



FAMILY ADVOCACY INC.

Advocating for families caring for a person with a disability

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DISABILITY CARE & SUPPORT- PRODUCTIVITY COMMISSION FEEDBACK SUBMISSION

To the Commissioner,

Family Advocacy Inc. (FAI) supports people who have disabilities, including mental illness and their family carers through advocacy. As listed in the Productivity Commission's report FAI provided a submission in July 2010. In that submission we supported a national insurance scheme, as there definitely needs to be a substantial injection of funding, to overcome the unmet needs in the disability and mental illness support services.

FAI also expressed concerns that the current administration of disability funds through the National Disability Scheme was inefficient because of the layers of administration; federal to state to disability services to the consumer.

FAI supports the Government's initiative to introduce a nationally delivered Disability Insurance Scheme and wish to offer further feedback.

Our positive findings include that,

- If there are less layers of Governance, there will be less administration, therefore reducing inefficiencies and enabling a less complicated system.
- Easier interstate transfer of services enabled, due to a consistent national framework approach.
- Individual funding is preset, not determined by federal budgetary fluctuations.
- Universal payment based on entitlement due to disability and not means tested is most important in recognising the human rights of people who have disabilities. Hopefully it will eliminate the need to plead or beg for services.
- We envisage that the new model will provide greater choice of support .
- As accommodation services will be funded federally, we would anticipate there would be more financial support, to address unmet needs within the state inconsistencies of funding accommodation services.
- That disability advocacy remain outside of the NDIS as it is important that it is independent , furthermore we suggest that legislation be introduced to give each person who has a disability the right to have an advocate with them any time decisions or a change in their care is made.

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The challenges include:

- Addressing the assumption, that people with disabilities, upon reaching pension age, have accrued assets, to contribute to the scheme.
- Ensuring that the implementation of safeguards are developed, to address the un-costed family care that families provide, to their children with disabilities, and that they are taken into account, when calculating the annual upfront fee. Furthermore, the impact emotionally, needs to be taken into account, when addressing the fee structure.
- Despite support needs being excluded, supports needed, for students with disabilities, to access a good education, needs to be taken into account e.g. Support Staff/Personal Care Attendants/Medical staff- for students, requiring medical support during the school day.
- Within a foundation for a holistic approach, recognising the importance, of medical teams already working with a person with a disability is taken into account, and utilised as a valuable and proactive tool, in collaboration with NDIS teams.
- Ensuring that duplication of services is minimized, as boundaries, are not clear between agencies and services. How do we ensure that the individual states running of the NIIS scheme, is to uniformed, national standards (refer Pg 38 of summary Tasmanian example).
- Addressing the need for refining, of the Disability Support Pension, reassessment process to ensure unnecessary stress isn't placed on those with a profound, unchangeable disability, that can't be improved upon.
- The complaints process needs to be refined, to ensure that the Organisational Grievance Policy of (NIIS/NDIS) can be addressed externally and independently, to ensure transparency.
- Where does the role of Disability Advocacy, fit in within the proposed framework of Disability Care and Support? (Refer Pg 31 of summary). Advocacy must be adequately resourced to be effective.
- This also applies to other disability support organisations as listed on p.31, as without information, planning and well managed personal support services (be they disability specific or other services) the funding provided to the person with a disability may not be put to best use.
- We believe that mental illness supports should be included in the NDIS, so that it does not continue as an area of unmet need.

Finally we wish to reflect our clients' view that they would like the new scheme to be that of an "assurance" as much as an "insurance" scheme.

Yours sincerely

Cynthia Betterman
Executive Officer
FAMILY ADVOCACY INC