Executive summary

Queenslanders with Disability Network Inc. (QDN) is a Network of, for and with people with disability, with over 700 members across Queensland. Through connections with this membership, QDN has a deep understanding of the impact of disability on people. We strongly support the establishment of a Disability Care and Support Scheme that would fund the support needs of people with disability throughout their lives.

Entitlement

A Disability Care and Support Scheme must establish and fund support for people with disability as an entitlement, which acknowledges people's citizenship, right to participate in society and contribute to it through meaningful employment.

Within this entitlement framework, there is a need for generic services, such as housing, education, transport and health care. People with disability have a right to accessible forms of those services like any other Australian.

Portability

Any funding for support should be portable, enabling people with disability to live anywhere in Australia and move according to their life choices and/or circumstances. There must be flexibility around how support is used, with a focus on the needs and aspirations of the people with disability.

Principles of an entitlement based support system

QDN believes the following principles and defining goals should direct any new system, so that people with disability have:

1. Adequate support to live an ordinary life as **an entitlement of** Australian citizenship
2. **Equitable responses** across Australia
3. Responses that recognise **local and cultural differences, including rural and remote communities**
4. **A support system that focuses on building on people's abilities** rather than managing their deficits
5. **Social inclusion and participation** like any other citizen of Australia;
6. The **empowerment to direct their lives** and to reach their full potential through endeavours in work, leisure, creativity and spiritual development; and
7. **Timely investment in people with disabilities and their families** to maximise personal development, inclusion and skills, avoid further impairment or handicap, and to maintain natural networks of support.

Equipment

Access to funding for aids and equipment is vital for many people with disability who use assistive technology (AT), to access the community, work, communicate, recreate and function. As informed by the International Classification of Function (ICF) and consumer input AT users' priorities, this requirement can be defined as:

- The best combination of equipment, personal care and environmental design to meet their needs in every area of life
- Access to sufficient funding to pay for good quality and long lasting equipment
- Having needs looked at holistically, so that each piece of equipment works well and does not interfere with other equipment or supports
- Having equipment needs considered across the lifespan, as their needs change
- Accessing support across the whole process of getting equipment, including equipment trial, training and maintenance
- Access to resources when needed
- Being actively involved in deciding on the best option; and
- Having personal preferences and identity considered when identifying equipment to suit lifestyle and participation

(de Jonge, Layton & Vicary: 2010)[1]

- Being free to take the equipment where ever it is needed across Australia, allowing people to travel or move between states without the need to change equipment and jeopardise maintenance services.

New system

A new framework will require fresh thinking; it would consist of key features that, when working well together, will avoid a "blow-out" of costs and work towards a fair and effective service system. They are:

- Capacity building strategies to assist communities to include people with disability and welcome their participation
- Capacity building of people with disability to envision what is possible, to plan for the future and to build a good life for themselves
- A specialised service system that is responsive to need;
- Capacity for research and development to identify the way forward as society changes, and
- Safeguarding strategies, including independent advocacy, administrative appeals mechanism and simple transparent accountability measures for both services and users.

In summary, a Disability Care and Support Scheme should facilitate people with disability to design and direct their service/s, so that they receive the right amount of service with the right equipment, by the right people, in the right way, and at the right time.

What follows is QDN's full submission to the Productivity Commission Inquiry into a Disability Care and Support Scheme.

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[1] de Jonge, Layton & Vicary, 2010 "The AT System in Review" (in progress)

Terminology

When using the term "**people with disability**" in this submission, Queenslanders with Disability Network Inc (QDN) means:

- Adults with disability who have full decision-making capability;
- Adults, with the assistance of those with authority to make decisions for them if they do not have capacity, typically a family member, spouse or enduring friend; and
- Children with, typically, parents making decisions on their behalf.

The support needs of families and enduring friends should be considered as distinct and separate to that of any decision-making for the person with a disability.

Introduction

This response is produced using input from QDN members across the state of Queensland. As a member-driven organisation, QDN focussed on consulting with people with disability to gain their input into our submissions. The information presented here is also aligned with QDN's vision, mission and values which have been developed from member input over time.

About Queenslanders with Disability Network Inc (QDN)

QDN has been established, as a network of, for, and with people with disability, for ten years. The network regularly brings members together to campaign on issues that affect their lives. From such gatherings, and through input from Local Area Networks, the members determine the focus of the network and activities undertaken.

Value Statement About the Place of People with Disability

Since its inception, QDN has spent considerable energies clarifying the values that underpin its way of working and interacting with other agencies. The following statements articulate the values of QDN, in relation to the place of people with disability in an inclusive, Australian society.

QDN believes that:

- All people with disability have a right to a place in the community and contributions to make to community. This is as empowered, free citizens who are as valued, present, participating and welcomed as members of any dynamic and diverse society.
- The place of people with disability in the community is not just about people with disability having a house in the community. The crux of the issue is that they are welcomed in the community as ordinary citizens where they are genuinely given opportunities to contribute and actively participate. People with disability need to be in communities where their individuality, their talents, and their lived experiences of disability are recognised and acknowledged.
- Culturally and historically, people with disability are not afforded the same value, opportunities or access to community life.
- Any inclusion in community for people with disability is conditional and vulnerable to withdrawal.

  An example of this is "forced co-tenancy", where people with disability are forced to share public housing and supports with other people with disability or risk having both housing and supports withdrawn.
- Many people with disability in Queensland are excluded from the most basic experiences of ordinary lives.
- Current exclusionary practices are unacceptable and must be challenged.
- These issues affect not only people with disability but the whole community.

- The responsibility is shared. It lies within government (federal, state and local) and the community at large, to ensure that people with disability have a place and are resourced to belong in community.

Statement of QDN's Core Values

This is the principal statement of what is at the heart of QDN. It was developed and presented at QDN's first state-wide gathering, "*Seeking a Voice,*" and informs the work and direction of QDN and complements its vision for all people with disability. These values have been formally endorsed by people in QDN's networks, Steering Committee, Management Committee and underpin the formal structure and Constitution of QDN.

Queenslanders with Disability Network (QDN) is a network of people with disabilities:

- Which is for, of, with and by people with disability;
- That speaks with a strong, relevant, active, significant and, if necessary, outspoken voice;
- That takes a stand, which is visible and inclusive of all people with disability who share our core values;
- Where activities are undertaken within a human rights framework in which people are valued and disability is recognised as a social issue;
- Which ensures that people with disability who have no avenues for expressing their needs have a strong, vigorous network that stands by and for them;
- That provides an atmosphere of mutual respect, openness, conviviality, hospitality and fellowship;
- Which works actively to change society so people with disability have citizenship and are an active and valued part of the community;
- Which is here for the long term, encourages participation, and harnesses the energy and potential for influence (experience and wisdom) of people with disability; and
- while recognising and embracing diversity, differences and individualism, accepts collective decision-making within shared values.

What should a new system aspire to achieve?

QDN believes that any new system should be directed by a set of goals, including:

1. Adequate support to live an ordinary life as **an entitlement** as an Australian citizen;
2. An **equitable response** across Australia;
3. A response that takes into account **local and cultural differences, including rural and remote communities**;
4. **Focus on building on people's abilities** rather than managing their deficits;

5. **Social inclusion and participation** of people with disability as with any other citizen of Australia;
6. The **empowerment of people with disability to direct their lives** and to reach their full potential through their endeavours in work, leisure, creativity and spiritual development; and
7. **Timely investment in people with disabilities and their families** to maximise personal development, inclusion and skills, avoid further impairment or handicap, and maintain natural networks of support.

The system should provide for support for people with disability in order to envisage and plan for a "good life". This involves supporting people to:

- **Envision a worthwhile life** that is inclusive, purposeful and fulfilled, plan for the future and to build connections and opportunities for themselves;
- **Perform the activities of daily living** with dignity and in ways that maintain health, social participation and inclusion;
- **Identify, build and maintain informal networks of support** to remain a part of family and social networks, make helpful community connections, and find and keep friendships; and
- **Contribute to society** through work, leisure, creativity and spiritual activities.

> "*We need to regain our dignity and independence; to lead a productive life and be vibrant members of the community".*
> Quote from QDN member

The system should work collaboratively to integrate generic services so that people with disability:

- Have access to **inclusive education** and learning;
- Receive **appropriate medical and dental care**, including early intervention care to minimise avoidable medical and disabling conditions;
- Have access to secure, affordable and appropriate **housing** in their established communities; and
- Can use affordable and accessible **transport**.

Generic services, such as cleaning, ironing, household maintenance, or even a nanny to enable parents to return to work, are often determined to be outside of the scope of funding guidelines. Yet, these services, if offered to people with disability, are far more economically efficient when compared to disability-specific services.

It is critical that any implemented Disability Care and Support Scheme is coherent with a comprehensive **National Disability Strategy**. If this does not happen, further disability support funding will be required from state and local sources to make up for the deficiencies in existing community services, such as accessible transport, and opportunities that are available to others.

Funds for support are best used within a **strengths-based model** that is a focus on positive solutions rather than measuring deficits. This can best happen when there is a positive vision for the person, a plan, and people who will be there in the long term to help build a good life for the person with disability. The new system will work best if:

- The planning is done by the person with disability or, if required, people closest to the person and who are likely to be there in the long term;
- The paid supports are used to complement and help build the informal supports that already exist (rather than disaffect them); and
- People with disability and/or their families can have as much autonomy in the management of the service as they can manage (this right would be balanced with responsibilities of using the funds towards the best interests of the person and accounting for expenditure).

It is not only people with disability and their families who benefit directly through a strengths-based model, but also communities by way of increased citizenship with the responsibilities and opportunities that come with it. Communities do best when ALL citizens are able to share their gifts, talents and contributions.

Similarly, when people are supported in the right way, by the right people, at the right time, they will lessen the demands on other services, such as:

- Justice and corrective systems through avoidable law infringements and incarceration;
- Health services through avoidable illness and hospital stays;
- Child safety services through the avoidable breakdown of natural families and networks;
- Institutional care through the breakdown of formal and informal supports within their community.

Assessment: Who should be eligible?

Who should be in the new scheme and how could they be practically and reliably identified?

The new scheme should be administered by a separate statutory body similar to the Transport Accident Commission in Victoria which provides *no-fault cover* for all people injured in road accidents in Victoria. This negates the need to establish responsibility and engage in legal action to secure compensation. Any unfavourable decisions of this should then be subject to review by an independent regulatory authority similar to Q-COMP that oversees Queensland's Workers' Compensation Scheme.

The new scheme should have the following characteristics:

Fairness:	The scheme should deliver an entitlement that is available to all people with disability, who genuinely require support.
Timeliness	The scheme should meet the needs of people with disability: • Who require support with daily living needs; • Who would benefit from early intervention and development; or • Who are experiencing a time-limited crisis or an emergency situation.
Equity	The scheme should offer equitable levels of support across Australia.

Which groups are most in need of additional support and help?

This scheme should be available to all people with disability. The people currently in greatest need are people whose disability is ongoing and who are not currently eligible for compensation.

People with mental illness or an intellectual disability are commonly excluded by society's lack of understanding. People whose disability is not necessarily readily apparent face additional social barriers and exclusion, based on ignorance, fear and prejudice.

Given the complex nature of this situation, additional support is needed for individuals to recognise their strengths and capacities, envision a good life for themselves, manage the societal barriers and integrate those strengths into a fulfilling lifestyle, encompassing work, physical, recreational, spiritual and social aspects.

What could be done about reducing unfairness, so that people with similar levels of need get similar levels of support?

The scheme should not be means-tested. The scheme should offer assistance to allow all people with disability to live with dignity and participate to the same level as the rest of the Australian population.

People with disability should not have to fund the additional costs of living with disability. This should be supported and funded by government.

This is of particular relevance with regard to aids and equipment, funding for which is a confused and confusing mixture from sources such as health, education, workplace modifications schemes, philanthropic funding and co-contributions demanded of people with disability who are least able to pay.

Access to funding for aids and equipment is vital for many people with disability who use assistive technology (AT), to access the community, work, communicate, recreate and function. As informed by the International Classification of Function (ICF) and consumer input AT users' priorities, this requirement can be defined as:

- The best combination of equipment, personal care and environmental design to meet their needs in every area of life
- Access to sufficient funding to pay for good quality and long lasting equipment
- Having needs looked at holistically, so that each piece of equipment works well and does not interfere with other equipment or supports
- Having equipment needs considered across the lifespan, as their needs change
- Accessing support through the whole process of getting equipment, including equipment trial, training and maintenance
- Access to resources when needed
- Being actively involved in deciding on the best option
- Having personal preferences and identity considered when identifying equipment to suit lifestyle and participation.

(de Jonge, Layton & Vicary: 2010)[2]

It is, therefore, vital that a national and uniform AT funding scheme is part of the new scheme.

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[2] de Jonge, Layton and Vicary, 2010 "The AT System in Review" (in progress)

Who gets the power?

How could people with disabilities have more power to make their own decisions (and how could they appeal against decisions by others that they think are wrong)?

Those services that have worked towards self-determination for people with disability and their families have found the following elements are important:

Transparency	People with disability know how much money there is for support and how it is being spent.
Ability to plan and decide on the quality and level of support	People with disability decide how and when and what support should be provided.
Ability to "hire and fire".	People with disability decide who supports them and can have them dismissed if they no longer provide the support required.
Ability to change the service provider without question.	The funds are allocated to the person with disability, and are portable and transferrable enabling that person to live anywhere in Australia.

The management of funds should allow people with disability the options to:
- Receive the funds directly;
- Have control over the direction of service, with assistance accountability, co-ordination and financial management; and
- Delegate all or some of the management and direction to a third party.

It is the experience of QDN that the more the person has control over the direction and management of the service, the more often:
- An appropriate service is provided;
- Increased empowerment is achieved;
- The funds are used efficiently; and
- The service complements and helps build informal support networks.

People with disability, however, are not immune to requesting and accepting poor service. Good outcomes are more likely if the person with disability has a strong positive vision for their life, can plan affectively and direct the service to build on this plan. Many people with disability have learnt, through intentional strategies, to "envision, plan and build a good life" as a way of thinking[3].

QDN has observed that the sooner a person with disability develops these skills, the more competent they become in taking control and the less likely they will succumb to "learned helplessness" by relying on services to make critical life decisions for them.

It follows that a Disability Care and Support Scheme should include intentional strategies to assist people with disability to build capacity to envision, plan and direct their service. It also follows that if people with disability and their families do not have the capacity at any particular time, they can obtain some interim assistance.

The scheme should include the cost of management within the total cost of support so that people can transparently negotiate the level of this assistance with their service provider.

A National Disability Care and Support Scheme should also incorporate a disability specific Ombudsman to investigate complaints raised against services. This Ombudsman should be backed up by changes to disability legislation that authorises legal action against negligent services.

How should the amount of financial support and service entitlements be decided (and by whom)?

First and foremost:

- The person with disability should decide what services they require to have their basic social, physical and emotional and spiritual needs met;
- The person's needs may change throughout their life so there is a need for regular review;
    - Such a review should be triggered by the person or their supporters contacting the overseeing body.
- The system of allocating funds needs to be straightforward, with entitlements based on a transparent process with current and realistic schedules of unit costs; and
- The process should be timely, flexible and responsive to local community challenges and opportunities.

QDN recommends that:

1. The decisions about the financial support and service entitlements should be made by an independent and community-based panel that is mindful of local challenges and opportunities; and

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[3] Ward, J *"Planning for Now, Tomorrow and the Future" -,* Pave the Way, Mamre Association, December 2007, p10

2. The assessment process should use a strengths-based framework towards inclusion and participation rather than a deficit framework focusing on diagnosis and limitations.

A panel would request a strengths-based plan identifying:

- The vision and plan for inclusion and participation in the community of choice;
- The support required:
  - First ascertaining the existing natural supports, opportunities and generic services that exist in the person's community and networks; and
  - Then naming the paid support required to help build and maintain those natural supports, opportunities and generic services;
- A management strategy which will ensure:
  - An appropriate service is provided;
  - Empowerment is achieved; and
  - The funds are used efficiently
- A review period to ensure there is time and capacity to respond to changes in life developments, the disability itself, the person's capacities and skills, the environment and technological developments[4].

> *"Assessments, advocacy, facilitation and reviews must be community centred and independent from service providers".*
> Quote from QDN member.

Integral with the plan for support would be a plan for the aids and equipment required. As stated above, using the International Classification of Function, Disability and Health (ICF) and input from the person with a disability to consider personal preferences, the priorities can be defined as:

- the best combination of equipment, personal care and environmental design to meet their needs in all aspects of life and life changes
- good quality and long lasting equipment
- a holistic approach, that is, each piece of equipment works well and does not interfere with other equipment or supports
- All provided equipment and associated service and maintenance is portable between states, allow people to move or travel
- support through the process of getting equipment, including equipment trial, training and maintenance[5].

What services are needed and how should they be delivered?

What kinds of services particularly need to be increased or created?

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[4] Cook & Hussey, 2008; de Jonge, Scherer, & Rodger, (2007)

[5] de Jonge, Layton & Vicary – work-in-progress 2010

QDN believes there is a need for a multi-focus approach to service delivery. Only then will people with disability be able to truly choose a service model or combination of service models that met their needs.

Along with this choice, people with disability must be able to easily transition from one service to another. Funding and accountability processes need to be assigned to the person and their vision for a good life. The satisfaction of the person with disability, how they achieve their life aspirations and how the service responds to them as individuals must be linked to accountability processes.

> *"We want choice. Choice on how we manage our funds; choice on which services we access and choice in where and how we wish to live".*
> Quote from QDN member

A service that has streamlined processes but which is restrictive upon those for whom it is there to service, must be seriously questioned. New accountability measures focussed on the person should avoid this.

Development of a specialised community based service system	A network of specialised services which can respond to the individual needs of people with disability in the community and structured to manage portable funds is required.
Capacity building of people with disability	Focused effort is required to assist people with disability to envision and plan positively. People with disability need intentional assistance to preserve their inherent hopes and dreams and to confront any negative stereotypes and expectations of society they may encounter.
Community Capacity Building	Communities need to be assisted to include people with disability and to welcome them to participate. Then, the identifying, building and nurturing of supportive community relationships alongside and with people with disability will be possible.
Research and development	A capacity to evaluate the outcomes of the scheme and to signpost changes is required to identify avoidable wastage and to respond to society's expectations.
Safeguarding strategies	Safeguarding strategies, including independent advocacy, administrative appeals mechanism and simple, transparent accountability measures for both services and users are needed.

How could the ways in which services are delivered — including their coordination, costs, timelines and innovation — be improved?

Generally, the most responsive and cost effective services have the following features:

Appropriateness	The service is done by the right people at the right time in the right way
Matching the need	The people providing the service have attitudes, values, and cultural sensitivities which align with the person with a disability. The people have the skills and abilities to carry out the work.
Direction and management	The decision-making and co-ordination is done by the person with disability or by those as close to the person with disability as possible in a way that supports, builds upon, and complements informal networks of support.
Flexibility	The service can respond to changing needs of individuals as they are identified by the person or their supporters.

> *"My package is attached to me, not the service. Where I go, my package goes".*
> Quote from QDN member

Are there ways of intervening early to get improved outcomes over people's lifetimes?

A Disability Care and Support Scheme should have in place measures to correctly anticipate and respond to the needs of people with a disability through:

Early empowerment	The sooner people with disability and their families are envisioning and planning, the more likely they will be able to take charge of their life and the less likely they will succumb to a 'learned helplessness'.

Assistance when it is needed	The right amount of assistance at the right time by the right people. Putting in place support for people with episodic conditions or crises situations may incur short-term costs, but these investments are likely to avoid unnecessary long-term harm and threats to long term support arrangements.
Early intervention and prevention	People will be less handicapped by their disability if they have optimal chances to learn and develop. People with acquired disability can be assisted to maintain their work, connections and interests so they can continue to live their life as before.
Inclusion at all costs	Unconditionally, paid service should be building on and complementing what informal supports and community connections are naturally there. There is no excuse for the damaging of established relationships and networks and there is no place for the seclusion, congregation or sequestering of people with disability for the convenience of the service provider.

How could a new scheme encourage the full participation by people with disability and their supporters in the community and work?

The scheme would benefit from the following three pronged approach:

Capacity building of people with disability and families	The scheme will work best when there is investment in the envisioning, planning and decision making of people with disabilities and families.
Community builders	The scheme will work best when communities are able to invite, include and welcome the contributions of people with disability. Most communities benefit from intentional programs to do this. Community builders would catalyse and prepare opportunities for work, leisure and creativity for people with disability.

Community navigators	The scheme will realise optimal use of the funds if people with disability are assisted to find work, leisure and creative opportunities in the community which are available to everyone.

> *"We are no longer thought of as different or special; we are just included".*
> Quote from QDN Member

How can a new system ensure that any good aspects of current approaches are preserved?

The Disability Care and Support Scheme would benefit from gradual implementation so that those people with disability who are not ready or supported adequately to direct and manage their support would:

- Continue to be supported by the established service structures; and
- Be provided transitional assistance to become more self-determining.

It has been the experience of QDN that once people with disability and their families experience the positive benefits of managing and directing their own support arrangements, they are unlikely to return to the more paternalistic service structures currently available.

What should be done in rural and remote areas where it is harder to get services?

QDN acknowledges that access to specialist knowledge and advice will continue to be a challenge for people with disability in rural and remote areas. However, the principle of supporting people with disability to remain in the location of their choosing, or move, should prevail. The more people with disability have the authority to manage and direct their own service, the more likely local practical solutions will be found.

People living in rural and remote areas often have existing networks of support in local communities. Flexibility and the ability to self-direct funding will mean that people can purchase support from these networks. Where specialist support is not available, people might need extra resources to travel to specialists or equipment manufacturing appointments. This needs to be factored into the scheme.

Ultimately, people's needs have to be met regardless of where they live. The system should reflect this in terms of finding a local solution first, optimal use of technology and funding for people to travel to where they can access the supports and services when this is not possible.

Funding

How should a new scheme be financed?

A no-fault National Disability Insurance scheme, paid as a levy by taxpayers, would ensure funds are available for those who currently have a disability, and those who may acquire one in future, due to illness, age, accident, etc. That way, equity is possible amongst Australians regardless of disability.

A strategy will be required to redirect existing government funds for disability support over time into this scheme.

How can it be ensured that there is enough money to deliver the services that are needed and provide greater certainty about adequate care in the future?

Ultimately it will be *political and social will* that ensures there is enough money to deliver the services that are needed and provide greater certainty about adequate care in the future. However, there are key elements to the scheme QDN envisions which will inhibit a 'blow-out' of costs. They are:

Focus on strengths and abilities rather than deficits	The recommended strengths-based planning will harness established informal supports, self reliance and community capacities, and encourage formal paid supports to complement and help build on the support that is already there. People with disability and their families may require assistance to envision a 'good life' to plan for the future and to direct their service. A deficit framework results in ever-expanding need. It typically disempowers people, ignores opportunities for inclusion and participation within established networks and communities, finds solutions mainly in specialist paid responses, and results in a culture of 'learned helplessness'.
Direction and management of service by the person with a disability	When the person with disability or their family plans, directs and manages the support, it is more likely to be the right amount of service by the right people at the right time. This reduces unnecessary management and coordination costs.

The scheme does not compensate for poor generic services	Generic services, such as medical care, hospitals, housing, education and transport should meet the needs of people with disability and other Australians. They should not rely on the support from this scheme to ensure equitable access.
Flexibility in who is employed and how they are paid	For people with disability to have the right amount of support by the right people at the right time, they will need access to a wide variety of people who could work within a wide variety of employment and contractual arrangements.
Timeliness	Early intervention, with the right equipment provided, will limit avoidable impairment, handicap, exclusion and loss of established natural networks.

Organising and implementing a new disability policy

What are your views about the 'nitty gritty' aspects of a scheme that will make it work practically?

QDN recommends the following guidelines:

1. The system should allow for the person with disability or their family to receive the funds, and direct and manage the service as first preference. The more the person with disability or their family can manage the funds, more of the allocated funds can be used for direct service.
2. Optimising electronic processes will allow for transparent and simplified payment and accountability processes.
3. To ensure flexibility and a range of employment and contractual arrangements, all taxation options should be available; that is, Statement by Supplier (for flexible time-limited service, ABNs (for contractors with particular skills), Pay As You Go (for substantial and ongoing employment).
4. While complaints processes within services are important for a service to improve, the most powerful strategy for improvement is the buying power of the consumer. If the person with disability is not satisfied with the service, they can buy the service elsewhere.

5. Implementation of a comprehensive, central information service that incorporates federal and state service provisions which is coherent and accessible to everyone.

6. Any auditing process of services assigns priority to outcomes for people with disability rather than quality of systems.

7. **The investment in information and training made in people with disability and families is comparable with that offered to service providers. People with disability need support to envisage and progress a vision for their lives.**

8. Employment requirements of support staff allows for "ordinary local folk" to be engaged. People with disability will typically choose and keep staff with compatible values and cultural backgrounds over their training and experience.

How long would be needed to start a new scheme, and what should happen in the interim?

QDN recommends:

- A clear bipartisan commitment and timeline should be made to people with disability and their families in Australia to adopt a National Disability Insurance Scheme;

- The development of a national system of local assessment boards, a register of accredited disability service providers and a card system (similar to Medicare) for payment;

- A series of pilot schemes to be implemented to establish local boards, from which a national system would be based; and

- An intentional strategy be developed through community navigators and disability advocates to assist people with disability and their families to envision and plan for a 'good life' and to build and maintain their natural networks.