



**A written submission to the Productivity Commission on the  
Disability Care and Support draft report  
by the Spinal Injuries Association  
April 2011**

**Introduction**

In 2010, the Spinal Injuries Association commemorated 50 years of service to the community, a significant milestone for our not-for-profit, membership-based organisation that is committed to empowering people to lead independent lifestyles in inclusive communities.

Our organisation has around 2,000 members and clients throughout the state with nearly 100 staff working in offices in Brisbane and Townsville, along with 700 staff assisting our members in their homes and around 100 volunteers who donate valuable time and energy in a range of key areas.

At the Spinal Injuries Association, we promote and celebrate independence. We advocate for improved and increased services, equity and inclusiveness in the community and access for everyone to go everywhere.

The Spinal Injuries Association provided a submission to the Productivity Commission's paper on Disability Care and Support and welcomes and congratulates the Commission on its draft response.

**The Commission found "the disability support 'system' overall is inequitable, underfunded, fragmented, and inefficient and gives people with a disability little choice." We believe that the report is ground breaking in addressing the current system and that the Commission has the basic principles around individual choice, portability and national consistency correct.**

**The Commission's draft report reflects the Association's values of putting the person with the disability front and centre – able to make their own choices, be independent and live life in an inclusive, integrated and accessible community and have access to quality services.**

In preparing our response to the draft report, the Association not only consulted with our members but with community, business, legal and government stakeholders who also responded positively to the report.

While the Association found the report very encouraging, there were a few areas that we felt needed highlighting and further exploration, which we have detailed in this response. The government can't afford not to do something as the current system is failing people and needs to be fixed.

## **NDIS and NIS**

Currently in Queensland, clients are funded and supported under many different schemes resulting in different types and levels of assessment, service provision, processes, involvement, responsibilities and individual outcomes. The current system is inequitable, confusing and daunting for people with a disability and their families carers, organisations that support them and various levels of government and their departments.

The Association recognises the complexity and differences between the required funding and legislation of the two identified schemes, however we believe that these issues should remain administrative and not impact on a person's experience. There should be consistent assessment, processing, responsibilities and outcomes for the individual, irrelevant of which scheme they are funded under.

## **Access to common law settlements**

We are fully supportive of people retaining the right to access common laws claims as the NIS does not and should not, we believe, cover the costs of compensation for pain and suffering, and lost wages. We believe these rights should not be removed from the individual and in the case of catastrophic injuries such as spinal cord injury, this allows individuals to be compensated to support themselves as they would have without an injury.

## **Assessment process**

To ensure that there is equity for all people with disabilities, the assessment tools need to be nationally consistent across all regions and the proposal for assessors to be "accredited" by the NDIA is very welcome. Assessors need to also be trained in the use of the tools however we would be recommending that assessments are not only undertaken by allied health professionals but include assessors whose skills include community development and human services. This skill set also compliments the suggestion of the International Classification of Functioning being used as a framework for the assessments.

The Association's experience also highlights the need for responsive re-assessment of people when their needs change. These situations may be in time of crisis for an individual (death of a main unpaid carer, health, career and relationships) and this reassessment needs to be timely and responsive..

While the need to ensure that appropriate supports are being provided to individuals, the NDIA needs to make certain that people are not assessed unnecessarily, as historically people with a disability, particularly those with lifelong disabilities, are re-assessed on many occasions, eg. driving permits, taxi vouchers, personal support and equipment prescription, DSP, Mobility Allowance, employment.

The assessment process also needs to contain a robust and transparent appeals process that is easy to access for people with a disability. The process needs to be

independent of any funding bodies or assessment agencies and needs to be timely in its deliberations.

### **Portability of funding**

Like other Australians, people with a disability should be allowed to move as they choose and portability of supports and funding make this fully achievable.

### **Client choice and tailored to individuals needs**

The common principles underlying the Commission's response are clients' choice and individualised services and this compliments the Australian government's commitment to uphold the United Nations Convention on the Rights of Persons with a Disability.

### **People with spinal cord injury supported after 65 years**

Traditionally the majority of people who have sustained a spinal cord injury have been between the ages of 18 and 25, however in recent years the average age for sustaining a spinal cord injury is 42 years of age. With this increase, a greater number of people over the age of 65 are sustaining spinal cord injuries, so the inclusion of this cohort is very necessary as the aged care system cannot support people with such high and complex needs.

### **Consistent national standards for service providers**

To ensure that all people with a disability receive quality services, the NDIA must implement consistent standards to be met by all service providers be they not-for-profit, for-profit or government. Reducing the amount of standards that organisations need to meet is encouraged as there are many standards for organisations to meet, which makes quality auditing expensive, time consuming and onerous on the organisations and the clients who need to participate eg. National Disability Standards, State Disability Standards, HACC Veterans.

### **Standards and requirements for cashing out and self-purchasing**

A portion of the Association's members have extensive experience with self-purchasing and managing their personal support after being eligible for compensation or other lump sum payouts. To contribute towards quality service provision and the safety of both people with a disability and support workers, our experience shows that there needs to be minimum standards met when people are purchasing supports privately eg. injury insurance, criminal history screening training for support workers and appropriate acquittals and financial reporting, as is required when purchasing through a service provider.

## **Training of support workers**

The Association has provided personal support to individuals in their own homes for 25 years and recognises and acknowledges the experience of people with a disability and their families in the training of some support workers. Our experience indicates the need for specialised pre-requisite training that is undertaken when working with particular client groups such as people with spinal cord injury to ensure the safety of clients as well as support workers. There are skills and information that are required with supporting this client group that require specialist knowledge and training, including manual handling with specialised equipment, complications and treatment of Autonomic Dysreflexia (a life threatening condition), bladder washouts and specific bowel therapies. These are all physiological and medical-related skills that need training assessed competencies.

While the Association supports training, it agrees with the Commission that minimum qualifications are not required as they do not necessarily provide specialist skills for staff. With the current workforce shortages in this industry, requiring minimum qualifications would even further impact the sector. As part of the review of the scheme in 2020, it would be appropriate to revisit this issue.

## **Ensure that the focus is not just on efficient services but also quality**

The draft reports focuses very much on efficiencies and while this is important, it also needs to equally guarantee that the services provided are of the highest quality and importantly meeting the individual needs of clients.

## **People who are currently injured**

The Association currently has members with spinal cord injury and post polio less than 65 years of age who have no formal supports and they may or may not be on the Queensland Government's waiting list. If these people turn 65 before the introduction of the scheme, our interpretation is that they will then miss out on the level of support required and will be directed to the aged care sector which will not meet their high level of need. This group needs to be identified now so they can be included in the scheme when introduced. A large portion of this group has been waiting for many years for formal supports, quite often at the expense of family and friends and will consequently be excluded forever.

## **People supported under current state-based third party or compensation schemes**

The NDIA needs to ensure that all clients supported under state-based schemes remain fully supported until the new NIIS is fully functioning and operational and that the transition is seamless across to the new system.

The Spinal Injuries Association would like to reiterate its support for the Commission's draft paper and stress the need for a system that is broken and failing individuals to be overhauled and redesigned with people with disabilities at the centre.