

The Australian Institute of Welfare and Community Workers

The association for community service professionals



30 April 2011

Disability Care and Support Inquiry
Productivity Commission
GPO Box 1428
Canberra City ACT 2601

RE: AIWCW response to the draft report - *Disability Care and Support: overview and recommendations*

Thank you for the opportunity to provide a submission in relation to the Commission's draft report on *Disability Care and Support: overview and recommendations*.

Founded in 1969, the Australian Institute of Welfare and Community Workers (AIWCW) is the recognised professional body for welfare and community workers in Australia.

At a national and state level, we represent the interests of welfare and community workers employed within government departments, non-government social welfare agencies, self-help groups, social, commercial and industrial enterprises.

Over the past 40 years, AIWCW has played a major role in the establishment of formalised training for welfare and community workers and is recognised as the body for approval of courses designed to meet the training needs of the welfare and community worker profession.

AIWCW has consulted with members engaged in the disability sector in order to formulate this paper. Overall, the AIWCW supports the recommendations for reform to disability care and support in Australia and welcomes the Federal Government's proposal to improve systems and outcomes for people with a disability. We support the directions of the proposed National Disability Insurance Scheme (NDIS), however, believe there are issues for consideration prior to the rollout of the Scheme. It is important that the proposal is developed in such a way to ensure that vulnerable people are protected and supported.

On the following pages, AIWCW highlights some areas of the Draft Report which require further information and clarification, and provides comments relating to specific recommendations.

Chapter 3: Who is the NDIS for?

DRAFT RECOMMENDATION 3.4

The NDIS should put in place memoranda of understanding with the health, mental health, aged and palliative care sectors to ensure that individuals do not fall between the cracks of the respective schemes and have effective protocols for timely and smooth referrals.

Key question:

How will health, mental health, aged and palliative care sectors be supported to ensure people with a disability will not “fall through the cracks” through a Memorandum of Understanding?

Response:

The NDIS proposal needs to state if staff and organisations in the health, mental health, aged and palliative care sectors will or will not be penalised if they are unable to fulfil the terms of Memorandums of Understanding in regards to clients with a disability and what, if any, penalties will be undertaken. The key definitions of “falling through the cracks” and “timely and smooth referrals” need to be clearly defined and understood by all stakeholders involved in the process.

It is important that the NDIS proposal does not increase the workload of already stressed workers and organizations and it is important to consider that some organisations may not be able to keep up with the new changes and demands of this proposal due to resource limitations. Some regional services are under huge pressure to perform with limited resources and services and the NDIS proposal needs to be able to increase support and resources to rural health services. .

DRAFT 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.

Key question:

Will organisations in the community and welfare sectors (and other relevant areas) be able to budget effectively if funding for client care is not guaranteed ie with clients moving from different service organisations?

Response:

Many community and welfare sectors have budgets based on funding expectations from government and other sources, and have limited resources to carry out a wide range of services to disadvantaged clients in an increasing pressured environment. If funding is not guaranteed for clients with a disability, as they can change service providers at any time, this may constrain some organisations and their ability to plan effectively for current and future services.

In implementing this recommendation, a younger age threshold than the pension age should apply to Indigenous people as is recognised under existing aged care arrangements.

Key question:

Will the proposal address issues of Indigenous mortality and morbidity (poor health outcomes) or is it established that Indigenous people will continue with poor health outcomes with no improvement?

Response:

It is important that organisations providing services and support to Indigenous Australians be supported and given more resources to increase the health outcomes of their clients. The AIWCW would like to see more consideration of improving health outcomes for Indigenous Australians, rather than an acceptance of poor outcomes.

DRAFT RECOMMENDATION 3.7

The supports to which an individual would be entitled should be determined by an independent, forward-looking assessment process, rather than people's current service use.

Key question: Can more information on the role and responsibilities of the assessment officers be provided?

Response:

The location of assessment officers is important in relation to all health, welfare and community organisation, as is their accessibility and hours of work. Resource and budgetary issues need to be considered if support organisations are to be house the assessment officers or if they are at a separate site. It is also important that assessment officers are located in an accessible area for people with a disability and close to major transport hubs.

Chapter 4: What individualised supports will the NDIS fund?

DRAFT RECOMMENDATION 4.2

There should be no income or asset tests for obtaining funded NDIS services.

Key question: Will there be a transition period for Australian residents to adjust to any levies or income deductions (ie through taxation) when the NDIS is introduced and what will happen to Australian residents who cannot afford a or deduction from their income?

Response:

More detail on co-payment and excess payments need to be provided to understand how, if a levy or other income deduction is chosen to fund the NDIS proposal, Australian residents will be affected and if the amount they would have to be pay would be prohibitive. It also needs to be clarified if the insurance costs will be met by Australian residents directly, if the insurance will be graded on the income of an individual or family group ie will there be a sliding scale of insurance payments and premiums based on household income. The proposal needs to explore in more detail the impacts of requiring each Australian resident to pay an insurance amount.

DRAFT 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.

Key question: How much will these payments be and what will be the rebate cut-off?

Response:

It is important that the amounts that individual and families will be required to pay needs to be discussed prior to the establishment of the NDIS so that full and proper consideration can be given. The definition of what is a family needs to be explored ie will it only recognise families with same sex relationship couples and de facto couples and families where there is a guardian in place. The requirements of children in out of home care, primarily foster care and residential care clients, also need to be considered as it needs to be decide who will pay for their health services and insurance costs. The responsibility for non-custodial parents to pay (or not pay) towards their children's health costs will also need to be explored.

The AIWCW would like to see more information provided on what services and costs will contribute to the rebate amount. For example, if families have medical services that are not considered “mainstream” or “established”, will they still be able to claim these services for the rebate? The timeframe for when the rebate will be paid or waived needs to be defined as some families may undergo financial hardship without accessible funds.

DRAFT RECOMMENDATION 4.4

People should pay the full costs of services (primarily therapies) for which clinical evidence of benefits are insufficient or inconclusive if they wish to consume those services.

Chapter 5 Assessing care and support needs

Key question: What are the parameters and requirements for acceptable services and who will assess these services?

Response:

As it can take time for therapies and other health services to become “accepted” medical practices, people with a disability may be referred to health services that are still being assessed and they would be disadvantaged by having to pay more for their medical treatment. It also needs to be clarified if people will be able to claim for these services for the rebate and it is important the people and services understand what services will be and will not be covered under the NDIS. It would be appreciated if the Commission could detail further how such important information will be given to Australian residents and service organisations.

The AIWCW would also like to see more information provided on who will determine what medical and health services are acceptable and the timeline for assessing them. Another important consideration is how will innovative or experimental treatments and/or clinical trials be funded ie through PBS, NDIS, etc? Also, if people disagree with the assessment of a health service, who can they appeal to?

Chapter 5: Assessing care and support needs

DRAFT RECOMMENDATION 5.2

The assessment process should be a valuable intervention in its own right, rather than just an entry point to supports. The process should:...

- *draw on multiple sources of information, including:*
 - *information provided by the individual with a disability, including their*
- *aspirations and requirements for supports*
 - *information provided by unpaid carers*
 - *current medical information on the person with a disability*
- *consider what reasonably and willingly could be provided by unpaid family carers and the community ('natural supports')*

Key question: What is the definition of “natural supports” and what if a person with a disability does not have access to them or those seen as “natural supports” do not want to take on that role?

Response:

If a person with a disability does not have natural supports, it needs to be clarified if service organisations be provided with extra funding and resources if they take on that role. More definition of the terms “natural supports” and “community” needs to be undertaken. It is of concern to AIWCW that some people with a disability live in communities where there is a lack of social cohesion and infrastructure and as such as many communities where there is population transience or entrenched disadvantage may inhibit the opportunities for support. Will community development work be funded to strengthen these “natural supports”?

It is also important that the roles and requirements of “natural support” needs to be fully understood, not only by support and service organisations and people with a disability, but by those who would be deemed to atomically be natural supports. It also needs to be clarified what will occur if family, friends and the community are not willing to take on a natural support role and if these people are mandated to provide such care.

DRAFT RECOMMENDATION 5.3

Any tools employed by the scheme should exhibit validity and reliability when used for assessing the support needs of potential NDIS users. The preferred assessment tools should be relatively easy to administer and exhibit low susceptibility to gaming. The toolbox should be employed nationally to ensure equitable access to nationally funded support services (and allow portability of funding across state and territory borders when people move).

Key question: How will knowledge and training of the assessment tools and related process are rolled out, what resources will be allocated to the rollout and what is the timeframe for training etc for the process?

Response:

It needs to be clarified as to who will need access to the assessment tools, for example will only assessment officers used these tools? If service organisations need to use the tools, will they receive funding and resource allocation to obtain software and hardware and train staff? It is also important that those who use the assessment tools are trained in maintaining client confidentiality.

The AIWCW would like the Commission to address what “low susceptibility to gaming” refers to.

DRAFT RECOMMENDATION 5.4

Trained assessors should undertake assessments. To promote independent outcomes, assessors should not have a longstanding connection to the person. Assessors’ performance should be continually monitored and assessed to ensure comparability of outcomes and to avoid ‘sympathetic bracket creep’.

Key question: Could more information and detail on the assessment process be provided?

Response:

If assessors are located at service organisations, how will these organisations be assisted to ensure that assessors do not have connections with clients, for example, if funding is limited to pay for assessors and an organisation is limited to how many they can employ/accommodate, how will this accomplished? It also needs to be clarified who will be assessing the assessors.

Some people with a disability will require long-term assistance and it is important to consider how “revolving door” of assessment and support staff will be ameliorated to assure continuity and co-ordination of client care.

The process for documenting of client data and where it is kept needs to be provided in more detail. The performance requirements of organisations to ensure these records are kept need to be included and cover such issues as can an organisation lose its service provision status if, at audit, appropriate records are not kept.

Chapter 6: Who has the decision-making power?

DRAFT RECOMMENDATION 6.1

Governments should give people with disabilities eligible for benefits under the NDIS, or their nominated proxies, various options for exercising choice, including the power to:

- *choose directly the service provider/s that best meet their needs*
- *choose disability support organisations that would act as intermediaries on their behalf when obtaining services from service providers, and/or*
- *'cash out' all or some of their individual budgets if they wish, with the NDIA making direct payments to their bank accounts, and allowing people to purchase directly the detailed package of supports that best meets their preferences ('self-directed funding'), subject to the constraints set out in draft recommendations 6.2, 6.7 and 6.8.*

– The specific arrangements for self-directed funding should be underpinned by the principle that, subject to the assessed individual budget and appropriate accountability requirements, the arrangements should maximise the capacity for a person to choose the services that meet their needs best and that promote their participation in the community and in employment.

Key question: Will it be guaranteed that the NDIS process will be uncomplicated and easy for Australian residents, particularly those with a disability, to understand?

Response:

The AIWCW is concerned that the process as outlined in the Commission's draft report are too complicated and layered for people with a disability to follow. It is vitally important that the NDIS be easy for people to understand, particularly people with a disability. Clients will need to effectively understand the processes required to organise their own care or the "cash out system" and there is a query as to whether the proposed NDIS as is appears complicated and difficult to fully comprehend. It is also important that service organisations understand these systems fully to give clients access to the right services and provide correct information on the NDIS. The AIWCW would like to see more information on how service organisations will be educated on the new disability sector system. It also needs to be factored into consideration that not all clients will have direct access to a service organisation that will be able to meet all their needs and this also needs to be explored further.

It is also important that the process for establishing clear pathways if a client complains to regarding poor service delivery. The layers in this are complex and will require an astute service user to negotiate.

All support staff and assessors should be covered by a code of ethics and be required to be eligible for membership of a professional association (if it is not possible to require that all staff and assessors are members of an association) to assure clients of (a) their providers being covered by a code of ethics and (b) providing a direct line for complain regarding unprofessional conduct.

DRAFT RECOMMENDATION 6.2

Self-directed funding should include the following key stages.

- *It would be informed by any prior planning and aspirations expressed by the person during the assessment phase (draft recommendation 5.2).*
- *The individual budget for self-directed funding would be based on the formal*
- *individual assessment of the person's needs and would include the cashed out value of all goods and services covered by the NDIS, except those where specialist knowledge is required for informed choices.*

- *The person with a disability — and/or their support network or chosen disability support organisation — would create a personal plan and a concrete funding proposal to the NDIA that outlines the person's goals and the type of support that is necessary and reasonable to achieve these within the allocated budget.*
- *The resulting funding proposal would require approval by the National*
- *Disability Insurance Agency (NDIA).*
- *There should be a capacity for a person to:*
- *obtain quick approvals for changes to a funding proposal*
- *add their own private funds to a funding proposal*
- *allocate the individual budget to any mix of preferred specialist and*
- *mainstream goods and services, subject to the requirements that:*
 - *the person spend the budget in areas related to his or her disability needs*
- *and consistent with the funding proposal*
 - *the scope to cash out funds set aside for large non-recurrent spending items should be limited to the (rare) circumstances where the NDIA has approved this as an appropriate decision.*

Key question: Could more information about the cash out system be provided?

Response:

Some considerations with the cash out process are: Will clients be able to “cash out” for medical services that are not approved by the NDIS and who is allowed to make these decisions ie age limits, relationship to client, etc? It is possible that some specialists will disagree with treatment options and NDIS assessment of treatments and the process of appeal need to be established.

DRAFT RECOMMENDATION 6.4

There should be a capacity for people to recruit and employ their own support workers, subject to the proviso that these should not be close family members, other than when:

- *care is intermittent and provided by a non-resident family member*
- *exceptional circumstances are present and after approval by the NDIA*
- *the person is in the family employment trial spelt out in draft recommendation 6.5.*

Key question: Could clarification on this process be provided in more detail?

Response:

It is vital that the employment process be clearly defined and outlined. Considerations of this process include: Will staff be on contract? Who will pay employment costs ie recruitment, insurance, superannuation etc? If there are employment disputes where do people go? If there are issues about service provision quality and professionalism, where do people go? What are the expectations that service users can have that their support workers receive training on a regular basis? Who monitors that besides a professional association?

DRAFT RECOMMENDATION 6.5

There should be a trial of the employment of family members under self-directed funding to assess its risks, advantages, disadvantages and optimal design, with its wider adoption if the evaluation proves positive. The trial should use an appropriately rigorous scientific approach, drawing on the evaluations used in the United States ‘Cash and Counselling’ programs. For the trial:

- *the NDIA should determine that there are few risks from hiring relatives for each family in the trial*
- *the individual budget should be discounted by 20 per cent*
- *support should be initially limited in duration to six months, with continuation of any arrangement for a given family based on the benefits and costs to that family*
- *risks should be carefully managed to ensure appropriate use of funds and to safeguard people with disabilities and carers (draft recommendation 6.8).*

Key question: The employment status of relatives and their working conditions as well as their required qualifications/knowledge needs to be provided in more detail.

Response:

This component of the proposal brings up many questions:

- What will be the employment status?
- Will family members be paid the same as “qualified staff”?
- Will family members need to become “qualified” ie a minimum of Cert III?
- If not, why not?
- Who will organize levels of payment grades?
- Who will decide grading?
- How long is the trial period? Who will handle employment disputes?
- Does this replace the Carer’s Allowances?
- Who will assess the outcome of these arrangements?
- If people with a disability want to dismiss their family carer who will this be done and will legislation regarding Equal Opportunity and Unfair Dismissal be considered?
- If a family member has disputes about their working conditions, who do they go to?
- Will paid family members be required to have undertaken first aid training and if so, who pays for that?
- If a person with a disability is harmed during the paid care of a family member are there issues of professional indemnity to be considered and compensation?

Chapter 8 Delivering disability services

DRAFT RECOMMENDATION 8.1

The NDIA should support consumer decision-making by providing:

- *a centralised internet database of service providers that indicates the ranges of*
- *products and services, price, availability and links to measures of performance*
- *and quality*
- *well resourced and effective provision of advice and information to clients, as well as monitoring of their wellbeing. These services should be graduated in terms of the needs of the client and concentrated at key points, such as when entering the disability system or important transition periods.*

Key question: Not all people have access to the Internet – has the Commission thought of ways to ensure everyone has equal access to the Internet and that NDIS website content will be user friendly, particularly to those with a disability?

Response:

It is important that Internet content be user friendly for people with a disability. Considerations with making Internet access part of the NDIS process include: What will be the internet speed requirement eg DSL vs dial up? Will internet upgrade be an eligible expense for service users ie sight impaired clients having options for larger text etc?

DRAFT RECOMMENDATION 8.3

The NDIA should develop and implement a quality framework for disability providers, which would include:

- the development of complete, nationally consistent standards that would apply to all funded specialist service providers and disability support organisations.
- The NDIA should monitor compliance with these standards and other
- regulations through a range of instruments, including graduated and rolling audits of service providers, community visitors, senior practitioners,
- independent consumer surveys, complaints, surveillance by case managers
- and interrogation of the electronic disability record
- arrangements that encourage the diffusion of best practice throughout the
- disability sector
- providing consumers with information about the quality and performance of

- service providers on the national internet database of service providers
- establishing an innovation fund that providers would use for developing and/or trialling novel approaches to disability services.

Key question: Clarification of this process is required.

Response:

The AIWCW would like to know if this would mean service organisations would be responsible to the NDIS agency. If organisations do not comply or meet requirements of NDIS, the process of dealing with this needs to be explored as well as how organisation will be assisted to comply.

It is noted that while “innovative” and “novel” approaches with funding are allowed in this process, clients cannot access “innovative” treatment options which indicates that people with a disability cannot have the same allowances – this appears to be unfair.

Chapter 11 Early intervention

DRAFT RECOMMENDATION 11.1

Early intervention approaches used by the NDIA should draw on evidence of their impacts and be based on an assessment of the likelihood of cost effectiveness.

NDIS funding for early intervention should be additional to that allocated to clients for their ongoing care and support and should not be able to be cashed out under self-directed care packages.

Key question: Is cost the main consideration with client care?

Response:

The AIWCW would like clarification on whether clients will need to pay more for early intervention services or who will pay for them as there will be funding required to pay for these services.

Chapter 12: Where should the money come from? Financing the NDIS

DRAFT RECOMMENDATION 12.1

The costs of supporting people with a disability from year to year should be met from claims on general government revenue (a 'pay as you go' scheme):

- *but would be subject to the strong disciplines for certainty of funding specified*
 - *in draft recommendation 12.2*
 - *supplemented by payments to create reserve funds.*
 - *However, the scheme should be managed and reported as if it were a 'fully funded' scheme in which each year's funding is considered in the context of the scheme's expected future liabilities.*

Key question: What if funding does not meet needs?

Response:

It is important that a guarantee is given to service users and support workers that funding will be sufficient for the provision of professional, high quality service provision.

DRAFT 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.*

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.*

Key question: With the current economic situation in Australia and the increased number of Australians living in poverty, what happens if people cannot afford to pay a levy or other income deduction?

Response:

The Commission needs to consider the financial implications of introducing a levy or user pays system, especially on those who are low income, social security payments, homeless or otherwise financially disadvantaged in some way. If payment of the levy causes economic hardship on people or they do not have the available funds, it needs to be considered how these people will be assisted or not assisted. If support organisations are to be expected to assist people pay for service, it needs to be explored how the NDIS proposal will provide funding and other resources for this.

Staff and organisations in the community and welfare sectors are already under increasing pressure to provide services with very little resources or monetary assistance.

DRAFT 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:*
 - *reducing state and territory taxes by the amount of own-state revenue they used to provide to disability services or*
 - *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.*

Key question: What consideration has been given to the situation of not all States/Territory Government agreeing to the NDIS proposal?

Response:

The AIWCW would like to see some information about how the Federal Government will approach the situation of not all State/Territory Governments agreeing to this proposal. Will State/Territory Governments be made to agree to the proposal by having Federal Government funding constraints placed on them?

Chapter 13 Workforce issues

DRAFT RECOMMENDATION 13.1

The Australian Government should attract further support workers into the disability sector:

- *by marketing the role and value of disability workers as part of the media*
- *campaign launching the creation of the NDIS*
- *by providing subsidies to training of disability workers*
- *through immigration of support workers, but only in the event that acute and*
- *persistent shortages occur, and drawing on the lessons from the Canadian*
- *Live-In Caregiver program and other similar programs.*

Key question: Who will assess the qualification and training standards for disability workers, particularly those who are family members or immigrants?

Response:

This area of the proposal creates many questions that the AIWCW would like to see answered:

- Who will assess the skills of immigrant workers ie the NDIS agency?
- Will disability workers gain wage improvements in line with the current campaign for community and welfare workers pay?
- Will immigrant workers have police checks?
- Will immigrant workers be required to hold degree level qualifications for the purposes of migration to Australia as per the DIAC requirement for welfare workers from 1/1/2013?
- Is it likely that degree qualified migrants will continue in a direct care role once their application for migration has been approved and they arrive in Australia?
- Will there be a minimum requirement for length of service in order to retain the Visa?
- What about qualified onshore migrants seeking permanent residency who are currently unemployed or employed in other industries (eg driving cabs)

DRAFT RECOMMENDATION 13.2

Australian governments should ensure that, across all jurisdictions, police check arrangements for paid workers providing services to people with a disability:

- *apply only in cases where both the person with a disability is vulnerable AND the risks associated with delivery of services are sufficiently high*
- *not include disclosure of crimes covered by spent convictions legislation*
- *cover people for a given period, rather than for a particular job.*

Key question: The AIWCW would seek clarification on this area of the proposal.

Response:

This area of the proposal is another one that raises many questions for the AIWCW:

- Will all workers require a Police Check, including family members?
- What about the Working with Children Check?
- Who will pay for the checks and does the original stay with the worker?
- What period will the checks cover and what if they commit a crime while in employment? Who will track the professionalism of paid workers where there are allegations of unprofessional conduct?
- Who will track the professionalism of volunteers that may become involved as part of any sub-contracting arrangements?
- Will there be a requirement for volunteers to have police checks?

DRAFT RECOMMENDATION 13.4

The Australian Government should amend s. 65(1) of the Fair Work Act 2009 to permit parents to request flexible leave from their employer if their child is over 18 years old, but subject to an NDIS assessment indicating that parents are providing a sufficiently high level of care.

After monitoring the impacts of this legislative change, the Australian Government should assess whether it should make further changes to the Act to include employees caring for people other than children.

Key question: The AIWCW would seek clarification on this area of the proposal.

Response:

This area of the proposal requires some consideration on what rights parents will have in the workforce. For example, parents can ask for leave but is there any responsibility placed on employers to allow this leave? It is pointless telling parents they can ask for leave if employers are under no obligation to allow for it. Perhaps the Commission could consider incentives for employers to allow parents to take leave. It is also important that parents are protected from losing employment if they ask for leave.

Feedback questions

The AIWCW would like to provide feedback on the following areas as asked by the Productivity Commission in their report:

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.

With the NDIS proposal, it is vital that Australian residents are not adversely affected in any way such as financially, socially, economically and with their employment. The cost of implementing a new system of payments may be too high when considering the amount of money and resources required to implement the NDIS and the proposed significant changes to the disability support and care system. A new system of payments as mentioned may mean that people with a disability and their families may be worse off and, without having access to the costs and other implications of this proposal, it is impossible for the AIWCW to have a position on this. The AIWCW would be prepared to make comment on the two proposals (keep payments under Centrelink or put them under NDIS) if more information was available, and there was a scoping of the costs and requirements of changing some Centrelink payments to the NDIS agency.

At this stage and with the information available, the AIWCW can only state that the system that is put in place to support those with a disability, their carers and family has to be fair and equitable, ensure that no one is disadvantaged and that those who are disadvantaged in Australia or vulnerable are given the optimal support and care required to maintain a high standard of living. If people lose payments through a change in system, it would cause untold harm and financial hardship for those who are already under pressure and suffering from adversity.

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.

The current Medicare amount to reach a rebate is quite high and there is a high threshold for claiming medical expenses on tax. The Commission needs to define individual and group amounts ie for families, couples, rights of de facto and same sex relationships. Consideration needs to be given as to what is included in the waiver amount and services ie if people pay for medical services that are not acceptable to the NDIS agency, will that be included? The services included in this need to be further detailed ie do they cover dental, general medical, hospitals, community support, family support, respite, a wide range of therapies and so on.

The Commission seeks further feedback on the effectiveness of monitoring instruments and any others that could potentially be used to assist oversight of the disability sector.

It is important that checks are not invasive or take away the rights of clients or of workers. People should not fear checks. People should be educated on what to do if they fail checks and given an opportunity to address issues and this will require an advocate to work with them and speak on their behalf.

All individual paid and voluntary service providers and sub-contractors should be required to be a member of a professional association to assure adherence to a consistent code of ethics and clear complaints mechanism for service users. All paid staff should be required to possess a minimum of Cert 3 in disability studies which includes modules on care provision for culturally diverse clients groups (including Indigenous people) and other groups including care for adolescents and children.

Conclusion

The AIWCW appreciates the Productivity Commission taking into consideration our comments on the draft report, *Disability Care and Support: overview and recommendations* and we look forward to further involvement in the development of the NDIS proposal.

Yours sincerely



Lynda Ford

Chief Executive Officer