SUBMISSION FOLLOWING DRAFT REPORT

I feel that the commission has listened and heard all the problems with current funding and captured the reason change is needed.
My main worry is that it will still be under funded. Governments have a way of understating costs (particularly if the cost is huge). Once funding is more readily available more people will ask. People are making do at the moment as they know they have no chance of obtaining anything.
Also there is a need to understand that the cost of providing the same service is greater in rural and remote areas because of distances to travel to therapies and medical help and lack of specialists, cost of living and higher wage incentives to get people to live in country areas.

There is a need to abolish the need for constant form filling and then trying to fit the service into the administrative constraints caused by electronic recording and management. –"can't do that there is no box for it or code for the computer".

Aged Care page 15 in the report states that a younger threshold would apply to Indigenous people. It should also be applied to some People with Intellectual Handicap i.e. people with Down Syndrome and others with Intellectual Handicap age earlier too.

The third dot point on the same page doesn't take into consideration that People with Intellectual Handicap (P.W.I.H.) who have no testamentary capacity and therefore don't have money in their own right but have funds from parents'estates or special disability trusts

Assessment plan Page 17
How does this affect P.W.I.H who have reasonable (though inadequate) funding? Would they be left on current amount while the scheme is phased in, would they get new assessment and go straight in, or would they get a decent CPI increase which would nearly cover them?
Old funding is very tight and leaves no room for contingencies e.g. Employing agency staff in emergencies, or when support workers go on leave.

The Commission needs to be mindful about putting too high expectations on "natural" supports and informal arrangements which will break down if expectations are too high. The onus on families (mothers) to admit they can't manage any longer is very stressful and upsetting – plus as a mother I have tried to ensure that my 2 sons don't need me in their lives so that I know things will go on when I die.

Page 26:
I see self directed funding is a minefield. You could get inexperienced people employing unqualified or unlicenced/unregistered carers. There will need to be many checks and balances put in place,

Page 28

The questions of how this will be funded are well put. As a Western Australian, I have a long ingrained distrust that W.A. will get its share if the funding remains in Commonwealth Govt. hands. This may seem unreasonable but experience has shown this can happen.

If the People with Disability get considered on needs and not location based on assessments done locally and presented to a board of management separate from any Government, I would have more faith in the equity of the scheme.

Page 29

Again as mentioned on the 1st page of my submission, I warn that the amount thought to be needed may well be inadequate particularly if based on current payments and forward estimates. Certainly if W.A's disabled were properly funded the amount outlayed from Government would be a lot greater.

Page 38 Workforce issues.

The report addresses the shortage of support workers quite correctly. The wages are far too low and this is made worse if trying to attract support workers to country towns. Employment for other family members is rare and therefore families need great incentive to find work in rural areas. Also not mentioned here is the need for people to be available to replace regular carers when they are sick or on annual leave. There is a need for someone who understands the special needs of the person to be cared for and Buddy shifts to introduce new people need to be funded.

Page 39

I agree that training requirements and qualifications for support workers of P.W.I.H. are not necessary as the essential skills they bring are those intangible ones mentioned on this page. However, some specialized training in handling difficult behaviour, administration of medication, lifting and communication could be helpful as the job evolves and these needs are identified by support workers.

Page 40 2nd dot point

This is all very will but there is a great need for specialists trained in multiple needs of P.W.I.H particularly those with no communication– epilepsy/depression or other psychiatric problems.

Page 43 Implementation – should not get bogged down in bureaucracy.

Also need to keep application simple and dealt with quickly (not months of to-ing and fro-ing before cutting application to pieces)

Page 44

Again I ask about those already getting some funding and having their changing needs met while the scheme is being phased in.

RECOMMEDNATIONS

I agree with all except:-

3.4
N.D.I.S. should be 1st point of call for Individuals who could then be directed to the appropriate sector – this would be the only way to ensure no-one fell through the cracks.

3.5
Aged care not always able to cope with P.W.I.H. special needs plus (as mentioned before) a lot of these people only have pension for co-payments.

3.6
This again begs the question of changed needs of those already getting inadequate funding.

4.1
What is reasonable and necessary?
Currently it is “reasonable” to expect P.W.I.H. will stay with family until it is VERY “necessary” to find alternate accommodation.

5.1
Will there be a complete assessment of individuals who have been in support accommodation for a long period? They have already jumped through all the hoops several times to get where they are. Will old assessments and other information be used 1st before any update assessment is done if it is then deemed necessary?

5.2
I worry that this recommendation will result in the load of caring being left with family and other “willing” friends just as it is now. It is really hard for families to admit they can’t cope anymore. You don’t like to tell people you can’t look after your child (adult) any more.

5.5
Can People with Disabilities or family/guardian request a re-assessment when needs are no longer being met or must they wait for a periodic assessment?

Summary - I have great hopes for this scheme but also some trepidation. Still things couldn’t be much worse from a point of view of underfunding and anything which can address this is well worth the effort. I hope this document is not too wordy.
Good luck with you findings.

Leonie Walker