

Productivity Commission

Inquiry – Disability Care and Support

Who should be in the new scheme and how could they be practically and reliably identified? - Individuals with a life time disability

Which groups are most in need of additional support and help? - Physically disabled, including spinal injuries and Amputees

What could be done about reducing unfairness, so that people with similar levels of need get similar levels of support? - A Medicare system that works upon physical and financial examination of degree of disability and financial independence

How could people with disabilities or their carers have more power to make their own decisions (and how could they appeal against decisions by others that they think are wrong)? - A system that examines individual needs. This could start with the GP medical provider referring a disabled person to a Government department established with a committee of specialized individuals

How should the amount of financial support and service entitlements of people be decided (and by whom)? - The ability that the individual has to care for oneself. Some accident individuals are covered by TAC or similar insurance situations

What kinds of services particularly need to be increased or created? - Many situations need attention; a survey should be made by a government department for this

How could the ways in which services are delivered — including their coordination, costs, timeliness and innovation — be improved? - Private providers could be used through Medicare, taking the burden of government departments or government providers

Are there ways of intervening early to get improved outcomes over people's lifetimes? How would this be done? - When a disability occurs, either at birth or later through sickness or accident, a specialized and trained individual or group to inquire the special needs of an individual.

How could a new scheme encourage the full participation by people with disability and their carers in the community and work? - Each area of disability should have a specific group to provide information for the type of disability

How can a new system ensure that any good aspects of current approaches are preserved? - This would require a government bill be used to enforce the system set up.

What should be done in rural and remote areas where it is harder to get services? - Unfortunately, this is always going to be a problem. Assistance therefore could be given to assist in cost of travelling to and receiving needed services.

How could a new system get rid of wasteful paper burdens, overlapping assessments (the 'run around') and duplication in the system? - A progressive ladder system, where a person moves up the steps in the system, once the individual reaches that level, he or she would never return to the previous step

How should a new scheme be financed? - By looking to see where funds presently are being wasted, a general audit of present provisions, that would I am sure discover incorrect use of funds. Plus the use of tax provided funds that presently are incorrectly being used

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? - One step at a time. Knowing the needs for the many disabilities and those close should be seen. Once the cost is known, then the funds can be sourced

What are your views about the 'nitty gritty' aspects of a scheme that will make it work practically? - KISS. Keep it simple Stupid. Over complicating any future scheme will only increase the cost and increase its difficulty

How long would be needed to start a new scheme, and what should happen in the interim? - Importance should be given to priority, everything takes time, but passion in the right people would help speed things up. So choose the right people to start the job.

As an amputee, a need to use the system we have in Medicare could help individuals obtain better results in obtaining quality of life.

Mark W. Clarke