

Report for the Productivity Commission Inquiry.

From Bruce Becker

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

- The key focus of the new scheme should be to
 - 1. Establish a consistent structure of 'self assessment' including trained facilitators (a policy framework around this) to quantify resource values of support. Combine this with a quantifiable measure of support (such as D-Start) to outline packages for people already receiving services from the disability service system.
 - 2. Develop the financial structure akin to the Medicare levy
 - 3. Develop the institutional supports for self management such as third party self management administrators
 - 4. Educate / train the users of self management
- The people to be identified would best be people with disabilities (and their families and supporters) who could make the most use of the new possibilities presented to them. These would be people who would naturally be the first adopters who would volunteer to be part of the new arrangements and those who could most likely succeed self - managing their resources (particularly financial) and supports.

People / families with newly acquired disability might be introduced early so that the expectation of control over one's disability supports is established from the beginning.

- The participants in the new scheme would be practically and reliably identified, initially self identified by expression of interest and secondary identification through independent formal tool assessment (e.g. D-Start) after they had volunteered as early adopters. The assessment of what support they required would come through 'self assessment' of required support through an expert facilitator.
- **Which groups are most in need of additional support and help**
 - Many people with disability (and their families) suffer in silence. Some move to alert the community to the crisis has been made through the recognition of family carers (through many agencies including the Carers recognition Acts). While more can be done to resource such disadvantage, the key to the new scheme is to put those who have capacity to self manage their supports in control of those supports.
- **The kinds of services that particularly need to be increased or created**
 - Third party self management package administrators

- Qualified self assessment facilitators,
- Self Management Educators
- **Ways of achieving early intervention**
 - A more practical measurement of the cost of supports over the extended life of a person with a disability. There are a significant number of people with disability who are doing well. Often the positives from an individuals (or families) situation is taken for granted, rather than investigated as a possible avenue to learning and policy development. Too often, the fact of an individuals success is relayed to an issue of personal character (or resilience), or worse still, to their socio-economic situation which immediately translates disability to a welfare issue (disability becomes synonymous with welfare and the common anchor points of under-privilege). Questions (and comparative assessment) of social and economic investment (or lack of it) in any particular person over the period of their disability are rarely considered.
- **How a new scheme could encourage the full participation by people with disability and their carers in the community and work**
 - The scheme should reward people who are active. In other words if a person requires support for to participate in community activity, or particularly employment, then that activity should be taken into consideration for in their assessment for resources. If the activity they wish to partake in ceases than those resources would go elsewhere. This is where a self assessment via an expert facilitation will identify required support.
- **How to give people with disabilities or their carers more power to make their own decisions (and how they could appeal against decisions by others that they think are wrong)**
 - Under a fully implemented disability insurance scheme there is really only one game in town and that relates to the assessment to measure the resources required to deliver a level of support. Under this scheme, once you have the resources, the power to decide where the money is spent rests with individual (or family). People who have been oppressed under the old system will need to be guided and trained on effective self management and the consequences of choice, however with sufficient safeguards and control structures in place, the realisation that 'they, the person living with disability' have the control of services and supports (and not the service provider) will drive decision making that serves the consumer as it does in the rest of the economy.
 - An assessment appeal process will need to be well developed.
- **How to improve service delivery — including coordination, costs, timeliness and innovation**

- Questions such as this underline how an understanding of the self management of resources control in the new proposed system has not sunk in.

The consumer has the power — got it.

The providers who have the best value for money, quality service that flexibly meets the needs of its customers will flourish and those who don't cut it will go out of business. To do this service providers will need to innovate, specialise, coordinate according to the business environment. One of the key areas that will need attention is the access to unbiased information.

- **The factors that affect how much support people get and who decides this**
 - This would most likely be a two part process. Individuals (or their families or Guardians) would self assess on what their needs are through an expert facilitator so that the full raft of options is available to individual or family to engage in individualised approach to funding.
 - The second part of the assessment would be on a persons needs relating to their disability using a methodology such as D-Start.
- **How to ensure that any good aspects of current approaches are preserved**
 - The new system will require good assessors and good information and coordination. The old system contains many people who have considerable experience in these areas.
- **What to do in rural and remote areas where it is harder to get services**
 - Look at funding family carers directly when there is no alternative.
- **Reducing unfairness, so that people with similar levels of need get similar support**
 - Get the appeals system out of the political process. Individual decisions should not be able to be referred to Ministerial level but only systemic issues. Be clear about who should be eligible. Be clear that mental health not be included in the definition of disability as it will develop its own measures and services within or apart from the health system.
- **Getting rid of wasteful paper burdens, overlapping assessments (the 'run around') and reducing duplication in the system**
 - Through an individualised system there would be far fewer assessments and only at the assessment stage. Under present arrangements little choice and to negotiate choice of service provider, or service arrangements, the person with disability is beholden to the service coordinator meaning no incentive to simplify the system..

- **How to finance a new scheme so that there is enough money to deliver the services that are needed and provide greater certainty about adequate care in the future**
- The Medicare levy provides a good starting point for the introduction of the National Disability Insurance Scheme. A starting point might be the total amount that is spent on disability now and translate that to a comparable percentage of taxation in the same way as the Medicare levy is utilised and administered. While Australia's social security and universal health care systems provide an entitlement to services based on need, there is currently no equivalent entitlement to disability care and support services.