



Physical Disability Council of Australia Ltd (PDCA)

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Submission

to

Senate Community Affairs References Committee

in reference to the

Commonwealth State Territory Disability Agreement

2007

Introduction:

The Physical Disability Council of Australia Ltd (PDCA) is the national peak organisation representing the interests and views of people with a physical disability across Australia. As a

national peak PDCA is unique in that it is operated and managed exclusively by and for people with physical disabilities.

The people we represent:

Physical disability is one of the largest areas of disability in Australia, which is supported by the following research by the Australian Institute of Health and Welfare in their 1999 report which follows:

"In 1993, there were 1,726,200 people, or 9.8% of the Australian population, with a disability (using the ABS broad definition) who reported a physical main disabling condition (Summary Table 3).

Of these, 423,100 people, or 2.6% of the Australian population aged 5 years and over, also had a severe or profound handicap, meaning that they always or sometimes needed personal assistance or supervision with activities of daily living (selfcare, mobility or verbal communication). " (AIHW 1999 - Definition and Prevalence of Physical Disability in Australia).

Context:

The Commonwealth State/Territory Disability Agreement (CSTDA) is a five-year binding agreement between the Commonwealth, State and Territory Governments outlining the roles and responsibilities in relation to disability services for each jurisdiction. The CSTDA is a key direction setting document and is comprised of a Multilateral and Bilateral Agreement.

The Multilateral Agreement provides the national framework for disability services and enables funds to be contributed by the Commonwealth and the State. It also defines services eligible for funding under the agreement and outlines the requirements for the collection and publication of disability related data (CSTDA National Minimum Data Set) and other accountability requirements.

The Bilateral Agreement provides for actions between the Commonwealth and individual States and Territories on strategic disability issues and enables negotiation regarding the transfer of services between one level of government to another.

The CSTDA also imposes conditions whereby Commonwealth money can be withheld if States/Territories do not comply with or meet the accountability requirements as set out in the agreement. Under the agreement the State/Territory is required to collect information for the National Minimum Data Set (NMDS) for all Service Providers in receipt of CSTDA funds. Data collection, submissions and General Service Agreements are essential components of meeting the accountability conditions of the CSTDA.

The CSTDA funds specialist disability services: Accommodation Support Services; Community Support Services; Community Access Services; Respite Services; Employment Services; as well as Advocacy, Information and Print Disability Services.

The Australian Government is responsible for the planning, policy setting and management of

employment services for people with disabilities. The States and Territories are responsible for planning, policy setting and management of accommodation, community support, community access, respite and other support services which will enable people with disabilities to participate in society including Welfare to Work.

CSTDA agreements:

As a national peak organisation, many of our members are affected by the content of a Commonwealth-State/Territory Disability Agreement (CSTDA) and will continue to be affected by future agreements such as the agreement which will be negotiated for 2007. Accordingly we submit the following as indicative of our members concerns.

In the past, CSTDA agreements have aimed at defining the areas of responsibility for service delivery and funding by State and Commonwealth governments respectively, and identified priority areas needing reform, and to identify opportunities for joint action between the Commonwealth and the States.

The existing agreement focuses on 5 priorities, which are to:

1. strengthen access to generic services for people with disabilities;
2. strengthen across government linkages;
3. strengthen individuals, families and carers;
4. improve long-term strategies to respond to and manage demand for specialist disability services;
5. improve accountability, performance reporting and quality.

Support for other input:

The Australian Federation of Disability Organisations, of which PDCA is a member, has responded to the inquiry with the following information, which is supported by PDCA:

Despite the broad aim of the current CSTDA - to 'build inclusive communities' – and the priority placed on access to generic services, the CSTDA retains a narrow focus on service delivery, particularly disability-specific services. This dissonance reveals a fundamental tension in the CSTDA and makes assessing its performance difficult.

The Australian National Audit Office performance audit of the administration of the CSTDA concluded "there are currently no adequate measures of whether, or to what extent, the CSTDA is meeting its objectives" (ANAO 2005: 3).

People with disability report continuing problems with the supply and quality of generic and disability specific services, including:

- *poor information about service availability, including a general lack of clear and accessible information about services;*
- *variations in the standard of services across states and territories;*
- *a lack of coordination with local governments as service providers;*
- *poor access to services for people living in rural and remote areas;*

- *a lack of knowledge of Commonwealth and State and Territory legislation;*
- *a lack of disability awareness and education amongst government departments (State and Commonwealth); and,*
- *buck passing between all levels of government.*

People with disability have also identified major challenges impacting on the effectiveness of the CSTDA.

- *Maintaining the viability of essential services targeted at small population groups*

People with communication needs as a result of vision or hearing impairment or cognitive or intellectual impairment are finding it increasingly difficult to access generic and disability specific services which can accommodate their communication needs.

- *Reduced availability of individual advocacy services*

Many disability service agencies which have traditionally provided individual advocacy services have been defunded, placing increasing pressure on remaining services and adds to the shortage of real support services to people.

- *Poor capacity of providers of generic service to recognise invisible impairments such as mental illness and brain injury and to respond to the needs of people with multiple impairments*

People with acquired brain injury, cognitive impairment, mental illness and dual diagnosis continue to receive inappropriate servicing as a result of their conditions being undetected. These groups are over-represented within the criminal justice system and the Centrelink payment reduction regime.

- *Continued reliance on indicators of medical rather than functional impairment*

Programs continue to categorise people on the basis of medical diagnosis, rather than functional limitation. This leads to inaccurate assessment of relative need. (AFDO submission to CSTDA inquiry - July 2006)

Addressing the priorities:

1.strengthen access to generic services for people with disabilities;

What is a generic service if it does not include people with disabilities?

A generic service should meet the needs of all citizens that require that service, irrespective of whether they have a disability or not. Surely it is the services that must change to ensure access and equity rather than simply access to the service.

PDCA believes that strengthening generic services can only be done, when these same services and all policies in relation to people with disabilities, adopt a principle of equity and

inclusion for all people with disabilities no matter the cost, time or effort.

In the same way that indigenous people, people who originate from other countries, children, youth and people who are ageing are part of the community, people with disabilities are part of the community also and in endeavouring to meet the needs of those with a disability alone has in fact, separated people with disabilities from mainstream society and made us different and set apart in society.

People with disabilities are not a different species or special. They don't want different services, policies or programmes, they want equality and inclusion and this means to all of life and society's occurrences and events and opportunities.

Commonwealth and State Governments have the opportunity in the next negotiations for CSTDA to develop a whole of Government approach to the people of Australia which includes people with disabilities.

2.strengthen across government linkages;

The Bilateral Agreement provides for actions between the Commonwealth and individual States and Territories on strategic disability issues and enables negotiation regarding the transfer of services between one level of government to another.

The linkages are already in place and the goodwill and professional ethics of the participants of the next negotiations for the CSTDA have the opportunity to work together to ensure that people with disabilities are not excluded in society, or seen as "special" or "different."

To strengthen government linkages is outside the scope of this submission and within the purview of those who work for governments. Suffice to say it sits in with the goodwill, understanding and knowledge of the needs of people with disability to ensure their inclusion in society and it is the job of those involved, whether State or Commonwealth Governments to ensure that this happens in the most appropriate way.

3.strengthen individuals, families and carers;

PDCA fails to see how individuals with a disability are strengthened when confronted with policies such as Welfare to Work and Industrial Reform, without the cooperation of all levels of government in Australia.

The Commonwealth Government has introduced Welfare to Work and Industrial Reform which has the potential to impact negatively on people with disabilities if the infrastructure is not in place to support these moves.

PDCA Recommendation:

What is needed, (without reference to the CSTDA funds) is:

- Fully accessible transport in major cities to enable fully accessible journey's for travelling to and from work and for social and community reasons;

- More programmes that deliver Personal Support (at home) hours which enables people with disabilities to live and work by assisting with getting out of bed, bathing, food preparation, dressing, and other duties that people without disabilities take for granted and that assist in a quality of life for people who DO have a disability. What is needed are more hours of support for individuals who are taking up employment or volunteer work or study as a choice for their future;
- More programmes of Work Based Personal Assistance that can be accessed by individuals, not only through Specific Employment Services. The WBPA programme enables people with disabilities to work at the same level as other workers and is designed to eliminate dependency on co-workers (which can impact on colleague relationships) and ensures that the individual with a disability is working at the same level as other people in the same workplace. The WBPA can assist with setting up the work station each day, travel to and from work, lunch and other meal break assistance, and more personal duties such as assisting people with disabilities during a toilet break. Colleagues at work should never be expected to do this.
- Better access to equipment across all States and Territories. Some states and territories have programmes which offer more choice in equipment and service. In some cases the amount allocated for equipment for an individual falls way short of what is required leaving individuals to find funds for equipment.
- Increase the CASS allowance which has stayed the same for years. Some people can cope with the nominal allowance for continence supplies, whilst others with higher support needs need much more. This should be reviewed with the intention of increasing the annual allocation amount.
- HACC funds although not relevant to CSTDA are, in the main, being allocated mostly to the ageing community. People with disability are not receiving as much assistance as they should, once the funds reach the States and Territories, including policies that are different across Australia. This also needs to be reviewed to look at where funds are going and where shortfalls are.
- A commitment from all levels of government to an Access To Premises Standard that will co-exist with the Disability Discrimination Act (1992) and the Accessible Public Transport Standard and the Education Standard, to ensure that there is access to the community and to the environment for all citizens. For instance:

No two doctors surgeries provide the same level of access. There may be accessible entry, but once into the surgery there may not be an examination table that can raise or lower for people with disabilities or those who are ageing. There will not be an accessible toilet in most cases where a person with a disability can provide specimens. Most dentists are on the second floor of buildings with no lift.

Many workplaces are on the second floor or third floor of buildings without a lift. This means that people with mobility impairments are prevented from applying for a job in that building.

These are just some of the instances where lack of access restricts the level of participation.

- A commitment by all governments that contracts and tenders for any provider of public service, MUST be accessible to people with disabilities in the same way that

the services are available for others without disability.

- A commitment by governments to a whole of government Disability Strategy similar to that in New Zealand which compels all services and governments to adopt principles of access and equity and inclusion for all.

4.improve long-term strategies to respond to and manage demand for specialist disability services;

Long term strategies include making a commitment to a whole of government approach to disability services and ensuring that all generic services are truly inclusive of all people.

Abandon beliefs about the 'deserving and undeserving poor' where most people with disabilities have been placed and where those who are ageing are about to be placed. People with disabilities are and always have been an integral part of the community and should be recognised for their input and their expertise, likewise those who are ageing should be respected for their wisdom and experience and valued as our 'elders.' However people with physical disabilities should never be placed in an aged persons facility simply because it is cheaper or easier.

Specialist services and governments should be employing people with disabilities to advise on the demand and management of services and not be continually seen as the recipient of hand outs.

PDCA Recommendation:

Younger People with disabilities should never be placed in Aged persons facilities regardless of whether it is cheaper or easier.

PDCA Recommendation:

Target and recommend the employment of people with disabilities in every sphere of government and service provision, to ensure that the views of people with disabilities are heard and to assist in the management of demand for services.

5.Improve accountability, performance reporting and quality.

Accountability, performance reporting and quality are essential in any developmental process. Quality Assurance is required and essential for any non government organisations who receive funding to provide a service, so why would governments be exempt from the same expectations as service providers, after all governments are the facilitators of procuring services with tax payer funds and therefore accountability should be with the people.

PDCA recommendation:

One way of improving accountability, performance reporting and quality of services is to establish a National Reference Group to oversee the augmentation of each aspect of the CSTDA in the future. This reference group should be made up of people with disabilities as well as government staff members and a person from Families and a person from the Carer area. The Reference Group unlike many reference groups should not be filled with beaurocrats but rather representative of the service users and people with disability generally.

Part of being on the Reference Group should be to undergo training on recognising quality, accountability and performance and participation is remunerated in order to recognise contributions.

PDCA survey on needs

For the purposes of this submission, PDCA conducted a small survey amongst our members who subscribe to an online discussion list on issues relating to physical disability. The main purpose of the survey was to gather information on the issues that are most affecting our members and that have a direct reference to the CSTDA agreement to be negotiated in the next year.

In priority order, members told us that the following issues are the most important to them:

1. Cost of having a disability (need for a Disability Allowance)
2. Equipment
3. Support at home (Personal Attendant support)
4. Accommodation
5. Community Access and access to premises
6. Respite
7. Advocacy services (shortfall)
8. Employment support (WBPA)
9. Health and fitness of people with disability
10. Communication needs
11. Transport
12. Home modifications
13. Home maintenance
14. Home Help
15. Employment services
16. Print disability
17. education and training
18. Ageing with a disability

PDCA Recommendation:

PDCA recommends that the CSTDA look into the allocation of funds to the following priorities:

Equipment - not enough allocated for specific equipment in some states

Accommodation - never enough
Advocacy services - defunding recent trend, needs to be reviewed
Personal support - always more needed, especially now with Welfare to Work
Respite - for the person with the disability
Workplace support - vital if Welfare to Work is to succeed
Health and Fitness of people with disabilities - vital to future
HACC funds distribution - where should the money go? Who is it for?
Impact of Welfare to work - should be monitored at end of year onward
Commission research into the Cost of having a disability (see research attached
commissioned by PDCA in 2001)