

# Response to the Disability Care and Support Draft Report, Overview and Recommendations

## By Sam & Anne Mauchline

### Introduction

Having received and read our copy of the above document the following are our comments and concerns.

### Overview

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- Assessments would concentrate on the reasonable and necessary supports people require. People would be asked what they had received under the old system. This would focus people on reasonable expectations about the packages they would receive (and in most cases, people would get more). That information would also be useful in modelling the impacts of the new system. An additional factor encouraging people to make reasonable claims is that many people would not want more supports than necessary — for example, more assistance with showers than they need.

### *Response*

*As our son, Paul has already been assessed; does this mean he shall be re-assessed? The major problem with his current assessment, as told to us by Mr Leach, Regional Director, Northern Division, Department of Aging, Disability and Home Care (DADHC, NSW) that it is not a mandatory document and is only used as a guide line. The end result of this was that without Paul or us being consulted he was put into an independent model, this is a person that requires 24 hour care and as we were lied to all the way through this process by DADHC and the Care Provider it is therefore very important to prevent what occurred to Paul and us that the resulting document produced from an assessment must become mandatory to be fully complied to by all involved.*

As in the Medicare safety net and most insurance products, there would *sometimes* be a requirement to pay a fixed upfront contribution (of say \$500 per annum) to the NDIS, with free access to services after that point — so-called ‘excesses’. These increase the likelihood that people would only make reasonable claims. However, there would be a waiver of any excess for families assessed as already contributing significantly towards the costs of their support through unpaid care. (In effect, they already ‘pay’ an excess in the form of unpaid support.)

*Response*

*As Paul stayed with us for 23 years before going into a Community House and due to the fact that back then we did not receive a Carer Pension and as we are pensioners would this exempt us from any upfront payment?*

**Personal care** that supports an individual to take care of themselves in their home and community. This includes help with showering, bathing, dressing, grooming, personal hygiene including bowel and bladder care/toileting, assistance with eating and/or drinking, mobility and transfers; health maintenance, such as oral hygiene, medication use or regular and routine exercises and stretches. This would also include nursing care when this was an inextricable element of the care of the individual (for example, when meeting the care and support needs of a ventilated quadriplegic).

**Specialist accommodation support**, such as group homes and alternative family placement.

*Response*

*What is the difference between **Personal care** and **Specialist accommodation support**?*

The NDIS would cover provision of specialised accommodation services (such as group houses) — net of the standard contribution from a person's income for rent.

When reasonable, it would also fund home modifications for privately-owned housing and the old stock of disability-unfriendly public housing, noting that such housing is often the key form of accommodation for people with a disability.

*Response*

*As Paul is already in a Group Home, does this mean that the NDIS would take it over and if so would Paul have a lease and control over it? In our opinion when Paul went into this house as it only had one wheelchair accessible door which required going down a narrow hallway, presenting a fire hazard. This can also be prevented by assessments defining that houses must have at least two accessible doors.*

Accordingly, the Commission proposes that over the period from 2015 to 2018, the scheme would progressively expand to cover all relevant people with a disability. In its first stages, the NDIS would cover all new cases of significant disability and some of the groups most disadvantaged by current arrangements, such as:

- children aged under five years who have substantial core activity limitations
- select groups for whom involvement in pilot early intervention programs looks promising
- people who are now cared for by ageing carers
- people who have been inappropriately placed in nursing homes.

*Response*

*As Paul is in a Community House under Block Funding could this result in him being classified as a low priority, meaning that he could wait until 2018 before his current situation would improve?*

*As we are in our seventies, the implementation time of 2015 to 2018 is unacceptable and outrageous.*

*In fact as Paul already has a Funding package for personal care and a day programme, it would be quicker and more efficient for him and others in a similar situation to be included at the start of the 2015.*

*As a mother, I have done the hard yards without any assistance for the 23 years that Paul stayed with us and now there is a possibility he is going to be last in line under the NDIS priority system. Still being left on Block Funding (Slave Trade Funding) for another 8 years, what a farce!*

### **Individualised Funding (NSW)**

Recently we received information from DADHC (NSW) that Paul shall be given the option to change from Block Funding to Individualised Funding by 2013/14 and even though this is an unacceptable time to wait, at least it is quicker than waiting for the NDIS but as it is going to occur just when the NDIS is about to start, does this mean that this option would no longer be available?

## Major Points

- As we are in our seventies, the implementation time of 2015 to 2018 is unacceptable and outrageous
- Under the priority system because our son Paul has funding and is residing in a Group Home could possible mean that he shall be placed in a low priority category and therefore waiting until 2018 before his dire situation shall improve, something that is absolutely unacceptable
- Many years ago Individual Funding existed and was controlled by the Federal Government. Under this system that worked quite well the person with a disability, their families and carers had control over the house that they resided in, this included interviewing and hiring the staff. The major differences between this and what is being proposed is that additional equipment like wheelchairs, special beds etc where not part of the funding package, instead were sourced through another Government Department. This really removes the need for a trial period
- To provide a significant improvement to Paul's situation and others like him the following interim measures must be implemented by the beginning of 2012 whilst the NDIS is fixed out:
  - Discontinue Block Funding and implement Individual Funding
  - Take the power away from the Care Providers and give it to those with disabilities, their families and carers
  - Put a stop to intimidation which is currently rife within the disability sector
  - The person with a disability to have the right to choose where they want to reside within Australia