

Anglicare Tasmania submission to Legislative Council Sessional Committee Government Administration B Inquiry Disability Services in Tasmania

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About Anglicare Tasmania

Anglicare Tasmania is a large community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport, Burnie, Sorell and Zeehan and a range of programs in rural areas. Anglicare Tasmania's services include crisis, short-term and long-term accommodation support; NDIS disability and mental health support services; support services following a motor vehicle accident; aged and home care services; alcohol and other drug services; financial and gambling counselling; and family support. In addition, Anglicare Tasmania's Social Action and Research Centre conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, research and advocacy.

Anglicare Tasmania's work is guided by a set of values which includes these beliefs:

- that each person is valuable and deserves to be treated with respect and dignity;
- that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;
- that support should be available to all who need it; and
- that every person can live life abundantly.

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Introduction

Anglicare Tasmania welcomes the opportunity to make a submission to the Legislative Council Sessional Committee Government Administration B Inquiry Disability Services in Tasmania regarding Tasmanian Government's responsibilities under its co-arrangement with the National Disability Insurance Scheme (NDIS) to provide support for people with disabilities.

- 1 in 4 or 26.8% of the Tasmanian population lives with a disability according to the latest ABS Survey for Disability, Ageing and Careers (SDAC) 2018 (ABS, 2019).
- This is estimated to be 140,100 Tasmanians (ABS, 2019).
- In terms of people under 65 years, 17% of the Tasmanian population lives with a disability (ABS, 2019 - see figure 1).
- Tasmania continues to have the highest prevalence of people with disabilities compared to all other states and territories in Australia (ABS, 2019).
- Since its inception, the National Disability Insurance Scheme has only been intended to provide individual support funding for people with a disability with permanent and severe impairments who meet NDIS eligibility criteria.
 - It was estimated to support around 11% or 10,000 Tasmanians (Tasmanian's Parliament Short Inquiry Process Report 2019, Productivity Commission 2017)
 - According to Jul-Sep 2020 NDIS data, there are now 9,358 NDIS participants in Tasmania.
 - The NDIS is expected to be fully implemented in Tasmania by mid-2021.
- Approx. 89% or 124,686 Tasmanians living with disability will not be eligible for the NDIS based on the criteria (Productivity Commission 2017).
 - The Tasmanian government will need to ensure that people living with disabilities not eligible for NDIS receive adequate supports and services to address existing or future limitations and barriers encountered in society.
 - These needs for supports and services vary in amount, and in specific life areas – like education and employment as outlined in Table 1 – SDAC 2018(ABS, 2019).
 - The provision of supports, services and infrastructure are needed to uphold the rights of people with disabilities and enable their participation in daily life as per Tasmania's obligation under the United Nations Convention on Rights of Persons with Disabilities and Council of Australian Government (COAG) responsibilities.

Our responses have been provided in accordance with the Terms of Reference to further evidence areas of need and recommendations for Tasmanians living with a disability who may not be eligible for NDIS, with a specific focus on the needs of people living with psychosocial disability and mental illness.

Table 1: SDAC 2018 severity of disability persons (ABS 2019)		
	<i>Tasmania</i>	<i>Australia</i>
<i>Profound limitation</i>	3.8%	3.2%
<i>Severe limitation</i>	3.7%	2.6%
<i>Moderate limitation</i>	4.4%	2.4%
<i>Mild limitation</i>	9.0%	6.1%
<i>Schooling or employment restriction</i>	14.0%	8.1%
<i>Specific limitations or restrictions</i>	3.4%	15%



Figure 1: SDAC 2018 severity of disability for person 0-64 across states and territories (ABS, 2019).

Response to Question 1: Consideration and management of the State based costs of long-term care and support for people who are not eligible for the NDIS

Severity of impairment varies greatly across the broader disability community (ABS, 2019 - see figure 1). Severity is used by the NDIA in its criteria to determine access to the NDIS. However, the needs of people with less severe limitations or specific restrictions in life areas like education must also be understood and considered to inform service development and delivery by the Tasmania Government to meet its responsibility to people who are not able to access the NDIS. It is noted that:

- 7.5% of Tasmanians are living with a disability have a profound or severe limitation, which is higher compared to national population of 5.8% (ABS 2019, figure 1). People within this level of limitation may be eligible for the NDIS.
- However, Tasmania also has higher portion of population with moderate (4.4%) and mild (9.0%) limitations than all other states or territories (as per ABS 2019 figure 1). Eligibility is less likely for people in this limitation areas due to NDIS criteria.
- It is also acknowledged that 14% of Tasmanians with disabilities experience a limitation in schooling or employment restriction which is significantly higher than the national and state averages (as per figure 1, table 1 ABS, 2019).

Disability type also varies among Tasmanians with disabilities. Psychosocial disability and mental illness are a specific concern for Anglicare Tasmania.

- According to the 2019 Tasmanian Population Health Survey, depression and anxiety disorders are the most prevalent of all chronic illnesses, and the reported rate of prevalence of these conditions has increased from 21.4% in 2009 to 33.6% in 2019 (DoHT 2020). This is pre-Covid.
- Approximately 3-4% of all people living with mental illness will have persistent complex needs that severely limit daily life activities, resulting in disability (AIHW 2019, 2021).
- Psychosocial is the term used to describe a disability that may arise from a mental health issue (NDIS 2020c). Tasmania has the highest rate of people with psychosocial disability at 8.3% compared to other states and territories in Australia (ABS 2019).
- It is also estimated that about 85.5% of people living with psychosocial disability in Australia will also have at least one other disabling condition (ABS 2019).

- People with a psychosocial disability may qualify for the NDIS. Yet participation numbers are low in the NDIS, with only 0.07% or 688 participants of all Tasmania NDIS participants identify as having a psychosocial disability as their main condition according to the NDIS data Jul-Sep 2020 data.
- There are well-documented barriers to accessing the NDIS for people with psychosocial disability who are eligible, as outlined in the Removing Barriers report by the Mental Health Council of Tasmania 2020. Strategies to address these known barriers are still being advocated and progressed by the sector with the NDIA (MHCT, 2020b). As such continuing recovery focused supports by the Tasmania Government for people with psychosocial disability who may be eligible for NDIS but are not currently accessing the NDIS is essential.

With the NDIS full transition to be completed in mid-2021, there is an urgency to ensure continuity of supports and services for Tasmanians living with disability and mental illness who are receiving supports but who are not transitioning to the NDIS.

Given the high proportion of people who won't be eligible for the NDIS, government needs to ensure Tasmanians can access adequate supports and services that address existing or future limitations and barriers encountered in society.

Recommendations:

Recommendation 1: Invest in a full analysis to understand and cost the level of needs; and develop and implement a state plan to ensure Tasmanians with disability not on the NDIS have access to social supports, services, and infrastructure.

Recommendation 2: Ensure continuity of support for all individuals currently receiving support but who are not transitioning to NDIS.

Response to Question 2: The range of support services available to Tasmanians who are not on, or eligible for, the NDIS

People with disabilities and/or mental illness who are not eligible for NDIS will have varying needs for support and services over their lifetimes.

Noteworthy support services we wish to highlight that are currently available but limited are:

- Home and Community Support
- Mental Health community recovery programs
- Supported accommodation

HACC is limited to the provision of low-level support, while Mental Health community recovery programs and supported accommodation have uncertain futures due to non-recurrent state commitment beyond mid-2021.

Home and Community Support (HACC)

- HACC provides an important low-level support service for many people with disabilities under 65 years not eligible for NDIS.
- The objectives of the Tasmanian HACC Program are to:
 - provide a comprehensive, co-ordinated and integrated range of basic maintenance, support and care services for younger persons whose capacity for independent living is at risk due to an acute health event, moderate functional impairment or deterioration of an ongoing condition, and their carers,
 - support people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing or delaying an acute health event,
 - provide flexible, timely services that respond to the needs of clients.
- Many HACC recipients also have comorbidity of physical and mental illness as illustrated in Insight Snapshot 1 below.
- Many people with comorbidity receiving HACC have needs above the level of support able to be provided through HACC.
- Anecdotal evidence from frontline practice reveals a noted gap in community-based palliative care for people under 65 years.
- Limited health literacy is also a persistent barrier for many people (DoHT, 2019; DoHT 2020- Tasmanian Population Health Survey, p. 9).

To give an insight into the demand for services and gaps for people living with mental and physical illness see Snapshot data on HACC services within Anglicare.

Insight Snapshot 1. Need and Prevalence of HACC services

For the period of Nov 2020 to Mid Feb 2021, of the 32 applications for HACC low level support, 72% of all applications had comorbidity of mental and physical illness. PTSD, Anxiety and Depression were common mental illness. Acquired Brain Injury was also co-existing disability. These individuals are not receiving NDIS, yet their needs are complex due to comorbidity and social and environmental factors.

Recommendations:

Recommendation 3: Develop an understanding of holistic integrated care models for people with chronic medical conditions and comorbidity of mental illness in the community.

Recommendation 4: Invest in programs that can offer a higher level of home and community support to meet this need.

Recommendation 5: Invest in accessible health literacy to support people's active involvement in their health and wellbeing.

Mental Health community recovery programs

Wrap-around service delivery that is recovery focused, strength based and client-driven are known evidence-based best-practice (Commonwealth of Australia 2013). Unlike more traditional services where people are made to fit a model, support is “wrapped around” the client and their family in their natural environments to improve personal outcomes with a least disruptive intervention. The model centres on the person developing trust/rapport with a key practitioner who case manages individual needs of support across co-occurring issues (*See SARC Anglicare Tasmania's 2021 Information paper*).

This approach is embedded in Rethink 2020, a 5-year state plan for mental health between Primary Health Tasmania (PHT) and the Tasmanian Department of Health (DoHT) 2020 to address systemic gaps.

Rethink 2020:

- outlines a Mental Health Continuum of Care Model,
- is a collaborative strategic approach involving mental health consumers, their families and community sector organisations,
- reflects the Fifth National Mental Health and Suicide Prevention Plan (COAG Health Council 2017),
- values the importance of integrated regional responses, and
- is a contemporary, recovery-orientated, community- and person-directed service delivery approach.

Continuing long-term recovery-oriented community supports for people with mental illness who are not eligible or not able to engage with the NDIS is an essential service that is the responsibility of the Tasmanian Government mental health systems according to *Reform Direction 5 - Key Action 2 of Rethink 2020*.

Anglicare Tasmania commends the Tasmanian Government's commitment to the ongoing support of mental health consumers ineligible for the NDIS.

This is particularly important given the full transition (roll out) to the NDIS for Tasmania is due to be completed mid-2021. Based on recent patterns, anywhere between 35% to 50% of current clients living with mental illness receiving recovery orientated programs from

Anglicare Tasmania may not be eligible or able to transition to the NDIS, and as a result may be left without support (SARC, 2021).

Recommendations:

Recommendation 6: Ensure Rethink 2020 is fully funded to implement a mental health continuum of care model across the age spectrum that is recovery focused, strengths based, client driven and evidence-based.

Recommendation 7: Ensure ongoing wraparound services with clinical and non-clinical support for individuals not eligible for NDIS funded support through the Tasmanian Government.

Supported Accommodation

There is uncertainty about ongoing Supported Accommodation for people not transitioning to NDIS. Urgency to extend support to those whose services cease end of 2021 is needed while planning continues by DOH.

Insight Snapshot 2. Who's impacted by Discontinuing Funding of Supported Accommodation?

60% of people currently receiving state-based supported accommodation services from Anglicare Tasmania funded until the end of 2021 are not eligible for the NDIS. There are various reasons for ineligibility: age, severity, assessment testing issues (lack of documented diagnosis history, cost of assessments), triggering process related to past traumas.

Recommendations:

Recommendation 8: Continuity of support is needed for people living in supported accommodation not eligible for NDIS.

Recommendation 9: People living in supported accommodation not eligible or transitioning to the NDIS must be included in future planning and decisions about their home and supports.

Recommendation 10: Future models of support and supported accommodation should align with principles of United Nation's Convention on the Rights of People with Disabilities (UN CRPD), best practice and strategic visions of Fifth Plan and Rethink 2020.

Response to Question 3: Funding for organisations that service those not eligible for the NDIS

Ongoing investment in a range of state level services for people with disabilities who are not eligible for the NDIS, as identified in responses to Question 1 & 2 and recommendations 1 - 7.

Response to Question 4: Workforce development and training opportunities for the disability support sector, including allied health

The Productivity Commission final report on mental health in 2020 identified a reduced mental health workforce in regional and remote areas as an issue. No specific actions were identified in the Commission's final report to address this.

There is also concern regarding retaining the expertise of recovery workers in the sector due to uncertainty of programs as well as the NDIS funding gaps.

- The NDIA in June 2020 recognised the importance of Recovery Coaches (NDIS 2020b). However, under the current NDIS Price Guide the hourly funding (weekdays) for a Supports Coordination – Psychosocial Recovery Coach is \$83.15, which is much less than the Supports Coordination – Level 2 Coordination of Supports at \$100.14.

Tasmania's Rethink 2020 and the national Productivity Commission final report on Mental Health recognise the importance of the peer workforce, although significant challenges exist to develop this. This includes: barriers to recognising the value of peer worker, inadequate supervision and professional development, especially lack of funding for a Peer Workforce Coordinator (MCHT 2000).

Recommendations:

Recommendation 11: Recognise and invest in the retention of experienced recovery mental health workers. This includes working with the sector.

Recommendation 12: The Tasmanian government raises with the NDIA concerns of the underfunding of Recovery Coaches and the rule regarding access to support coordination that exists in the NDIS, which also impacts on the sector.

Recommendation 13: Develop and invest in peer workforce.

Response Question 5: Any other matters incidental thereto.

Addressing stigma and discrimination in the community is critical to supporting people with disabilities and mental illness to live well and participate in their community.

According to SDAC 2018, 24.1% of people living with psychosocial disabilities experience discrimination.

Addressing significant inequality that exists in mainstream services and social infrastructure is also required for Tasmanians with disabilities, particularly for those on low income.

- This includes addressing unaffordable, unavailable, and inaccessible housing (Law & Claxton 2020), housing developments in inaccessible locations, and limited and unavailable access to public transport (TasCOSS 2014).

Disparities in the provision of accessing and using essential social infrastructure has a direct impact on social, economic and health inequalities encountered by people with disability and mental illness on low income (Baldwin & Stafford 2019; Stafford 2020)

Recommendations:

Recommendation 14: Invest in strategies to address stigma and discrimination, including monitoring systems and attitudes with the implementation of strategies, including Rethink 2020.

Recommendation 15: The Tasmanian Government and local councils have a responsibility to ensure social, economic, health and environments inequalities experienced by people living with disabilities are addressed through strategic integrated approach and whole of government policy and planning.

Recommendation 16: Adopt inclusive universal design approach to planning and design of housing and neighborhood developments, and public transport to address structural barriers encountered by people of all ages with disabilities living on low incomes.

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