



Action for More Independence & Dignity in Accommodation

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Advocacy, Self Advocacy, Rights, Accessibility, & Community Living for People with a Disability

Productivity Commission Draft Report – Disability Care & Support – 2011

AMIDA's comments on the Report & Recommendations – May 2011

AMIDA agrees that the system needs work, and would agree that most of the recommendations would see an improvement for those not presently receiving disability support, or insufficient support. It would provide support for those who will require it in the future.

It will also provide peace of mind for families concerned for the welfare of their family members with a disability, when they are no longer able to provide care, as they do presently.

It must allow for changes in needs.

It must be flexible.

It must not be more onerous for those people with disabilities and their families, ie not requiring more paperwork, assessments, unnecessary re-assessments on a regular basis.

To ensure that the system does provide support to those who need it, the extra injection of funds must be provided and ensured for the future. Without the commitment of future governments to this extra funding, there can be no improvements for those who require it.

As a housing advocacy organisation, AMIDA sees that respite in the form of short term accommodation is vital for people with disabilities to continue to live independently, or to aim for that independence with the support of their families. We would see improved options of proper

respite (not the present 2 hours often offered) as necessary to support people in their housing, whether it is with their families, or independently. Respite availability is increasingly difficult and AMIDA is pleased to see the report acknowledge this.

It is also important that respite offered is meaningful, fun and also an opportunity to learn, not just being minded.

In home respite could also be improved if respite providers were willing to interact with people they are providing respite for and had training that explained that people who are receiving respite would benefit greatly if care providers used initiative and helped, instead of sitting, ie it does not seem too difficult to dry dishes and put them away, whilst interacting.

We are concerned that 'specialist accommodation support' seems to only offer the option of a group home to people who need support. Independence with support, should be a choice for people with disabilities, either in public housing (more of which is required for people on low incomes), or in the community in the private rental market.

In relation to people's 'needs assessment' and the possibility of 'cashing out their funding allocation and direct the funding to areas of need they think are most important, with controls over the latter'...We see this as a positive move, giving people more choice.

The Commission has raised the possibility of an 'entirely new model for housing for people with long term disability, based on 'cashing out' the costs of public housing and specialised accommodation. People could then decide where they might live and what type of dwelling they might like. They (and their families) would be able to add their own finances to any housing decision. This model would require co-operation with state and territory governments'. This idea should definitely be pursued, but any system should be easy to use, and accessible to people who are not accountants.

Please note: This idea should not be seen as a replacement for the building of new public housing. There are people who do not have family support to take advantage of this proposal.

We do note however that domestic assistance to support people living in the community is covered and recommended.

We are aware that the Productivity Commission has had many comments about the role of generic advocacy, but feel it must be mentioned in our comments. AMIDA, as an independent advocacy organisation, is concerned that there is little mention of advocacy, which we consider vital for people with a disability, as evidenced by the many specialist groups in the community. We note that the report talks about service providers providing advocacy. We see this as highly inappropriate, and unsatisfactory for people with a disability. We are constantly being asked if we are 'independent', which demonstrates that people with disabilities value that independence, and want to ensure that we are independent, even though we are funded by the government. We see service providers advocating as a conflict of interest.

We do note that there are some functions that it is envisioned will not be carried out by National Disability Insurance Authority, but advocacy is not mentioned amongst them.

Another of the key points made by the report is that people with a disability and their families who support them would have more control over choosing their supports. We consider that this end result is admirable, but stress that for people to be able to do this, they could require support and information to begin this process, and options to choose from.

In talking about the DSP, AMIDA would argue that most people should be included in the vision for a future not dependent on the DSP. A narrow view of those who might be 'considered to have higher hopes for employment participation' excludes many people who we consider have potential to work more than is the case at the moment. 'There may be better ways of providing people with a disability better opportunities for employment'. This statement must be expanded to include most people with a disability.

In concluding, AMIDA commends the work done, but feels that in implementing the recommendations, and the improvements to the disability care and support system, stronger commitments from

governments everywhere must be achieved. There ARE votes in disability. We must ensure that after all this work the lives of people with a disability and those who support them, are improved, not just re-arranged. Improvements will only come when people gain knowledge, ie service providers, government departments, people with disabilities and families. So to include a component of community education, either within the NDIS or provided without the NDIS is vital.