

Key Questions of Productivity Commission Inquiry into Disability Care and Support

Who should be in the new scheme and how could they be practically and reliably identified?

The new scheme should cover all people with a disability who have not acquired the disability as part of the natural ageing process. The scheme should take into account the whole of a person's life. People can be identified as being eligible for the scheme by meeting certain criteria.

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

People with severe physical disability or other profound disability for example those with a Spinal Cord Injury.

What can be done about reducing unfairness, so that people with similar levels of need get similar levels of support?

The scheme should have a process by which a person's level of need can be assessed and reviewed as their circumstances change.

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)?

Have option to choose Direct Funding model or Consumer can choose from available service providers to manage funding and the service provider would be accountable to the Consumer. Consumer should be involved in all levels of decision making when it comes to how their service is provided and by whom. Consumer has the right to have an advocate present when ever requested. Consumer has right to negotiate the terms of their service agreement. Consumer complaints handling service provided for appealing decisions made by others.

How should the amount of financial support and service entitlements of people be decided?

The scheme should have individual assessment and review processes.

What kinds of services particularly need to be increased or created?

Personal Care – hours inadequate for people ageing with profound disability.

Transport – low cost and entire fleet wheelchair accessible.

Aids & Equipment – increased funding to supply aids and equipment to more people and decrease waiting lists.

Accommodation – more transitional and permanent options for people with profound disability that are too young to go into aged care and needs too high for community support.

Respite – more flexible options available

Home Modifications – increased funding needed

Workplace Modifications – increased funding needed

Day Programs & Community Access – increase available age appropriate options
Transition to Work Programs – more specialised disability employment services available
Medical Concession Card – People with life long disabilities and illnesses should be entitled to Health Care Card even if they return to work so they get discounted medications.

How could the ways in which services are delivered – including their coordination, costs, timelines and innovations – be improved?

Personal Care Workers on Three shifts like nurses in hospitals (day, afternoon and night/on call shift).

Personal Care Workers with minimum qualification of Cert III Disabilities and extension training in areas such as bowel and bladder care and tube feeding.

Service provision should have a consumer focus.

Consumers should be able to choose the services they want. Eg shouldn't need to have domestic assistance if you don't require it just to qualify for care package because the care package stipulated coordinated services.

Consumers should also be able to request additional services or services that have previously been refused if the need increases due to a change of circumstance eg decline in health or loss of carer.

Are there ways of intervening early to get improved outcomes over people's lifetimes? How would this be done?

Funding for Research into cures for certain disabilities.

Funding for intense rehab programs like SCIA Walk On which helps improve functional ability could mean a person can do more things for themselves instead of needing someone to do it for them.

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

Carers would be more inclined to go back to work if their loved ones were guaranteed a quality service.

More funding made available for flexible respite programs like SCIA Pilot Flexible Respite Program and more rurally located transitional and respite facilities.

More specialised disability employment services.

More funding put into workplace modification scheme.

How can a new system ensure that any good aspects of current approaches are preserved?

Having a way to measure the impact and benefits a service makes to the consumer's life. This can be used as the driver for increased funding for a service as opposed to numbers of consumers serviced. It would mean providing a more comprehensive service to fewer people in the beginning.

What should be done in rural and remote areas where it is harder to get services?

Funding should not be given according to population only. There are many consumers moving back to the cities in order to receive a service because more money is spent where there are more people.

There should be a way to monitor how a service services their region, if they say they service the Illawarra and don't provide a service in the Shoalhaven the service provider should be accountable for not servicing the whole region.

There should be a way to accurately record unmet need and manage waiting lists for services as the same person might be on the waiting list for 10 providers that provide the same service type. More money should be given to existing regional services that are struggling to meet the demands in their regions.

How could a new system get rid of wasteful paper burdens, overlapping assessments (the run around) and duplication in the system?

There should be a way to accurately record demand and manage waiting lists for services as the same person might be on the waiting list for 10 providers that provide the same service type.

How should a new scheme be funded?

From a new tax or levy that is imposed upon all Australian's to pay which is controlled by the treasury or from a single government department which is charged to deal with long term disability care and support issues much in the same way as the Life Time Care Scheme is funded.

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?

Tiered funding levels based on individual functional ability with ability to move between tiers as needs increase over a lifetime.

There needs to be a way to assess what services will be needed over a persons lifetime.

What are your views about the 'nitty gritty' aspects of a scheme that will make it work practically?

There should be a yearly review or inquiry into how the scheme is working with input from service providers and consumers and recommendations made should then be actioned upon. Consumers should be able to evaluate there service and suggest ways it can be improved. Consumers should be able to used funding to achieve individual goals and get the best outcome for themselves. No two funding packages will be the same.

How long would be needed to start a new scheme, and what should happen in the interim?

How ever long it takes to do it properly.

In the interim people should be guaranteed their current level of service provision will be preserved and maintained.