
Productivity Commission draft report into Disability Care and Support

(28 February 2011)

The Commission was asked to examine the feasibility, costs and benefits of replacing the current system of disability services with a new arrangement that provides essential care and support for all Australians in the event of significant disability. *The fundamental draft conclusion is that the current arrangements are systemically flawed. New national insurance arrangements are feasible and achievable.*

The current system is poor. The current disability support system is underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports. It is not a ‘system’.

It is feasible to design a new system for long-term disability care and support, bringing together the current fragmented and underfunded arrangements.

The Commission is proposing two schemes. The largest scheme, the National Disability Insurance Scheme, would be like Medicare, in that all Australians would know that they or their families would get long-term care and support if they acquired a significant disability. A second much smaller scheme would cover people’s lifetime care and support needs if they acquired a catastrophic injury from any accident. Two schemes are justified, as there are already some well-functioning motor accident schemes that can be scaled up, the costs of amalgamation would provide few benefits over the near term, and the schemes have different funding sources and focuses.

The costs are manageable and justified when taking into account Australia’s wealth, economic growth, and the state of the current arrangements. The current arrangements are not sustainable because informal carers — the main source of support — are straining to cope in the rationed system. Increasingly, they have to transfer care to the taxpayer-funded formal system — creating extra funding pressures on support for informal carers — and a system-wide ‘death spiral’.

There are practical solutions to the many complex elements to properly functioning schemes —

- careful assessment processes
- clear criteria for entry
- much more power to people with a disability and carers
- prudent management of cost pressures
- good governance arrangements
- more satisfying jobs and better conditions to attract the required disability workforce
- provision of support to service providers for the creation of a client-centred system

The Commission has outlined in detail how to practically manage these, and other issues.

The cost estimates in the report are preliminary and have a wide range, given the uncertainties. The Commission will be undertaking further analysis as more data becomes available.

Some comments from participants

The regularity with which I meet parents with murder suicide ideation as they have been unable to find adequate help for their child is both alarming, but also a marker of the failure of coordination of any service ... I also note that murder suicide in these families is becoming a more recognised event, as recently occurred in Victoria. (personal submission, senior psychiatrist)

We have from our personal point of view been spending over a year to just try and get a high-low bed because my son is 113 centimetres tall at four, he weighs 25 kilos and he does not walk. He also has hypotonia, so has low tone, so he is very floppy. (Timothy Smith — Fortitude Parents Group, Sydney Hearings, Transcript, p. 716)

We saw our adult children reach their late twenties and thirties with no hope of achieving the independence that moving out of home brings. We saw ourselves caring until we die, with no hope of humanely and gradually transitioning our people into a new residential setting. (Ryde Area Supported Accommodation for Intellectually Disabled Inc., sub. 204, p. 1)

I am a mum of a young child ... with multiple impairments – physical, sensory, intellectual – she is expected to be non-verbal for life ... There is a myriad of paperwork to be completed, you must re-prove your child's disability to every agency that you encounter ... there are wait lists for services, lack of physiotherapists, lack of funding. (Jennifer Kyriacou, sub. 9, p. 1)

Unnecessary paperwork and revision [is] required when care requirements are ongoing. (Debra Australia, sub. 554, p. 3)

... it took over 2 years from when it became pretty clear I needed a motorized wheelchair to when I finally got one, and then yet longer to get transport training. This held me back unnecessarily from gaining independence and impacted on my self-confidence. I missed out on many opportunities to take part in the community, including doing some valuable volunteering. (Samantha Peterson, sub. 581, p. 1)

When I was vertical I had a lot more respect. As soon as I parked my backside into a wheelchair, the way society treated me and the way that I was shunned and excluded just blew my mind. I had no idea what people in chairs had been facing all their lives ... We only get four hours of help a week, and with those four hours there are very strict, rigid guidelines that we can use them for, so therefore they will say, "No, we can't do that to help you," "No, if it's classed as respite, we can only do" this, this and this ... I got extremely depressed, and that was the only time that I thought to myself, "I'm living in Australia and yet I'm reduced to this." (Ms Shaunagh Stevens, Melbourne Hearings, Transcript, p. 180)

... you not only have to deal with disability, but the uncertainties of disjointed, complex and inadequate array of disability supports. (Ben Lawson, sub. 103, p. 2)

I find myself dealing with anxiety and loneliness and the possibility of when my parents grow older, that I will have no support and services available. (Garry Burge, sub. 2, p. 1)

This particular agency has extremely set rules about that they can give, it's a maximum of three showers a week (Ms McKenzie-Christiansen, Adelaide Hearings, Transcript, p. 302)

(Continued next page)

Participants comments (continued)

Following our paediatricians pronouncement that she was indeed permanently intellectually disabled, we were very much left to navigate the maze of disability life by ourselves, unsupported, save for some family members and close friends, and the kindness and understanding of some of our daughter's initial therapists ... The confusopoly added anxiety and pressure to an already extremely stressful situation. (Name withheld, sub. 482, p. 3)

The scheme needs to be national so that people with disability can take their funding with them when they move across state and territory boundaries. The money needs to be attached to the person (direct funding) and not to an organisation or program. Families at present are bound to stay in the same place as the funding they have received. If that place is the ACT then you can't move anywhere. (Sally Richards, sub. 26, p. 5)

Then "sliding doors and groundhog day" revisited with government changes to policy and funding arrangements which stopped funding to individuals on the basis of individual need and went back to block funding of organizations — leading again to disempowerment, no choice, a take or leave it attitude of service providers and retribution for leaving, or complaining, about a service that is unacceptable, inadequate or unsatisfactory. ... All the power is vested in the service provider. (Felicity Maddison, sub. 380, pp. 2–3)

This group [those with an acquired brain injury] rarely receives adequate funding to fully support their needs because of the high cost of those needs and as a result experience pain and discomfort, isolation, loneliness and despair. This limited funding also impacts on their capacity to receive appropriate allied health supports and the ability to access their local and broader community. (Inability Possability, sub. 514, p. 4)

I have seen grandparents weeping in despair at a public meeting about disability support, as they describe how badly they need help, and appropriate supported accommodation for their violently autistic grandson. (Name withheld, sub. 253, p. 4)

No one likes to see innocent kids suffer in any way and the pain we feel as parents having to watch this every day and to be helpless to change things, all we can do is scream out for assistance, and now is the time for some screaming (Name withheld, sub. 13, p. 5)

The way funding is allocated is a joke. Submissions are sent in and if you are about to die or divorce or have a breakdown, you might get considered. (Leonie Walker, sub. 12, p. 1)

Looking overall as a money matter, what strikes me is that money is being wasted here. By not spending the money on aids, you're probably creating disability for the future and also by not meeting properly the costs of disability, you're putting more stress on those carers and you're probably causing more suicide, divorce, separation, abandonment. As economists, this is an area crying out for an economic improvement. (Richard Cumpston, Canberra Hearings, Transcript, p. 370.)

Table 1 **Key features of the NDIS and NIIS**

	<i>National Disability Insurance Scheme (NDIS)</i>	<i>National Injury Insurance Scheme (NIIS)</i>
<i>What kind of scheme is proposed?</i>	A national scheme to provide insurance cover for all Australians in the event of significant disability. Its main function would be to fund long-term high quality care and support. Other important roles, include providing referrals, quality assurance & diffusion of best practice	A federated model of separate, state-based no-fault schemes providing lifetime care and support to all people newly affected by catastrophic injury. It would comprise a system of premium-funded, nationally consistent minimum care and support arrangements for people suffering catastrophic injuries
<i>Who would be covered?</i>	All Australians would be insured. Funded support packages would be targeted at all people with significant disability, whose assistance needs could not be met without taxpayer funding. Anyone with, or affected by, a disability could approach the scheme for information & referrals	All causes of catastrophic injuries, including those related to motor vehicle accidents, medical accidents, criminal injury and general accidents occurring within the community or at home. Coverage would be irrespective of how the injury was acquired, and would only cover new catastrophic cases
<i>What it would provide?</i>	The NDIS would provide reasonable and necessary supports across the full range of long-term disability supports currently provided by specialist providers. Services such as health, public housing, public transport and mainstream education and employment services, would remain outside the NDIS, with the NDIS providing referrals to them	The NIIS would provide lifetime care and support services broadly equivalent to those provided under the Victorian TAC and NSW Lifetime Care and Support scheme. This includes reasonable and necessary attendant care services; medical/hospital treatment and rehabilitation services; home and vehicle modifications; aids and appliances; educational support, and vocational and social rehabilitation; & domestic assistance
<i>What would be the cost?</i>	The scheme would cost approximately \$6.3 billion above current spending (around \$280 per Australian). Total expenditure would be around \$12.5 billion per annum	Net annual costs of a comprehensive no-fault scheme covering all catastrophic injuries could be around \$685 million (around \$30 per Australian)
<i>How it would be funded?</i>	The Australian Government should direct payments from consolidated revenue into a 'National Disability Insurance Premium Fund', using an agreed formula entrenched in legislation. A tax levy would be a second-best option	The additional funding required for the NIIS would come from existing insurance premium income sources and through small increases in municipal rates
<i>How many people would receive funded packages?</i>	Around 360 000 people would receive direct scheme funding. It would cover existing and new cases	The NIIS would cover new incidence of catastrophic injury (around 800 people each year), but over the long run, 20 000 people would be in the scheme
<i>When would the scheme commence?</i>	The NDIS would begin a full-scale rollout in one region of Australia in 2014. It would extend to all Australia in 2015 covering those most in need, and then progressively expand coverage to all significant disabilities by 2018	As a starting point, jurisdictions should implement no-fault catastrophic injury schemes for motor vehicle and medical accidents by the end of 2013. The NIIS would cover all catastrophic injury by the end of 2015

Current problem:	How the proposed arrangements would address the current problems
Poor national insurance (people without a disability have no clear coverage if they acquire a disability)	Full coverage of all Australians of the costs of long-term disability care and support, so people without a disability could feel confident that they or their families would be supported in the event of a significant disability. Insurance has value for people even if they make no claims
Inequitable (eg what you receive in assistance depends on where you live)	A national scheme with national standards and entitlements that would cover people with disabilities from non-accidents with high needs For those with catastrophic injuries from accidents – new minimum national standards from wider accident schemes in all jurisdictions
Underfunded with long waiting lists	Funding would be doubled; and tied to the Australian Government's revenue-raising capacity (which is funded by more efficient and sustainable taxes)
Failures to intervene early (eg people stuck in hospital because of insufficient funds for minor home modifications)	The schemes, like all insurers, would aim to minimise long-term costs, so they would have a strong incentive to undertake early intervention where it is cost-effective. The scheme would spend dollars to save more dollars and people would not have to wait for basic supports like wheelchairs and personal care
Fragmented	Universal schemes; strong regional management with local case managers to help people connect to services; disability support organisations to assist people with disabilities and their families to get the best outcomes; funds and assessments portable across borders and support providers
Lack of clear responsibilities	Assessments under the NDIS would identify and facilitate referrals to the right supports outside the NDIS
People with disabilities and their families are disempowered and have little choice	People would be able to choose their provider or providers. They could choose to have a disability support organisation manage their packages or to act in other ways on their behalf They would be able to manage their own funds if they wish and within rules
Economically unsustainable	Appropriate funding would stabilise the withdrawal of informal care under the present crisis-based system (which is leading to the costly withdrawal of informal supports by non-coping carers)
Inefficient with weak governance	The new scheme would be run to insurance principles by a commercial board with strong and constant monitoring by Treasury. Advice from a council of stakeholders (people with disabilities, carers and providers) People with disabilities and their families would have more control over the services they would receive. They would have a strong incentive to maximize outcomes. They would have a direct stake in cutting out waste and unnecessary services The scheme would have many safeguards to ensure costs did not get out of control Benchmarking against schemes overseas and between the NIIS and NDIS
People have no confidence about the future: what services will and will not be available	A scheme that would focus on long-term care and support needs People would have clear entitlements to their assessed needs Strong complaints, appeals and advocacy arrangements Strong reserves to buffer the insurance fund The scheme funds would not be tied to the annual budget cycle, but would have mandated funding hypothecated to a separate fund
Poor information (a 'maze' for people with a disability); poor data collection for disability services to ensure efficient management	Information provision through web and other means by a single national organisation, disability support organisations to act on behalf of people, availability of objective information about supplier performance Coherent collection of data by the scheme to manage costs and to assess outcomes
Poor evidence base	Research function and evidence-based practice

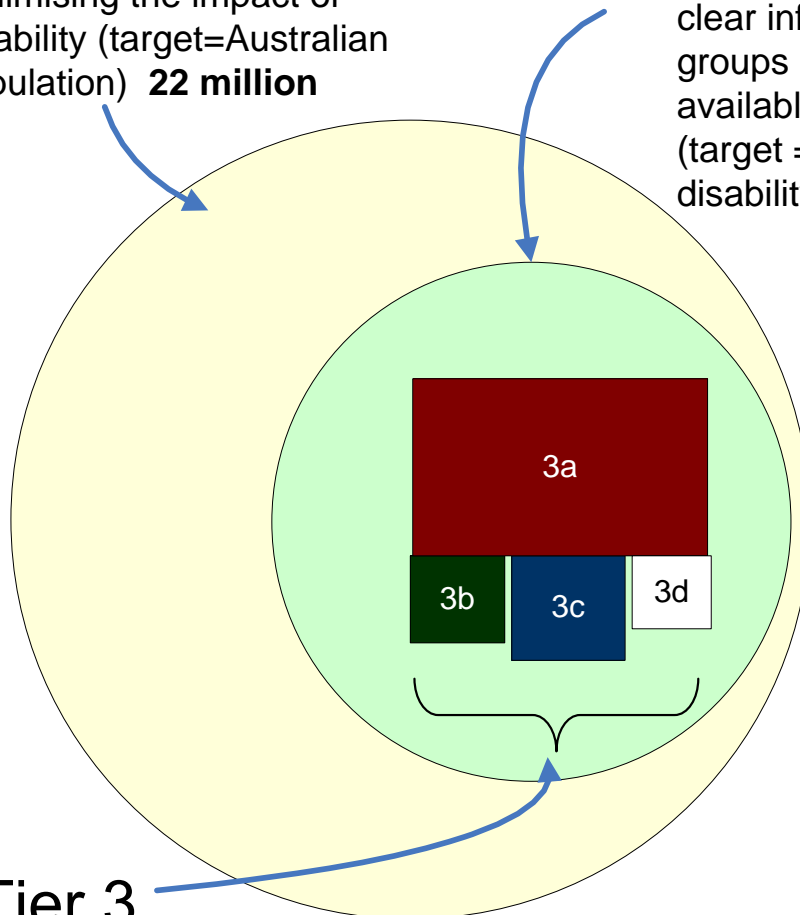
The three tiers of the National Disability Insurance Scheme

Tier 1

Social participation and minimising the impact of disability (target=Australian population) **22 million**

Tier 2

Information, referral & web services, so people get clear information about support groups and assistance available (target = all people with disability) **4 million**



Tier 3

People receiving funding support from the NDIS (target = people aged 0 to the pension age with sufficient needs for disability support and early intervention)

(3a) Significant core activity limitations (225 000)

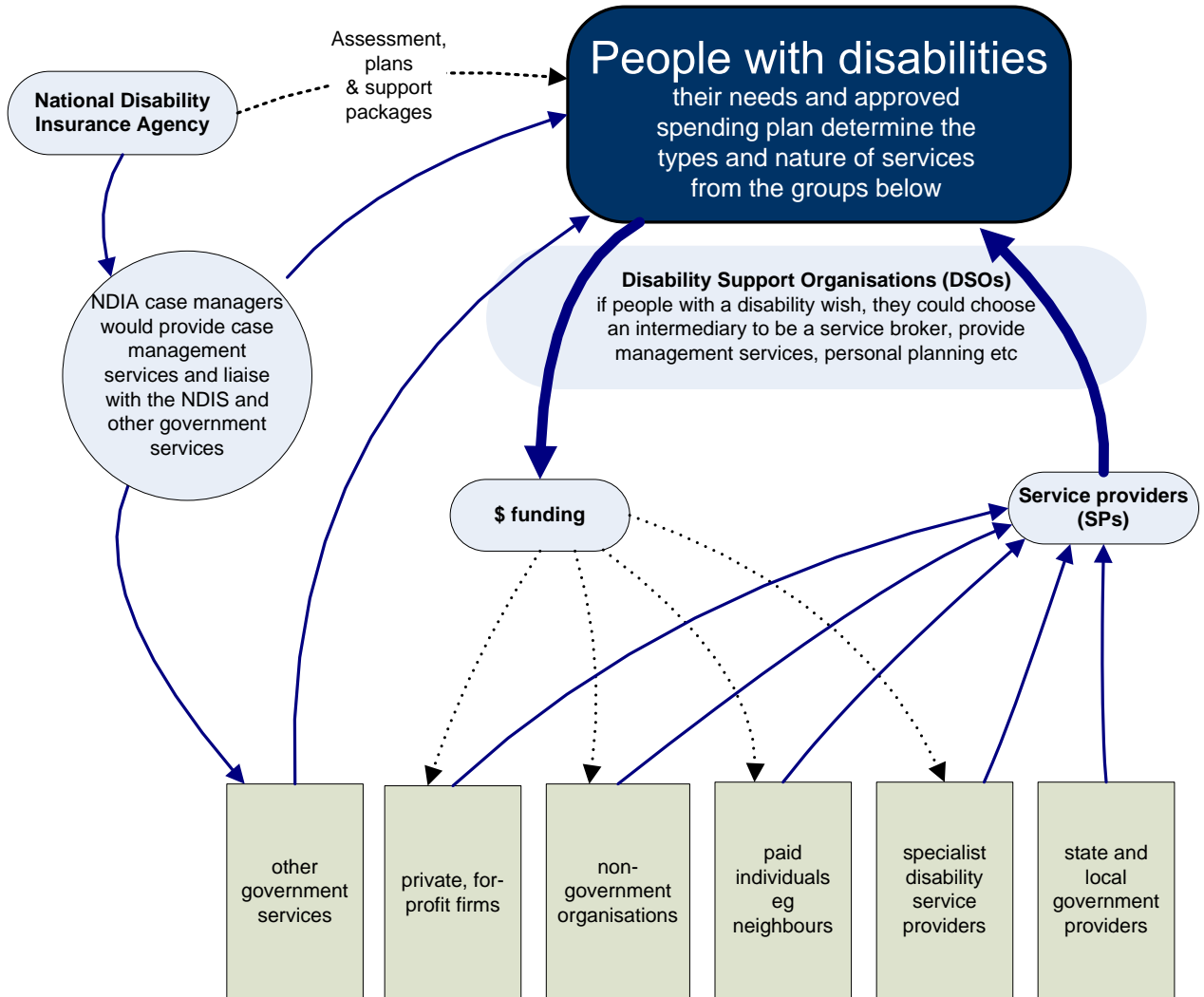
(3b) Intellectual disability not already included (50 000)

(3c) Early intervention group (80 000)

(3d) Others optimally supported (unknown, but modest)

Total = **around 360 000**

From a consumer's perspective, the NDIS will give them the means to choose supports that will best meet their needs



What supports would the NDIS provide?

Aids & appliances and home & vehicle modifications (including artificial limbs)

Personal care that supports an individual to take care of themselves in their home and community. This includes help with showering, bathing, dressing, grooming, personal hygiene including bowel and bladder care/toileting, assistance with eating and/or drinking, mobility and transfers; health maintenance, such as oral hygiene, medication use or regular and routine exercises and stretches. This would also include nursing care when this was an inextricable element of the care of the individual (for example, when meeting the care and support needs of a ventilated quadriplegic).

Community access supports to provide opportunities for people to enjoy their full potential for social independence. The intention is to allow people a lot of choice in this area. Supports would focus on learning and life skills development, including continuing education to develop skills and independence in a variety of life areas (for example, self-help, social skills and literacy and numeracy) and enjoyment, leisure and social interaction. The supports would:

- include facility and home-based activities, or those offered to the whole community
- include supervision and physical care
- range from long-term day support to time-limited supports.

Respite to provide a short-term and time-limited break for people with disabilities, families and other voluntary carers of people with a disability. These services are designed to assist in supporting and maintaining the primary care giving relationship, while providing a positive experience for the person with a disability and include:

- respite care provided in the individual's own home
- respite care provided in a community setting similar to a 'group home' structure
- host family respite that provides a network of 'host families' matched to the age, interests and background of the individual and their carer
- 'recreation/holiday programs' where the primary purpose is respite.

Specialist accommodation support, such as group homes and alternative family placement.

Domestic assistance to enable individuals to live in the community and live on their own, such as meal preparation and other domestic tasks; banking and shopping; assistance with selecting and planning activities and attending appointments.

Transport assistance to provide or coordinate individual or group transport services, including taxi subsidies.

Specialist employment services that provide or prepare people for jobs (including transition to work programs).

Therapies such as occupational and physiotherapy, counselling, and specialist behavioural interventions.

Case management, local coordination and development, which are broad services, including individual or family-focused case management and brokerage (disability support organisations), as well as coordination and development activity within a specified geographical area. They aim to maximise people's independence and participation in the community.

Crisis/emergency support, following, say, the death of a family member or carer, including emergency accommodation and respite services.

Guide dogs and assistance dogs, including the reasonable costs of being assessed for a dog, a dog, user training and veterinary costs.

Who does what in the NDIS?

Functions controlled by the NDIA

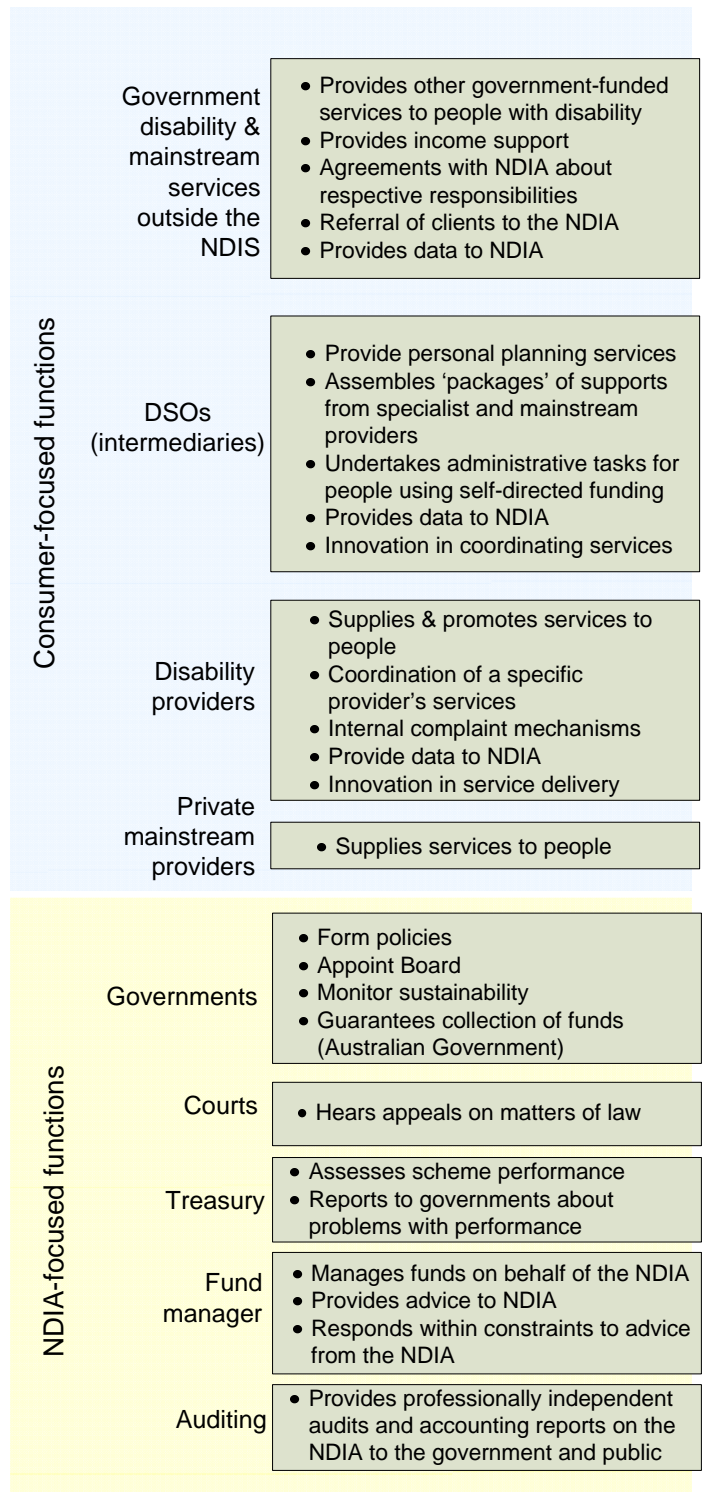
Governing board

- Appoints CEO
- Sets corporate plan
- Oversees the performance of the NDIA
- Ensures financial sustainability and good governance
- Seeks advice from Independent Advisory Council as to how well the NDIA meets the needs of its stakeholders
- Reports to Minister and the community

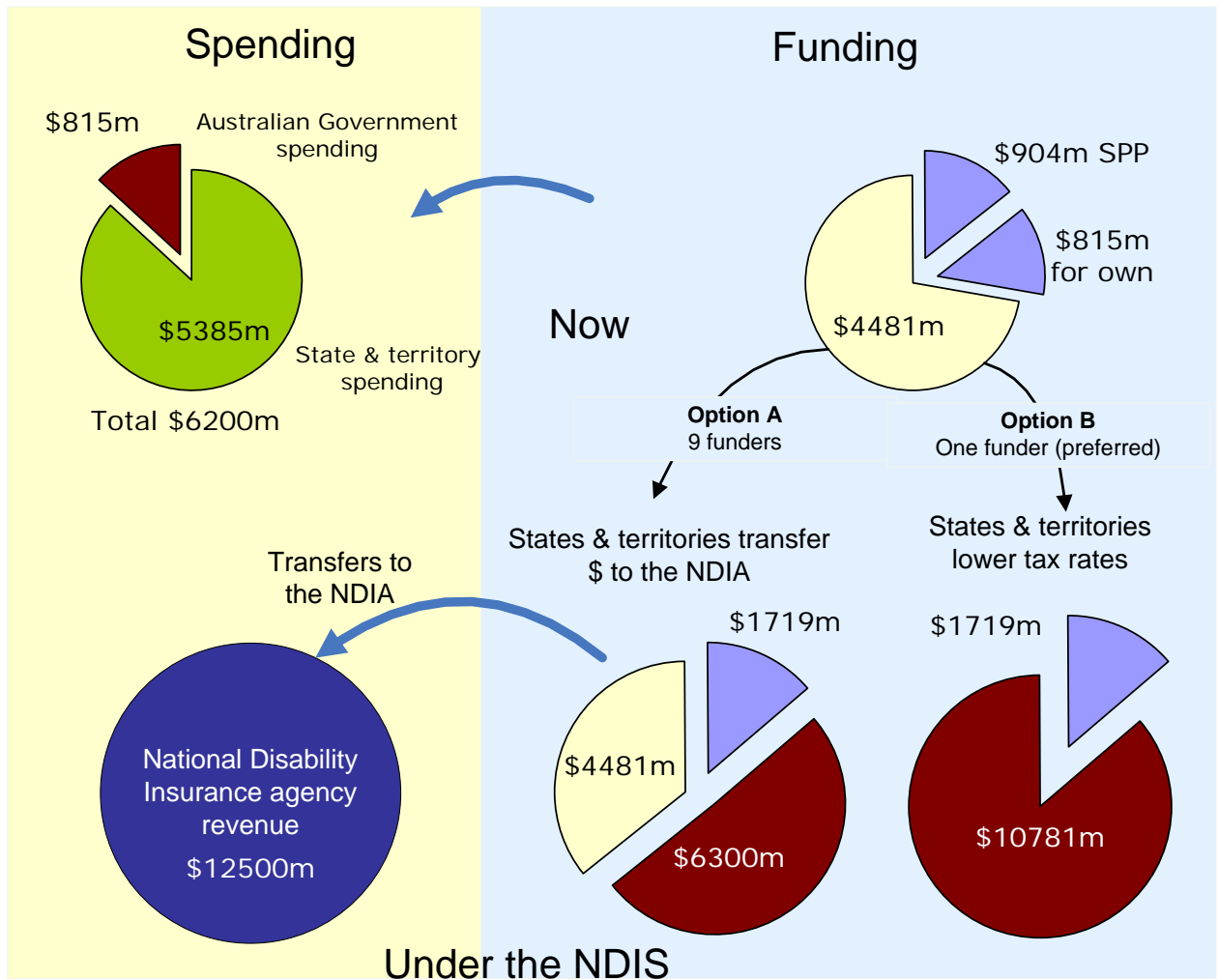
National Disability Insurance Agency

- Assesses needs and determines individual plans and budgets
- Authorises funding of services and supports
- NDIA case managers oversee system at local level
- Web and information services for people with disability, carers and Australians generally
- Assist people in contacting other government service providers
- Help build capacity among participants and providers to work within the scheme
- Determines efficient prices for supports provided
- Central purchasing of some goods & services
- Manage costs and future liabilities
- Collect and analyse data about services used, outcomes, efficacy of interventions and provider performance
- Research function
- Complaint mechanisms about suppliers
- NDIA internal review process
- Provides advice to and monitors fund holder
- Innovation fund
- Interacts with and reports to the board

Functions controlled outside the National Disability Insurance Authority



National Disability insurance Scheme Funding and spending



Alternative financing options for the NDIS	Comments
Private insurance	Private insurance market does not operate well in providing sufficient funding for long-term care and support. The costs would be prohibitive and many people would not get full coverage. Is useful for income protection for some people
Social insurance (European style)	Does not fit well with Australia's social security system; more targeted at achieving high income replacement rates
Superannuation or mandatory savings (personal accounts)	Lifetime contributory arrangements are poorly suited to events that can occur early in life. Does not pool risk
Normal tax system	
State & local government taxes GST	Either too inefficient or would require very large changes in tax rates Efficient growth tax, but rate change requires consensus that is unlikely soon
Levy on personal income tax (the second best option)	Would provide a secure, relatively efficient, income source, but to function properly would need to fully fund the scheme. Would be a relatively inflexible source of revenue — it would not take account of new more efficient revenue sources or the scope to cut low priority spending
Earmarked amount from consolidated revenue (the preferred option)	Can use most efficient taxes and makes it easy to partially fund scheme from cuts in lower-priority spending. Legislated earmarking can provide revenue certainty.
Role of different levels of government	
Option 1	
Australian Government pays all, states pay nothing (the 'free ride')	Provides revenue certainty, but implies the biggest tax rate increase of all options; unlikely to be acceptable
Option 2	
States give up some GST revenue	Efficient, but unlikely to be accepted by governments
Option 3	
States provide transfer to the Commonwealth	Hard to ensure future certainty of funding
Option 4	
Cutting Commonwealth special purpose payments to state and territory governments	SPPs serve important social and economic goals, and hard to find enough 'fat' to trim
Option 5	
A tax swap	Provides revenue certainty, no greater level of Australia-wide taxes than alternatives; uses efficient taxes and allows partial financing through re-prioritised spending; a robust revenue base. States would get the opportunity to reduce inefficient and unpopular taxes.

The implementation timetable for the NDIS

<i>Date</i>	<i>Milestone</i>
Second half of 2011, or early 2012	<p>COAG would:</p> <ul style="list-style-type: none"> agree to an MOU that sets out in-principle agreement that the NDIS should commence in stages from Jan 2014 create a high level taskforce from all jurisdictions, to be headed by a person with insurance or disability experience who has driven change successfully in a large organisation (appointed with the agreement of all jurisdictions) <p>The taskforce would:</p> <ul style="list-style-type: none"> work full time on planning the details of the scheme develop a draft intergovernmental agreement for final signing in 12 months report back regularly to Heads of Treasuries meetings and COAG on milestones reached in the planning for the commencement of NDIS by Jan 2014
Feb 2013 COAG meeting	<p>Final consideration and agreement by COAG to the intergovernmental agreement, including an agreement on funding arrangements</p> <p>Announcement of the NDIS Board and taskforce executive to act as interim staff</p>
March to May 2013	<p>Commonwealth to introduce legislation to create NDIS and NDIA, with an initial appropriation</p> <ul style="list-style-type: none"> state legislation and further Commonwealth legislation to follow <p>board to commence formally</p> <ul style="list-style-type: none"> board to appoint a CEO staff to be recruited
July 2013 to Dec 2013	<p>Preparatory work for initial rollout, including recruitment of case managers, testing information systems, appointment of NDIA case managers and assessors in the relevant region, and other tasks associated with practical implementation of the NDIS.</p>
Jan 2014	<p>NDIS commences with a full-scale rollout in a region with around 10 000 clients. That would allow fine-tuning of the scheme, while providing high quality services to many thousands of people.</p>
2015	<p>In Jan 2015, rollout would extend nationally to cover all of Australia. Progressively it would be expanded to cover all relevant people with a disability, commencing with all new cases of significant disability and some of the groups most disadvantaged by the current arrangements.</p>
2017	<p>NDIA evaluation of effectiveness of self-directed funding</p>
2018	<p>All current and new clients to be receiving NDIS services</p>
2020	<p>Independent review of NDIA and NDIS</p>

The implementation timetable for the NIIS

Second half of 2011, or early 2012	<p>COAG would:</p> <ul style="list-style-type: none"> agree to the establishment of the NIIS, whereby states would implement no-fault accident insurance schemes for long-term care of new cases of catastrophic injury agree to have these arrangements in place in all jurisdictions for motor vehicle and medical accidents by October 2013 establish a full-time high level taskforce to help implement this <p>The taskforce would report back to Heads of Treasuries meetings and COAG on milestones reached</p>
Oct 2013	<p>NIIS to cover catastrophic injuries from motor vehicle and medical accidents in all jurisdictions on a no-fault basis</p>
2015	<p>People suffering catastrophic injuries from other causes should be covered by at least 2015</p>
2020	<p>Independent review of the NIIS</p>

Impacts of the two schemes

What it will mean for all Australians	<ul style="list-style-type: none"> • national coverage for catastrophic injury for lifetime care and support needs • long-term coverage for their care and support needs if they or their family acquire a serious disability • peace of mind: a better and fairer system at a net cost of \$310 per Australian pa
What it will mean for people with a disability	<ul style="list-style-type: none"> • a doubling in funding for care and support services • individualised packages based on meeting reasonable needs • more choice of providers, including mainstream services • for those willing and able, self-directed funding • under the NDIS, national coverage of reasonable needs for those meeting the eligibility criteria • under the NIIS, no fault arrangements for care and support • two schemes that will have a financial incentive through the insurance model to focus on early intervention and improved outcomes • a legislated system for the NDIS with protections and ear-marked funding • the support of local case manager; electronic records, so they won't have to tell their story over and over again; a national body with portable entitlements; the agency will use plain English • a complaints mechanism and strong protections against abuse
What it will mean for carers	<ul style="list-style-type: none"> • all of the above for the care and support of their loved ones • certainty about the future • more respite and supported accommodation with a focus of aged cares in the initial roll-out • a way through the maze: not only better information but someone that will work with you to find the right service • more choice of providers including mainstream services • availability of dedicated counselling support
What it will mean for providers	<ul style="list-style-type: none"> • increased resources, but also increased competition • for those that have not already shifted, a focus on the consumer and their choices, and away from block funding • support from the NDIS as providers adjust to the reforms and an innovation fund to demonstrate and promote change
What it will mean for workers	<ul style="list-style-type: none"> • increased demand for workers • greater incentive for employers to offer better wages and conditions; more opportunities for part-time and casual workers to work longer hours (surveys suggest they want more hours but cannot get the work) • more innovative practices and more satisfaction from working in a system that achieves better outcomes for the people they support
What it will mean for the states and territories	<ul style="list-style-type: none"> • less fiscal pressure over the medium to longer term • an opportunity to cut state taxes, say stamp duties on insurance policies or stamp duty on conveyances • small increases in rates and some premiums (on average totalling about \$30 per person pa) • a federated model for the injury schemes through the NIIS, with strong opportunities for leadership from the existing no fault schemes from Tasmania, Victoria and New South Wales • a national model for a new national Disability Insurance Scheme where they will work with the Commonwealth Government on the design of the scheme and appointments to the board of the National Disability Insurance Agency. Again there are strong opportunities for leadership from the states on features of the scheme (WA on local case managers; NSW on school to work transitions) • an opportunity to continue to be a provider of services
What it will mean for the Federal Government	<ul style="list-style-type: none"> • substantial reform, along the lines of Medibank/Medicare, with a national scheme and the move by the states to a wider no-fault care and support scheme for all accidents • clear funding responsibilities • further rationale for DSP reform and employment promotion • the need to find an extra \$11 billion pa but with a state tax cut

Cameos

A young adult with an intellectual disability

Emily is 27 years old with Down Syndrome and lives at home with her mother, Kathy, in an outer suburb of a capital city. Kathy works, so she can only provide support in the evenings. Emily completed her education in a mainstream high school, but has not gained any other educational qualifications since, and has never had a job.

Emily can manage most of her personal care requirements, such as bathing and dressing herself, but she has difficulty in managing her weekly schedule, like remembering to exercise, getting out and about, going to appointments or cooking properly. Although Emily can catch public transport from her home to the day centre, she has trouble navigating the city's broader public transport network. She goes to a day activity with other people with intellectual disabilities, but she finds the activities boring, and feels she is constantly being ordered about.

Emily loves to act and would like to take drama classes. She would also like to have a job, so she can earn some more money and meet other people.

Following a discussion with Emily and her mother, the NDIA completes an assessment of Emily's needs. She is given a package that includes provision for work training, community access (like a day centre), a weekly visit by someone who helps organise a diary for her week, and some one-off assistance about how to use the public transport system, and to use a mobile phone in case she gets lost or upset.

Kathy is attracted to the idea of self-directed funding and the flexibility and choice that it offers for her and Emily. The family is able to manage self-directed funding, so the NDIA gives Emily and Kathy a budget. With the help of a local case manager, Kathy and Emily prepare a personal plan and funding proposal, with its key goals being to get a job for Emily and for her to be 'out and about in the community at large. Emily does not want to go to the local day centre anymore, but would like to attend drama classes at the local community centre in her suburb and to learn to swim. She also wants to use a program to develop her independence and self-help skills, and to attend a transition to work program in the city. The personal plan and funding proposal are accepted by the National Disability Insurance Agency, and cost less than the original package because the drama and swimming classes are much less expensive than the disability-specific day centre.

At first, Kathy handles all the administrative and accountability requirements associated with Emily's self-directed funding package, but it gets too hard, and she pays a small fee for a Disability Support Organisation to do it on their behalf.

In nine months time, at the completion of her transition program, the NDIA case manager helps her get in contact with employment services so she can find a job.

A newborn with a severe disability

Susan has given birth to a boy called Jack who has a major congenital birth defect, which has led to profound intellectual and physical disabilities. Jack will not be able to walk or talk, will need a wheelchair as he grows, and will require lifelong assistance with personal care, including eating, drinking, bathing, and toileting. He has an unknown life expectancy

Susan contacts the National Disability Insurance Agency to make an appointment with an assessor to discuss Jack's needs. Like all babies in the first two years of their life, Jack's personal care needs will be largely met by his parents. However, Susan and her partner are struggling with the emotional impacts of caring for Jack and this is also affecting their other children.

The assessor determines a package of supports for Jack and his family — which is signed off by the NDIA. The package provides some physiotherapy to improve Jack's 'floppiness', counselling for the parents, and some respite services so the rest of the family can periodically take some time off together. The NDIA also arranges for an NDIA local case manager to visit, and the manager puts the family in contact with a local support group. The parents are also told about the support they will be able to get as Jack grows older, so they know with certainty that they will not be left to manage by themselves.

Susan and Mark choose a local respite service, but they are unreliable and not very empathetic. They tell the NDIA, and using the information it provides, choose another respite service that has a good reputation for families in their circumstances.

An adult with disabilities resulting from illness

Angela is 35 years old and lives on her own in a two-story house in a large country town. She contracted bacterial meningitis twelve months ago, which resulted in partial blindness, severe balance problems and a slurring of her speech. There is potential for her physical disabilities to improve with time.

But for now, she is unable to walk without a Zimmer frame. She requires assistance with aspects of her personal care such as bathing and toileting, with domestic duties such as cooking, cleaning and gardening, and assistance with transport as she is no longer able to drive. She needs handrails in her bathroom to make it safe for her to use, and a stair lift to enable her to go up and down the stairs in her house. She has short-term memory problems and suffers from depression because of her condition. Before her illness, she was an editor of a small newspaper. However, she is not interested in returning to work yet, but is focused on improving her health.

The assessor at the National Disability Insurance Agency determines a package of supports for Angela to cover her needs for personal care, domestic assistance, home modifications and transport. The assessor also arranges an appointment for Angela to see an officer in a mental health agency for counselling sessions to assist her with her depression.

Angela is visited by local case manager, who makes her aware of the service providers in her area and their different skills. Angela chooses a disability support organisation to manage her package for her and to put her in contact with the service providers that can meet her needs. The case manager will be in contact again in six months time to stay in touch, and to check that Angela is getting the support she needs, and to the right standard.

An adult with a newly diagnosed degenerative disease

Jane, who is single and 52 years old, has just been diagnosed with Multiple Sclerosis (MS). Jane is still able to live independently in her home, drive her car, and work as a secretary in a large city firm. Jane's depression and anxiety has been aggravated by her diagnosis.

She contacts the National Disability Insurance Agency for information about what supports she could obtain under the National Disability Insurance Scheme. When she initially contacts the National Disability Insurance Agency and tells the officer she has MS, Jane is advised that a case manager will visit her and will make an appointment for a formal assessment.

Subsequently, at her appointment, the assessor tells Jane that the National Disability Insurance Agency has developed a protocol on early intervention for people with MS. Following a discussion with Jane about her needs, and guided by the protocol, the assessor determines a package of early intervention supports for Jane, consisting of information sessions on how to best manage the disease and a prescribed number of physiotherapy and occupational therapy sessions over a specified period of time.

Jane and her local case manager discuss the options available for her, and Jane elects to choose her own service providers (from a list set out in the early intervention protocol). If Jane chooses to have more therapy sessions than would be regarded as clinically justifiable, she will have to pay for these herself. To address Jane's depression and anxiety, the assessor refers her to a contact officer in a government mental health agency to arrange counselling sessions. The assessor advises Jane to return to the National Disability Insurance Agency if she suffers any deterioration in her condition that require further supports, noting that in six months time, the local case manager will arrange a meeting to see how she is going.