

Re-typed for the web

28 May 2010

Disability Care and Support Inquiry

This is my second submission because I did not know that I had to answer questions. The first is Number 14.

3. The prevalence and incidence of disability

If approximately one in twenty two Australians need some form of disability support, the Medicare levee needs to increase so that no one misses out.

4. Rationales for and objectives of long-term disability care and support

The scheme should cover the needs for all disable people including those like me who got their disabilities (severe multiple head injuries) through car accidents and missed out on any form of compensation, pension, rehabilitation, counseling etc. who are now just stuck on the Aged Pension and are forced to continue with some private health cover or payout of your own pocket for extra health services that the Aged Pension does not cover.

We do not receive any priority re waiting lists for surgery, dental or physiotherapy services etc. or any home help.

Delivery of services should be smooth and uniform in every State.

The system should provide respite for parents of disabled children. The parents should be able to take an annual holiday so as they do not end up exhausted and in danger of a mental break-down. These people are heroes.

There should be no trade-offs all disabled people and children are entitled to the highest quality of life that is attainable for them.

5. Key design elements of a new scheme

There should be a National Disability Strategy linking together all existing services and put under the one umbrella.

6. Who should be eligible

I think that need is the appropriate basis for disability support.

You should not have to compete with fellow disabled to get pensions and services.

People (including children) with severe mental or physical disabilities should not be denied any funding or services that could make life more tolerable and comfortable for them but old people like me (over 65) who suffered severe and multiple injuries in care accidents and whose quality of life was destroyed should receive disabled support. The head on my

shoulders is my disability and my chronic pain and lack of enjoyment of life is just as real as those people who have lost limbs or other bodily functions through disability.

I have tried to help myself survive through having a good diet, walking and taking an interest in animal welfare but I am still a disabled person and not included in any current Disability category.

Natural aging is not a true form of disability it is a natural process and many disabilities in old age are the result of lifestyle e.g. alcohol, tobacco and other drug abuse, poor diet and lack of exercise and should not be included in a National Disability Scheme but disability due to accident or being born with a degenerating disease should be included after age 65.

People suffering chronic pain as I do, do not need to fake their illness.

People always have the scope to overstate their needs but medical records cannot lie especially if it involves surgery, dental work, physiotherapy etc. All records should be accessed where possible, before a judgement is made.

People with short-term disability should always be encouraged to return to the workforce.

People's income should not be a barrier for eligibility. Often the disabled especially children, have no access to family fortunes.

If you are disabled, your enjoyment of life is limited and you should be able to access disability support which would hardly give you a lavish lifestyle.

There probably could be a cut off point re purchase of wheel chairs, aids etc. if the disabled person had at any stage been able to claim insurance or earn or inherit a large sum of money. Some pensioners do not receive full Aged Pension because their assets are too much.

7. Who makes the decisions?

The department responsible for Disability should control funding.

Some disabled people or their carers, might spend the money intended for new equipment, services etc, foolishly if access to funds was made easy and not accountable.

Services and funding for equipment and aids should be based on need of that services.

Primary carers should be paid by the department.

Services in rural areas like all health services in rural areas, need a drastic investment of money and many more health providers. Too many people have to volunteer their services which is uplifting but really not what is expected from a well run health scheme.

8. The nature of services

From what I have read and seen on television, there are not enough carers. Some people have to wait two weeks for a bath or shower, there are not enough wheel chairs made to

meet the demand for them and people are left more or less to rot in worn chairs that cause their poor bodies even more pain.

Young disabled people should never be placed in Aged Care facilities.

There does not seem to be enough places in schools for special needs children.

Mothers of disabled children are not receiving sufficient or in some cases, any help in the home.

All basic services should be free but if more assistance was something that would be appreciated but not really necessary, then a co-payment could be made.

How should people's needs be assessed? I do not think that disability pension services should be denied to people who can still be classed as mobile, dress themselves and wash themselves and prepare meals.

You can do all those things as I do and still be in excruciating pain. My aged husband can't even get a carer's pension for doing all the heavy household, driving me to doctor's appointments etc. yet I have all the proof to say that I am disabled in a chronic state of pain.

Assessment tools should be left to the Medical profession.

Data should be made available to a range of service providers because it prevents duplication of tests.

If all disability services were controlled by the Federal government there would be no problem with cost shifting.

You should leave the current accident insurance arrangements in place but for those who failed (like me) to get insurance because none was then available for a wife when there was no third party, there should be an entitlement to full disability services for life if the injuries warrant it.

9. How much is needed?

Enough to give every disabled person a basic standard of living e.g. as the 'basic wage' was determined all those years ago.

10. Financing options

I favour 'Medicare and Disability Levy. More money could also be raised if there was a real crackdown on pension cheating.

Being disabled and not getting any extra pension or consideration a pet hatred of mine is the so-called 'house sharers'.

I know of de factor couples (house sharers) who for many years have lived as man and wife yet claim two single pensions plus all that the single pension give as extra. One de fact female gets a single pension plus an overseas pension and now a carer's pension. It would be about \$880.00 a fortnight compared to a married female pensioner's a \$500.00 a

fortnight. The partner also gets a single pension plus an overseas pension so combined their pensions equal a wage that a working husband and wife have to keep a family on and have to pay tax on?

11 Workforce issues

You would need to ensure that this industry trained workers to perform their tasks at a high level and that workers would be recognized as being major contributors to ensuring that the nation's disabled were being well cared for. You could have a media campaign like the ones to attract people into our Armed Forces.

12 Governance and infrastructure

Government departments should administer the scheme but there should be inspectors to oversee the system and to prevent abuse of the scheme. Audits must take place on a regular basis.

13. Appraising costs, risks and benefits.

People already employed in the health sector should be able to work out the cost, risks and benefits of a National Disability Scheme. The department s already have data on what it costs the states so a National Scheme would incorporate existing costs into one more efficient single body that could hopefully deliver much better services to Australia's deserving disabled people.

Thank you again for this opportunity to express my views on this issue.

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