



cerebral palsy league

CPL response to the Productivity Commission Draft Report - Disability Care and Support

**CEREBRAL PALSY LEAGUE
Brisbane**

**This submission prepared for Productivity Commission on
28 April 2011**

Cerebral Palsy League
of Queensland

ABN 27 009 942 269

55 Oxlade Drive
New Farm QLD 4005
PO Box 386
Fortitude Valley QLD 4006

T +61 7 3358 8011
F +61 7 3254 1291

cplqld.org.au

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

The Cerebral Palsy League (CPL) welcomes the opportunity to respond to the Productivity Commission's Draft Report – *Disability Care and Support*.

This response includes the themes presented by CPL at the Productivity Commission's Hearing on the Draft Report in Brisbane on 11 April 2011.

CPL's response is structured in three parts, plus three Appendices:

Part 1 - CPL's general statement and overview of its vision for a future disability sector

Part 2 - CPL response to the Productivity Commission Draft Report's Recommendations

Part 3 - CPL response to the Productivity Commission Draft Report's Information Requests

Appendix 1 - About the Cerebral Palsy League

Appendix 2 - CPL Service Options and Personal Outcome Measures System

Appendix 3 – Life Planning with Available Resources

CPL has not attempted to again cover issues raised in its original submission to the Productivity Commission and would be happy to expand on any matters raised in the attached response to the Draft Report.

Angela Tillmanns

Chief Executive Officer

28 April 2011

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

PART 1

CPL's general statement and overview of its vision for a future disability sector

CPL welcomes the Productivity Commission's Draft Report and support for the introduction of a scheme that will finally provide certainty of access to disability support for the hundreds of thousands of Australians with a disability and their families who require such support. The widespread community and bipartisan support for the scheme is just as welcome.

It is important to ensure that this major reform will do what it sets out to do and enables people with disabilities to maximise their independence, inclusion in and contribution to their communities, thereby enjoying a quality of life that most of us take for granted.

Of equal importance to the tax-paying community is that the Productivity Commission presents a clear economic picture of the price to Australia of doing nothing and continuing to live with a broken fragmented system of disability support. The resultant increased costs in education, health, labour market and income support need to be considered and included.

CPL's overall stance on the Scheme proposed in the Draft Report encompasses three key points that have consistently emerged from our engagement with the people we support and their informal support networks

1. Underpinning philosophy of the scheme
2. How children are supported under the proposed Scheme
3. Assessment and eligibility.

1. Underlying Philosophy

CPL is keen to see that the design of the Scheme empowers people with disability to maximise their independence and contribution to society, not simply provide care and support, which promotes a (real or perceived) dependency on government or community hand-outs.

We need to fundamentally change the way we approach disability in this country, not just change the funding regime for disability support.

This is a once in a life-time chance to bring people with a disability into our society as full participants - to move to supporting people with a disability to actively take opportunities, rather than just passively seeing the opportunities that might exist.

To achieve this, CPL would encourage that all support under the Scheme needs to work under a principle of **"Support - To What Purpose?"**. The Scheme needs to focus on encouraging and resourcing the support alternative that brings about the greatest opportunity.

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

The Scheme needs to transform the accepted premise of disability support:

- from providing Care and Safety
- to **enabling Opportunity and Contribution.**

This will move disability support into a consistent social policy space with Education and Labour Market support – where the aim is, again, to enable every individual Australian to maximise their opportunities and to contribute to the social and economic fabric of their communities and the nation.

This approach will see outcomes of the investment being easier to measure. Outcomes that are linked to people's life goals and to how we assist them to realise the greatest opportunity from every support provided - opportunity for the individual first, then their informal carers and the community at large.

For example, why provide a support worker to “hold someone's hand” and do everything for them in “visits” to their local community, when we can assist those same people to participate in community life independently and in their own right. This may be as simple as providing public transport education, a piece of equipment, money management skills, connections with local community business and groups, and then limited personal care when and as required – rather than the current “care” dominated regime of support.

To achieve this will require a new focus for planning – one that understands and focuses on an individual's life goals and understands how they can work to the greatest effect with their provider of choice and the networks that surround them. CPL has recently introduced such a tool for all CPL services in their Service options conversations – the Personal Outcome Measures System, used in the USA, Canada and in some providers across Victoria and other states. CPL has provided information regarding this system in [Appendix 1](#).

As an example of the subtle but important difference the use of this tool has made John has been a long-time satisfied client of CPL for both his accommodation support and community access supports. During his Service Options conversation John told us that he loves going to the movies to see new releases, although he has never thought of telling us. Despite the local movie cinema being accessible, John only goes to the movies sporadically as part of his support plan. John does not readily access public transport and the expense of taxis are out of his income range. However, there is a bus stop outside John's house. CPL could decide to provide the support of funding taxi trips through their fundraised revenue in order for him to see more movies. However, looking to maximise opportunity, we should provide support to assist John to learn how to use public transport independently. This support not only provides John with more opportunities to go to the movies, it opens a whole new world of experiences and opportunities. Including one he is currently enjoying, acting as a movie reviewer on CPL's Springfield Internet Radio Station. John is cherishing this new found opportunity to contribute to society. Importantly, the support involved is minimal to achieve this.

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

2. Support for under 18's

CPL proposes that disability support should be available to all children with a disability, defined as eligible under the Scheme, regardless of the severity of its impact.

This means that the Draft Report's proposed support model of three tiers would be replaced by a single or no-tier model for all people with an eligible disability under the age of 18 years.

As with Education, Disability Support for under 18 year olds should be viewed as an investment in the future. An investment in ensuring that, as adults, these individuals are in the best possible position to maximise their opportunities and, in a very real sense, create the highest possible effectiveness of the three Tiered system proposed for adults under the Scheme. Essentially, this will represent **an investment in opportunity**.

We also propose that the period from 16 to 17 years signal the commencement of real transition to adulthood and **planning to realise opportunities**. This will ensure that the Scheme places the highest possible value on realising the investment made in earlier years and to assist in delivering independent Australians who are well placed to make the most of their opportunities and to actively contribute to community life.

As an example this will ensure that a young person with a diagnosis of cerebral palsy would gain access to those supports and services that would build their physical and emotional independence and reduce their reliance on funding in adulthood. For example, the NDIA would incorporate the soon-to-commence Better Start Program for Children with Disability and extend it to age 18.

This is a way to bring about generational change in our society in respect to the expectations and value, we as a community, place on a person with a disability and what they are capable of achieving. At CPL we know that by coupling higher expectations of independence with adequate early investment in support, people with disability go on to achieve amazing things requiring minimal ongoing support from government.

At a time when, as a nation, we face the prospect of a reducing labour force over the next fifty years, can we afford not to have people with a disability and their informal carers placed in a position where they are unable to participate in work and are not able to make the greatest contribution that they can.

This is not simply the right thing to do, it is the only sensible thing to do for the social and economic health of our nation.

The stories for families involved with CPL abound and include:

- children and families receiving equipment that they have outgrown by the time they have jumped through the bureaucratic hoops to receive it
- young adults, who have spent years enduring assessments and trials for speech generating devices and not being able to participate in mainstream school as a result – if the same or

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

fewer resources been devoted to speech therapy at an early point in their development, it may have negating the need for such a device altogether

- families receiving many hours of costly respite that would not have been needed had the right piece of adaptive equipment been provided to allow the child to get around their local environment independently
- children with low support needs who simply need support to write effectively in order to attend mainstream schooling with no further support, instead eventually locked into specialised education programs or locked out of education altogether.

3. Assessment

Assessment needs to be a pathway to achieving, not simply a process for gathering evidence to close doors. This latter concept underpins the starvation rationing of the current broken disability support system.

CPL's clients (both adult and children) want one assessment point to be used across all government agencies. This would involve sharing information electronically across Centrelink, Education, Health, Transport and NDIA. We believe this is achievable, with Government:

- developing and owning assessment processes
- providing accreditation to assessment bodies that are disability experts; and
- moderating assessments for consistency.

The assessment and life planning process builds understanding, capacity and relationships. Therefore, it makes sense for it to be done by accredited disability experts with the subsequent plan for support approved by government officials. Once the plan is approved it is the gateway to all associated government support.

If the number of assessments people with disability undergo is decreased, we will free up a substantial number of people in the disability and associated sectors to deliver services.

One family associated with CPL has been forced recently to provide duplicate copies of the same medical report (on the extent of their child's disability) for each parent in order to claim carer's benefit from Centrelink. At the same time, they have had to undergo a strikingly similar medical assessment in order to receive a disability parking permit. This is all this on top of being a family who has already dropped from a two-person income to both being recipients of carer support because they are not a priority for very limited respite funding available, again based on an assessment process that has not led to anything of substance. This level of duplication effort for little return leaves a bad taste in the mouth of people already time and resource poor.

CPL believes that adults should access the assessment component under the NDIA at Tier 2 and Tier 3 of the Scheme. For participants in Tier 3 services, the support plan developed subsequent to assessment would need to be signed off by government officials.

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

Of course, choice of provider would sit with the individual / family.

Personal Outcomes Measures System spoken about at length in Appendix 1 provides a framework to assess overall life outcomes that are important to a person and the supports that would be necessary to achieve these outcomes. Using this information a service is in a much more informed position to develop a plan for goal attainment to a purpose.

This assessment could take place as a person enters the scheme and also at key life intervals like the transition from infancy to pre-school and school, transition to adulthood (16-18 years), and transition to retirement.

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

PART 2

CPL response to the Productivity Commission Draft Report's Recommendations

The following CPL response to the Productivity Commission Draft Report's recommendations into Disability Care and Support only addresses those recommendations, where CPL has proposed amendments or has specific comments or suggestions.

It should be taken as read that CPL supports all recommendations not specifically addressed in this written response.

Recommendation 3.2

Individuals receiving individually tailored, funded supports should be Australian residents, have a permanent disability, (or if not a permanent disability, be expected to require very costly disability supports) and would meet one of the following conditions:

- ***have significant difficulties with mobility, self-care and/or communication***
- ***have an intellectual disability***
- ***be in an early intervention group, comprising:***
 - ***those for whom there was a reasonable potential for cost-effective early therapeutic interventions (as in autism and acquired brain injury)***
 - ***those with newly diagnosed degenerative diseases for whom early preparation would enhance their lives (as in multiple sclerosis)***
- ***have large identifiable benefits from support that would otherwise not be realised, and that are not covered by the groups above. Guidelines should be developed to inform the scope of this criterion.***

CPL agrees with the stated eligibility criteria stated in Recommendation 3.2 for adults with a disability.

However, CPL proposes that **all children with an eligible disability under the age of 18 years** should be able to access disability support under the Scheme (refer to Part 1.2 of this submission).

As with Education, Disability Support for under-18 year olds should be viewed as an investment in the future. An investment in ensuring that, as adults, these individuals are in the best possible position to maximise their opportunities and, in a very real sense, create the highest possible effectiveness of the three Tiered system proposed for adults under the Scheme. Essentially, this will represent **an investment in opportunity**.

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

CPL also proposes that the period from 16 to 17 years signal the commencement of real transition to adulthood and **planning to realise opportunities**. This will ensure that the Scheme places the highest possible value on realising the investment made in earlier years and to assist in delivering independent Australians who are well placed to make the most of their opportunities and to actively contribute to community life.

Recommendation 3.5

Whatever the actual funding divisions between the NDIS and aged care that are put in place, people should have the option of migrating to the support system that best meets their needs, carrying with them their funding entitlement.

Upon reaching the pension age (and at any time thereafter), the person with the disability should be given the option of continuing to use NDIS-provided and managed supports or moving to the aged care system. If a person chose to:

- move to the aged care system, then they should be governed by all of the support arrangements of that system, including its processes (such as assessment and case management approaches)***
- stay with NDIS care arrangements, their support arrangements should continue as before, including any arrangements with disability support organisations, their group accommodation, their case manager or their use of self-directed funding.***

Either way, after the pension age, the person with a disability should be subject to the co-contribution arrangements set out by the Commission in its parallel inquiry into aged care.

If a person over the pension age required long-term aged residential care then they should move into the aged care system to receive that support.

In implementing this recommendation, a younger age threshold than the pension

age should apply to Indigenous people given their lower life expectancy, as is recognised under existing aged care arrangements.

While CPL supports the thrust of this recommendation. Individuals and families with disability should have the same access to other systems of government, community and employer support as any other citizen.

The recommendation addresses a topical issue, with changes to the Home and Community Care and aged care systems, adults with disability should enjoy equal access to aged care support options, when they reach and pass typical retirement age. This includes adequate support to continue to live independently at home for as long as possible. This is also a less costly option than placing all people with disability over the age of 67 into a high support aged care facilities – unfortunately a common occurrence.

Consistent with our response to Recommendation 4.3, CPL considers that any co-contribution in aged care should be kept to a minimum and should recognise an individual's or family's capacity to

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

pay. Older individuals and families living with disability have already faced significant additional costs of disability over their lifetime, regardless of gross household income. It needs to be recognised that a large proportion of older people with a disability looking to access aged care support will be on fixed low incomes.

Recommendation 4.1

The NDIS should cover the current full range of disability supports. The supports would need to be ‘reasonable and necessary’. The NDIS should also support the development by the market of innovative support measures (using the approaches set out in draft recommendation 8.3).

In responding to this recommendation, CPL refers back to its proposed underpinning philosophy for the scheme (refer to Part 1.1) - “Support – to what Purpose?”.

The Scheme should focus on those supports that are enablers for a person’s quality of life outcomes. Providing the greatest opportunity for a person to take part in every day Australian society should be the overall aim of the scheme and for every support plan. With this as an underpinning concept, there will be strong incentive to continually develop innovative support measures, within a broader market of possible providers/suppliers than currently exists.

Therefore the definition of “reasonable and necessary” will necessarily be determined by the circumstances experienced by the individual at the point of assessment and supports planning. By involving the individual in the assessment and planning process and by establishing a tangible sense of the opportunity to be achieved in the future, CPL considers that realistic “reasonable and necessary” supports will result.

Creating opportunity breeds capability and capacity – as citizens who are not only able, but motivated, to contribute to their community. This contribution, whether economic (via labour, consumer spending and taxation revenue) or social (contributing to community life not just supported by it) will produce tangible offset savings for the investment in disability support via the Scheme. In turn, this provides long-term gains for the Australian tax-payer through an efficient scheme that provides real return on investment (both economic and social).

By virtue of a scheme running efficiently, the investment in “reasonable and necessary” supports will logically be less than in a system that is typified by crisis responses (as currently exists).

Too often CPL has heard of the provision of inadequate support or inappropriate equipment – all in the name of minimising spend and rationing scarce resources. Unfortunately, this short-sighted approach only leads to greater dependence and greater long-term cost of support.

For example one client who presented with mobility impairment was provided with a mobility scooter that despite being a good option for long distance travels in the community this scooter was not only next to useless indoors it was found to create pressure areas. This shows failings in the interactions between the health and disability systems but also a general lack of understanding of client needs causing huge inefficiencies in an already overtaxed system. A far

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

more effective support would have been more thorough consultative process resulting in a smaller scooter that had a balance of performance for indoor and outdoor use.

Recommendation 4.3

There should sometimes be a requirement to pay a modest fixed upfront contribution to the NDIS, with free access to services after that point. The NDIS should waive the amount where families have already contributed significantly towards the costs of support through unpaid care.

CPL recognises that attaching a price to a service increases its value in the eye of the recipient and for the general community. Accordingly CPL fully supports this recommendation on the understanding that a contribution should be kept to a minimum and should recognise an individual's or family's capacity to pay and also the value of the in-kind contribution already made by natural networks.

Individuals and families living with disability already face significant additional costs of disability, regardless of gross household income. It needs to be recognised that a proportion of persons receiving support through the scheme will be on fixed low incomes.

Additionally, CPL suggests that any such contribution be taken into account in the inevitable interaction between the Scheme and the income support system (refer to our response in Part 3 to information on Chapter 4).

Recommendation 4.5

Services that meet the needs of much wider populations, including people with disabilities not covered by the NDIS, should lie outside the scheme:

- ***health, public housing, public transport and mainstream education and employment services, should remain outside the NDIS, with the NDIS providing referrals to them – but specialised employment services, disability-specific school to work programs, taxi subsidies, and specialised accommodation services should be funded and overseen by the NDIS.***

CPL proposes that, as a guiding principle, the Scheme covers only the additional costs of disability – that is specific support and equipment required by for the person because of their disability.

Individuals and families with disability should have the same access other systems of government, community and employer support as any other citizen.

Income support, health care services, employment support, housing, training, education and aged care should all be accessed through the channels available to all Australians, with people with a disability being able to enjoy the same levels of access and participation.

Using employment as an example, the Scheme would cover any additional support needed or costs incurred to allow an adult with a disability to access and participate in employment such as

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

transport to and from work (mobility allowance), personal care support in the workplace, and non-work related equipment (wheelchairs, walkers, speech devices).

Costs and support associated with modification of work-related equipment (such as tools), physical workplace modifications (such as fully accessible toilet, disability parking spaces, change in fit-out), tailoring the duties of the position to enable highest productivity are, and should remain legitimate employer/labour market program responsibilities.

Contrary to the recommendation, CPL does not agree that Disability Employment Services should be covered under the NDIS and they provide specialised labour market programs (employment support) that CPL believes best fit with the DEEWR portfolio. Disability Employment Services also provide services to a broad range of people with disability, many of whom would not be covered by the proposed Tier 3 in the NDIS.

Likewise, CPL regards Australian Disability Enterprises do not fit within the boundaries of an NDIS. These need to be run as profitable businesses with real employment opportunities for people with disability on real wages. They may be an attractive employment option for people with serious disability due to their being fully accessible, welcoming of people with disability, having support mechanisms built into the existing workforce (therefore personal care could be less expensive) and offering greater flexibility in hours worked and level of training offered.

Recommendation 7.5

The Australian Government, together with state and territory governments, should establish an advisory council. The council should provide the board of the NDIA with ongoing advice on its activities and effectiveness in meeting its objectives, from the perspectives of people with disabilities, carers, suppliers of equipment and services and state and territory service providers and administrators.

The council should comprise representatives of each of these groups.

CPL would strongly encourage the involvement of appropriately qualified people with a disability on this advisory council.

CPL suggests that the Government heed the valuable lessons of the development of its *Help for Children with Autism* and *Better Start for Children with a Disability* initiatives and ensure that people grounded in real world experiences of the disability sector are considered for this advisory council.

Recommendation 12.2

The Australian Government should direct payments from consolidated revenue into a National Disability Insurance Premium Fund, using an agreed formula entrenched in legislation that:

- ***provides stable revenue to meet the independent actuarially-assessed reasonable needs of the NDIS***
- ***includes funding for adequate reserves.***

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

If that preferred option is not adopted, the Australian Government should:

- *legislate for a levy on personal income (the National Disability Insurance Premium), with an increment added to the existing marginal income tax rates, and hypothecated to the full revenue needs of the NDIS*
- *set a tax rate for the premium that takes sufficient account of the pressures of demographic change on the tax base and that creates a sufficient reserve for prudential reasons.*

CPL's initial preference for resource acquisition for the Scheme was a levy on personal income as proposed as the fall-back option in recommendation 12.2. The reason for this was to ensure the adequacy of the resource base from year to year to meet the reasonable needs of the Scheme and to protect its resource base from the annual machinations and search for offset savings of Government's annual Budget cycle.

However, the Draft Report's recommended option also addresses these concerns and is strongly supported by CPL.

Recommendation 12.3

The Australian Government and state and territory governments should sign an intergovernmental agreement specifying that:

- ***the Australian Government should:***
 - *collect all of the revenue required to fund the NDIS through the National Disability Insurance Premium Fund*
 - *make no further special purpose payments to state and territory governments for disability supports.*
- ***state and territory governments should offset the Australia-wide fiscal implications of the transfer of responsibility by either:***
 - (a) *reducing state and territory taxes by the amount of own-state revenue they used to provide to disability services or*
 - (b) *transferring that revenue to the Australian Government.*

The Commission sees particular merit in option (a).

Any NDIS funding arrangements should ensure that state and territory governments that provide less own-state funding for disability supports than the average should not be rewarded for doing so.

CPL strongly agrees that the Australian Government should be responsible for revenue collection and financial management of the Scheme that this should be enshrined in an Agreement signed by all members of the Council of Australian Governments.

The fragmented and inconsistent resourcing strategies of nine separate government jurisdictions in Australia has resulted in the broken system that currently exists.

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

CPL also agrees with strategies to offset the national implications on the taxpayer by reducing state and territory taxes. However, in ensuring that State Governments, such as Queensland, are not “rewarded” for historically lower than national average investment in disability services, the Scheme needs to ensure that Queenslanders taxpayers, including those with a disability, are not disadvantaged compared to their interstate peers.

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

PART 3

CPL response to Productivity Commission Information Requests

Chapter 4

The Commission considers that the NDIS should fund artificial limbs and seeks feedback on the desirability and practicality of this option. What items should be included if in the NDIS?

The Commission seeks feedback on the arrangements that should apply in relation to higher electricity costs that are unavoidable and arise for some people with disabilities.

The Commission seeks feedback on how to ensure that funding support given for taxis under the NDIS is kept within reasonable bounds.

The Commission seeks feedback about whether Carer Payment, Carer Supplement, Carer Allowance, Mobility Allowance, and the Child Disability Assistance Payment should fall within the scope of the NDIS.

The Commission considers that needs assessments should take account of the extent of natural supports, and that the NDIS should waive the front-end deductible where the value of this support exceeds some government determined level. The Commission would welcome feedback on what that level should be.

Consistent with our response to Recommendation 3.5, CPL proposes that the Scheme should meet additional costs of disability.

- In relation to **additional electricity costs** incurred by people with a disability, CPL agrees that this be included under the NDIS. CPL is aware of electricity rebates schemes already operating in Victoria, NSW and Queensland.
- An **efficient taxi subsidy** program, included under the aegis of the NDIS, will require a number of parallel actions, before it could be argued that cost of taxi subsidies would be kept within reasonable bounds. These include:
 - encouragement of investment in fully accessible public transport
 - no new train or bus to be purchased by any level of govt in Australia that is not fully accessible
 - training for people with disability to use public transport safely and with confidence; and
 - a community awareness campaign on how to support and welcome people with disability using public transport.

There are learnings in the operation of the Queensland Taxi Subsidy Scheme which is administered through the state Department of Transport.

The Queensland Taxi Subsidy Scheme was introduced in 1987 to subsidise the taxi fares of people with a disability, who through no fault of their own are limited to the use of taxis as a primary mode of travel. This relates primarily to the dearth of accessible public transport options. While a welcome initiative, the value of the scheme has eroded significantly since its introduction.

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

- The current cap of \$25 per trip was introduced in 1998. Since then taxi fares have increased by almost 65%. If the cap had been indexed it would have been set at \$41 per trip in 2010. In 2010 the taxi subsidy only buys you a trip 60% of the length it did in 1998.
- When compared to the Commonwealth's Mobility Allowance, the respective value of the support is quite stark. In 1998, the Mobility Allowance was \$56.70 per fortnight. It has been indexed and in 2010 was sitting at \$80.50 per fortnight (lower rate) and \$112.70 per fortnight (higher rate).
- Applying the percentage increase in Queensland taxi fares (65%) to the 1998 rate for Mobility Allowance, results in a rate of \$93.48 – which sits at the mid-point of 2010 rates. Thus the Mobility Allowance has retained its value in supporting people with a disability over a 12 year period.

This demonstrates that any allowance made for a subsidy needs to take account of how its value is retained over time. A ceiling approach has not worked in Queensland.

- CPL believes all **income support** payments should sit outside the NDIS and remain with FaHCSIA and Centrelink, such as the Carer Payment (a payment made in lieu of income from paid employment – in effect, a social wage).

The NDIS is about providing appropriate levels of support and meeting additional costs of disability to bring each participant up to a “level playing field” with other members of the community ready to participate in community life to the full. Income support however is a key tenant of ensuring those who are genuinely unable to participate in the workforce do not fall into poverty.

CPL agrees that Mobility Allowance, Carer Supplement, Carer Allowance and the Child Disability Assistance Payment fit most appropriately under the NDIS - as support to meet an additional or opportunity cost of disability for (a) people with a disability who are unable to readily access public transport to access employment, training and community life and (b) carers of people with a disability.

CPL proposes that under an NDIS, an individual's natural supports should be allocated a notional dollar value, specific to their individual circumstances and above and beyond what would be expected of natural supports for a person without a disability in the same circumstances. This is a much fairer and useful approach than the current “one size fits all” approach to carer support.

This notional dollar value for natural supports could be used:

- when considering a waiver of any front end contribution
- to calculate and demonstrate the opportunity savings of ensuring that natural supports remain intact
- to measure the true value of the econometric impact of the NDIS; and
- in long-term planning of supports and future costs to the NDIS (actuarial or otherwise).

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

The use of a notional value for natural supports as proposed above would certainly ensure that the recommendation (4.3) for a front-end contribution towards supports resources under the NDIS would be both achievable and fair.

Chapter 5

The Commission seeks feedback on whether these tools, or any other assessment tools, would be appropriate for assessing the care and support needs of individuals having regard for:

- ***the role of the assessment process in the context of an NDIS***
- ***the desirable traits as outlined in section 5.4.***

CPL has implemented Service Options Conversations using the Personal Outcome Measures System (POMS) framework as a holistic tool for assessing the life goals, aspirations and priority support needs of individuals. CPL proposes that this would be a useful tool for use in the NDIS.

Having a whole of life picture of an individual's or family's life goals and priorities will be important in ensuring that support plans are a true investment in opportunity, can be negotiated and approved from a common understanding, and so performance can be measured in a meaningful way. Further information on Service Options and Personal Outcome Measures System can be found in [Appendix 2](#).

However, this tool for defining life goals, aspirations and priorities does not attempt to substitute for specific expert assessments required to inform specific support activities, although it provides the context for these.

Chapter 16

The Commission seeks feedback on a workable funding arrangement for catastrophic injuries resulting from water, air and railway modes of transport.

The Commission seeks feedback on practical interim funding arrangements for funding catastrophic medical accidents covered under the NIIS.

The Commission seeks feedback on an appropriate criterion for determining coverage of medical accidents under the NIIS.

The Commission seeks feedback on the benefits and risks of requiring nationally consistent disclosure to an appropriately charged body responsible for monitoring and publicly reporting trends in legal fees and charges paid by plaintiffs in personal injury cases.

As an overall point, CPL notes that any child who receives a traumatic injury before two years of age should automatically be included under the NDIS, rather than under the NIIS.

Part of our reasoning for this stems from our experience that a child experiencing a head injury before two years of age is most likely to be diagnosed as having cerebral palsy. Attempting to delineate between traumatic injury and congenital disability for such young children can become

CPL response to the Productivity Commission Draft Report

Long Term Disability Care and Support

fraught and subject to complex medical and ethical arguments, which will only complicate matters rather than provide seamless entry points.

Additionally, one of the reasons for an NIIS is to have a comprehensive and early focus on rehabilitation. For children under the age of two years, whether a disability is congenital or acquired, the concept of rehabilitation is likely less valid than habilitation.

In relation to the interface between the health system and an NIIS, under normal circumstances a person would be admitted to hospital while ever their life was in jeopardy. This is appropriately the province of the health care system. Similarly the health care system should be responsible for all services (including rehabilitation) while the person is an inpatient in hospital.

CPL proposes that the health care system should retain responsibility for health and rehabilitation services following any traumatic injury while either of the following criteria is met:

1. That there is an immediate risk to life. Obvious examples of this might be an open head wound, broken bones or pneumonia. A great many other examples could be defined but anything that poses an immediate risk to the person's life or their continued health would meet this criteria and therefore the health care system should continue to fund the services they need.
2. That the person is recovering their function up to a plateau. Examples of this would be that a person with a head injury is learning to sit and then moving to stand and then learning to walk over a period of time. This period of time might be quite short, perhaps a matter of days, or quite long such as a period of months.

While ever the person still meets the first criteria above, they should continue to receive whatever services are necessary to sustain their life or to maintain their health – resourced through the health care system - not the NIIS nor the NDIS.

While CPL suggests that the primary responsibility for situations meeting the second criteria remains with the health care system, during this period of primary rehabilitation, initial contact with the NIIS should occur to allow a seamless transition for the individual and the natural support networks, when that initial phase of rehabilitation concludes.

Long Term Disability Care and Support

About the Cerebral Palsy League

The **Cerebral Palsy League** (CPL) is the largest non-government service provider for Queenslanders who have a physical disability and provides a broad range of services throughout the state.

CPL's vision is:

A community which actively seeks and supports the contribution of people with a disability

The organisation has grown, from its humble beginnings in 1948 led by a group of parents of children and concerned citizens to one - sixty two years on - that provides over \$50m of support services to assist 3,500 Queenslanders with cerebral palsy and related disabilities and their families/carers to achieve their life goals.

CPL provides a broad range of support services, the majority supported by government funding, some fee-paying services and services sponsored through corporate and community partnerships combined with and donations.

CPL groups its services to individuals and families under five areas:

- Service Options – where we discuss people's goals and work with them about options for support
- Support at Home – providing a range of support services to adults with a disability and families of children with a disability in their homes
- Support in the Community – assisting adults, children and families access and participate in their communities through services such as community access, life skills development, recreation and leisure support, outside schools hours and vacation care for children with a disability and their siblings, assistance with transport, peer support, access to information and community linking
- Allied Health Services – providing or organising a broad range of professional services, including access to assistive technology support
- Employment Support – providing open and supported employment options to people with a disability – in real jobs on award wages.

The first four of the above services can be accessed through CPL's regional network. CPL has seven regions:

- North Queensland/Far North Queensland – stretching from Mackay to Mt Isa across the state and all areas north
- Wide Bay/Central Queensland – stretching from just above Gympie in the south to the communities below Mackay in the north and across to Longreach in the west
- Moreton/Sunshine Coast – stretching from Strathpine in the northern suburbs of greater Brisbane in the south to Gympie in the north and covering most of the Somerset Regional Council area
- Metro North – covering Brisbane suburbs and surrounds from Brisbane CBD in the south to immediately below Strathpine in the north and across to Samford Village in the west
- Metro South – covering all Brisbane City region suburbs below Brisbane CBD and Kangaroo Point
- South Coast – covering Redlands, Logan and Gold Coast cities and far-northern NSW; and
- South West Queensland – stretching from Ipswich and Scenic Rim in the east to the NSW, SA and NT borders in the south-west and up to Boulia and Winton shires in the west.

Long Term Disability Care and Support

From its offices in New Farm and East Brisbane, CPL also provides:

- a state-wide information service
- a research program; and
- service practice support and development

CPL hosts the **Queensland Cerebral Palsy Register**, funded by the Queensland State Government, which produced its first report on the incidence and prevalence of cerebral palsy in Queensland (for the 1996 birth year) in August 2010.

In addition to these services, CPL is also **Registered Training Organisation** providing a range of accredited and non-accredited training for people with a disability as well as workers in the disability community and health sectors.

CPL also operates four Social Enterprise businesses that employ both people with and without a disability on award-based wages in the printing and packaging industries.

CPL employs approximately 1500 staff to provide and support its range of support services.

CPL is a company, with a Board of Directors, who volunteer their services and expertise.

In 2010, CPL achieved re-certification under the following quality management systems:

- National Disability Employment Standards
- Queensland Disability Sector Quality System; and
- ISO 9001:2008.

CPL is committed to engaging with and representing the people with disability it supports and its large constituency who are unable to access scarce government-funded programs or self-fund the services they require. CPL has an evolving range of vehicles for client engagement including:

- formally constituted bodies separate to the organisation, such as the state-wide Client Consultative Committee and the Parents and Guardians Association
- regionally based client committees
- regular surveys seeking feedback and input on client satisfaction, suggestions for improvement and unmet needs
- complaints management system issue-specific forums; and
- a range of less formal gatherings of clients and families with CPL staff.

The views put forward through these engagement mechanisms are fed directly into CPL's strategic and business planning, CPL policies, service development and CPLs advocacy on public policy and community issues impacting on the lives of people with a disability and their families/carers.

Who does the Cerebral Palsy League support?

CPL is a recognised expert in supporting people with cerebral palsy and related disabilities. In a service delivery context, this extends to CPL using that expertise to provide support primarily to people with a physical disability across perhaps the broadest range of service approaches of any provider in Queensland. Of course, many people CPL supports have a range of other disabilities and a small number do not present with a primary physical disability.

Long Term Disability Care and Support

CPL Service Options - Personal Outcome Measures System (POMS) Overview

CPL has in 2011 introduced Service Options conversations to take place with people who are or who wish to be supported by CPL. The goals of a Service Options conversation are to establish:

- What are their needs, goals, and preferences (the consistent framework will ensure these are gathered consistently and thoroughly)?
- Is this a situation that would benefit from additional expert assessment?
- What is success in the eyes of the client and or their family and other interested people (as appropriate)?
- What services that CPL both CPL operated and non CPL operated exist that could assist in the fulfilment of the clients desired outcomes successfully.

In order to ensure that Service Options conversations take place consistently and effectively across an organisation the size of CPL Personal Outcome Measures System has been taken on board as a framework for the conversations.

What is POMS?

POMS is a tool for evaluating personal quality of life and the degree to which organisations individualise supports to facilitate outcomes. Under the POMS framework people with disability define the outcome for themselves and therefore an organisation can only design and provide the needed supports after it has established how the individual person defines his or her outcomes. This seemingly self-evident framework is the cornerstone of POMS with **OUTCOMES** and **SUPPORTS** the central focus of the system.

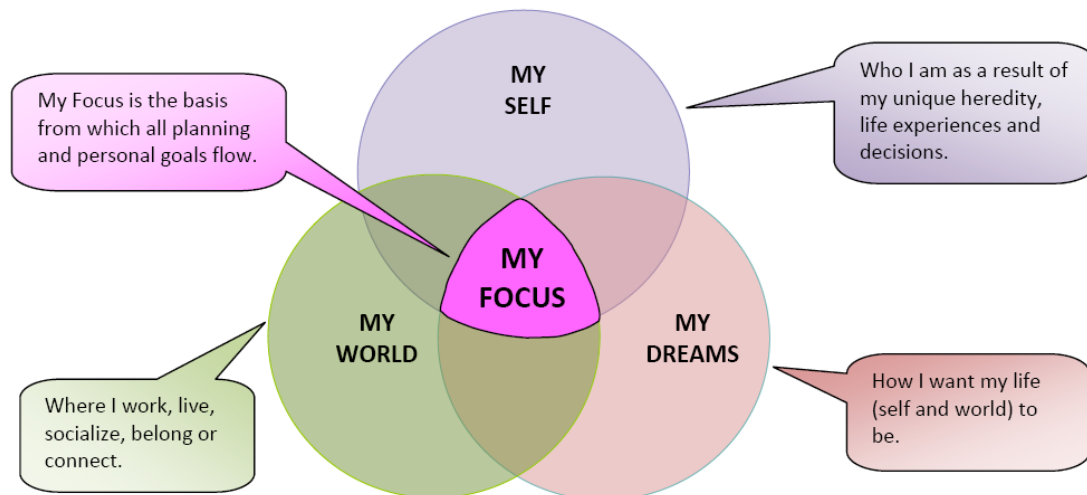
Some of the key themes around POMS include:

- **Outcomes first** – the whole system starts with the premise that the first thing you must establish is what outcome/s the person is seeking in the various areas of their life and what choices they have available to them.
- **Supports as a means, not an end** – the supports/services an organisation provides are not the end in themselves, they are simply a method of assisting people to achieve their personal outcomes.
- **Person directed planning** – rather than planning being ‘centred around’ the person, planning with POMS is ‘directed by’ the person.

POMS can be applied to any service delivered to a person with disability, including children and families. The system provides both qualitative and quantitative data that can be analysed to provide measures across a variety of areas including quality of life, participation, service delivery outcomes and service quality. The primary purpose of the POMS tool is to establish an overall quality of life measure for individuals.

Long Term Disability Care and Support

POMS gathers information on 21 personal outcome areas across 3 key areas of a person's life. (Slight changes in outcome area's are made dependant on age this appendix focuses on the adults measures) The diagram below explains these 3 key areas.



My Self

- 1 People are connected to natural support networks
- 2 People have intimate relationships
- 3 People are safe
- 4 People have the best possible health
- 5 People exercise rights
- 6 People are treated fairly
- 7 People are free from abuse and neglect
- 8 People experience continuity and security
- 9 People decide when to share personal information

My World

- 10 People choose where and with whom they live
- 11 People choose where they work
- 12 People use their environments
- 13 People live in integrated environments
- 14 People interact with others in their community
- 15 People perform different social roles
- 16 People choose services

My Dreams

- 17 People choose personal goals
- 18 People realise personal goals
- 19 People participate in the life of the community
- 20 People have friends
- 21 People are respected

Long Term Disability Care and Support

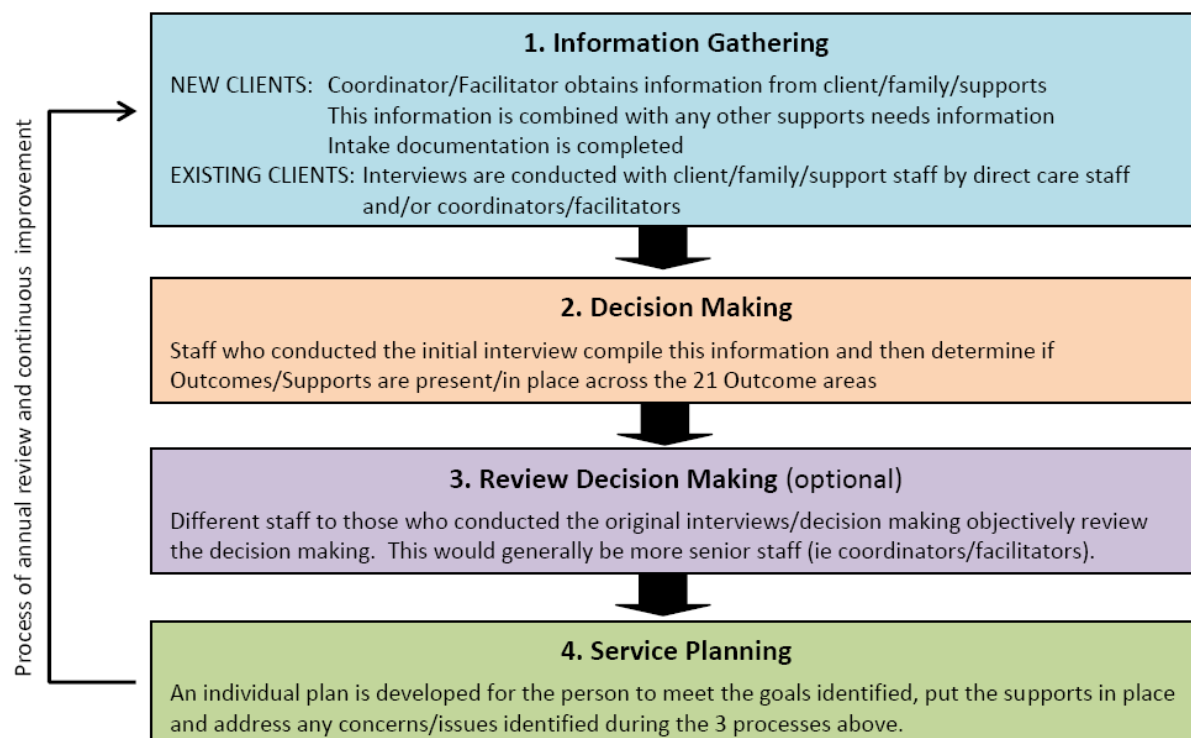
POMS uses a simple 2 step process:

1. Information Gathering – a series of questions are asked of the client, family and support staff (as required) relating to each of the 21 Outcome areas. These questions are provided in the POMS manual. This information gathering process can be done by either direct care staff or facilitators/coordinators.

2. Decision Making – once the information is gathered the decision making process is then commenced. This process asks a series of critical questions of the information gathered to determine if:

- a. The **OUTCOME** is present across each of the 21 Outcome areas, and
- b. The **SUPPORTS** are in place for each of the Outcomes

Separate to the above 2 step process an organisation would also need to convert the information gathered into a plan (IPP/FSP/Service Plan etc) for the individual and for new clients POMS would be used in conjunction with other intake processes to establish a person's initial support needs. Whilst the POMS process could be used at any time during a client's support, the process is generally used at the commencement of a new client's service and then once annually. The flow of the POMS data gathering and decisions making is as follows:



Long Term Disability Care and Support

Sample Analyses of POMS data

Because POMS data is based on an objective YES/NO logic the recording of this data is very simple. Similarly POMS presents almost endless opportunity to analyse this data both quantitatively and qualitatively. Some of these possibilities include:

Individual client – analysis of the outcomes, supports, goals and achievement of the person

Groups of clients – comparing like data across like client groups across a service area, site, region or the whole organisation.

Outcome areas – analysing performance across specific outcome areas of a service area, site, region or the whole organisation.

Groups of outcome areas – whilst POMS data is intended to provide an overall quality of life measure it would not be difficult to group different outcome areas into categories of outcome measurement such as human rights, participation, goal achievement, impact etc.

Research and evaluation – POMS would provide unprecedented data to contribute to the overall CPL research and evaluation agenda and the international benchmarking of this data.

Whole organisation – POMS provides the means to deliver quantitative and qualitative data on the quality of life for all clients across the entire organisation

		NAME	
		O	S
Fred B			
My Self			
1	People are connected to natural support networks	1	1
2	People have intimate relationships	0	0
3	People are safe	1	0
4	People have the best possible health	1	0
5	People exercise rights	1	1
6	People are treated fairly	1	1
7	People of free from abuse and neglect	1	0
8	People experience continuity and security	0	0
9	People decide when to share personal information	1	1
My World			
10	People choose where and with whom they live	0	1
11	People choose where they work	0	0
12	People use their environments	1	1
13	People live in integrated environments	1	1
14	People interact with others in their community	1	1
15	People perform different social roles	1	1
16	People choose services	1	1
My Dreams			
17	People choose personal goals	1	1
18	People realise personal goals	0	1
19	People participate in the life of the community	1	1
20	People have friends	1	1
21	People are respected	1	1
TOTALS (OUT OF 21)		16	15

		NAME	
		O	S
Fred B			
My Self			
1	People are connected to natural support networks	1	1
2	People have intimate relationships	0	0
3	People are safe	1	0
4	People have the best possible health	1	0
5	People exercise rights	1	1
6	People are treated fairly	1	1
7	People of free from abuse and neglect	1	0
8	People experience continuity and security	0	0
9	People decide when to share personal information	1	1
My World			
10	People choose where and with whom they live	0	1
11	People choose where they work	0	0
12	People use their environments	1	1
13	People live in integrated environments	1	1
14	People interact with others in their community	1	1
15	People perform different social roles	1	1
16	People choose services	1	1
My Dreams			
17	People choose personal goals	1	1
18	People realise personal goals	0	1
19	People participate in the life of the community	1	1
20	People have friends	1	1
21	People are respected	1	1
TOTALS (OUT OF 21)		16	15
PERCENTAGES		76	71
AVERAGE PERCENTAGE QUALITY OF LIFE		74	

Outcome – is it present?

Supports – are they in place?

LEFT: Sample of the raw decision making data for a single client

1 = Yes 0 = No

RIGHT: Sample of the raw decision making data, percentage analysis for Outcomes/ Supports and overall quality of life for a single client

Appendix 2

Long Term Disability Care and Support

BELOW: Sample of the raw decision making data, percentage analysis for Outcomes/ Supports and overall quality of life for a group of clients

PERSONAL OUTCOME MEASURES SYSTEM		NAME		NAME		NAME		NAME		NAME		NAME		NAME		NAME		TOTALS		PERCENTAGES		
Service: Fig Tree Pocket Accommodation Service		Fred B		Sue M		Michael S		Malik S		Jill P		Amy L		Susan R		Ravi M						
Region: Adults North Period: 1 Aug 08 - 30 Jul 09		O	S	O	S	O	S	O	S	O	S	O	S	O	S	O	S	O	S	O	S	AV
My Self																						
1	People are connected to natural support networks	1	1	1	1	1	1	1	1	1	1	0	1	0	0	0	1	5	7	63	88	75
2	People have intimate relationships	0	0	0	0	0	0	1	1	1	0	0	0	1	1	0	0	3	2	38	25	31
3	People are safe	1	0	1	1	1	1	0	0	1	0	1	1	0	0	0	1	5	4	63	50	56
4	People have the best possible health	1	0	0	0	0	1	1	1	0	0	1	1	1	1	1	1	5	5	63	63	63
5	People exercise rights	1	1	1	1	1	1	1	1	0	1	1	1	0	1	0	0	5	7	63	88	75
6	People are treated fairly	1	1	1	1	0	1	1	1	0	0	1	1	1	1	0	1	5	7	63	88	75
7	People of free from abuse and neglect	1	0	1	1	0	1	1	1	0	0	1	1	1	1	0	1	5	6	63	75	69
8	People experience continuity and security	0	0	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	3	0	38	19
9	People decide when to share personal information	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	6	8	75	100	88
My World																						
10	People choose where and with whom they live	0	1	1	1	0	1	0	1	0	1	1	1	1	0	0	0	3	6	38	75	56
11	People choose where they work	0	0	1	1	0	0	1	1	1	1	1	0	0	1	0	0	4	4	50	50	50
12	People use their environments	1	1	1	1	1	1	1	1	0	1	1	1	0	1	0	0	5	7	63	88	75
13	People live in integrated environments	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	6	8	75	100	88
14	People interact with others in their community	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	6	8	75	100	88
15	People perform different social roles	1	1	1	1	0	1	0	1	1	1	0	0	0	0	0	0	3	5	38	63	50
16	People choose services	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	6	8	75	100	88
My Dreams																						
17	People choose personal goals	1	1	1	1	0	1	1	1	0	1	1	1	1	1	0	1	5	8	63	100	81
18	People realise personal goals	0	1	0	1	0	1	1	1	0	0	1	1	1	1	0	1	3	7	38	88	63
19	People participate in the life of the community	1	1	1	1	0	1	0	1	0	1	0	0	0	0	0	0	2	5	25	63	44
20	People have friends	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	6	8	75	100	88
21	People are respected	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	7	8	88	100	94
TOTALS (OUT OF 21)		16	15	17	18	8	19	13	20	8	15	16	16	13	15	4	13	SERVICE TOTALS		57	78	67
PERCENTAGES		76	71	81	86	38	90	62	95	38	71	76	76	62	71	19	62					
AVERAGE PERCENTAGE QUALITY OF LIFE		74		83		64		79		55		76		67		40						

Long Term Disability Care and Support

PERSONAL OUTCOME MEASURES SYSTEM															
NAME															
Service: Fig Tree Pocket Accommodation Service															
Region: Adults North Period: 1 Aug 08 - 30 Jul 09															
My Self															
	O	S	O	S	O	S	O	S	O	S	O	S	O	S	O
1 People are connected to natural support networks	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2 People have intimate relationships	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3 People are safe	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1
4 People have the best possible health	1	0	0	0	0	1	1	1	0	0	1	1	1	1	1
5 People exercise rights	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6 People are treated fairly	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7 People are free from abuse and neglect	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1
8 People experience continuity and security	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9 People decide when to share personal information	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1
My World															
10 People choose where and with whom they live	0	1	1	1	0	1	0	1	1	1	1	1	1	1	1
11 People choose where they work	0	0	1	1	0	0	1	1	1	1	1	1	1	1	1
12 People use their environments	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
13 People live in integrated environments	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
14 People interact with others in their community	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
15 People perform different social roles	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
16 People choose services	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
My Dreams															
17 People choose personal goals	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
18 People realise personal goals	0	1	0	1	0	1	1	0	0	1	1	1	1	0	1
19 People participate in the life of the community	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
20 People have friends	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
21 People are respected	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
TOTALS (OUT OF 21)	16	15	17	18	19	13	13	13	13	13	13	13	13	4	13
PERCENTAGES	76	71	81	86	90	62	62	62	62	62	62	62	62	19	62
AVERAGE PERCENTAGE QUALITY OF LIFE	74		83		64		79		55		76		67		40

LEFT: Sample of some of the qualitative analysis that could be conducted for individual clients

What do these figures say about Ravi's Self?

What may be contributing to Ravi's lack of Security and Continuity?

What does this say about Sue's World?

Why is Sue's quality of life rating higher than Ravi's? What can the service do about this?

What does it mean if supports are in place but outcomes are not present?

Long Term Disability Care and Support

BELOW: Sample of some of the qualitative analysis that could be conducted within outcome areas across a whole service area, caseload, site, region or the whole organisation.

PERSONAL OUTCOME MEASURES SYSTEM										TOTALS		PERCENTAGES		
Service: Fig Tree Pocket Accommodation Service														
Region: Adults North Period: 1 Aug 08 - 30 Jul 09														
	NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME	O	S	O	S	AV
	Fred B	Sue M	Michael S	Malik S	Jill P	Amy L	Susan R	Ravi M						
My Self										O	S	O	S	AV
1	People are connected to natural support networks	1	1	1	1	1	1	1	1	0	1	0	0	75
2	People have intimate relationships	0	0	0	0	0	0	1	1	1	0	0	0	31
3	People are safe	1	0	1	1	1	1	0	0	1	1	0	0	56
4	People have the ability to make choices	0	0	0	1	1	1	0	0	1	1	1	1	63
5	People exercise control over their lives	1	1	1	1	1	1	0	1	1	1	0	0	63
6	People are treated with respect	1	1	0	1	1	1	0	0	1	1	1	1	63
7	People are free from abuse and neglect	1	0	1	1	0	1	1	1	1	1	1	0	69
8	People experience continuity and security	0	0	0	0	0	1	0	1	0	0	0	0	19
9	People decide when to share personal information	1	1	1	1	1	0	1	0	1	1	1	1	88
My World														
10	People choose where and with whom they live	0	1	1	1	0	1	0	1	1	1	1	0	56
11	People choose where they work	0	0	1	1	0	0	1	1	1	1	0	0	50
12	People use their environments	1	1	1	1	1	1	1	1	0	1	1	0	75
13	People live in integrated environments	1	1	1	1	0	1	1	1	1	1	1	0	88
14	People interact with others in their community	1	1	1	1	0	1	1	1	1	1	1	1	88
15	People perform different social roles	1	1	1	1	0	1	0	1	1	1	0	0	50
16	People choose services	1	1	1	1	1	1	0	1	0	1	1	1	88
My Dreams														
17	People choose personal goals					1	1	0	1	1	1	1	0	81
18	People realise personal goals					1	1	1	0	0	1	1	1	63
19	People participate in the life of the community					1	0	1	0	1	0	0	0	44
20	People have friends	1	1	1	1	1	1	0	1	0	1	1	1	88
21	People are respected	1	1	1	1	1	1	1	1	1	1	1	0	94

What is contributing to our poor performance on Security & Continuity?

Why might our client group rate so lowly on having intimate relationships?

Why are we rating so low on Intimate Relationships but so well on Interaction with the Community?

Long Term Disability Care and Support

CURRENT				
PRE SCHOOL	SCHOOL AGE	POST SCHOOL	ADULTHOOD	RETIREMENT
0 – 6	7 – 16	16 – 18	18 – Retirement Age	67+
<ul style="list-style-type: none"> • Mild - \$2,000 pa • therapy & equipment 	<ul style="list-style-type: none"> • Nil 	<ul style="list-style-type: none"> • Nil 		
<ul style="list-style-type: none"> • Medium - \$2,000 pa • therapy & equipment 	<ul style="list-style-type: none"> • Nil 	<ul style="list-style-type: none"> • Nil 	<ul style="list-style-type: none"> • Due to lack of therapy in early years there is a greater reliance on in-home support and equipment. Rarely are these clients eligible for government funding until a crisis occurs. • At least one parent stays at home to provide support 	
<ul style="list-style-type: none"> • Severe - \$12,000 pa • therapy & equipment • respite • in-home support • family support programs 	<ul style="list-style-type: none"> • \$6,000 pa • therapy in school to achieve academic results 	<ul style="list-style-type: none"> • Nil • Extend school years until 21 	<ul style="list-style-type: none"> • \$ • In-home support • At least one parent stays at home to provide support 	
PROPOSED				
<ul style="list-style-type: none"> • Mild - \$2,000 pa • therapy & equipment 	<ul style="list-style-type: none"> • \$2,000 pa • therapy & equipment to maximise independence 	<ul style="list-style-type: none"> • \$2,000 pa • planning and support for work 	<ul style="list-style-type: none"> • Tertiary studies/employment • Increased tax dollars, better paying job 	<ul style="list-style-type: none"> • Increased superannuation for pwd & carer
<ul style="list-style-type: none"> • Medium - \$2,000 pa • therapy & equipment 	<ul style="list-style-type: none"> • \$2,000 pa • therapy & equipment to maximise independence 	<ul style="list-style-type: none"> • planning and support for work • living independently 	<ul style="list-style-type: none"> • Tertiary studies/Open employment / Supported employment • Increased tax dollars for carer and pwd 	<ul style="list-style-type: none"> • Increased superannuation for pwd & carer
<ul style="list-style-type: none"> • Severe - \$12,000 pa • therapy & equipment • respite • in-home support • family support programs 	<ul style="list-style-type: none"> • \$ xxx • therapy & equipment • in-home support 	<ul style="list-style-type: none"> • planning and support for work • living independently • in-home support 	<ul style="list-style-type: none"> • Tertiary studies/Open employment / Supported employment/Centre based activities • Increased tax dollars from carer • \$ xxx • support in-home • support at home 	<ul style="list-style-type: none"> • Increased superannuation for pwd & carer