



australian nursing federation

16 August 2010

Ms Patricia Scott
Presiding Commissioner
Disability Care and Support Inquiry
Productivity Commission
GPO BOX 1428
Canberra City ACT 2601

Dear Ms Scott

Inquiry into Disability Care and Support

The Australian Nursing Federation (ANF) welcomes the opportunity to respond to the Productivity Commission's issues paper on *Disability Care and Support* and thereby contribute to the Commission's Inquiry on the *Long-term Disability Care and Support Scheme*.

With a membership of over 180,000 the ANF is the largest professional and industrial organisation in Australia for nurses, midwives and assistants in nursing. Members are employed in a wide range of settings in urban, rural and remote locations in both the public and private health and aged care sectors.

The ANF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

Nurses and midwives, the largest component of the health workforce, have a central concern for the health and well-being of all people in our society, especially those who are disenfranchised such as people with a disability. The ANF recognises that disability can take a variety of forms and affect the physical, mental, sensory, psychological and social ability of the person.¹

Nurses and midwives in Australia endorse the International Council of Nurses statement that "equal rights for the disabled must be fostered and protected, including, rights to education and employment and the right to full involvement in matters that affect their lives."² This attitude is mirrored in the *Code of Ethics for Nurses in Australia* (and in the *Code of Ethics for Midwives in Australia*) under Value Statement³: *Nurses value the diversity of people* which says:

Nurses work to reduce the adverse effects power imbalances and prejudicial attitudes and practices have on social and institutional justice, and on the just and humane provision and delivery of nursing and health care. In particular, they work to ensure people are not disadvantaged or harmed because of their appearance, language, culture, religion, age, sexuality, national or social origin, economic or political status, physical or mental disability, health status, or any other characteristics that may be used by others to reduce the equal enjoyment or exercise of the right to health.

With a belief then that people with a disability have the right to complete integration within the community, family, school and workplace, and that assistance should be provided for this to occur, the ANF fully supports the proposal by the Australian Government for a new long-term disability care and support scheme. It is essential that government disability policies do in fact lead to “a better quality of life and increase the economic and social participation of people with disabilities and their families, including enhancing and protecting their rights” as outlined in the Commission’s discussion paper *Disability Care and Support*.

It is the responsibility of a civil society to care equally for all members of the community. This means that people with a disability should be able to expect arrangements for assistance to be easily accessible, be streamlined to accommodate individual needs and integration with services, and be timely to facilitate maximum control over their daily lives. To promote this, the ANF supports the introduction of a national disability insurance scheme. In addition to the benefits of financial security a national scheme provides for necessary consistency across the country and concomitant greater mobility for both the individual with the disability and their family/carers. This increases independence for the disabled person as they have greater capacity to engage in normal activities within the community such as movement across jurisdictions. Of particular importance for a national scheme is the removal of the need for re-assessment when the disabled person relocates across the country.

In relation to the funding source for the national disability insurance scheme the ANF agrees that income tax is the most appropriate for spreading the load proportionately across the income levels. Were the option of adding to the Medicare levy to be chosen the ANF does not consider that a name change would be appropriate as suggested – Medicare and Disability Levy – as this would contribute to the marginalisation of disabled people and reduce the sense of integration into mainstream activities and services.

On workforce issues the International Council of Nurses is clear about the role of nurses in the care of disabled people within the community²:

Nurses are key to early detection and intervention, and need to be involved in health promotion, prevention, teaching and counseling programs for people with disabilities and their families.

Nurses can play a significant role in policy and planning aimed at improving the quality of life and care for people with disability and in the prevention of disability.

The ANF considers that nurses and midwives are important members of the health care team assisting people living with disability. It is the ANF’s view that nurses and midwives work in collaboration with the disabled person and their family/carers, as well as with other health professionals and the community to maintain optimal health and independence of the person living with a disability. Nurses and midwives, and especially Nurse Practitioners, have a vital role as clinical advisors to family members and other carers, in planning and overseeing the care needs for the disabled person. This level of intervention in working alongside family and other carers means that nurses and midwives can detect clinical anomalies or adverse effects of medicines or other treatment regimes at a very early stage. Early intervention and appropriate action not only circumvents cost to the health system but most importantly optimises well-being and independence for the person living with a disability.

The ANF appreciates the opportunity to participate in the development of policies which will improve not only the health of disabled people but also that of their families and other carers in the community.

Yours sincerely,

Lee Thomas
Federal Secretary

1. Australian Nursing Federation. 2009. Position statement *Care for people living with a disability*. Available at: <http://www.anf.org.au>
2. International Council of Nurses. 2010. Position statement *Prevention of disability and the care of people with disabilities*. Available at: <http://www.icn.ch>
3. Australian Nursing and Midwifery Council. 2008. *Code of Ethics for Nurses in Australia (first published in 1990); Code of Ethics for Midwives in Australia first published in 2008)*. Available at: <http://www.nursingmidwiferyboard.gov.au/en/Codes-and-Guidelines.aspx>

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