

Draft Caption Notes

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MATTHEW: Ladies and gentlemen, thank you very much for coming today. I would like to welcome you to this second of two NDIS forums.

SPEAKER: Can you turn it up a bit, please.

MATTHEW: How is that?

SPEAKER: Okay.

MATTHEW: My name is Matt Dunn, I have the honour of working for Janelle Saffin, the federal member for Page. Initially I would like to say that we are holding this gathering today on traditional country and I pay my respects to the elders, past and present. I will hand over to Dona Graham, the CEO of daisi, many of you know her and she will be managing the events this afternoon.

Ms Donna GRAHAM: We might get this turned up a bit. I could use my mother's voice, which means I could reach to the back of the paddock and stop the cows from milking. Would you mind if you have a mobile, taking it out and either turning it off or on to vibrate for a cheap thrill. Better? Is that good? Okay. Hello and welcome to you all. We would like to say thank you for taking the time to visit with us today. You are going to meet a couple of new people today. One in particular that we are really impressed with and one I'm sure you know who has also done some impressive work for us here. What is key to what we're wanting to do today is to hear from you. So we have set aside quite some time on the agenda for some questions and answers. Thea and Brett from the daisi team will have the microphones. We will do a run through and introduce you to all of the other players here as well and the opportunity will be there for you to ask your questions. Having said that, if there is anything that you ask that we don't know, we will take that question on notice

and make a point of getting back to you. I will invite Janelle to the microphone. She is the first female to represent the rural seat of Page. She won it back in 2007. In 2010 Janelle was reelected to serve a second term. Prior to joining politics, Janelle was actually - had an established career as both a solicitor and advocate and worked domestically and nationally. Her main focus was on human rights so her support of the NDIS comes as no surprise. This is the second in a series of Q and As that Janelle has organised. Last year there was one in Casino. Today Janelle and Amanda are here to put some meat on the NDIS bones. Please welcome Janelle.

Ms Janelle SAFFIN: I should have worn my heels. I can do with them. I will do the summary when we finish and that gives more time to the speakers, and the questions and answers. Thank you for everybody for coming today, because there is a lot of interest in the NDIS - understandably. I would like to say a big thank you to Dona and daisi, Brett and Thea, the team for organising and co hosting today. And also my colleague Amanda Rishworth the MP for Kingston and newly appointed Parliamentary Secretary. About a week ago I said, "I Amanda, I have these forums organised. I know you know the area. I want you to come. And she did. I'm so glad she is able to join us today. They are just a few opening remarks I wanted to make. I will move on and do the summary when we finish. So, thank you, everybody.

Ms Donna GRAHAM: Thank you, Janelle. I would like to introduce you now to.

Ms Katherine McLENNAN: We will apologise up front here. If nothing else over the next couple hours we will be using a lot of acronyms. If we say something you don't know, please pull us up. I understand the hypocrisy of that statement given that I'm the CEO of daisi. Kathryn is from another acronym, the NDS - national disability services. This is a peak representative organisation. So NDS represents the disability support service sector. Kathryn has kindly joined us here today. Kathryn has the role of communications officer with the N. Can S and is responsible for ensuring effective communication to the disability community and specially around the NDIS. One of the things we have picked up on already is we now have a new title. It's no longer called the TPH*EUD or national disability insurance scheme. The new title for the service is Disability Care Australia. Hopefully we won't interchange those. But Kathryn is here today to detail the path to where we have come and where we are going to go. Please join me in welcoming Kathryn to the microphone.

SPEAKER: (Kathryn) thank you for having me here this afternoon. I work with NDS in communications. Last year I took on the role of New South Wales and ACT campaign KWORDer for the Every A*P Australian Counts, campaign. I have met a lot of you through those roles. Thank you for having me in this PWAO*UFL part of the country again. I want to take a moment to look at the journey of where we have come to the national disability insurance scheme to Disability Care Australia. Often in our sector if you work for the sector or for

disability, family members, carers and friends - we are busy and there is so much going on in our lives that we don't often take the opportunity to think about the journey we have taken to get to this point and to actually congratulate you for getting there, you the sector, you the people who have made the change happen. We will take a look at the history and where to from here. The NDIS came about in - right back in November of 2010. Really it came about because the disability community was saying, "Enough is enough. Things aren't working out. Our people are not getting the support we need. The money is not there. We need a change." This was heard. The Productivity Commission started looking into the disability system right across Australia. So each state funded disability system got investigated to see where the issues were and what needed to be fixed. It was in January 2011, a few months after the Productivity Commission started to look into things that the Every Australian Counts campaign was launched. We are the political campaign behind the introduction of the scheme. It was our job to take the support from the disability sector and mobilise that into action. So make the disability sector into campaigners to tell the government, "This is what we need." It was in August 2011 when the Productivity Commission came out with its findings about the current disability system that we have in Australia. They gave a report to government which was pretty damning of disability systems throughout Australia. They found real issues with each state system. They said the system was underfunded, unfair, inefficient and fragmented and it gave people with disability no choice and little certainty about the support and services they were to receive. They said the system was broken and needed a drastic change. That's when the idea was given to the federal government that we reckoned the - the Productivity Commission was recommending the scheme and it was up to the federal government to do something about it. So with a lot of campaigning and events in between we got to 2012. In April of 2012 - I'm sure many of you were involved in community events held in each region - a lot of people held disability events. We held big rallies in each state and territory and capital city. There was a big rally in Sydney that I know some of you attended. It was at that rally where the Prime Minister stood up and told us all she supported the introduction of an NDIS and she would put money toward it - that her government would put that money there. On the same day we had the opposition leader Tony Abbott in Perth on the other side of the country giving his and the Opposition's support of it. He came out with a great line that we have been using that while people in politics often call him Dr No on many issues, when it comes to the NDIS [efforts] he was Dr Yes. It was a great win for the campaign and the sector that both sides of politics were saying yes. We then moved to the budget in 2012 - a day of great anticipation for us - which was when the federal government put the money into the scheme, \$1 billion. That money was to go towards creating infrastructure behind the launch sites, which will be starting this year. They were agreed upon in July of 2012. There are five launch sites, one starting this year and four next year. There is one in the.

MR HUNTER: Er region, one in Victoria in the Barwon region. One in Tasmania for youth and another launch site in the ACT that will cover the

whole of the ACT. Which has been pushed to July 2014. That was also great news. We had a lot of excitement for people, specially in those regions, they were saying, "Yes, it's coming to us, we can see the scheme starting to take shape." December of last year was another huge milestone when the New South Wales government put its money on the table and made a deal with the Commonwealth to say, "We will roll out this scheme fully in New South Wales." They made that deal that it would be rolled out by 2018, for everyone in New South Wales. That was a great day as well. This year, we have been campaigning hard still. Just last month we had legislation for the NDIS passed through both houses of parliament, which is great. It means that the NDIS is now law. It was supported unanimously, with a few little amendments. But it got through so we have legislation for the NDIS. It's good to think, it's been a long journey right back from 2010 when this started. For a lot of you that journey started years and years before that when you started saying, "Enough is enough. This isn't right." It's good to take a moment to see how far we have come as sector. It's your campaign, your scheme, you fought for it. This is what we have got. So what now? We are still continuing the campaign. This is what we still have to do. We still need all of the other states to sign up. So the NDIS works that it's state and Commonwealth money that go towards the scheme. We need the states to put that money there to make those deals with the Commonwealth, like we had in December last year with New South Wales. We need the other the states to do that and we are certainly campaigning hard for that to happen. Also, we need the - we are looking for additional funds. So we are waiting for the next budget, coming shortly, to see the federal government's projections for post launch sites. We are then looking to the opposition to give us an implementation plan and finances behind it. We know they have been in principle supportive of the campaign. But it's easy in opposition to make that statement without having to put the money there. So we need to see and will be looking very closely at their budget reply speech to see they make that commitment. Then another thing that the campaign will still be do something public awareness. So we know that the disability community is behind this change. But we also know that there are a lot of people in our communities who don't have anything to do with disability, who don't know what the needs are. There are some shocking statistics that Australia is actually ranking worst of all OECD nations when it comes to people with disabilities living in poverty. And we have huge levels of unemployment for people with disability. And there are just statistics that don't make sense in a country as rich as ours. We need to change public opinion and awareness about people with disability and about the scheme. So we have been fighting a good fight. I want to say we need to keep pushing. It's an election year. The campaign will still look to you to do a number of actions this year. Well done on how far we have got. This is really exciting. I encourage you to ask all of your questions that you have today just to get that discussion happening. Thanks. (applause).

Ms Donna GRAHAM: Thank you, Kathryn. If the NDS or the National Disability Services is our peak body or across the state when it comes to supporting the NDIS I would suggest that daisi is your local representative. For

those of you that may not be aware the acronym stands for Disability and Aged Information Service. We actually recently moved our headquarters to Ballina. Thank you for that. A lovely welcome. We also have an office in Tweed. So we go from the Tweed border to Grafton and Byron bay. Daisy is unique, when you ring us you will speak to a human being. We don't use automation. You won't be asked to press 1 or 2. Because I have an acquired brain injury I get lost after number 3 any way. I would like to take this opportunity to introduce two of our team members. Brett our information officer and Thea Jones, our administration officer. Quite often if you ring it's one of us three's dulcet tones. Following on from this, we appreciate there is an - maybe even a vacuum with TRAORD information about the NDIS and more importantly how it may relate to you as a person with a disability or as family member caring for someone with a disability. We thought we would take this opportunity to let you know that over the coming months we will be rolling out a number of information sessions. There will be one expert coming. She is a wonderful woman by the name of Christine Reegan - a mother of a daughter with downs syndrome. She has worked in the sector for 20 years. I call her the oracle. She is brilliant. We sit on a number of boards and panels with input into the NDIS. There will be sessions during the day for families but also there will be sessions at night. If you would like to invite extended family members or maybe those who might be working to come along. We will talk for very little. The whole idea of the sessions is to sit down and work with family members to help you see where the NDIS relate it's to you and how it may potentially benefit and work with your family. So if you don't already get the daisy newsletter, it's a free service you can subscribe to with us. If you would like to leave your details with either Thea or Brett we will let you know when those sessions are coming up and you are welcome to join us. Now for the headline act. I would like to introduce you to our guest speaker today, which is Ms Amanda Rishworth. You would have been aware that earlier in the month we saw the promotion of Jan McLucas to the ministry which left a void in the department responsible for disability and carers. We were pleased to see Amanda was chosen for that role. She was elected to parliament in 2007 and is the member for Kingston in South Australia. Between 2008 and 2010 she was on the committee for health and the ageing. I think of particular relevance are some of the skills and back experience that she brings to the role. She last degree with honours and a masters degree in psychology and is a practitioner but her area of expertise is mental health care in the community. For those of you who have been following some of the finer issues on the NDIS, there was a big push to see that people with mental health issues were included under the NDIS. I think we have been incredibly well served in Amanda's appointment. Along with Janelle Saffin we welcome her as the incoming Parliamentary Secretary and we welcome her to the microphone.

Ms Amanda RISHWORTH: Thank you for that introduction. I would like to thank Janelle Saffin for invite me here today. Janelle and I used to sit next to each other in parliament. I have to say you have a good local advocate in Janelle. I know a lot about the issues in this area because I sat next to Janelle in the parliament. I feel that I have a good understanding. But it's great to be

here and visit. In my first event as Parliamentary Secretary for disabilities and carers. I would like to thank Dona and Kathryn for the invitation here today. But importantly for the work that they and all of you have done to make the NDIS a reality. I was elected five years ago. We weren't talking about a national disability insurance scheme. It has been because of advocacy and people in the sector thinking about how we want to be as a community and how we want to care for people in that community that are disabled that have led us to this position today. When Kathryn said there is - should be some time for celebration, I agree. Without that role that all of you have played in raising it with Janelle, raising it with myself, making this an item on the agenda, it wouldn't have happened without you. So I would like to say thank you for all those people involved in that. Because you have made a difference. We are now launching in a number of launch sites as of 1 July - 1 July this year. So it is really, really important to celebrate that. I really want to hear from you. So I won't talk for very long and I really want to leave time for questions and answers. But I thought I would give you a quick snapshot of some of the key things that I think are part of the NDIS that I see as really critical and might stimulate some discussion. As Kathryn mentioned, the legislation went through the parliament and is waiting royal assent. That legislation really outlines the framework of the NDIS. And sets up the launch transition agency. So that is an independent agency that will be delivering the NDIS in the launch sites. So they are currently recruiting people to work in that, to actually work in delivering the NDIS. So that has been a really important thing. When I think about the NDIS I think of some of the really important elements. One of the first is the individualised nature of it, the fact that individuals have control over what services they buy in and what actually helps them in their daily life. We have heard a lot just this morning and I'm sure we will hear a lot now about the way that - the way the system is fragmented at the moment and that the control is not there for individuals and their families and carers with disability. It will give individual control to those with a disability and their families. That is a very important step. As to how it will work - someone from the launch transition agency will sit down and the first question won't be, "What supports do you need?" the first question will be, "What do you want to achieve? What are your goals? Both social and economic participation." That's the first question. Then comes the support. And then it looks at, "What supports do you need to achieve that?" That's one of the really important things with the NDIS, it's actually looking at where people want to be, how they will achieve that. I think that is really critical. The idea will be that the agency will work with the individual and their families to draw up an individualised plan and then look at what services, what other parts they need. It might be education, what they need to buy into that individual plan. That is really, really important. The other important element which came up this morning is - and daisi has been talking about this a lot - is making sure it's local. We heard this morning the importance of not Canberra or Sydney or someone like that trying to control it from a big bureaucracy. The idea of the launch sites - and as we roll out the national disability insurance scheme - is there will be local coordinators. That's critical to getting a local focus and making sure there is access. The local coordinators will be really important in the areas. I think in total there will be

250 across the country, if we get to the rollout of the full scheme. As mentioned by Kathryn, it is good news in New South Wales that the state government has agreed to the full roll out of the scheme. And so at the moment, as mentioned, it will start in the HUNTER region with about 10,000 people being included into the scheme. Then by mid-2016 it will expand until the full roll out in 2018. With that rollout obviously there will be negotiations with the state government about where to next. I think it's important - and this question came up this morning - people won't lose what they have got. In the launch areas we will be working to - if they have a type of package or support - that that is not taken away and then you get the NDIS. It will be worked on transitioning people over to ensure they don't lose continuity of support but do get to expand and have more control over it. The other really important issue which I'm very pleased as part of the NDIS is early intervention. Early intervention will be a focus of the scheme. Not just what support - traditionally we have heard a bit about the model of care in a state being about crisis. What do you need "right now". Janelle gave a great analogy this morning, "What do you need survive right now"? but firstly, the NDIS is long term. In even my local community I hear anxiety from carers who are ageing and worried that they will no longer be able to care for their child. The NDIS will be a long term scheme to ensure there is long term continuity of care. But importantly there is also early intervention. Are there things we can do right here, right now, that can benefit that person with a disability all the way into the future. We heard this morning from a resident in this local area, David OFarrell who was talking about getting physio so he could get some education in physio. That was a lovely story. That option hadn't been available to him. It has given him some early intervention to see what he needs. His gross motor skills and fine motor skills have been improving recently. That's a good story. They are part of the critical elements. There are some challenges with this. This is why we do have the launch sites, to see and fine tune the details. And make sure we get it right so when we proceed to the full rollout that we have continually listened to individuals with a disability, their carers and families. That is really important. I know my predecessor did a lot of consultation around this and made sure the disability sector was involved in the consultation. That's been important. But that consultation needs to continue on as we move to the launch site. Some of the challenges will be work force - scaling up the work force to provide the care and support that is needed. That will be a big challenge. There's a task force - a work force task force actually working in that area. It will be a really big thing to actually skill the work force. That is why as much as we would all love the NDIS everywhere tomorrow, it is a fundamental shift in the way disability services operate. And really we will need to have that work force skilled up. The other thing that will be a challenge but also an opportunity is getting services to actually change their model. So, how do they exist in a place where they don't necessarily get direct funding from the government to provide services. But individuals have control over that money and buy in those services. So there's a fundamental shift in the way services will be delivering their services and support so we need to gear those services up to do that. There is currently in the budget about \$120 million to start to be rolled over coming months. The launch sites will be critical in how

we gear up services to be in this new world. It will be challenging. But there is an opportunity there for individuals to have that control. Services will need to adapt and provide services that are wanted by individuals and their families with disability. But I think there is a real opportunity there but it will need some work and certainly where we are going to. I think they are some of the things I wanted to raise and hopefully start the discussion. I think it's important, as we move through the launch sites and the wider rollout in New South Wales, we really want to continue to hear what you have to say. It's great that there will be information sessions for parents. That's a great initiative. I'm sure if you have any questions you can ring daisi. But also there is on the website www.your.say.dotn.ds.gov.au, there are a number of opportunities for you to directly talk about this. There is consultation on the rules. So while the legislation is there, the rules that govern the scheme are still being worked through. So you are able to have your say on that. There are a number of other discussions there that you can have direct input to. In addition there is a 1800 number - 1800800110. Can you ask questions about how the NDIS is progressing and have your point of view. But also you have your local advocates in both daisi, the NDS and also Janelle and, as I have said, she is a very good local advocate. If there are issues and questions coming up after today - you might leave and think, "if only I brought that up ..." There are those other avenues. This is only the beginning, not the end of the conversation. I look forward to the following discussion.

Ms Donna GRAHAM: I have to say how much we appreciate it because understandably Amanda is only so new to the role she still has a wrapper on her. She is also a bit of a walking wounded as well. I'm appreciative of you having availability. She did have the option to postpone but didn't want to stand you up. So thank you very much. We will move to question and answer now. We have Thea who has the microphone. If you could put up your hand and give your name first and if you are comfortable saying whether you are a parent, carer or information service. We will throw it open to question time. We will start at the front here.

SPEAKER: My name is David - I'm a lot like you, I have a big voice. Let's go. The question was for Amanda. I know she has done a lot of talking and probably doesn't want to answer this. But I have a disability. I have a brain injury. It manifests itself mostly as a physical disability. The occasion may arise where I advocacy services in the future. Will I have to pay for them at the time? How would that work?

Ms Amanda RISHWORTH: In terms of the NDIS directly, advocacy services won't in the NDIS. In terms of getting things on the political agenda, raising issues - advocacy services will still be around. In terms WHA*UF need individually, the idea is you will work with an individual planner that that will sit down with you and look at your individual needs?

SPEAKER: Like a case manager?

Ms Amanda RISHWORTH: Yes, effectively. They will look at your goals and aspirations and what you need and help you work towards a package to achieve that. They will work alongside you to actually get you to that position.

SPEAKER: At the moment I don't have a case manager. Do I need to get one? Or will that be through the NDIS?

Ms Amanda RISHWORTH: These participation plans will be facilitated through the launch transition agency. They will sit down, have a look, work this through with you and then look at which organisations are around to package up your individual package. So that will be part of the NDIS. One of the questions this morning was about having to fight all of these different systems and all of these different services. Really, the whole point of the NDIS is to get rid of that. To actually not make it so that you can't access this or can't access that. It's meant to be a very individualised plan for you to actually then work out what you need and then allow you that flexibility to buy in what you need.

SPEAKER: Thank you.

Ms Donna GRAHAM: Next question.

SPEAKER: My name is Marilyn Phillips. I'm a parent carer. I currently also - my son and I are currently self-managed. We have been in the - I guess - we were on the - one of the first on the list after the pilot scheme. And we are very, very happy the way that is working. I would like to congratulate all of you people. Amanda firstly said, "What do you want to achieve?" I have to I applaud everyone for that. My son is 27. From the day he was born and even through the system now, they say to me, "What is wrong with him?" Let's count up all of the things wrong with your son and then you can get more dollars. Requestings "That's the most distressing disencouraging, upsetting thing for any parent and for any person with a disability, to be presented with that attitude. Really, I am amazed that people with disabilities have got as far as what they have trying to cope in that system. We just know working - anybody knows that working from such a negative base as that is just the most destructive - it's terrible. So congratulations, congratulations, congratulations.

Ms Janelle SAFFIN: Oh, thank you.

SPEAKER: I'm Sue Parker, the President of Biala Support Service. I have a 40 -year-old daughter with Down Syndrome. She works at a sheltered workplace in Lismore. She has been there over 20 years. What will happen to the funding of these services? Will they continue with these guys or will it be like when the packages are organised I would have to or tracey would have to have that included into her package?

Ms Amanda RISHWORTH: I would have to get the details on that. I might see you afterwards. But certainly I think there is ongoing funding for those supported employment places. As an extra side of that, outside of the national

disability employment scheme - there has been \$20 million put into national disability employment services. Certainly there is money look at that. I would have to get you the details on exactly how that would work. But it's my understanding that the disability employment services will continue and continue as an add-on to the package where the focus is about achieving that, getting to that point of being able to fully participate as - as much as that person has aspiration to achieve that. So it's about getting them to the point where they are able to go in and be employed or get an education.

SPEAKER: When you say "be employed" is that still in the supported workplaces?

Ms Amanda RISHWORTH: Yes. So the question was whether or not it's in supported workplaces or externally? Look, there is still support. Obviously people with disabilities have different opinions on that, individuals. Some want that supported. Others want to fully participate in open employment with supports alongside them. Others feel ...

SPEAKER: Some of them can't.

Ms Amanda RISHWORTH: The federal government has always supported a mix of those places including a mix, middle idea of a social enterprise. There has been money along the whole continuum of those services. There are no plans to throw those out overnight.

SPEAKER: (Neil) Congratulations, Amanda, and thanks. Both Janelle and Dona are familiar - (my wife Judy and I care for a 41 -year-old disabled daughter.) we're in the process of moving her out of our home into a unit.

Ms Donna GRAHAM: She is not being pushed though.

SPEAKER: We didn't know all of this NDIS was going to happen. Four years ago we put money into a special disability trust set up by Centrelink. We now find we are using that trust money to buy a unit for our daughter. But when she moves into the unit she will lose her rent allowance because the beneficiary is not entitled to get the rent. We would have been better off if we just bought it and paid rent to us. I don't know if that can be altered or not but it will make it difficult for us. I just wanted to bring that to your attention.

Ms Amanda RISHWORTH: Thank you for that. Certainly what you have highlighted there is the ininteraction of how the system is working at the moment. From a macro perspective the NDIS will look at accommodation and support for accommodation, once again, as one of the elements to support a person. In terms what have specific example, I'm not able to comment on whether or not there is any change at the moment. But certainly if you perhaps - Janelle can write a letter and raise that as an issue as an example and certainly it can be considered as we move forward, about how the current system will interact with the NDIS into the future.

Ms Donna GRAHAM: On that point, we are talking about the special disability trust. It's actually a Commonwealth initiative. This is me wearing my hat now as an elder care lawyer. Special disability trusts are designed for families to make early provision for their adult children. One of the problems you face is if you want to be proactive and make steps to try and put financial plans in place you are actually being penalised. You came up against the Gifting tax rule if either you had an aged or carers pension. One of the clear benefits of the special disability trust is that you or anyone can put money or assets into that special disability trust and it doesn't trigger the Gifting tax rule. We do have a couple of issues with it. This is something that Neil, will and I and Judith are working on. At New South Wales level unfortunately you will have to pay stamp duty \$550. A major disincentive. At state level we need to talk about having all of that tax issue lifted. And just as Neil quite clearly said, going forward, we don't want a structure that actually even if you are still trying to do the right thing by a family member, you are then further penalised. So it's one of those issues, do you put money aside for the future and forego an immediate benefit for your dependent adult. One thing I will leave you with on that point which is quite positive is that the former - I nearly said the former Jan McLucas as if she has passed. But her new portfolio actually includes Centrelink. Believe me, I have already got a call-in to her office. I know where her mother lives. Believe me, we will be taking up this issue about special disability trust. Because as a lawyer - oh, God, that's a contradiction - these are a brilliant tool. They really are. But they are unloved and I think they are actually going to be a very positive tool going forward. They just need to be tinkered a bit at the edges.

SPEAKER: I have a couple questions. I'm Linda. I'm a paraplaegic and have been for nearly 50 years. I have seen a lot of changes in terms of attitudes to people with disability. My first question is: If you're a full time worker, which I'm not, you earn your own wage, not on a pension, how does the disability scheme affect a person like that?

Ms Donna GRAHAM: It's not means tested.

SPEAKER: Secondly, I get home care every day. Home care are becoming very rigid in what they do. How much time you are allotted. They make it very hard and uncomfortable if at any time you might need extra help. A lot of their rules, they admit, are stupid. But they are there and they have to abide by them. Where they affect my service, how will the NDIS change this so that I have more control? I don't have control, Home Care do.

Ms Amanda RISHWORTH: Absolutely. What you have highlighted there is really what the change is all about. I will start with the first question. The NDIS - people will be assessed on their functioning. And what they need to function at the level to achieve their goals. So if you are working, if you're not working, it's not determined on whether or not there's a pension. It's based on how you are functioning and - not even on how you acquired your disability or

anything like that. It's how you are functioning and your goal and the support you need to achieve the goal. That's the first critical point. It's design forward people with a permanent disability in the long term. In terms of what the NDIS will be looking at - that's it. It's not whether you're on a pension or not. It's really looking at what you are able to do and what you need to do to get to where you need to be. The language is "reasonable and necessary". That's the language around how eligibility will be established. The second question is about the rules. Look, we have had a number of questions about the rules. The rules for the NDIS will not be just take all of these different rules - because this will be a national scheme. It's not just importing one lot of rules from one scheme into it. At the moment the rules around the NDIS are being created at the moment. That will guide the scheme. So consultation is currently happening and it's important to have your say. But they will be the rules that guide it. Because you might go to Home Care. You might decide to get those services from another provider. You will choose what provider will give you those hours of support. So you will have control. In terms of what you're entitled to, that will be determined - that's how it will work. In terms of the criteria, we're obviously working through some of the rules at the moment but the language in the legislation is "reasonable and necessary".

SPEAKER: See, with home care, most of their "do notes" come from insurance companies. ... you may not do this but maybe I can't get this done because the insurance company said no. It doesn't matter what service you get, the same rules will be set there. They will say, "You cannot have this unless you have got this bit of equipment." or a stupid one. They wash my floors for me. They're not allowed to dry them because that's doing the same job twice. But my floors are wet. I can't go out into my lounge until the floor is dry. My husband is 70-something. He can't walk on the wet floors. It is a stupid rule. But it's one we have to live with because the insurance companies have said you're not allowed to do the same job twice.

Ms Donna GRAHAM: You have raised a couple of issues. We are jumping a bit between what is currently a New South Wales government funded service and the NDIS, being a Commonwealth service. So there will be some slippage between the two. One of the things you have picked up on and I think this is what we will see through evolution - currently the funding goes through the service provider and the service provider says this is the service, you are either in the box or out. If you're in the box, this is the service we're going to get." So even though we're talking about a national service with the NDIS that will influence state service delivery. So you are talking about cultural change as well. You will get a bit of push back where you will have that individual choice to say actually if you're not prepared to go from a box to a circle I will take my business elsewhere and you will have that right. Market forces will bring about the greatest amount of change in service delivery. Okay? So, yes, there will always be certain rules, things like the workplace, OH&S. But I must admit that the idea you can wash a floor but not dry it to me as a former insurance person, no, doesn't make sense.

SPEAKER: I know there will be changes. I know it's just that on the receiving end ... it's hard. Lastly, I get CAPs money and I use Enable to get my equipment. Where will that fit into the NDIS? Will everything come through them? Or will those two - the side services - still exist?

Ms Amanda RISHWORTH: Yes. Without knowing exactly all of the elements in those two packages, definitely equipment will come through the NDIS support. The concept is - as I mentioned in the launch sites - those will be working on how you move from the programs people are currently on. Often this bit and this bit - that will be put into a individual plan that is holistic. But it will include equipment. That will be under the NDIS.

Ms Donna GRAHAM: We are talking about a merger here between state and Commonwealth funded services. What we're looking at at state level as a continuing of the five keys - community transport, meals on wheels, home maintenance services, equipment, aids and HACCC-like services. Sounds like I'm clearing my throat. Home and community care, which is the domestic, in the home care. Whether all five of those will continue to be funded by what is today the New South Wales department of ageing - the department of families and community services; ageing, disability and home care.

SPEAKER: The CAPs scheme is a federal program.

Ms Donna GRAHAM: We believe so. Yes, it will.

SPEAKER: Good afternoon, I'm WEPBDy, the CEO of a disability service in Ballina. I have a sister with a physical and intellectual disability. When people are assessed as to their individual needs, is that system able to be adjusted as their needs change? Obviously what is happening now is happening now. What is happening in five years time may be completely different. I wanted to know how flexible that will be, who decides those things. Obviously most of us have had contact with case managers who assist us to make decisions about what is best for your family member, but how will that work?

Ms Amanda RISHWORTH: That is a great question. Yes, there will be the ability to change those goals, change those supports as part of the individualised plan. So it's not on day 1 you have said this is what you need - because we are hoping with the investment in early intervention that the needs may change over time and they actually may become less, if we have done the early intervention correctly. Unlike the current system with services jiggled on eligibility based on when the services change their eligibility or when their fund something renewed - it will be up to the individual and that will happen through the local coordinator and the person helping draw up the individual participation plans. They will be able to ... I think the important thing is it will be able to be initiated by the individual and their family. It will be at the individual or the families who can say, "I think our circumstances have changed" specially as children grow into adults but even as adults go through their life and life stages - that will be available to them. The importance of this is that

it's a continuous long term scheme which has to allow for those changes. In terms of the detail of in which form and how to initiate that - that will be worked through as we go through the launch sites. But it's certainly envisaged with the NDIS that that is the whole point of it, to have that flexibility and change. Not just from one individual to another but as life goes on.

SPEAKER: I'm Penny Robert son. From Tweed heads. I'm the mother of the young woman beside me with Downs syndrome. I want to say congratulations for getting the NDIS through. It will be wonderful but a long five-year wait. My question is about Centrelink. This young couple got married five months ago and then reported to Centrelink. Consequently they were told their wedding gift from Centrelink was to lose \$145 each per fortnight. That's a lot of money out of a pension for a young couple who were two singles but are now a double. However there is one area that's absolutely ridiculous and that is the rental assistance scheme. For rental assistance as a couple they get less than one single person. That just doesn't make sense to me. Thank you.

Ms Amanda RISHWORTH: Thank you for that comment. I'm happy to feed that back. It might be worth raising that with Jan and Jenny Macklin, the minister policy for those policy decisions. Give us the details so we can address that. Point taken.

Ms Janelle SAFFIN: Gerard Richard son works for minister Macklin.

Ms Amanda RISHWORTH: The concept is going to be that there will be Disability Care Australia offices around. It's not like you will have to send it all to Sydney or Canberra to try to get this support. This will be with the local area coordinators on the ground - it will be critical, there will be some fronts around the country as opposed to just a central agency that you will have to send all of the details and fight to get a review and - that - we want to get away from that system and have it in the local area. I just wanted to add that.

Ms Janelle SAFFIN: I will make sure we get our fair share. Don't worry about that, like we got Medicare Locals.

SPEAKER: This is not a bagging of it in any shape or form but everything seems to be crisis driven which is really unfortunate. Ideal with families every day that I don't believe get enough. They just don't get enough support. It's very difficult. The case managers that work for ATTIC are also under a huge A pressure. I know what sort of pressure the case managers are under at a local level. Won't that happen again in the same setting with Care is Australia? How big a workload will you have of case managers to be able to assist everyone that requires assistance?

Ms Amanda RISHWORTH: That is what the launch sites are all about. You couldn't bring - for a number of reasons, you couldn't bring in the scheme and say, "Everyone is entitled to this. Off you go." Through the launch sites this is being worked through. Not every single case manager will necessarily be

employed by Disability Care Australia. We may be contracting in. This is what - theories some of the specifics we are work out in the launch sites. We may use an organisation that is very well-known in the local area to work through some of that stuff. That is still being worked through. But it's certainly something we need to keep an eye on.

Ms Donna GRAHAM: We are aware of it. We believe the current workload is too high. But very quickly with the launch site we will see what is sustainable.

SPEAKER: My name is Vivienne, the mother of a 32 -year-old Downs syndrome chap. My question is: Is there a premium that you have to pay to join to get the benefits?

Ms Donna GRAHAM: It's interesting you raised that. I have been having some conversations with some Aboriginal colleagues and they were saying we can't afford car insurance, telling we have to pay for a premium on disability insurance. I thought, "That's actually the reason why there has been a change in the name. It's gone from the national disability insurance to Disability Care Australia. The short answer is "no".

SPEAKER: I think with the concept of insurance - ...

Ms Amanda RISHWORTH: With the concept of insurance discussed originally by the Productivity Commission they wanted to ensure that the concept was that everybody, no matter where they were, how they got their injury, no matter what type of disability, they would be covered but it's moving away from that to - although a levy has been ruled out - like a Medicare, universal system of coverage. We have made it clear how we would fund it is through making savings in the budget.

Ms Donna GRAHAM: We have a gentleman over here. Can you wait until we get the microphone for you and then we will come back.

SPEAKER: My name is Andrew. ... on 31st October but I did speak for my mother in law. Please, can you guys take action and I would like a board member from people with Down's syndrome. And if you could let me know the ... if you have any issues, could you please - we would like to raise that with you. ... give them the funding that they need to support us for our events. Thank you.

Ms Donna GRAHAM: Andrew, if you like to, I'm more than happy to have a talk to you outside of here and we can get a bit more detail. I believe we have a woman here and then Lee.

Ms Amanda RISHWORTH: Firstly, congratulations on your wedding. I got married in January. I had a great time. Hope you had a good wedding. Thank you for letting us know about the on Track program. It's great hear when there are some really great local services. I'm happy to have a chat with Dona and

Janelle and make sure we can look at where that fund something provided and what can we do to support the services. It's great to hear that the services are really welcomed in the community. So thank you.

SPEAKER: Maree Townsend. I attended a vision impairment support group meeting last week. We heard that this cuts off at age 65. So if we become blind after that we're not in the scheme. Is that correct?

Ms Amanda RISHWORTH: The Productivity Commission did recommend that the NDIS did stop at age 65 and that new people weren't included after that because there is an aged care system which we didn't want to be duplicating services. Effectively the Productivity Commission said if you've got an aged care system and support for disabilities you could well be duplicating those services. There has been some clarification in the legislation. That is if you are in the system, the national disability insurance system, before the age of 65 but it could be a degenerative illness, so you mightn't have acute symptoms right then but early intervention may help, you will come into the NDIS and you will have a choice whether you stay. One example was MS. Even if you are not severely disabled before the age of 65 but early intervention might help you can come into the scheme and you get a choice. After the age of 65, if you acquire an injury after that, then we will be looking at the aged care system to actually assist. There is a lot of reform going on in the aged care system. Because a lot of people have said, "Look, the current aged care system, similar to the disability system is quite fragments and unclear" and so we are doing a significant reform at the moment in the aged care sector called Living Longer, Living Better. That is looking at how we put more choice and control into the aged care sector as well. For example, I have a question this morning, assuming that was just talking about nursing homes. Well, it's not. It's talking about support at home. It's talking about how to help people stay in their homes with - as they get older, including sight issues. So, there is certainly a work being done in parallel. But the concern - and we accepted that concern - we will continue to have this discussion as we work with the launch sites. But we didn't want to create more systems which are duplicating and could lead to people falling through the cracks as well.

SPEAKER: I'm Lee from Spinal Chord Injuries Australia. Just in response to that, I have clients that have had their spinal chord injury before they have turned 65 at present they have the opportunity to stay on disability payments rather than changeover to aged care. They receive more by staying on disability. If they are going to be cut out of the NDIS at 65 that needs to be looked at before that happens because there will be a lot of unhappy people.

Ms Amanda RISHWORTH: With the 65, if they entered before they turned 65 they can choose to stay in the scheme.

Ms Donna GRAHAM: They can elect to stay in the scheme or under the disability support pension. If they come into the NDIS before 65, they can take the option to continue post 65.

SPEAKER: So it will remain the same as it has now? Linda is saying, "That cuts me out then, because she is 65 now."

SPEAKER: That means I have no entry into the NDIS.

Ms Donna GRAHAM: Correct.

SPEAKER: I won't get from the aged care what I get from ...

Ms Donna GRAHAM: I appreciate that. But what Amanda is saying is we still have reforms happening to the aged care sector. For those aged over 65 you won't be dropped.

SPEAKER: No, but does to change ... my needs will get worse.

Ms Amanda RISHWORTH: This area, we are still discussing about how we transfer people currently receiving services. There is some work to be done around this. I'm very keen to hear that directly. In terms of someone that enters before they are 65, they will have the choice in the NDIS. To stay in the NDIS or move to the aged care system. But there is some work to be done. It's a difficult issue. I'm happy to hear what you are saying and take that back.

SPEAKER: The other thing, how was that going to sit with another scheme I'm aware of but many people are not - the National Injury Insurance Scheme. Not much has been said about that. But working in my sector with physical disabilities we're very aware of it. Our advocacy section in Sydney has done a lot of work with government around it but I need it to be known that it's out there and it is being considered at the same time as this.

Ms Donna GRAHAM: The second scheme is for people who acquire disability as a result of a workplace injury or from a motor vehicle accident. Most of us are aware we currently have in New South Wales that type of system. As it sits currently they will run parallel with each other. The entry criteria is the same, you have to acquire a disability. Where it will differ slightly is that one component is that currently if you were to acquire a disability as a result of a motor vehicle or workplace injury you normally have the opportunity to seek compensation from the other party. This is one area that's still being negotiated. Obviously we don't want to close that door. But there's a little bit of tension on that particular point because under the current draft rules there is a positive presumption - that's more of a legal term - that says that you as the injured party will be required to take legal action against the party that allegedly caused the injury. For advocates, our concern is, it could be that you are currently - you could be comotose or you could be overwhelmed with coming to terms with your disability. The idea of having to take legal action could impose a physical and emotion burden on you. One of the points of negotiation could be that the person who acquire as disability can sign over the authority to the agency to then launch legal action on their part in order to recoup some of the

costs involved. Exactly what role the person with a disability will be required to participate - that's still open to negotiation.

Ms Amanda RISHWORTH: Indeed that was one of the amendments in the legislation recently in the parliament before it went through the Senate; vulnerable people that may not be able to go through the process can - and the agency will - do it on their behalf. The compensation that's received - so you always have the safety net of the NDIS. That's always there. If the agency loses, then you continue to get the support of the NDIS. If the agency wins, then that money goes towards the cost of that care needed to be provided. One of the critical things is if someone has been grossly negligent you don't want them to get off. That's the critical thing. You don't want someone that has been responsible for someone with a disability to actually not actually go through the proper legal process but at the same time the Senate committee, which is where through the submissions and the advocacy - where that came from - that did recognise that very result rabble people going through that process, that can be difficult for them. So that was changed in the legislation.

Ms Donna GRAHAM: Currently if you're a victim and you sustain an injury through workplace or motor vehicle you can usually sue under five heads of damages, loss of income, pain and care ... under the new NDIS, the costs towards future care is the amount that would go back to the NDIS because they are the ones actually funding your current care. So, of those two heads of damages, those two will fold into the NDIS. But the other three heads, loss of income, pain and suffering - I forget the third one - continue to go to the person.

SPEAKER: That's clarified it well, thanks.

SPEAKER: My name is Mark Schofield. I'm in the vision impaired community. I would like to clarify with the aged - vision impairment that happens to a person after the age of 65, that they then are not eligible for the NDIS?

Ms Amanda RISHWORTH: Yes. That question was just asked before. If the injury - and we are not in the NDIS, we're not looking at different - in terms of sensory impairments versus this. We're looking at functionality. If that is acquired after the age of 65 - there is discussion TARPBD but the Productivity Commission has recommended that it not be included in the NDIS and look at the aged care sector as providing that. There's a lot of reform going on in the aged care sector. If it's before 65 - as I mentioned as well. If it's a degenerative disease identified before the age of 65 but it might not necessarily qualify right then but might need early intervention assistance, there will be entry. That was something that was amended in the legislation recently. So they will be able to enter. The example has been MS but I'm sure there are a number of other situations where while it might not qualify as right, you have a diagnosis, you might not need all of the assistance you will need into the future right there but early intervention might help, you will be able to enter the NDIS and you will choose at the age of 65 whether or not to stay in or

go into the aged care sector. So it is an issue we are currently discussing. But if you have views I'm happy to take them back.

SPEAKER: The thing is a lot of the vision impairment happens with age. A lot of that is after the age of 65.

Ms Donna GRAHAM: It is being addressed. I sit on an advisory board where a couple of my colleague, there representing vision impairment. The discussion we have had with the federal government on this point is that no-one will be worse off. So, the fact of the matter is if you acquire a vision impairment aged after 65, no, you will not be included into the NDIS. But the reason being is there will be the support services already available in the community. I think what we need to make very clear here is that the NDIS will be not be all things for all people to answer all problems. There is still going to continue to be a range of services that will continue to operate. The classic example will be: What New South Wales government funded services will continue after the NDIS. So, there are going to be services there. There is your vision impairment Australia. Guide dogs, all of those.

SPEAKER: Yes. I just wish to clarify that point. If the vision impairment happened after the age of 65.

Ms Amanda RISHWORTH: We need to make sure that our aged care sector is skilled at dealing with impairments ...

SPEAKER: I sure hope so.

Ms Amanda RISHWORTH: That is what they do now. And looking at - in terms of the aged care sector - looking at individualised packages to help people stay in their home. That would could be vision impairment. Other physical disabilities, other sensory impairments, things such as memory loss. There is a lot of work being done and a lot of money being put into looking at how we assist all the way through to - we're looking at assistance in nursing homes. But it's not just about nursing homes, the aged care sector, it's about all of those things. The reform going on in the aged care sector at the moment is a similar debate to what is going on with disabilities. It's about choice and control and individualised assistance. So that discussion is actually happening parallel to what we're talking about, the NDIS.

SPEAKER: Running along the lines of aging in place.

Ms Amanda RISHWORTH: Absolutely. If you look at the Living Longer Living Better which has over \$3 billion attached to it in terms of this assistance, expanding at home care, a range of things. This work can't be done in isolation from the NDIS. They both have to work together.

SPEAKER: I'm Tina from House with No Steps. My question is about the name change. A lot of effort has gone into getting people aware of the NDIS.

The slogan, log organisations, petitions and community effort. What is the timeframe for rolling out the new name and how will we make sure people don't think it's two different things, that it's not something new?

Ms Amanda RISHWORTH: That's a really good point. The NDIS was always going to have to be labeled. When you have offices that will be in local areas, just as with Medicare, it needs to be identified. Obviously as we move towards - there was a lot of consultation, my understanding, while I wasn't Parliamentary Secretary, there was a lot of consultation and discussion and work with individuals, families, carers, organisations to determine what encapsulated what the scheme was about the best. As we have heard already with the word "insurance" in there there was some confusion just with that. So the Disability Care Australia is the headline. That is our national disability insurance scheme. So the two actually work in tandem. But work will have to be done absolutely to ensure that people understand what this is. And where they can go for help and how they access that help. So there will be - certainly work will be done on ensuring that people know this is the NDIS. But we needed to have a name for it because there needs to be clearly, right, as with Medicare, you know where your Medicare office is, so you can go and access this like that. That was important but a lot of work was done around the name. But as you rightly pointed out, getting people to make that transition from Disability Care Australia - that it's our national disability scheme - that's something we have to do a lot of work on.

SPEAKER: My name is Michael. I'm profoundly deaf. I was invited to be here today by Janelle. I will direct my question to you, Amanda. I'm not clear, a lot of deaf people and people with a hearing loss on whether we will be included in the scheme. Can you satisfy my question now?

Ms Amanda RISHWORTH: Look, I can't make the point here and now whether, "yes" or "no" based on your question. But the concept of the scheme is to look at how you are functioning and what you need to achieve the goals in functioning in the future. So that could be aids and equipment. That might be all you need to actually function into the future. It might be some - as we were talking - some early training about how to orientate yourself if you have a sensory impairment. To be able to access education, there might be aids or services you need. So the idea is to move away from whether or not you have this disability or whether or not you have this disability to how are you functioning at the moment? What are your aims and how do you get there? For those with a permanent - permanent disability. So that's what the scheme is about. Now, obviously as we worked through the trial sites - but that is the general principle of the program.

Ms Donna GRAHAM: We are coming towards the end of our time. I will just hold on. Was there anybody else with a query? I want to make sure we get ... okay, allot more. I will do what I do best, gestapo. We will do this really quickly and get around to you as quickly as possible. I would like to hear from people we haven't heard from before. Gentleman in the green.

SPEAKER: Thank you, my name is Peter. I'm a primary carer for our daughter living at home who is 28. When you mention PWA*D Medicare office and that, when the scheme starts, do you envisage that as you said there might be like a government agency ...

Ms Donna GRAHAM: Yes, a shopfront.

SPEAKER: So you will deal with them with your primary care question and then will they put you on to agencies?

Ms Amanda RISHWORTH: Nods.

SPEAKER: So there will be an office front and you will be referred to the agency?

Ms Amanda RISHWORTH: No, they won't say, "go to that agency". They will work with you on an individualised plan and then you get the money to buy in the services you want based on that individualised plan.

SPEAKER: Dianne Crichton. I'm representing the Aboriginal community for the far north coast. HACC development service officer. A lot of our people don't understand a disability service provider. My concern is that we don't have enough Aboriginal workers as care support workers or case managers. The mainstream services haven't done a very good job at that. I have been working in the sector for close to 17 years. With the new agency opening will there be provision for Aboriginal case managers. Because what we're seeing is an add on. You employ Aboriginal people as case managers when you need them or you have a new Aboriginal client of the that's not good enough with all of these changes happening. I would like to see that happening to create more employment for our people. Our younger ones as case managers. As I said, with that agency happening if that doesn't happen, we need to see an Aboriginal standalone unit within that agency.

Ms Amanda RISHWORTH: I'm happy to feed that back. The launch agency is independent of government but there's a lot of work being done around their work force as well as the broader work force. It's not just going to be that agency that is going to do all of the work in this area and all of the case management. So, certainly I'm happy to feed that back in terms of the needs to actually meet the needs of Aboriginal and Torres Strait islander people in terms of the work force.

Ms Donna GRAHAM: One of the issues we're talking about here is that under the NDIS there will be the opportunity for employment of family and extended family members. Obviously in Aboriginal communities those from non-English speaking background or cultural and linguistic background - it will be a preference to use kin to take up those roles. That isn't an area that has been unpacked yet. The government is trying to get its head around checks and

balance that is facilitate that. Particularly for Aboriginal clients the government has acknowledged it does need to do a lot more work on this but it has also gone out to consultation. They are seeking and wanting much greater advice.

SPEAKER: My name is Trish mills. Secretary of the Biala support services but also a parent of a daughter with Down's Syndrome. She participates in nonemployment but the funding she now gets, will that continue? Will that continue with multi task? Will I have that choice? Plus who does the individual program STPH-G will there be someone from Disability Care? Or do we apply like we do for funding through other respite. Who does the individualised programming?

Ms Donna GRAHAM: I will take the first question. You are talking about New South Wales government funded services. The issue we have at the moment is that disability support provision is ultimately at New South Wales level going to be rolled in under the NDIS. But we have a situation where the NDIS in our backyard won't be here until 2018. So what happens in the interim? The short cut answer is we have a document for you. Okay? Short answer, Brett or Thea, you will be able to access it off our website. This is the keynote address from Jim from Attic, who explains what will happen to New South Wales funded services between now and 2018.

SPEAKER: My name is Janette Wilson. I have a son, 31, with paranoid schizophrenia. I also care for a friend of his that has it but a different version. My experience with the New South Wales mental health services is that there aren't any. This is a very serious problem. When we are in a system where my son and his friend will have the capacity to seek a purchase - seek to purchase services for what he needs, where will he go? Because there aren't any. I think that system - I just don't know what the link is between the two systems and how that will work for mental health particularly in New South Wales.

Ms Janelle SAFFIN: Before Amanda answers you, I want to acknowledge, I know you are speaking as a mother but Janet's a councillor on the Kyogle shire council and deputy mayor.

Ms Amanda RISHWORTH: Getting supports in place is one of our biggest challenges. There will be a change from service providers. I know you are saying there are not any services.

SPEAKER: I'm it.

Ms Amanda RISHWORTH: There will be a motivation for people to fill the gap, though. Because there will be individuals with money to spend on services. So, there does need to be some planning and transition, absolutely. But there will be the ability to buy in services and, as we have seen and as Dona mentioned, with a market driven system, a lot of those services will actually appear. But we need to - there needs to be a transition from, "We're funding

this organisation to do this" compared to an individual having money to buy in those individual services. It is a change. The agency will be looking at that in the launch sites, about how successful that is. Are there gaps? Are we able to attract people and what are the barriers to getting services that people can buy in? That's partly why we are not able to actually roll out everything all at once.

SPEAKER: I understand.

Ms Amanda RISHWORTH: That will be one of the things monitored in the launch sites: Do these services come to the fore when people have that advised support to buy in those services.

Ms Donna GRAHAM: Under the NDIS people with mental health are covered. So it's a major, major philosophical change which is really quite positive.

SPEAKER: That's important. Because at the moment if you're not in acute care ... that's it.

SPEAKER: My name is Cathy, the CRS, the old Commonwealth rehab service. What I would like clarified - I don't know if it's still in your rules are still making - the permanency - how long does an injury have to exist? We had various definitions. Obviously there is the Centrelink definition as to permanency of injury, disability. What sort of definition will we be working on? Secondly, this leads into people who have had, say, WorkCover injury. They have been through the Court system. We are getting some that are very burnt out the other end. It's all been finalised off. Yes, they have been through the system. We're getting them not now on the workers compensation system. Will they be eligible for the NDIS?

Ms Amanda RISHWORTH: I will have to take that question on notice. Partly we're working through how it interacts with the other systems. When we're talking about "permanent" or "likely to be permanent", the rules are out for consultation -FPLGT but that's the definition in the legislation - permanent or likely to be permanent-- and needing ongoing support. But I would have to get - I'm not sure off the top of my head where that - where that is at the moment. But obviously if you have some views, get onto the website and bring up these issues because it feeds directly into the consultation about the laws. So if you have firm views on what you think the definition should be, then get on line and ...

SPEAKER: They are just working parameters. Is it permanent as in a lifetime? Two years, five years, likely to last 10 years?

Ms Donna GRAHAM: There is a period that is known as episodic. What I love about the language and legislation is that it's going to be flexible and based very much on what the person presents with. Can I just - if I can - we need to bring this to a close. I will remind you, we actually have two documents that may be of interest to you. This is the first one. I have to put on my glasses

because I can't read this. It's a brilliant piece about the NDIS. It's an independent document that's been put together. It's my bible. It tells you everything about it. I think you will find a lot of the answers you are looking for having been addressed and identified. This one is Commonwealth. This one is state. Having said that, if you want to leave your name with daisi, we will either email them out, or post them out. We will make the documents available on the daisi website along with the NDIS website link and telephone number. Once again, it's a free service to ring daisi. It's a 1800. You can either speak to us or we will direct you to where you can find a lot of this information. I would like to call on our federal member Janelle Saffin for her closing comments.

Ms Janelle SAFFIN: Firstly, I would like to make a few closing remarks. A couple of them I would like to make is one that it started as a national disability insurance scheme. I take the point we will need to do some education with the new Disability Care Australia. But it's a big change. It's a big deal. It's a huge national change. It will make a significant difference to people's lives. That's what it's about. It's recognition that we had a broke genesis that was fragmented and it's about trying to make sure that people are treated with the care, people are given control in their lives and they get the support. And also with their families and carers and also your point, Diane, about factoring in that it's not an add on, but Aboriginal and Torres Strait islander workers are up front built into the work force. That's a key point. There has been a lot of discussion about it and we will make sure that continues because that's really important. In terms of being a national change - think of a few big things we have had in Australia. Medicare was a big national change, a big national scheme. Superannuation - that will ...

Ms Donna GRAHAM: The vote for women.

SPEAKER: GST.

Ms Janelle SAFFIN: Look at us out the front here. It's one of those schemes. Every time we have a forum I come up with a few more questions. But I know it's the right thing to do. I know it's one of those things - when I went into parliament Amanda said we weren't talking about it. But we were talking about it in different ways, in terms of ways to get better care. We embraced it. My team - I'm in the federal government - it was my team that embraced it and promoted it. I had early conversations with Bill Shorten and Jenny, Bill as Parliamentary Secretary and Jenny the minister. I said a number of things. I was a big advocate for people with mental illness to be included. We had a whole lot of conversations and all of us have had over that time. I also said it had to be inclusive, it had to be about individuals, portable and also some of the questions we heard here today about services. A lot of those services will still have to exist. If you have to buy services have you to buy it from someone who can provide it. There is transition money available for service providers. You raised that when we were in Grafton at the first one. That's been taken on board. There is \$120 million available for that transition for service providers.

Because we will still need you. The point made by the gentleman up the back about on Track, "I don't want to lose my person, my service", there are all of those things. Where a service doesn't exist it's hard to create one - as with mental health. But you may be hired for the individual plan with your son.

SPEAKER: I want to retire.

Ms Janelle SAFFIN: We are friends too. I can continue that conversation with her. I know something about that lack of service myself on a professional level and personally. We are well served here by Dona. Thank you very much, Dona, for you and your team with Brett and Thea. I know that Dona is not backward in coming forward. Having said that, Dona is in a whole range of things and representing us as well in these ongoing discussions. I'm doing that as the federal member. Having Amanda here today means she takes back the things we have said today and also Dona, on those various boards and councils and things makes sure we get listened to. Also Kathryn coming from the national disability service, she has been part of the Every Australian Counts Campaign that we saw. There has been a whole lot of good work done on this. It's about what we value. It's about valuing people. It's something that I feel really pleased and proud to be able to deliver. I know it can sound a bit messy when we sit here and listen and ask questions such as is it permanent, from CRS. I have thought about that too. Those are some of the things I have under discussion. And how we deal with that. Unless you were permanent it meant you could get knocked off a scheme and it was hard to get back in. I understand all of the thinking and concerns but they are some of the changes we will work through together. Thank you to each and every person who came here today. All people with a commitment of some kind and double commitments and triple commitments in looking after people with disabilities to give them a life that they can live-- a life with dignity. I thank Amanda for coming when she is so new in the job. As you can see, she knows the job. She will do extremely well. She is one of the younger ones in parliament. It's great to have some young ones in there of the calibre of Amanda, both in terms of her ability but also she is compassionate. That's the right person for this particular Parliamentary Secretary role. So a big thank you to everybody. We will continue the conversation as Dona says, all of us, and this is just the start. Thank you very much. (applause)