

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

- Every person living in Australia who is defined as having a disability under the Disability Discrimination Act (DDA) should be eligible to access the new scheme as a need is identified by them or their physician, therapist or LAC and as their needs change
- Identification of eligibility should occur through improved Disability Register mechanisms, referral from physicians, specialists, therapists, schools and Centrelink
- Eligibility would not mean an individual or their family/carers MUST access the scheme, however, they remain eligible, and therefore, safeguarded
- Local Government Authorities to be kept up to date with the dynamics of people with disabilities living in their geographical areas via links through the schemes data base
- The scheme should not be restricted to people who have severe and profound disabilities. With appropriate financial, social, housing, therapy and counselling support the majority of Western Australians who have mild to moderate disabilities manage their lives well. Excluding this population of people with disabilities from eligibility to the Disability Care and Support Scheme will increase the risk of hardship and mental health complication, resulting in increased critical and crisis care needs costs
- All persons with a disability should be assessed as individuals, as not all persons with the same diagnosed disability have the same needs
- It is recommended that the Australian government develop a National standardised, fair and empathetic eligibility and acceptance process

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

- All people with a disability according to their individual needs and circumstances. Whether people have high or low support needs the cost of living with a disability is higher, employment and career opportunities are limited, housing and accommodation support is limited, accessing health, medical and social care in generic settings is at best limited, and at worst, places people at risk of deterioration
- Through information and support provided by the Disability Care and Support Scheme. Local Government authorities would be in a better position to identify additional need within their communities and provide adequate support in their community which would be particularly useful in future planning
- Respite support for families and individuals in their local areas is of great importance

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

- Whole of Life Planning – Once a disability is diagnosed and “registered” some outcomes are predictable. e.g. family support, early intervention, school and post school support needs, rehabilitation, income streams, therapy for life, housing, accommodation support needs, lifestyle and ‘Ageing in Place’
- Generically ensure that infrastructure and transport is universally designed and delivered
- Grant and recurrent funding to be available to Local Government authorities to encourage and support planning and development to better meet the needs of people with disabilities
- Local Government authorities and the private building sector to be offered incentives where 1 or more dwellings in a residential development meet Universal Design Standards
- Access to advocacy

- 4. How could people with disabilities or their carers have more power to make their own decisions?**
 - By having greater financial means, knowledge and capacity to 'buy in' individualised goods and services
 - The ability to access a system that will advocate for the person with a disability or for the carer
- 5. How could people with disabilities or their carers appeal against decisions by others that they think are wrong?**
 - At a local level through Local Government officers, local members of parliament or Centrelink
 - Using the DDA and the Human Rights Commission
- 6. How should the amount of financial support and service entitlements of people be decided (and by whom)?**
 - Change the Centrelink system. All people defined as having a life-long disability under the DDA should be financially supported with the extra cost of living (from the time of diagnosis) with a 'Safeguard Allowance' from Centrelink. In addition, pension supplements to be added depending on the individual's age, diagnosis, health and medical needs, ability to work, equipment and continence needs, accommodation support needs, independent living needs and respite needs
 - People with a disability should have access to equipment and supports when they are needed, not according to waitlists and financial matters
 - People with a disability should be entitled to have more than basic life sustaining and mobility equipment, e.g. a new wheelchair within a shorter time frame or be eligible for a wheelchair and walking frame at the same time!
 - Create services at a local level, respite, local transport, more housing for persons with a disability
- 7. How should a new scheme be financed?**
 - The Australian Government should finance the new scheme through a taxation levy
 - Flexibility with the health funds to assist in paying for the needs of people with a disability, i.e. equipment, therapy and services. For example, a person with a disability may need regular physiotherapy but may never need another kind of service so the health fund may accommodate the person with more physiotherapy sessions on their health fund

8. 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?

- Adequate and thorough research and planning will ensure that there is enough money to deliver services. From an Australia wide disability registry, proper and true budgets for disability could be determined. Monies need to be available now and invested for the future of Australia's population of people with a disability

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

- Trained experts (LAC type model) at every hospital, Local Government body and in every suburb to identify it's population of people with disabilities and help navigate whole of life strategies
- Dedicated and qualified disability officers in every Local Government body, City or Shire
- Local Government bodies to have an up to date data of the local community needs for disability and future planning so that appropriate and timely services and infrastructure are implemented
- Local Government body to recognise the need to address 'disability' separately from 'aged care'
- Education for family carers and professional carers. Proper tertiary qualifications so carers can specialise in their profession, e.g. work with a person with multiple disabilities

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

- Design the scheme in 2010 – 2011 with implementation in 2012

Any other comments:

- Disability needs to be held high on political agendas. People with a disability and their families/carers in Australia should not be struggling the way they are forced to, worrying about loosing their benefits and human rights to a decent quality of life
- People who receive a Blind Disability Pension are far better off than people receiving a Disability Support Pension. Once they are deemed eligible they remain in receipt of their pension for life regardless of changing circumstances, they are able to better plan and manage their lifestyles in the long term – this is a safeguard that would be truly valued and appreciated by all Australians living with a permanent, life long disability
- Laws should be made to ensure we preserve systems that are working well and also to ensure that communities take responsibility for the care of people with disabilities
- Businesses and the public sector to be encouraged to provide supported employment in open employment settings