

Good Morning, members of the committee and inquiry participants,

My name is Kirrily Hayward, am 26 years old and reside in Geelong. I currently reside within an Aged Care facility. Until 18 months ago, I was living independently in a unit. Health took a decline some time ago now, with the arrival of a severe stage four pressure area, and this forced me into the environment I live within now. I became an NDIS participant some time ago now, I can recall, back at the end of 2013. Since I already had an ISP with Department of Human Services, all the services, I was told, were going to be rolled into NDIS.

My goals are:

I want to be able to live a normal life, to an extent. The life of a 26 year old female. I want to study, I want to be engaged in paid employment, and eventually, a full time job. I want to engage in social relationships, and have an active life. I want to have meaningful friendships, and possible relationships. But, the current environment, in which I am residing at the moment to receive treatment, heavily stifles many of these aspects.

I have many interests outside of these aspects also. I want to support my overall health and well-being (aka, engaging in sport, going to the gym). Also, re-obtaining the skills so that I can make the slow progression back to independent living, when I feel ready. In terms of this, I want to move into supported accommodation for at least 12 months, to finalise my medical treatment/improve overall health and re-obtain the confidence and skills needed to move into independent living.

Eventually, once I overcome these hurdles, I want to re-resume studies, in sport and/or fitness. Also, engaging as a side passion of mine, any political activism/advocacy work that I see fit. I want a life where I can serve the general community, and give back in meaningful participation. I want to be able to have the 'taken for granted' aspects of life, a stable, loving and supportive relationship, wide social networks, the white picket fence and so on, the typical cliché, I could go on. The key word here, a sense of 'stability' and 'normality'. But then again, define the concept of 'normality'! Well, as much normality as one can achieve with a disability anyway.

Reflections on the process

The initial assessment processes were fairly straight forward, and during the process I was treated with dignity and in a respectful manner. I must admit though, upon introduction to my LAC, I was a bit sceptical, I must say. The worker concerned (it was noted to me, that worker has extensive experience in complex care and supported accommodation), seemed to be vague (more so than usual upon first meeting) about what needs would be, especially with this assumed knowledge. However, so far, so good.

There were some administrative difficulties but the planning process was really simple and less troublesome than trying to get supports through an ISP. I found the process of getting supports within the ISP format, very restrictive, and honestly, it classified people automatically into a group. At the time, I was placed into the 'well, she's pretty independent, so we'll give her limited funding, because she does ok' box. Wrong, I needed so much more. Within this format (NDIS), it's flexible to a point, truly dependant upon my needs, and extremely flexible when my needs change.

It was about what I wanted, people were actually listening to me. Again, within the assessment process, the planner concerned was taking into consideration all of MY personal hopes, dreams, goals whilst also combining knowledge attained from medical and allied health professionals, to best determine my current needs. I was reminded too, that my plan could be altered at any stage, if there were any services, and so on that I felt I needed, or that any health professional thought I required, first consulting with myself to see if that's what I needed too. Very person centred to a point. But, accountable to the worker as well, which is what the balance should be, in my opinion. I've received plenty of information, people have been very helpful, but not much is happening. Though majority of my contact within the first instances of planning were quite detailed, and frequent, and yes, I do see DHS worker regularly. I would honestly like that the other way around, and have more involvement with the NDIS worker instead, as honestly I feel this would be more beneficial in the long-term, and would help me move forward, and not backward. A good example of this, was implementation of the STAR system, which in all honesty I haven't gained any benefit out of as a client.

The supports that I need now are

At the moment, the supports I need are around my medical care (to aid me in overcoming my health condition and maintaining overall health), and eventual move into supported accommodation, to help me slowly gain independence, confidence whilst also fully overcoming any residual health issues. Also, supports in accessing activity within the community (independently). Social outings, meetings, work and so on.

The main issues, in the first instance have been to do with the process in regards to applying for supported accommodation. There are limited supported accommodation housing options within the Geelong and Surf coast region, approximately 6 lots of housing to cater for a rather large percentage of the population.

Also, within the agencies that have ownership/management of these properties; have stringent requirements, of which someone like myself only really can tick a few of the boxes. I don't have a low functioning intellectual disability (rather neurological/physical with slight cognitive

difficulties), am fairly independent with most aspects of life, but need the daily help with some aspects. And at the moment, needing help due to medical issues (aka access to a Dr, and nursing, district or within the house), and a bit of extra psychosocial support. But, still be in an environment where I can be myself do my own cooking, laundry so on, and so forth. The simple things, most take for granted.

I feel there is a huge gap, within the provision of supported accommodation services, and that is providing housing for those with a physical/neurological/learning disability (could expand), those who are fairly independent, don't need 24 hour supports, rather just needing staff support on an as needed basis. As noted before, most of the housing available have stringent high care based requirements, of which realistically, on a personal level; I can only tick a few of the boxes. This is where several models of housing could be investigated, for many individuals and/or families of someone with a disability.

In the future to live a life of my choosing I will need

To be able to live the life of my agency and self-determination, I will be needing, in the first instance supports to allow me to improve my current health situation, and to help me overcome any barriers. This will include access to case management services, health practitioners also having allied health services (such as Occupational Therapy) on hand to help me explore my needs, going into supported accommodation. This will include a number of things, such as physical access issues, assessing my current skill bases and helping me build upon them in some areas. Physiotherapy, to help with any physical treatment and/or rehabilitation issues that will no doubt come to fruition in the long-term. Case management, to aid in the advocacy process and to help in arranging services, funding and the like. Supports such as Personal Care, is needed in the short to long-term also, importantly in the eventual transition from supported living into independent living, which I hope to do slowly, within a two-year time frame.

I hope within the next month or so, to start the process of transitioning into an appropriate supported accommodation. My needs realistically will be around physical access, equipment and availability of staffing to help me with medical requirements. Also with needs listed earlier, I will need assessments done surrounding equipment needs. To help the process of moving back into independent living, I will need to look at the right type of housing, also what I will need, in terms of modifications, possible attendant care to support some level of independence, other services to aid me in this process

Realistically, until there are more semi-independent and affordable housing options, I will be forced to stay stranded within the aged care system. I won't be a part of the workforce, therefore I can't pay taxes to give back. And realistically too, I cannot make full use of my NDIS funding, to help reduce the current taxpayer cost that is due to my admission within the aged care system.

This is why the NDIS is important, foremost, to help those with a disability and their families, maintain dignity, independence and liberty within their community. I think the word, liberation, sums it up perfectly.

I would like to thank the committee for the opportunity to participate in this crucial enquiry into disability funding.