

Office of the Public Advocate

Response to the Draft State Disability Plan

January 29th 2002

Overall the Office of the Public Advocate commends the Department of Human Services in its production of the Draft State Disability Plan. The Office of the Public Advocate supports the vision, guiding principles and goals of the Draft Plan and indeed the expressed desire to take a different approach to service delivery. As stated in our previous submission on the earlier draft of the state plan the achievement of such a vision extends beyond the scope of service provision in the disability sector. However, the disability sector should model and be an example of the approach sought from the wider community towards the inclusion of people with disabilities.

Scope of the Plan

There is a need to clarify what is covered by dual disabilities. On page 3 a dual disability is defined as “a psychiatric disability as well as another disability”. A common use of the term “dual disability” in the mental health area is in reference to a psychiatric disability and disability arising from drug abuse. Under the definition given a person with this combination would be covered by the Draft Plan but the context suggests otherwise.

Adequacy of existing level of resources.

In seeking to broaden the focus of the plan beyond existing services to people who have an intellectual disability, to people with all types of disability would imply a significant increase in demand for services from these other groups such as people with an ABI. The Minister for Community Services has already acknowledged there currently exists a significant level of unmet need through the existing service needs register (Refer Hansard, 16th October 2001). Therefore taking into account unknown levels of need and a broader definition of disability, it would seem that a significant injection of resources will be necessary if the vision of the plan is to be realised. Moreover clear procedures for assessing need will assist the process of distributing these resources fairly and equitably.

Importance of performance indicators.

In responding to this latest Draft Plan the overall concerns relate to the implementation phase and how the effectiveness of this will be monitored. It is noted that page 63 refers to the future development of key performance indicators and that page 65 refers to a future timetable. These are critical. Only with their development can some concerns regarding the implementation and effectiveness of monitoring be allayed. It is only with the inclusion of specific outcomes that an evaluation of the Plan and its subsequent effectiveness becomes possible.

Statistics on Victorians experiencing disability

On page 16 the summary refers to disability supports being needed to help the 5.8% of the Victorian population with a severe or profound disability. This figure in turn comes from page 14, which cites ABS figures re “Disability, Ageing and Carers”. This gives rise to the suggestion that the figures include disabilities arising from ageing which is specifically excluded from the Draft Plan (see page 3). Such suggestion is supported by an examination of the figure on page 14, which shows 100% of the population and therefore excludes any further category of people with a disability arising from ageing.

In an important document like the State Plan it is critical that there be accurate sizing of the population being considered and that there be an authoritative source of information that can be subsequently quoted.

We would therefore appreciate advice on whether the figures quoted are correct for the population that is the subject of the Plan or, if not, what the percentages and numbers are.

(Note: The numbers used below relate to those sections of the Draft State Plan, which the comments are a response to).

1.1.1. Partnerships with the non-government sector.

The promotion of improved links between disability and other government programs is welcomed. However, the recommendations made do not address the funding concerns, which often underlie an agency’s failure to agree to provide a service. Therefore, in the funding agreements for agencies, consideration needs to be given to broadening the definition of their client group. This will then hopefully give the agency the opportunity to be more inclusive in their assessment practices. In addition to this it is presumed that in talking about government programs that this includes non-government agencies as any co-operative arrangements should include these agencies.

In developing mechanisms to plan the future development of the disability support system, it would seem appropriate that in those regions where disability reference groups or advisory committees do not currently exist that their creation should be actively encouraged. These forums could provide a useful source of information for planning purposes and also serve to promote better inter-agency co-operation at a local level. The membership of such a group should be broad based and include mainstream health and welfare agencies as well as representatives from community corrections and local advocacy agencies. These groups could refer broader systemic issues to the Disability Advisory Council.

1.1.2. Personal networks.

The OPA supports the goal of developing greater personal networks for people with a disability. The importance of personal relationships is recognised as being central to achieving inclusion. As inclusion is part of the current core competencies for workers in the disability field, the question is how

implementing a new learning and development strategy for staff working with people with a disability will help to achieve this objective.

1.1.3. Parents with a disability.

The OPA was pleased to see a commitment to providing more effective support to parents who have a disability. As part of this commitment there must be recognition of the need for more flexible long-term parenting support programs. There has been a significant amount of research into the important elements of parenting support programs for people with disabilities. Whilst there will be some cost implications of offering parenting support over an extended period, this needs to be considered against the costs of having a child placed in care. Obviously this needs to be balanced with a need to protect and promote the best interests of the child.

In addition to training in disability for all Child Protection staff there needs to be a review of the protocols, which exist between disability agencies and child protection. This should occur in order to maximise the understanding of and co-operation between these two areas of Human Services.

Specialist units, within Child Protection who have a good working knowledge of disability and strong links with relevant disability agencies in that region should be established.

1.1.3 Ageing

While the introductory material in the Draft Plan provides some demographic data, for a plan with a 10 Year outlook, it is surprisingly silent on the issue of changing demographic trends and in particular the ageing of the population as a whole, the ageing of parents of people with disabilities and the ageing of people with disabilities. This office is concerned that insufficient attention has been given in the Draft Plan to this issue.

Much of the work of this office is involved with ageing parents of a son or daughter with a disability, who have not been traditional users of the service system. They have often had little if any contact with services for a wide variety of reasons. Often this is because they fear the removal of their son or daughter from their care. This situation is often complicated by the significant health needs of the parents. The plan to provide assertive outreach in order to identify the support needs of ageing parents and carers in order to offer them appropriate support is to be encouraged. However the effectiveness of such outreach is in part dependent upon the willingness of the service to work creatively and flexibly with families and ultimately intervene in situations where there may be significant levels of risk. There also needs to be adequate funding of a range of accommodation and support programs if such outreach is to be effective.

In developing a policy framework for supporting people with a disability to 'age in place' adequate resources need to be provided in order for this to occur.

1.1.4. High complex behaviours.

OPA's concern with the Draft Plan is that it does not sufficiently emphasise (or, arguably, mention at all) the need for a Whole of Government approach. While under the heading of "disadvantaged communities" in 1.1.4 there is reference to partnerships, there is noticeably no reference to this in the points on high complex needs. Any strategy to deal with disabilities as defined in the scope of the Plan is doomed unless it involves other divisions within Human Services, notably Mental Health and Drugs and Alcohol and is significantly impaired unless it involves other Departments, notably, Justice (for community corrections, prisons, courts, parole and police).

The development of a framework for identifying risk factors for people with high complex behaviours is to be encouraged. Equally the use of specialist models of support to assist this group should be adequately resourced. This should include a flexible range of accommodation and support options. Much of the current levels of unmet need result from a lack of suitable accommodation and support packages.

1.1.5. Communication.

The proposals for enhanced communication are welcomed. There should be a goal of reducing the significant proportion of residents of CRUs who have no communication. In addition greater research should occur into how staff can recognise and promote decision making for people with complex communication needs.

Accommodation needs.

The OPA supports the study into the availability and suitability of housing for people with a disability. Such a study needs to have a clear recognition of the need for utilising a more diverse range of funding and accommodation models in order to offer sufficient choice and deal effectively with the current crisis in this area. Clearer targets should also be set in this area in order to monitor performance against addressing the level of unmet need. In exploring the options for redeveloping other large scale institutions consideration should be given to committing in the Plan to an early commencement of a program of conducting individual assessments of needs for clients living in these institutions and to make some recommendation as to where their accommodation needs may best be met.

Where this has previously occurred as in the case of Colanda, these previous assessments should be reviewed. However, any such review must carry a commitment of funds to a relocation process if that is the recommended outcome for the any or most of clients. The Draft talks of "exploring options for redevelopment". A stronger commitment to the closure of these remaining institutions in the life of this Plan would be a significant contribution towards the vision of the Plan.

1.1.7. Addressing current and future levels of unmet need.

The OPA is concerned that the current and indeed future levels of unmet need will not be adequately met by the additional resources proposed in the plan.

This is of particular concern given the current known demand for services, without taking into account the hidden unmet need that is particularly associated with the ageing population and the active outreach proposed in the earlier section of the plan.

1.2.1 Strengthen the role of the disability workforce

The proposals outlined are supported. The skill levels, the motivation and the stability of the disability workforce are critical in those areas involving day to day care of people with disability. The identification of core competencies and training required for all roles in the disability workforce would appear to duplicate the core competencies already identified by the Australian National Training Authority. These existing competencies include a focus upon community integration. It may be more beneficial to review minimum qualifications required of different roles and the budget implications of providing a more highly trained workforce.

Criticism of so-called “paid strangers” can be ameliorated by the delivery of the several facets of the proposed strategy to promote a more stable and highly skilled workforce. The implementation of a quality framework as proposed in 1.2.2 would support this.

1.2.3. Advocacy.

There is clearly a need for a better resourced advocacy sector, and the creation of a statewide advocacy resource unit may help achieve some of these objectives. However such a unit should not be seen as a substitute to funding locally based community advocacy agencies, as they are crucial to making advocacy assistance accessible to a greater range of people with disabilities. A wide range of different types of advocacy should be made available to meet the diverse range of advocacy needs. e.g. self advocacy, citizen advocacy and systemic. Only with such locally accessible advocacy programs can our society be made aware of the needs of people with disabilities, particularly where these may be at odds with other family members or service providers.

1.2.4. Legislation review.

The review of the IDPS Act and the DS Act has a number of ramifications. This office appreciates its involvement in the Department’s review committee in order to work in partnership with the Department in identifying the most effective ways of advancing the review of the legislation. As part of this review we will be making submissions on such areas as: the use of civil detention, broader use of person responsible, complaints mechanisms and advocacy.

Significant consideration needs to be given to the suitability of the current model of voluntary service provision for some clients. This is particularly for those people who may lack insight into their needs because of their disability. For example where the person with a disability may be at risk through their own neglect or as a result of the actions of others.

1.3.1. Complaints procedure.

The proposal to establish an independent complaints and resolution mechanism is a point which warrants further discussion around the detail of how this could best be achieved.

3.7. Monitoring participation.

The OPA should be considered as an additional body, which monitors the extent to which people with a disability have an equal opportunity to participate in the community.