus on 'effective safeguarding' and increased quality, rather than 'paperwork burdens', which increase the compliance burden of service providers. It is the experience of most service providers that the latter processes divert resources from service provision, while often creating only marginal quality improvements.

The recommendations to encourage innovation and best practice are also strongly supported as an underpinning to the quality system.

5. Practical and financial support to families and carers

The inclusion of assessments of carers and their ongoing capacity / willingness to provide care is strongly supported. It is important that this respect for the caring role of families is strongly embedded in the practice of the NDIA and service providers.

Support to families and carers should be practical, and supportive of their role. For example, it would be perverse if a family were forced to stop caring for a family member because of the financial burden that this care placed on them, but that additional financial support would be available if the care were undertaken by a non-family member

The concept of a trial of payment of families as carers is supported. This is potentially a logical development, but some testing of the concept is necessary to ensure there are no unintended consequence, and that safeguards are in place to ensure that exploitation of individuals within their families does not occur, and that appropriate standards of service/ support are maintained .

6. Implementation

The implementation of NDIS in one state or region is supported, given the breadth of change that is envisaged, and the potential for unforeseen difficulties to arise. At the same time, it is important that the need to test out services and systems does not unnecessarily delay the delivery of much needed services across Australia.

CSSV is pleased that Victorian government has expressed its willingness to be part of this trial of NDIS. CSSV believes the Victorian disability system is well placed to undertake this development, because of-

- The groundwork that has occurred over the previous years to implement individualised and consumer directed funding,*
- The government and sector commitment to making the required systemic and organisational changes,*
- The enthusiasm of government, service providers and consumers to embark on this innovative development and opportunity to enhance the life quality and opportunities of thousands of individuals and family members.*

Catholic Social Services Victoria – Member Organisations

*Aboriginal Catholic Ministry
Bethlehem Community
Catholic Chaplains Association for
Health Care
Catholic Homes
Catholic Solo Parents
CatholicCare Melbourne
Centacare Ballarat
Centacare Gippsland
CentaCare Sandhurst
Corazon
Corpus Christi Community
Don Bosco Youth Centre and Hostel
Early Education Program for Hearing
Impaired Children
Edmund Rice Camps
Frankston Pregnancy Support
Good Samaritan Inn
Good Shepherd Aged Services
Good Shepherd Youth & Family
Services
Griefline
Jesuit Social Services
John Pierce Centre for Deaf Ministry
Justice and Peace Unit, Archdiocese of
Melbourne
Kewn Kreestha - Rest Home for
Mothers
Keysborough Learning Centre
Larmenier
MacKillop Family Services
Marillac
McAuley Community Services for
Women
Mother Romana Home
Nazareth House
Project Dreaming Tracks
Sacred Heart Mission
Shekinah Homeless Services
Sisters of Charity Community Care
Society of St Vincent de Paul
Southern Cross Care (Vic)
St John of God ACCORD
St Mary's House of Welcome
Villa Maria
VincentCare Victoria*