



16th August, 2010

To : The Australian Government

Productivity Commission : Disability and Support Enquiry

Re : Long Term Care and Support Scheme

The current Disability System is a complex maze, difficult and frustrating for carers, families and providers to understand or navigate, in order to access services and resources.

We need to develop a significant philosophical shift within the community, to change Disability from a Welfare Model of funding, to one that builds an economic, social and moral argument for reform, namely a National Disability Insurance Scheme (NDIS), similar to the Medicare reform.

A successful NDIS needs to be underpinned by SEVERAL PRINCIPLES :

It needs to be fair and equitable-to include those born with a disability or acquire a disability through accident, injury or illness.

It needs to be effective, efficient and provide timely access to resources and services.

It needs to be client and family centred and empower those with a disability to make decisions, appropriate to a range of personal issues such as changes in developmental status, overall function or family situation.

It needs to be life-long and sustainable

It needs to offer best practice ,supported by research and evidence based practice to drive innovative and efficient practice and services.

FURTHER CONSIDERATIONS

1) My understanding is that a NDIS would principally involve those with a significant disability. Whilst I understand this imperative, it is important that those with a milder disability are considered as well. They experience greater expectations to seek and maintain employment, housing etc, yet rarely receive the educational training to make this a reality . People with disabilities at the milder end of the spectrum may actually have less obvious care needs, however there can be behavioural challenges, and the desire to be independent (with support). Therefore I believe that a NDIS needs to address this client group's needs too.

2) Funding for Carer and Family support must be considered independent of the funding for their child, young adult or adult. Research has demonstrated that the indices for the health and well being of carers in Australia are appallingly low, This must be viewed as a priority in a NDIS scheme. Carers are often the forgotten volunteers and heroes in our community. Carer funding should be given urgent attention to address their own health and well being, for example respite sessions, gym or recreational activities.

3) Eligibility criteria to apply for funding under the NDIS scheme will need to be formulated and regularly reviewed. To access this funding, children and adults with life-long conditions will require needs assessment by members of interdisciplinary teams, with expertise and experience in the assessment and management of children, young adults and adults with a range of disabilities.

Together with family or carers at pre determined times, assessments and action plans would need to be developed. For children this would involve several stages ; in the early years, from birth to kinder, key childhood and adolescent transitions; to kinder, kinder to school, primary to secondary schools , secondary school into adult programs or vocational training, and also during adulthood etc.

In terms of the child with a life long physical disability, such as Cerebral Palsy, world respected research work of Prof Kerr Graham, Associate Prof Dinah Reddihough and others at RCH, Melbourne ,evidence based guidelines have been developed to ensure the optimal type and timing for interventions ,such as Botulinum Toxin injections, and Orthopaedic Surgery. Therefore assessments and support for this client group need to be targeted and linked to meet the child and family's needs during these critical periods.

The mode and timing of all assessments needs to be flexible, and respond to changes in function, transitional opportunities or family or personal circumstances.

4) Timely access to services needs to be a critical determinant for a NDIS. Currently there are 1000 children on the waiting list for early childhood services in Victoria, which is a serious indictment. Research indicates that given the plasticity of the developing brain, early childhood intervention services can ameliorate developmental disabilities during this critical developmental period, yet children are missing out on these vital services. The Centre, Biala Peninsula in the Mornington Peninsula, Victoria provides a Hub and Spoke model for early childhood intervention services. Whilst the centre is based in Mornington, early intervention services are delivered by skilled staff across 7 locations in the Peninsula. This model of service delivery offers timely access to services to children and families close to where they live.

Timely access to the purchase of equipment and resources must also be addressed. For example, at the present time, following approval for a wheelchair many months may elapse. In that time, the child may experience a growth spurt and once delivered the wheelchair is too small.

5) The introduction of a NDIS will have a serious impact on the need to increase the number of trained health and educational professionals to meet demand.

In the lead up to the Federal Election the Labor Party has released a paper that offers children with a disability (under the age of 6) eligibility to receive \$12,000 for early intervention services.

Whilst an inclusive policy is applauded for “A Better Start In Life For Children with Disability “ it raises an important issue. This policy will raise expectations of

parents and carers --that there are educational and health professionals in the community to provide these early intervention services. Unfortunately there is a paucity of trained professionals to meet current demand, let alone a future increase.

A NDIS will produce a similar impact which needs to be addressed. Therefore the training of professionals to provide quality services along the disability life span must be a priority.

6) The service delivery model for a NDIS needs to address the needs of rural families and their limited access to services. Collaborative models of innovative clinical practice and training can prove effective strategies to address workforce recruitment and retention. The Malcolm B Menelaus Rural Paediatric Physiotherapy Project in the Goulburn Valley was established to address the paucity of trained paediatric physiotherapists in the rural sector, thereby increasing access to services for children and families. Through a unique intersectorial collaboration involving Goulburn Valley Health, The University of Melbourne's School of Rural Health, Shepparton, SCOPE Victoria, Department of Education and Childhood Education ,a post graduate clinical training has proven to be a successful recruitment and retention strategy ,with 4 additional physiotherapists trained over a 2 year period now providing paediatric services to families in rural Victoria.

This partnership has concluded that the provision of post graduate clinical training is essential, and has the dual effect of enhancing a child's access to timely skilled physiotherapy, whilst providing a career path to young health professionals. This model of post graduate training can be applied in other regions, to other speciality areas of physiotherapy eg rehabilitation and geriatrics, and to other health professions.

7) A strong partnership with relevant Professional Associations and Universities will be another critical determinant to underpin a successful NDIS .

The development of standards of practice, and professional practice based on evidence will need to remain the responsibility of the professional associations. The Universities will also need to play a significant role in undergraduate and post graduate training and teaching in the area of child and adult disability. They will

also need to be the drivers of collaborative innovative research in the disability domain.

I hope that these considerations are helpful.

Yours sincerely

Anne T Mc Coy AM --on behalf of Committee of Management of Biala Peninsula, Mornington, and Reference Group of Malcolm B Menelaus Rural Paediatric Physiotherapy Project in the Goulburn Valley.