

Executive Summary

annecto takes the opportunity to thank the Commission for the opportunity to respond to the issues paper. We would welcome the opportunity to participate in subsequent discussions. We look forward to seeing your draft report.

We recognise that there is unmet need of support for people with disabilities. We also recognise this situation can only be resolved over time. We encourage the Commission to take a long term view to develop a model from which sufficient funds can ultimately be provided.

The following approach provides an opportunity to establish a scheme that over time could provide support in perpetuity.

annecto believes that the provision of support for people with disabilities is best financed through a fund, managed independent of the current Government Funding arrangements.

It is our view that a fund could be established quickly using the Futures Fund as a model. The aim would be to have sufficient funds invested so that the returns are sufficient to finance services for people with a disability.

annecto believes that the future of the lives of people with a Disability would best be supported by adopting a funding model with the following features;

1. Funding should be off budget as soon as practicable.
2. Support is recognized as a Right
3. Investment Funding be sourced through an increase in the Medicare levy from 1.5 to 1.75%.
4. These funds would be invested in a separate fund managed by the Future Fund. (expected revenue from the increased levy will be in the order of \$1b per annum.)
5. The initial priority of the scheme will be to reinvest the majority of returns to grow the fund.
6. The ultimate aim is that investment returns will be able to fund support for people with disabilities.
7. The ultimate size of the required fund need not be decided now.
8. The initial priority is for the fund to continue to grow to the yet to be agreed level.
9. Investment returns will however progressively be able to offset government expenditure on the provision of services to people with a disability.

About annecto

annecto is a not-for-profit membership based community incorporated association delivering a range of services to people with disabilities (PWD), older people, their family carers and the communities in which we operate. annecto works with approximately 13,000 people per annum, employs some 400 staff, and has some 100 volunteers.

annecto aims to increase social inclusion and citizenship rights for people with disability for sustainable, long-term outcomes. To achieve this, annecto works with a wide range of community organizations including schools, TAFE, employers, housing providers, arts, sporting and community groups to promote and support the inclusion and participation of people with a disability.

annecto devotes a significant proportion of its resources to the development of self directed, individually focused services, and to community building. We work proactively with people with a disability and their family to build a vision for the type of life they would like, exploring different support options, and assisting people who are anticipating or experiencing important changes in their life.

annecto facilitates relationships with family, friends and circles of support to improve the person's access to health, employment, suitable living arrangements, community participation, recreation and other interests. Our practice is underpinned by human rights, individual, person-centred approaches, community inclusion and development.

We currently operate across metropolitan Melbourne and in rural and remote communities in Victoria from our office in Mildura. In addition to delivering a wide range of support services, for individuals and carers, including "annecto afterhours," annecto delivers Disability Employment Services from its premises in Werribee and Yarraville.

annecto hosts (provides the 'back office') for Disability Connections Victoria (DCV) which is a regional grassroots network of approximately 1,000 members. DCV informs and empowers people with a disability and those who support them to have an active presence and influential voice in community and civic life. DCV's activities are determined by an independent committee of management and include the dissemination of information, building the capacity of people with disabilities and their carers, raising community awareness and providing advocacy through partnerships and collaboration.

While annecto delivers some of what might be regarded as traditional disability services, we are actively engaged with delivering and developing better and more cost-effective models of service. For example we participate in the program to move young people out of nursing homes, and in a statewide pilot project on individual planning for people with a disability. We are about to commence a Consumer Directed Aged Care Initiative as part of a national pilot.

We understand that the Commission has been asked to examine the feasibility, costs and benefits of replacing the current system of disability services with a new national disability care and support scheme.

Our response will address some of the key questions that were described in pages five and six of the issues paper where we believe we can add value to the Commission's work.

Who should be the key focus of a new scheme and how they may be practically and reliably identified?

We believe that the key focus of a new scheme should be the entitlement of a person with a disability to the types of assistance required to ensure that they are able to actively participate in the community within the constraints of their disability.

Whilst the terms of reference for the inquiry indicate that the scheme will only fund people with a certain degree of disability, by taking a long term approach to funding, progressively more people will be able to be

assisted. . It is important that any system not result in reduced expenditure for the cohort of people who do not meet the NDIS criteria.

Our sense is that many people are looking to the NDIS as the panacea for all people living with a disability. This expectation needs to be carefully managed by all parties.

Research findings and service delivery strategies obtained through the provision of assistance to “eligible” people must be made widely available to those not funded by the proposed scheme.

The focus of any system should be on the type of assistance required to encourage and achieve participation, rather than an assessment of their disability leading to pre-determined levels of assistance depending on the nature of the disability.

There are significant numbers of people who are not “in the system” for a range of reasons who should be eligible to receive assistance in an improved offering which can be met over time.

In addition, any new system will need to ensure that it provides funding and support to –

- Provide information and education to the community, so that inclusion can become a reality.
- Provide information for people with a disability and their families as to what is possible and that there are alternatives to services based on ‘care and respite’ assumptions.
- Support research into key transition points in life and in benefits and strategies of early intervention.
- Encourage and coordinate research into innovation in service delivery and technology.
- Take into account that people with different disabilities may have different requirements, and that the interests of a person with a disability may differ from the needs and perceptions of their family, no matter how caring.
- Support advocacy, complaint management and appeal processes.
- Invest in systems development such as quality standards and systems, work force development and development of innovative approaches to service delivery in addition to provision of funds that flow directly to individuals for their personal service delivery.

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

Your issues paper defines some of the challenges in determining how eligibility should be determined.

“Some think that severe or profound disability should be the basis for eligibility. However, this classification may not always be appropriate for deciding who should get the most assistance. For example, the ABS approach to measuring severe or profound disability may exclude people with mild intellectual disabilities who do not face the specified core limitations, but whose actual capacity to participate in society may be lower than those identified as having a daily core activity limitation. Early service provision and periodic mentoring may allow their full participation.

Similarly, in some cases, it may not be appropriate for a person classified by a given definition as having a severe disability to be eligible for the scheme. For instance, this might occur when the disability is expected to last for a relatively short period". Issues paper p 17

There are however a number of groups for whom additional support is clearly needed. While not claiming that the following groups are a comprehensive list, specific attention and assistance needs to be devoted to –

- Carers who currently bear the support and caring responsibilities of people with often little access to respite
- People in remote and regional communities
- People for whom early intervention would lead to substantial benefits

The kinds of services that particularly need to be increased or created

The current system is fragmented and is difficult to traverse. A new system will need to focus on the provision of education and support for families and carers.

Many people who are experiencing considerable distress due to a fragmented and inadequate system may see that the solution is simply to hand funds across to the person with a disability and/or their families. While this will work brilliantly for some people, we do not believe that this solution would be a panacea to the current inadequate situation or that it is wanted or appropriate in all circumstances.

Personal attendant care services for people who require such services, and more appropriate forms of assistance for family carers, need to be more readily available. The amount of time and money that is currently invested in government workers gatekeeping allocation of funds needs to be reduced. Services based on person centred approaches, offer alternatives to services based on a care and dependency paradigm, and need to be increased. Person centred approaches lead to the creation of new and flexible interventions tailored to the individual's strengths, motivation, dreams and circumstances.

We support a more active role by people with disabilities in managing and tailoring the types of assistance that they require. Our view is that this would need to be matched with additional support for individuals and / or families in both the planning process and the capacity to manage and select the forms of assistance they require together with the capacity to purchase this assistance should this be their preferred option.

There needs to be a focus on early intervention, and how this fits in with whole of life strategies and planning for the future. By this we mean that as well as early intervention in childhood, there are predictable points in life such as leaving school, getting a job, changes in family circumstances, for which early intervention and forward planning would reduce later crises such as accommodation breakdown and hasty decision re placement, which can often result in unsatisfactory options.

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

A new scheme would firstly need to ensure that it does not inadvertently create disincentives for people with disabilities to push their boundaries.

For example, the current Disability Support Pension offers greater financial certainty to individuals than does the Newstart allowance. This can lead to the situation that a DSP recipient may not actively seek employment if doing so might place at risk their future eligibility for the DSP.

A key feature of any new scheme should also be the role of encouraging the broader community to take advantage of the opportunities created by being more accommodating to people with disabilities. As observed in the issues paper, a key function of the TAC in Victoria is to reduce the incidence and costs of traffic accidents. While reducing the incidence of disability may not be possible, the scheme should educate the community to encourage and support participation.

Finally, interventions and services derived from a strength based and person centred paradigm encourage people with a disability and their carers into the community and work.



Estelle Fyffe
Chief Executive Officer
annecto - the people network