



disAbility connections (victoria)

81 Cowper St.,
Footscray
Victoria 3011

27 April 2011

To the Disability Care and Support Inquiry,
Productivity Commission,
GPO Box 1428
Canberra City
ACT 2601
By email: disability-support@pc.gov.au

Dear Sirs,

I write on behalf of the membership of disAbility connections (Victoria) or DCV.

DCV is a network of more than 1000 people with a disability, their carers and families (approx. 60% of membership), disability and generic service providers and their professional staff, support groups, other networks, government and community (40%). DCV is open to all disabilities and all age groups. DCV focuses on the Western and Northern suburbs of Metropolitan Melbourne but welcomes anyone who shares DCV's passion for disability issues.

The DCV membership has been actively engaged in a wide range of forums looking at and discussing the Productivity Commission's Draft report into Disability Care and Support. I will commence with some comments and then do my best to capture what the membership have raised in discussions and relate them to each specific recommendation.

One could be forgiven for assuming that with such a diverse membership base that there would be a range of views and even dissent about something as dramatic as the proposal to introduce a National Disability Insurance Scheme (NDIS). The exact opposite is in fact the truth. Regardless of their individual perspective, DCV members are united in their belief that the Australian Government must, in fact has no alternative but to, introduce a new system of disability supports. The Commission's Report is accurate. The current system is fragmented, underfunded, inefficient, inequitable, failing many people and just too outdated. We (that's all Australians not just people connected to disability) need a new paradigm – one that upholds every person's Human Rights within a fiscally responsible and responsive system. The membership ask not why one would want a new system of supports but how could one justify not having one?

The current system focuses on meeting deficits – deficits in the individual, in the ability of their carers/families to provide for their needs, for the community to support and include them. It is at that point that formal supports are considered. As the paper so adequately outlines the ability of the system to provide those supports depends on many factors starting with the inconsistent size of the pie, the number of slices it needs to be cut into and then - where your pie is located, who's delivering it and whether you can beat the next person to the pie to get some. Inefficient and inequitable to say the least.

The proposed National Disability Insurance Scheme changes the focus to a system that concentrates on the possible. It recognises that many people would like to exercise their rights to be fully contributing members of the community and that they have the capacity to do this if their support needs are met. It also recognises the most important elements of choice and self-determination. And we are pleased to say that it recognises the important role played by carers/families/informal networks but sees that they too have choices and support needs. One of the essential elements missing from many aspects of today's service delivery is assessing and supporting the person in context, and then providing supports holistically.

DCV members fully support the proposal that the NDIS be funded from consolidated revenue, protected from the general budgetary processes. Disability is something that can happen to anyone. What's more we believe that the general community would believe this to be a reasonable use of tax payer funds. Community members are appalled to discover how badly people with disabilities are treated – our experiences would demonstrate they assume that our wealthy country supports those in need adequately.

We believe an investment of \$280 per Australian is a minuscule amount for the Government to find. The reality is that an efficiently managed NDIS, supported by a holistic approach by other areas of Government (education, transport, public housing, employment, mental health and general medical care etc) will, over time, dramatically offset an extra costs incurred.

It is a universally acknowledged fact that with the increasing age of the population the Government is facing a spiral in aged care costs at the same time as a downturn in the numbers of people in the workforce (i.e. tax payers) and the level of income generated through GST and other taxes when people have smaller incomes. Investment in people with disabilities and their carers can increase participation and community inclusion, but by supporting people into even part time work the Government can reduce welfare payments and increase tax revenue. The link between ill health (physical and mental) and unemployment and stress is well documented. So is the link between mental health issues and being a carer and/or unemployed = economically disadvantaged. And the cost differential between community based supports and high level institutional supports are obvious. It simply isn't good economical sense not to invest small amounts of money in order to save large amounts.

The NDIS will also demonstrate that Australia is not only a signatory, but a believer in, the concepts of the UN Convention on the Rights of Persons with Disabilities.

The membership therefore fully supports the introduction of both the NDIS and the NIIS. There are, of course, many questions being asked. Service providers (even those most supportive of the Scheme and focussed on person centred approaches and innovation) are concerned about the impact on their long-term sustainability; families and individuals with a disability express scepticism about the assessment, allocation and accountability processes (based on many negative experiences across the years). However everyone agrees that it is critical that this Scheme be introduced as soon as practicable.

The answer to the questions is in the detail. The detail will be honed by the trials. But the initial system development will be best supported by listening to the disability experts – those at the grass roots – people with disabilities, carers and professional staff. We have been there, done it, seen it, experienced it. We know what will work and what probably won't. We understand our local community and the barriers that will need to be overcome/considered. But we are not victims. We can make valid contributions. We are willing, nay keen, to assist. So please emphasise this in your final report.

I would now like to comment on each of the draft Recommendations.

Chapter 3 Who is NDIS for?

Draft Recommendation 3.1

DCV members agree this should be a scheme for all Australians, that information and linkage supports are an appropriate level of service for many people and that specific tax payer funded supports should be available for those who need more than this.

Draft Recommendation 3.2

DCV members agree NDIS should apply to people:

- with a permanent or significant temporary disability
- with significant difficulties with mobility, self care and/or communication
- with intellectual disability
- benefiting from early intervention (we would like children recognised here)
- newly diagnosed

Members have asked about people on the autism spectrum (as at the moment many people with this diagnosis 'fall between the cracks'. In fact one family, fully supportive of the NDIS, is already assuming they will not be eligible as their son has Aspergers).

There are concerns that the numbers identified in the Report may be an underestimate and ask what happens if this is the case i.e. more people, same sized pie? Or more money allocated to the scheme over time?

Members approved of an allocation for people who do not easily fit into agreed criteria.

DCV members were relieved to note that they may choose to remain within the NDIS upon reaching aged pension age, as the aged care system often fails to adequately meet the needs of people with a disability. Co-contributions does not seem unreasonable (after all we are calling for the right to be treated the same as our co-Australians and with rights comes responsibilities) but DCV members point that only a few people with disabilities and carers would currently be in a position to contribute. However, if people with disabilities and carers are assisted into employment then over time they too might accumulate assets and superannuation to assist with aged care costs.

DCV approves of the proposal to recognise that different criteria should apply to Indigenous Australians. We would however like to respectfully suggest that the Final Report recognise that people with a disability often age faster than others of the same biological age. We should be focusing on appropriate supports not age.

DCV asks about the rights of people with disabilities who live in supported accommodation. Does the report really suggest that people must move from their home on reaching the age pension age? Or does this mean ageing in place and only transition to aged care when health needs warrant this? Or does this imply that the funding for their supports transitions from NDIS to Aged Care although this may just be a "paper-exercise"? The question was ambiguous.

Draft Recommendation 3.6

NDIS should apply to all Australians, irrespective of when the disability was acquired

Draft Recommendation 3.7

Assessment should focus on the possibilities and how to achieve them – whilst being realistic about a person's needs.

DCV members liked the proposal that the assessment should look at the individual in context – i.e. holistically including their carers and formal & informal networks.

While the role of families and informal supports should be acknowledged it is important that these are not seen as being in place of funded and/or community supports. Carers have rights too. While many choose to support it must not be an expectation. The word is 'choose'. Not every person with a disability will choose to remain supported by their family, some will choose total independence e.g. moving out of home; others to live at home with age-appropriate supports e.g. a peer to go to the pub with – not Mum.

Draft Recommendation 3.4

This would help prevent many issues from arising.

Draft Recommendation 3.5

People are very relieved to hear that they may remain with NDIS on reaching pension age, as the aged care system does not (currently) manage disability related issues well. Once again choice – what is most appropriate for me?

Once again no issue in principle with co-contributions but please don't send us to the sub-standard aged care facilities if we can't pay! And ensure that our disability, as well as our aged care needs, are met.

And once again provide services according to need not biological age.

Draft Recommendation 3.6

Agree

Draft Recommendation 3.7

Agree

Chapter 4 What individualised supports will NDIS fund?

Draft Recommendation 4.1

The NDIS should cover all supports that will enable each person (and their carers) to be as independently functioning as possible. DCV members were pleased to read through the report the acknowledgement that supports such as home and vehicle modifications, as well as aides and equipment are to be funded too. Early intervention is critical.

We're a bit concerned about statements like "reasonable and necessary". The question is who decides if it's reasonable and necessary? Our experience would show that few ask for more than they need. But what they ask for they deem both 'reasonable and necessary'.

The other point is that many 'things' that people need are not within the scope of NDIS, so the NDIA MUST have a very strong role in ensuring that other Government Departments and other Governments meet their obligations e.g. to provide teachers aides including sufficient hours in schools. It must have a major role to play in ensuring consistent criteria across jurisdictions e.g. building codes.

Disability supports will never be able to realise the vision of the NDIS unless there are strong accountability and best practice requirements, alongside a system that values innovation and lateral thinking. But innovation – especially at an individual or local level will need some infrastructure/development support including seeding funding. The reality is most fee-for-service systems pay AFTER the money has been expended. Services may need support until the cash-flow starts.

Draft Recommendation 4.2

NDIS is an entitlement to all Australians so there should not be an income and assets test applied.

Draft Recommendation 4.3

DCV members disagree with the suggestion of an upfront contribution because we believe an entitlement is just that. Help people into the workforce and/or help carers stay in or return to the workforce and we will be making a contribution through our taxes. Anyway, the contribution carers make to the GDP is well documented. We (as a system) save the Government billions over our lifetimes. Even with extra supports most carers will continue to provide informal care – the way it is provided may change but not our caring responsibility to those we love.

People with disabilities welcome the proposal that NDIS would be a form of “one-stop information service” and that people will be supported to access non-NDIS services where appropriate.

DCV members believe the identified groups would generally be better met outside the NDIS as long as supports are not denied if they are needed but fall outside guidelines for those other systems (we just don’t want people falling between the gaps).

Draft Recommendation 4.4

DCV members are opposed to the proposal that people should pay for their therapies. If they are needed then the Scheme should fund them. To do otherwise may prevent a person from living life to the optimal and therefore make them more reliant on supports than they need to be and/or hasten the deterioration of their condition so that in the long term the cost of their supports increase. However, by all means, regularly review the effectiveness of the therapy or means test post a certain level of income but don’t make people try to pay for something they may very well not be able to pay.

Draft Recommendation 4.5

Agreed provided that the NDIA has a significant role to play in ensuring that those other services meet their obligations to full inclusion by people with a disability, because, quite simply, the community will need more public housing, accessible housing, accessible and available public transport, responsive medical services etc if the vision of the NDIS is to be realised.

Draft Recommendation 4.6

Agreed provided that the Government does not penalise those currently on DSP for failing to get work. The reality is that many people with a disability, even significant disability, would LOVE to work. They just can’t get it!

Please read the comments in Chapter 13 about the roles that people with disabilities and carers could and should play in the NDIS.

Chapter 5 Assessing care and support needs

Draft Recommendation 5.1

Agreed

The most important aspect here is to include the wants and dreams and not just the needs.

Draft Recommendation 5.2

Agreed

The most important aspects here are “reasonably and willingly” for carer support and the critical importance of data collection so that future planning can be undertaken in a systemic and planned way (no more reactive crisis management– let’s be proactive).

All DCV members including service providers welcome monitoring as we are all committed to best practice. We agree the assessment tool should be easy to use, open and valid. The easier it is to use the less chance that it will be used subjectively. People with disabilities and carers have a

right to understand their assessment, as they are as integral to an effective process as the person employed to undertake the assessment.

Draft Recommendation 5.4

Agreed that assessors should be trained and regularly assessed to ensure they are providing best practice.

We would like the Final report to include a further recommendation that people with disabilities, carers and paid support staff be trained to undertake this role. We have the disability knowledge. We only need technical knowledge and support for the role. (Refer Chapter 13)

The term “sympathetic bracket creep” is not one we would care to use although we understand the concept. The fact is that accurate assessments will reflect true need. So if costs are higher than the proposed \$12.6 billion then let's find out! And then fund accordingly.

Draft Recommendation 5.5

Excellent idea so long as people can request a re-assessment at any time there is a significant change, and get a quick response as in many cases this will be created by some form of crisis or impending crisis.

Key transitions – into kindergarten, school, high school, looking at post school options, moving from home and/or into employment, ready for an independent life, parents retiring, parents dying.

Draft Recommendation 5.6

Agreed. Supporting carers to continue their caring role is critical but caring should be a choice and not detrimental to the health and well being of the unpaid carer.

Draft Recommendation 5.7

Agreed

Draft Recommendation 5.8

Agreed

Chapter 6 Who has the decision-making power?

Draft Recommendation 6.1

Absolutely. The final choice should always rest with the person and/or their family/carers.

Draft Recommendation 6.2

Agreed but beware that there isn't pressure to use so many of “own resources” that people are prevented from accruing those assets that they will need in later life. Or as currently happens that funding ‘needs’ means there's nothing left for the ‘wants’ and ‘dreams’.

“Cashing out” will give people control, flexibility and choice.

Draft Recommendation 6.3

Agreed but increase the “bank up” for people receiving small packages

Draft Recommendation 6.4

Agreed people should be able to choose and employ own support staff but why should people not be able to employ family especially if that person is forgoing opportunities for other paid employment? In many cases this would be more flexible than formal supports. Family will undertake things in smaller time blocks and at more unsociable hours than paid workers.

Self-directed funding for those who want to do it should be the norm.

Why would you assume that employing family members warrants a 20% reduction in costs? Are you suggesting that people should be paid a lesser wage or that they aren't covered by insurance or receive training? Yes flexibility can be cheaper – a family member walking your pet may be less than paying a professional worker for the same job but that's not personal care, community support etc. Wrong assumption – remove it - base costs on what the individual will be paying not what NDIS thinks it might be. This is NOT ACCEPTABLE.

Where family members are providing the service of managing the package they should be entitled to reimbursement for the time they spend doing this. Cost negotiated on the complexity of the package and how much self directed funding is applied. Do NOT assume this to be a free service unless you expect organisations doing the same tasks to do it for free too!

Draft Recommendation 6.7

Agreed but how about a commitment to training/mentoring/co-support for people determined as “not capable” (after all, NDIS is about building capacity and independence and less reliance on formal supports over time).

Draft Recommendation 6.8

Agreed. All sounds reasonable. We assume these recommendations are based on the learnings from this model of practice here and overseas.

Draft Recommendation 6.9

Agreed to all points.

Chapter 7 Governance of the NDIS

Draft Recommendation 7.1

Agreed

Draft Recommendation 7.2

Yes but concern that the point that the Government of the day could dismiss the Chair or even the entire Board raises concerns about the independence of the NDIS. We would welcome clear criteria here as to the circumstances that would allow the Chair/Board to be dismissed (presumable wrong-doing rather than upsetting the Government-of-the-day).

Draft Recommendation 7.3

Input by people with disabilities, carers/families is a MUST.

Draft Recommendation 7.4

Agreed

Draft Recommendation 7.5

Agreed

Draft Recommendation 7.6

A summary of the Annual report should be available to all stakeholders.

Draft Recommendation 7.7

To place NDIS in the jurisdiction of Treasury means the emphasis is on financial outcomes. The NDIS is a scheme to support people with disabilities and their carers. Whilst we agree that there needs to be good monitoring including financial considerations we do NOT believe that this should be the major consideration. NDIS is more than this. DCV members believe that the NDIS is about building individual and community capacity. Therefore we respectfully suggest that the NDIS should be reporting to the Minister for Community Inclusion (or a specific Ministerial portfolio with

NDIS responsibility – which would support the NDIA responsibility to advocate across Government to address barriers to the successful implementation of individual and group outcomes).

Draft Recommendation 7.8

Agreed

Draft Recommendation 7.9

Not only bench-marked but an expectation it should be delivering best world practice.

Draft Recommendation 7.10

Agreed

Draft Recommendation 7.11

? How will we then get Quality Improvement into the scheme, especially during the first few years and/or as the environment changes?

Draft Recommendation 7.12

Agreed provided the decision of the Independent Statutory Officer is imposable on all parties (unlike many current jurisdictions where one party refuses to comply with the 'recommendations'). The system MUST be easy to use, friendly, supportive, culturally and linguistically appropriate, not allow Government Departments or large organisations to bully the complainant by bringing lawyers etc to meetings and the outcomes must be transparent. It must be conducted at a level suitable to the complainant e.g. if the person has an intellectual disability then language and formats must be adapted to ensure full understanding and engagement. Advocacy support MUST be provided.

Draft Recommendation 7.13

Many people would say that in their experience the current Tribunals are not easy to use, friendly, supportive etc and do not understand disability and carer issues.

Chapter 8 Delivering disability services

Draft Recommendation 8.1

Agreed

Draft Recommendation 8.2

Yes please.

Draft Recommendation 8.3

Agreed

We know that many of these monitoring systems are currently in place. To assist organisations providing a range of service models please integrate these systems, as this improves practice and reduces the cost and complexity of undertaking compliance and, therefore, reduces costs passed on to consumers.

Innovation funding is a must if we are to support the development of localised, person-centred responses.

Chapter 9 Disability within Indigenous communities

Draft Recommendation 9.1

Agreed.

This would also be an appropriate response to other Australian groups e.g. newly emerging communities/refugees.

Chapter 10 Collecting and Using data under the NDIS

Draft Recommendation 10.1

Agreed

Draft Recommendation 10.2

Agreed.

Please don't rely on IT. Many people still don't have computers.

Draft Recommendation 10.3

Agreed

Draft Recommendation 10.4

Agreed

Chapter 11 Early Intervention

Draft Recommendation 11.1

Agreed.

DCV members believe early intervention is critical, not only for the person and their family but for the capacity of the NDIS and the community. Money well invested!

Please note there aren't enough therapists available and only a few are trained each year. This needs to be considered and addressed.

Draft Recommendation 11.2

Agreed

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

Draft Recommendation 12.1

Agreed.

NDIS is a scheme for all Australians and should be paid for from consolidated revenue i.e. by all Australians.

Draft Recommendation 12.2

Consolidated revenue only. There should not be a "levy".

The Government should consider changes to tax rates in terms of consolidated revenue not the NDIS.

Draft Recommendation 12.3

Agreed with option (a) preferred, as this seems simpler. The view of DCV members is that we can save money and put this into direct service delivery by having one level of Government responsible for the delivery of disability supports. This will also assist in minimising some of the difficulties currently caused by the interface between aged and disability.

Chapter 13 Workforce issues

This in the view of DCV members is an area whereby the NDIS can make a considerable impact. If people with disabilities and carers are properly supported they too could become part of the workforce solutions.

Many people with a disability are unable to source ongoing, suitable work even though they have many skills and much potential. Carers are prevented from working at all (or are under-employed) due to their caring responsibilities. They are all the experts in disability support provision.

The NDIS could take a real community and government leadership role here by training, supporting and employing people with disabilities and carers to perform roles such as assessors, case managers, advocates, book-keepers for self-funded packages, therapists as well as more person-to-person direct support.

We know why there is a shortage of workers in the disability field. Its low pay, lack of career paths, not promoted as a career to young Australians, not recognised as a profession you can be proud of (the “if you’ve been a parent you can do this job” mentality).

We need to build capacity; we need to harness people’s current skills and their passion. We need to open doors.

Many of our members work in or have accessed specialised employment services. It’s very hard to get employers to think laterally. The Government can take a leadership role with employers by demonstrating their faith in the ability of people with a disability. “Do as I do”. The current level of disability employment by Government and instrumentalities is abysmal, at best!

The Not-for-profit sector is undermanned and will be more so. Give on-going subsidies for the employment of people with disabilities and/or carers that not only subsidise wages but allow the employer to provide the required flexible environment. Combine this with formal and on-the-job training that will enable people to pick up the positions that NDIS will create.

There’s 7 years before the proposed full rollout of NDIS. That’s plenty of time to train people for the gamut of opportunities that will exist. But planning needs to start now.

Draft Recommendation 13.1

Agreed

Draft Recommendation 13.2

Agreed

Draft Recommendation 13.3

Agreed

Draft Recommendation 13.4

Agreed

Chapter 16 the NIIS

Draft Recommendation 16.1

Agreed

Draft Recommendation 16.2

DCV is concerned about an impost via municipal rates. This should be funded via Workcover, TAC and maybe a cheap personal insurance protection scheme that people could opt to purchase.

Draft Recommendation 16.3

Agreed

Draft Recommendation 16.4

Agreed

Draft Recommendation 16.5

Agreed

Chapter 17 Implementation

Draft Recommendation 17.1

Agreed

Draft Recommendation 17.2

Agreed

Draft Recommendation 17.3

Agreed

Add 'significantly' to supplement funding

Draft Recommendation 17.4

Agreed

Additional Information Requests

Chapter 3 NDIS and Mental Health

DCV includes people with psycho-social conditions. But more than that many people with a disability have a dual diagnosis e.g. it is acknowledged that up to 40% of people with autism also have a mental health diagnosis). It is also well documented that the stress of caring has a severe impact on the mental health of carers.

The reality is that, today, many people do NOT get the best support because the impact of their mental health issues is not considered when assessing their needs. Particularly when in a 'down cycle' people with psycho-social issues may need considerable assistance with daily living skills such as cooking, bathing, getting to the Doctor, taking medication.

The other very sad issue is that there is already a big tendency for mental health providers to dismiss the mental health needs of people as they state "it's to do with your disability" or "adolescence is more difficult for young people with autism/I.D. – they will grow out of it" or our favourite "it's just behaviour!"

So the cost shifting already happens and people are left without the support they so desperately need.

People with psycho-social conditions already use specialist disability supports such as employment services. Many of them would be using HACC services, may have a Social Worker and if they have another disability may be using disability supports such as day programs, accommodation, etc.

There is no easy to answer to the question as to whether mental health should be included into the NDIS. There are advantages and disadvantages. **Overall DCV would favour a complete package.** DCV members think there are 2 key points:

1. If Mental Health is brought under NDIS it would reduce the risk of people 'falling between the cracks' and link their mental health needs with their support needs far more effectively. One assessment process, one holistic approach to planning. This would lead to better outcomes in

terms of health and well-being, opportunity and meaningful community inclusion. This would lead to reduced costs and a more effective service system.

2. But this means that the funding for NDIS would need to be increased significantly. If disability supports needs to be funded at twice the current level it is not unreasonable to assume that mental health services would require a similar level of funds injection.

So NDIS would need \$12.6 billion for disability + mental health funding x 2

Chapter 4

DCV members aren't convinced that artificial limbs come into the category of aides and equipment. They are more like a medical procedure. However we understand the dilemma facing the Commission.

Perhaps people requiring these procedures could be placed under the NDIS for a specific time? This, we assume, would then entitle them to all necessary supports, specialist care and rehabilitation until they are ready to transfer back to the NDIS.

It is well known that people with disabilities use extra electricity. Electricity costs (also gas and water) should be funded as part of the package. Consideration would be given based on the cause of a person's disability e.g. neurological disorder or use of a mobility aide. This should start immediately. Perhaps NDIS could have a role in encouraging free/cheap solar panels on all accommodation houses, private homes and public housing to defray some of the escalating costs?

Taxi usage in Victoria is capped for some people and, we believe, monitored by the Taxi Directorate to ensure people use this wonderful scheme wisely. It's a co-contribution so people don't waste it (they can't afford to). But taxi funding is a critical support for those who use it (plus it maintains people's independence – a cost saving).

Mobility allowance, Carers Payment, Carer Supplement, Carer Allowance and Child Disability Assistance payment should remain within Centrelink as they are income supports.

DCV members did not really understand what the Draft Report is asking in the last paragraph. What did you mean by "waive the front-end deductible"? If you are asking if the cost of replacing informal supports with formal supports is more than NDIS wants to pay then is it OK to not fully fund those supports, then the answer is NO. Carers should have the right to choose NOT to care; the person should be able to choose NOT to depend on informal supports. They should NOT be penalised for making this choice. If a person's support needs are so high that the NDIS cannot support them properly maybe they should be in the NDIS. **If this is not what you were asking please clarify and we will consider our response.**

Chapter 5 Tools

Assessments should be easy to apply, equitable, open, and as objective as possible. They should be holistic and view the person in context.

It's not so much the tool. We know there are some really good tools out there, any of which, or a mixture of which, NDIS could use. The critical element is having the right people – with the right skills and attitudes- using those tools. Good assessment takes time; good assessment includes all key stakeholders and information sources. It involves active listening.

Hence our strong recommendation that the Commission recommend immediately commencing the process of ensuring that there are enough suitably qualified, trained and with the right personal values ready to take on these assessment roles. And that people with disabilities and carers are supported and actively encouraged to be part of this workforce.

Chapter 8 Monitoring Tools

Successful monitoring leading to on-going quality improvement is critical for all stakeholders – particularly service users. Qualitative and quantitative measures must be considered to have equal weight.

DCV members are reluctant to promote any particular tool but as stated above this tool needs to be compatible with other reporting and monitoring systems to avoid duplication and spiralling compliance costs.

Chapter 9 Indigenous communities

DCV only has a few members who identify as Indigenous Australians despite the fact that there are several large communities in our local area. DCV has been working (along with DHS and other services) with a local Indigenous Organisation on a project to encourage Indigenous people to use generic HACC funded services. It's not unreasonable to say this has not been very successful.

DCV believes the best people to answer this question are Indigenous Australians – both those who live in urban environments and those who live in isolated communities. We assume that the needs of these 2 groups are quite different.

Chapter 16 Catastrophic Injuries

Anyone with a catastrophic injury should be placed into the NIIS stream. This should be fault and cause free. It should be based on need not cause.

NIIS should have a specific role in ensuring that where these injuries are caused by any kind of negligence, malpractice or where there is insurance leverage that this money is recouped through legal processes. NIIS should ensure legal fees are kept to a minimum so that all possible money from the final legal outcomes can be directed to that person's care. The suggestion that an independent body be established to oversee court costs would seem to be reasonable.

Until the NIIS is operational DCV members would like to see the current support services e.g. Workcover and TAC be extended to people with other significant (non-insured) injuries, especially where this means that younger people are no longer placed in nursing homes or kept in hospital for lack of appropriately funded community supports.

DCV members thank the Productivity Commission for seeking our feedback. We reaffirm our support for the Introduction of a National Disability Insurance Scheme. This will mean real and meaningful community engagement for many people; reduce the reliance on the informal support provided at great personal expense by carers and open doors for people with disabilities and their families.

We respectfully request the Commission to consider our recommendations about assisting people with disabilities and carers into the workforce whose skills and commitment will be an essential element in the successful implementation of the NDIS.

DCV members are keen to support the planning and implementation in any way we can. We hope that Victoria will be chosen as the Region for the trial. Regardless if we, as people with a disability, carers and front-line workers can assist you in any way please do not hesitate to contact us.

Yours sincerely,

Helen Adams,

Executive Officer disAbility connections (Victoria), on behalf of the 1023 DCV members.