THE YOUNGCARE SUBMISSION TO:

The Communities, Disability Services and Domestic and Family Violence Prevention Committee

Inquiry into a suitable model for the implementation of the National Injury Insurance Scheme

January 2016

The Research Director
Communities, Disability Services and Domestic and Family Violence Prevention Committee
Parliament House
Alice Street
Brisbane, QLD, 4000

youngcare

Forward

Youngcare is appreciative of the opportunity to share with the *Communities, Disability Services and Domestic and Family Violence Prevention Committee* the experiences and learnings of our organisation which can inform the model of implementation for the National Injury Insurance Scheme.

Youngcare is a nationally registered public company and not for profit organisation formed in 2005 to help young people exit or avoid admission to aged care and to develop viable and replicable models to provide real choice in housing and accommodation. Youngcare envisages a future that sees every young Australian between 18 and 65 years with high care needs living in age appropriate accommodation and leading the young life they deserve. Solely funded through corporate sponsorship and fundraising activities,

Youngcare provides:

1. Purpose built accommodation for young people with high care needs
2. Micro grants (At Home Care Grants and Home Soon Grants) to people in Queensland, New South Wales, Victoria and for the first time in 2015, Tasmania and the Australian Capital Territory
3. A free national information and referral service
4. Research

Youngcare's purpose built accommodation is based on research produced in collaboration with Griffith University. It is designed for young people with high care needs to live as independently as possible while maintaining access to necessary support services and incorporating the latest in assistive technologies.

Youngcare's research partnership with Griffith University is informed by views of young people with high care needs about the kinds of homes they would like to live in, where they want to live, and the type of care they wish to receive.

Youngcare is a proactive and vocal advocate for young Australians with high care needs. Recently on 9 December 2015, Youngcare facilitated a specialist housing think tank, 'Getting Home: Accommodation Solutions' – which brought together industry, government, not-for-profit sector organisations and young people living with disabilities together. The forum's focus was to generate and debate new ideas for getting young people out of aged care and into sustainably funded, age-appropriate accommodation.

Contents

_Toc440031371

Introducing Zaine

A hard-working teenager, Zaine loved his new job as a jackaroo near Townsville and had bought his own car to travel there from his home in Ayr.

But while he was taking new car for a test drive he lost control on a bend. Zaine suffered massive head injuries. He was rushed to hospital and not expected to live.

After months on life support and numerous operations, he was eventually moved to a Rehabilitation Unit to start the long and difficult road to recovery.

Zaine is wheelchair dependent and has lost the ability to speak. His family fought a three-year battle to find him a place in supported accommodation only to find that they did not have the money to buy all the specialised equipment.

Family members contributed whatever they could and exhausted all sources of funding to buy a wheelchair, mattress, bath chair and other aids. The last and most important item was a high-low hospital bed costing thousands of dollars. Zaine's Aunty then rang Youngcare Connect and we were able to provide the funding needed via a Youngcare At Home Care Grant.

At the time, Zaine's Aunty Melita said: "There is a terrible lack of funding available to young adults to provide much needed medical aids and equipment. Without the grant from Youngcare, my beautiful nephew Zaine would have lost his place at the share house and would still be in the hospital, on another waiting list and spiraling back into depression.

"He now has a room all to himself. My bright happy boy is coming back. The future is going to be hard for Zaine but with family support, anything is possible for him."

Zaine and his family's recovery pathway would have been very different with a *no fault insurance scheme* as they would have had access to appropriate funding for services and equipment at an earlier time. Zaine probably would not have had to stay in hospital for nearly three years either.

Zaine's story and Youngcare's support made the Channel 9 News please click on the link here to view: http://youtu.be/9OPkuZdzsjA?t=6s

Moving into the Cootharinga Share House which provides appropriate housing and being able to live with his peers has improved Zaine's quality of life dramatically. If Zaine had not moved into the Share House he was at real risk of entering residential aged care which is fundamentally not right for a 20 year old young person.

This was a recent Facebook posting from Cootharinga which shows Zaine living a young life. Please click on the image below to view.

Abbreviations

ABI	Acquired Brain Injury
ACC	Accident Compensation Corporation (New Zealand)
CTP	Compulsory Third Party
DSQ	Disability Services Queensland
ICWA	Insurance Commission Western Australia
LAC	Lifetime Care and Support ACT
LTCS	Lifetime Case and Support
MVA	Motor Vehicle Accident
NCOA	National Commission of Audit
NDIS	National Disability Insurance Scheme
NIIS	National Injury Insurance Scheme
RAC	Residential Aged Care
SCI	Spinal Cord Injury
TAC	Transport Accident Commission
TBI	Traumatic Brain Injury

Introduction

Youngcare welcomes the National Injury Insurance Scheme (NIIS) as a necessary safeguard for Queenslanders who are currently not covered for fault based MVAs. Youngcare believes that the primary focus of the NIIS should be on recovery and rehabilitation services, rather than solely the lifetime care of participants. Youngcare considers that all aspects of the scheme should prioritise the long term health and wellbeing of the participant first and foremost, and that in doing so this will contribute to establishing a sustainable insurance scheme.

Youngcare's most fundamental concern for the scheme is that RAC should not be considered as a suitable form of accommodation for participants of the NIIS, unless this is the participant's preference, and their condition can be safely managed in RAC. Youngcare's concern for younger people in RAC is based on the medical, social and physical impacts this form of care has on someone with an acquired complex injury, and their inability to foster or maximise independence and recovery. Housing for participants with a catastrophic injury should be considered carefully by the NIIS to ensure it delivers sustainable long term options for people in age appropriate settings. To date collaboration between CTP insurers with community housing providers and disability charities has proven an effective model for achieving this goal.

At present rehabilitation services in Queensland are unable to adequately meet demand, which leaves people unable to access vital therapies at crucial times and jeopardises the recovery process. For this reason investment in slow stream rehabilitation services would greatly benefit the NIIS in order to maximise the potential recovery of participants, and reduce the long term cost of care. In addition, Youngcare believes that people should be able to access the scheme as either a long term or interim participant.

Youngcare also considers that access to the scheme should better reflect current CTP models of insurance rather than the NDIS by extending eligibility to all tax payers who are paying the NIIS levy. This is particularly relevant to the 600,000 New Zealand nationals who will fund the NDIS, yet are prohibited from accessing the scheme due to visa conditions. Access to the scheme should also be reflective of the age of retirement, rather than the NDIS eligibility which disqualifies people over 65 years. People aged over 65 who suffer a catastrophic injury are unlikely to receive adequate care or rehabilitation if they are forced to rely solely on the aged care system.

Finally, Youngcare believes that a risk rating should be applied to the NISS levy in order to achieve a more sustainable and equitable system that reflects the statistical probability and likelihood of a MVA.

Recommendation summary

1. **That aged care is not considered as an appropriate accommodation option under the scheme, unless this is the participant's preference and that aged care is suitably equipped to safely care for their disability.**
2. **That the NIIS invest in modifying living spaces to reduce long term reliance on carers, and maximise participants' chances of living independently**
3. **The NIIS to invest in slow stream rehabilitation services and facilities for victims of catastrophic motor vehicle injuries as the current state funded health system is unable to cope with demand, and unable to provide adequate rehabilitation services**
4. **The NIIS does not disqualify people with non-permanent injuries to join the scheme as an interim participant**
5. **The NIIS extend eligibility to all Australian residents paying the NIIS levy, including New Zealand nationals who are excluded from the NDIS despite being required to contribute towards the scheme**
6. **The NIIS extends eligibility beyond 65 years to at least mirror the age of retirement**
7. **Risk ratings be used to assess NIIS levies to reflect increased probability of risky behaviour and the safety rating of the car being driven**

Part one - Housing

1.1 Aged care is an inappropriate option for housing recipients

Residential aged care (RAC) often becomes the only option for some young people following an accident or sudden illness, which is largely due to insufficient funding for care, and availability of accommodation that can accommodate their changed needs. Typically this issue is felt disproportionately by people with no insurance cover, however this is not always the case. For example the Transport Accident Commission (TAC) in Victoria, identifies residential aged care as an appropriate place for a disabled person to live [1], and more recently the *Specialist Disability Accommodation* (SDA) Framework which stipulated how the NDIA funding can be used for housing, also lists age care as a type of 'specialist disability care'[2].

Aged care by definition is no place for a young person to live because its core purpose is to care for the elderly in their twilight years, which is in stark contrast to a young person's needs following a catastrophic accident or injury. There are numerous negative implications that living in RAC has on younger people with disabilities as outlined in Youngcare's 2015 submission to the *Senate Inquiry into the adequacy of existing residential care arrangements available for young people with severe physical, mental or intellectual disabilities in Australia*.[3] Placing young people in aged care is not only contradictory to their needs, but also makes little financial sense for an insurance agency for various reasons.

Typically RAC staff are trained solely in aged care services that focus on managing the end of resident's life, and therefore are not skilled in treating people with TBI, SCI, severe burns or other acquired disabilities. Injuries such as TBI, SCI, severe burns and multiple amputations necessitate complex care and support to both reduce secondary injuries, and increase the chances of improvement. One of the most detrimental issues with young people in RAC is the impact that institutionalisation has upon their disability which in turn creates a greater need for care in the future. This is predominantly because aged care does not attempt to foster independence in their model of care; but frequently creates issues associated with learned helplessness.[4] This is significant when considering the long term prognosis of young people with TBI and the impact this has on the potential for improvement.

[1] https://www.tac.vic.gov.au/providers/fees-and-policies/policy/supported-accommodation-services/residential-aged-care-process-and-funding
[2] http://www.ndis.gov.au/news/release-sda-policy-framework
[3] https://www.youngcare.com.au/wp-content/uploads/2015/03/150305-Senate-Inquiry-into-the-adequacy-of-existing-residential-care_You....pdf
[4]ttp://www.parliament.vic.gov.au/images/stories/committees/fcdc/inquiries/56th/sa/submissions/S79_Inability_Possability.pdf

Secondary illnesses and deterioration in conditions are also problematic in aged care. For instance, urinary tract infections, autonomic dysreflexia, pressure sores, blocked tracheostomy or percutaneous endoscopic gastrostomy tubes are some examples of the types of problems faced by people needing complex care in an RAC setting. Frequently secondary illnesses lead to an increased need for care which then results in higher costs of care.[5]

All necessary measures should be taken to assist participants of the scheme to return home or to live in the community in housing that accommodates their needs. A highly modified living space can assist to greatly reduce the reliance and need for care and domestic support, which in turn will result in lower overall costs. Unsuitable accommodation, including aged care can contribute to greater demand for care and increased cost as well as a poorer long term prognosis for the participant.[6]

Shortages in appropriate housing people who have suffered catastrophic injury in Australia are well documented, and in response, has led to the development of some innovative solutions for insurance agencies to lower their long term costs with investments.[7] For example, in Victoria, the TAC has partnered with the Summer Foundation to invest in purpose built apartments with the latest advancements in assistive technology that allows for a reduction in onsite carers and a maximisation of independence for the resident. Similarly, LTCS in New South Wales has partnered with Evolve Housing to provide accommodation for people who require high care in a model designed to lower overall care costs by sharing access to services.[8]

Recommendations

1. **That aged care is not considered as an appropriate accommodation option under the scheme, unless this is the participant's preference and that aged care is suitably equipped to safely care for their disability.**
2. **That the NIIS invest in modifying living spaces to reduce long term reliance on carers, and maximise participants' chances of living independently**

[5] http://www.aihw.gov.au/australias-health/2014/preventing-ill-health/
[6] http://www.lifetimecare.nsw.gov.au/__data/assets/pdf_file/0020/9380/guidelines_for_levels_of_attendant_care_for_people_with_spinal_cord_injury.pdf
[7] http://www.summerfoundation.org.au/wp-content/uploads/2015/11/Abbotsford-Report_lowres.pdf
[8] http://www.lifetimecare.nsw.gov.au/__data/assets/pdf_file/0005/8744/Momentum__Edition_6_August_2014___140901.pdf

Part two - Rehabilitation

2.1 Investment in slow stream rehabilitation

The economic impact of SCI and TBI is profound; predominantly because of the burden of disease, followed closely by the direct cost of care. Although these injuries are rare, the associated costs are significant. For example in 2008 alone the total cost of care attributed to SCI and TBI in Australia was $10.5[9] billion.

While SCI's are permanent, rehabilitation plays a crucial role in in preventing secondary complications and maximising remaining physical function that will increase the chance of reintegration into the community. In contrast, the long term prognosis for people with a TBI depends almost entirely on treatment and early intervention measures, and in these situations the role of rehabilitation is even more crucial. Statistically only 10%[10] of people who survive a severe TBI are expected to have a disability for life, while 64%[11] are expected to have a 'good recovery' and only a mild disability for life. Therefore, the vast majority of people who suffer a TBI have the potential to improve and reduce their long term costs of care.

Although there are currently calls for a national rehabilitation service, rehabilitation continues to remain the responsibility of respective state funded health departments. Requests for a national approach are primarily a response to overburdened state health systems that are unable to keep up with demand. For too long this situation has resulted in overcrowded rehabilitation wards, patients being denied rehabilitation, patients being sent home or to aged care, or patients occupying hospital beds despite having no pressing medical needs.

Queensland statistics on the number of beds for adults with an ABI provide strong evidence of the demand for rehabilitation grossly outpacing supply. Although the benchmark[12] set by *Queensland State wide Rehabilitation Medicine Services Plan 2008-12* is 30 beds per 100,000, Queensland's state wide service has only 26 beds for adults with an ABI and admits between 112-122 patients per year. This constitutes a shortfall of 313 beds in one state of Australia alone.

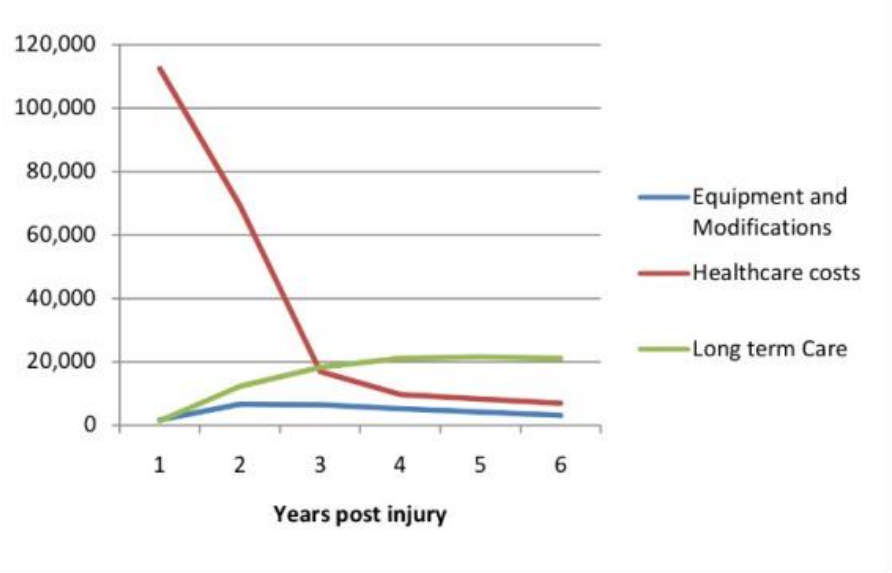
[9] https://www.tac.vic.gov.au/about-the-tac/our-organisation/research/tac-neurotrauma-research/vni/the20economic20cost20of20spinal20cord20injury20and20traumatic20brain20injury20in20australia.pdf
[10] https://synapse.org.au/media/71265/acquired_brain_injury_-_the_facts_-_forth_edition__2013_.pdf
[11] Ibid
[12] https://www.health.qld.gov.au/townsville/Documents/executive/e_csp_bgp9_rehab_serv.pdf

In terms of an insurance model, it makes economic sense for the NIIS to invest in slow stream rehabilitation facilities to reduce the overall cost of lifetime care of participants, as the long-term benefits of investing in rehabilitation have been proven to exceed its initial costs.[13] A cost benefit analysis undertaken on Brightwater Care Group's its rehabilitation facility suggests that effective rehabilitation has the potential to reduce weekly care hours by between 35 and 91 hours per week, resulting in an annual saving of between $158,522 and $78,390 depending on the severity of their injury.[14]

Slow stream rehabilitation also allows for a more extended timeframe to achieve small but functionally significant gains. These services have the potential to significantly reduce the number of admissions of people with severe ABI to RAC by providing the time and rehabilitation that is required to maximise a person's potential so they can return to living within the community with support.[15]

As Figures 1 and 2 below show, the first three years after a TBI or SCI are when the greatest improvements are most likely to occur, with the following three years ending with plateaued ongoing costs. It in this time period that an investment in slow stream rehabilitation would be most beneficial to the

Figure 1: Mean annual cost over time by cost type with TBI



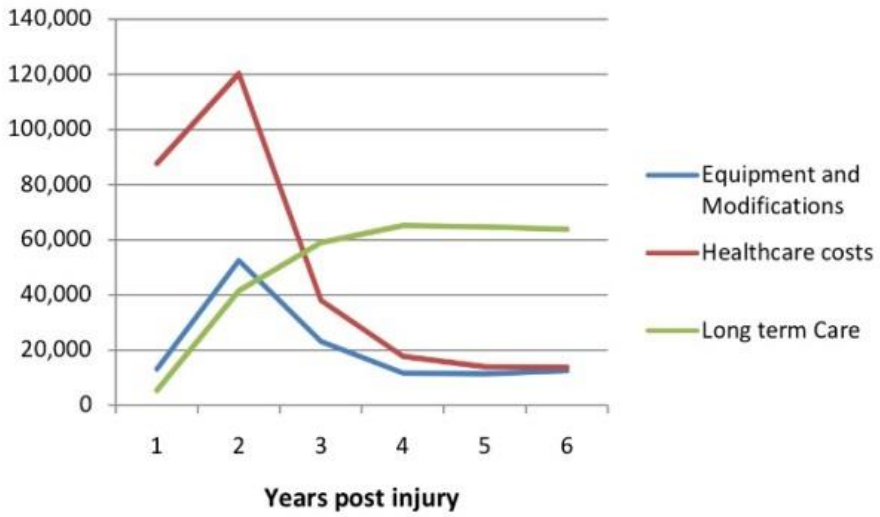
Source: The economic cost of spinal cord injury and traumatic brain injury in Australia; The Victorian Neuro trauma Initiative (2008)

[13] Ibid

[14] https://www.icwa.wa.gov.au/mvpi/greenpaper/submissions/Young%20People%20in%20Nursing%20Homes%20National%20Alliance.pdf

[15] https://www.summerfoundation.org.au/resources/senate-inquiry-submission/

Figure 2: Mean annual cost over time by cost type with SCI



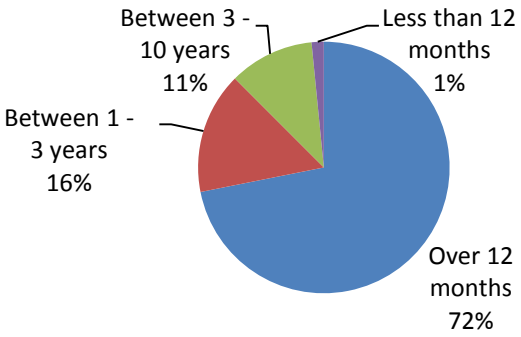
Source: The economic cost of spinal cord injury and traumatic brain injury in Australia; The Victorian Neurotrauma Initiative (2008)

The current system of rehabilitation in Queensland is severely impacted by a causal nexus of 'bed blocking', which sees most rehabilitation facilities that were designed to offer short term services now becoming long term residential facilities, leaving no available beds for people with newly acquired injuries.[16] The repercussions of 'bed blockage' are felt by all areas of the health, disability and aged care sectors.

According to the 2013 report from the Office of Public Guardian on *Addressing the Barriers to Deinstitutionalisation*[17] a substantial amount of people with an ABI continue to occupy hospital beds while waiting for rehabilitation services. As Figure 3 shows, in a study undertaken by the Queensland Health in March 2012[18] found 64 people living in hospital waiting to be transitioned and no longer needing medical care, and only one person who had been there for less than a year. The economic costs of keeping a person unnecessarily in acute hospital care are immense, and also create service accessibility issues for people who do require acute medical care.

[16] http://www.justice.qld.gov.au/__data/assets/pdf_file/0003/215256/people-with-disability-in-long-stay-health-care-facilities.pdf
[17] http://www.justice.qld.gov.au/__data/assets/pdf_file/0003/215256/people-with-disability-in-long-stay-health-care-facilities.pdf
[18] https://www.communities.qld.gov.au/resources/corporate/annual-reports/2013-14/annual-report.pdf

Figure 3: Time spent waiting in hospital in Queensland for patients with an ABI



Source: Department of Communities, Child Safety and Disability Services

Investment in slow stream rehabilitation by an insurance agency is not unheard of in Australia, as well as investing in housing. For example the TAC in Victoria has partnered with the Commonwealth Government to build a 42 bed slow stream rehabilitation unit. The explicit purpose of this development was to "see eligible patients leaving acute hospitals sooner to continue their treatment in a specialist setting, and commence rehabilitation early".[19]

2.2 Allow for participation on an interim or lifetime basis

To access the NDIS people must have a lifelong disability, or one that is likely to be lifelong. [20] The NIIS, however would benefit from allowing people to enter the scheme irrespective of the long term prognosis of their condition. At present respective state funded health services are responsible for the care of people after an accident (when people unable to access an insurance claim) until their condition is considered 'non-medical'. As already discussed in the 2.1, this is a system that is unable to cope with the demand with inadequate facilities and beds available.

This situation is problematic primarily because in terms of accessing funding for adequate rehabilitative services, valuable may have passed before people are deemed eligible. For the best chance at helping victims of accidents improve to a point of no longer requiring ongoing care or supports, allowing them access to the NIIS to get fast and immediate rehabilitate services is crucial.

While NDIS eligibility being based on the longevity of a person's condition is understandable, the same is not so for an injury scheme and at present CTP polices reflect this already. In NSW, the LTCS ratio of long term participants to interim participants is currently 1.5 : 1. In the ACT once LTCS has established that someone is eligible they are admitted as an interim participant for two years, and is based on the assumption that injuries will improve.[21]

[19] https://www.tac.vic.gov.au/providers/for-health-professionals/hospital-resources/public/policy/hospitals-public#ABIRC
[20] http://www.ndis.gov.au/people-disability/access-requirements
[21] http://apps.treasury.act.gov.au/ltcss/ltcs-guidelines/eligibility-criteria-for-participation-in-the-lifetime-care-and-support-scheme

Recommendations

3. **The NIIS to invest in slow stream rehabilitation services and facilities for victims of catastrophic motor vehicle injuries as the current state funded health system is unable to cope with demand, and unable to provide adequate rehabilitation services**
4. **The NIIS does not disqualify people with non-permanent injuries to join the scheme as an interim participant**

Part three – Eligibility for NIIS

3.1 Access for all tax payers in Australia

To access the NDIS people must meet residency requirements which means being a citizen, a permanent visa holder, or hold a *protected* special category visa.[22] This system unfairly affects New Zealand Nationals living in Australia, who do not require a permanent visa, but are not considered citizens, and who will be contributing towards the NDIS levy, yet never eligible to access the scheme.

Eligibility for the NIIS should be expanded to include the remaining tax payers in Australia who will be equally responsible for funding the scheme as other citizens and visa holders. At present there are over 640,000[23] New Zealand nationals living in Australia and of those who are driving would already purchasing an annual CTP. This significant group of tax payers pose no greater risk of MVA and should therefore be considered eligible to the NIIS.

3.2 Age requirements for NIIS

The NDIS will only cover those whose disability was acquired before they turned 65. Once over this age, citizens can be a part of the scheme provided they joined before turning 65. Those whose disability is acquired after this age will be reliant on the Commonwealth funded aged care system to accommodate their needs. The aged care system, which is designed to care for people experiencing a natural decline in health and mobility, has extensive difficultly in caring for people who have suffered a catastrophic injury and who require complex care.[24]

There is reason to for the NIIS to operate differently to the NDIS in allowing those over the age of 65 to receive coverage. This is particularly relevant to MVA's where the person at fault's insurance is responsible for the coverage of all persons injured.[25] Pedestrians involved in MVAs require the CTP coverage of the at fault driver to cover the cost of their injuries, and where this involves an older driver, this is potentially problematic if they are prohibited form accessing the scheme.

Another aspect of the NIIS that would also benefit from removing the NDIS age requirement is workplace coverage. The scheme, which will eventually cover work place accidents would benefit from setting relevant age requirements that, at a minimum, mirror the age of retirement, which will change more than once over the next decade.[26] Citizens who are working until the age of retirement, and will be paying the NIIS levy, should be given the peace of mind that should they encounter an accident in their workplace, they have adequate insurance coverage.

[22] http://www.ndis.gov.au/people-disability/access-requirements
[23] https://www.border.gov.au/about/corporate/information/fact-sheets/17nz
[24] http://www.aasw.asn.au/document/item/6808
[25] http://www.suncorp.com.au/insurance/ctp/faq
[26] https://www.dss.gov.au/our-responsibilities/seniors/benefits-payments/age-pension

People over 65 still paying the NIIS levy should be given equal access to the scheme since they will be engaging in the same recreational, occupational and medical procedures as those under this age.

Recommendations on Access to NIIS

5. **The NIIS extend eligibility to all Australian residents paying the NIIS levy, including New Zealand nationals who are excluded from the NDIS despite being required to contribute towards the scheme**

6. **The NIIS extends eligibility beyond 65 years to at least mirror the age of retirement**

Part four – Financials

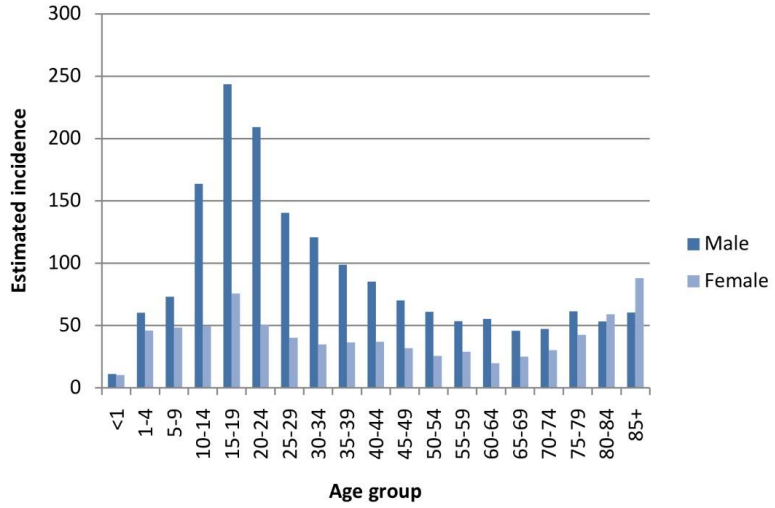
4.1 Risk rating

In the interim to the NIIS, the NDIS will provide a safety net for all eligible people irrespective of how they acquired their disability; the costs incurred from accidents will be absorbed by the already burdened disability scheme. Unlike congenital and genetic disabilities, those acquired through an accident, and specifically a MVA are potentially avoidable. For this reason those deemed more at risk or statistically more likely to be involved in a MVA, should be paying a higher premium for coverage.

For motor vehicle insurance policies throughout Australia this is already an integral aspect of how they function to provide a sustainable service. For the NIIS to achieve a sustainable and long term scheme Australia wide, a risk rating should be factored into premiums to recognise the increased probability of engaging in risky behaviour and probability of the vehicles being driven in protecting the passengers inside in the event of an accident. Injuries can be reduced if adequate measures through premiums are built into the scheme to make drivers take a greater account of their driving behaviours. While implementing a risk rating is not an appropriate addition to the NDIS, there is no logical reason for excluding this as a feature of the NIIS.

The most common form of disability resulting from a MVA is TBI or an SCI. As Figure 4 displays, the incidences of TBI occurring over 2008 vary substantially depending on age and gender, with 15 to 24 year old males being the most likely to incur this type of injury. While this is just one example of using statistical demographics to highlight the likelihood of future accidents, this same principal of insurance should be applied to all aspects of the NIIS to account for risk factors that may indicate a higher probability of an accident occurring.

Figure 4: Incident cases of TBI by Age and Gender, Australia 2008 [27]



[27] Https://www.tac.vic.gov.au/about-the-tac/our-organisation/research/tac-neurotrauma-research/vni/the20economic20cost20of20spinal20cord20injury20and20traumatic20brain20injury20in20australia.pdf

Source: The economic cost of spinal cord injury and traumatic brain injury in Australia; The Victorian Neurotrauma Initiative *(2008)*

Risk ratings should be factored into not only prior driving behaviour and driving record, but also the types of vehicle driven. This is due to evidence that supports the idea that road accidents vary considerably depending on the types of vehicles being driven (refer Figure 5). New Zealand's ACC takes into account the safety of the vehicle being registered and assigns a band that will dictate premium based on this risk. Costs vary between $68.46 and $241.13 depending on the safety that the car is likely to offer.[28]

Figure 5: Crash types and degree of casualty[29]

Types of crash	Fatal	Injured	Non casualty	Total
Car crash	235	14,796	21,566	36,597
Light truck	64	2,741	3,974	6,779
Heavy truck	60	877	1,426	2,363
Heavy rigid	22	436	741	1,199
Articulated truck	39	465	698	1,202
Bus	6	240	284	530
Emergency vehicle	4	91	110	205
Motorcycle	61	2,616	265	2,942
Pedal cycle	7	1,018	4	1,029
Pedestrian	54	1,649	4	1,707
All types	336	18,110	23,074	41,520

Source: Extract from Road Traffic Crashes in NSW, Statistical Statement for the year ended 31 December 2012

To provide an equitable insurance scheme that rewards reducing risky behaviour, and making safer choices in choosing vehicles, the NIIS would benefit from factoring in a risk rating to their premiums.

Recommendations

7. **Risk ratings be used to assess NIIS levies to reflect increased probability of risky behaviour and the safety rating of the car being driven**

[28] http://www.acc.co.nz/for-individuals/other-motorists/WPC137732
[29] http://roadsafety.transport.nsw.gov.au/downloads/crashstats2012.pdf

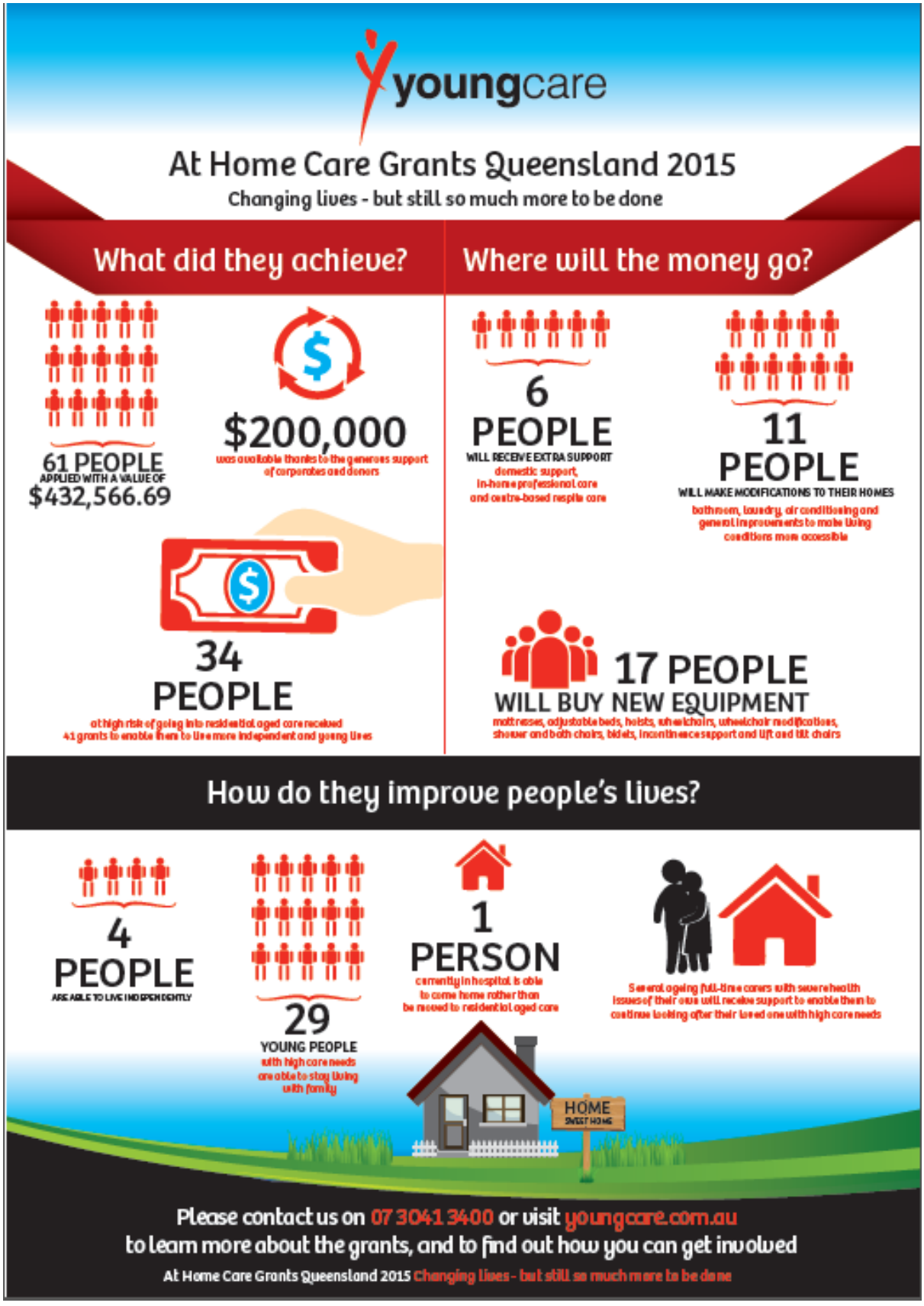
Conclusion

Youngcare believes an equitable and sustainable NIIS can be achieved by placing the primary focus of the scheme on the long term wellbeing of the participant; facilitating recovery and maximising independence.

Access to the MVA scheme which will grow to incorporate general, medical and work place accidents, should reflect our community by extending eligibility to all tax payers who are funding the NIIS levy, and age requirements should at least mirror our national age of retirement which will change over the coming years.

Factoring in a risk rating is also an essential element to providing a sustainable and equitable scheme.

Appendix


youngcare
At Home Care Grants Queensland 2015
Changing lives - but still so much more to be done
What did they achieve?
Where will the money go?
61 PEOPLE
APPLIED WITH A VALUE OF
$432,566.69
$200,000
was available thanks to the generous support of corporates and donors
6
PEOPLE
WILL RECEIVE EXTRA SUPPORT
domestic support, in-home professional care and centre-based respite care
11
PEOPLE
WILL MAKE MODIFICATIONS TO THEIR HOMES
bathroom, laundry, air conditioning and general improvements to make living conditions more accessible
34
PEOPLE
at high risk of going into residential aged care received 41 grants to enable them to live more independent and young lives
17 PEOPLE
WILL BUY NEW EQUIPMENT
mattresses, adjustable beds, hoists, wheelchairs, wheelchair modifications, shower and bath chairs, bidets, incontinence support and lift and tilt chairs
How do they improve people's lives?
4
PEOPLE
ARE ABLE TO LIVE INDEPENDENTLY
29
YOUNG PEOPLE
with high care needs are able to stay living with family
1
PERSON
currently in hospital is able to come home rather than be moved to residential aged care
Several ageing full-time carers with severe health issues of their own will receive support to enable them to continue looking after their loved one with high care needs
HOME
SWEET HOME
Please contact us on 07 3041 3400 or visit youngcare.com.au
to learn more about the grants, and to find out how you can get involved
At Home Care Grants Queensland 2015 Changing lives - but still so much more to be done

References

https://www.tac.vic.gov.au/providers/fees-and-policies/policy/supported-accommodation-services/residential-aged-care-process-and-funding
http://apps.treasury.act.gov.au/ltcss/ltcs-guidelines/eligibility-criteria-for-participation-in-the-lifetime-care-and-support-scheme
http://roadsafety.transport.nsw.gov.au/downloads/crashstats2012.pdf
http://www.aasw.asn.au/document/item/6808
http://www.acc.co.nz/for-individuals/other-motorists/WPC137732
http://www.aihw.gov.au/australias-health/2014/preventing-ill-health/
http://www.justice.qld.gov.au/__data/assets/pdf_file/0003/215256/people-with-disability-in-long-stay-health-care-facilities.pdf
http://www.lifetimecare.nsw.gov.au/__data/assets/pdf_file/0005/8744/Momentum__Edition_6_August_2014___140901.pdf
http://www.lifetimecare.nsw.gov.au/__data/assets/pdf_file/0020/9380/guidelines_for_levels_of_attendant_care_for_people_with_spinal_cord_injury.pdf
http://www.ndis.gov.au/news/release-sda-policy-framework
http://www.ndis.gov.au/people-disability/access-requirements
http://www.parliament.vic.gov.au/images/stories/committees/fcdc/inquiries/56th/sa/submissions/S79_Inability_Possability.pdf
http://www.summerfoundation.org.au/wp-content/uploads/2015/11/Abbotsford-Report_lowres.pdf
https://synapse.org.au/media/71265/acquired_brain_injury_-_the_facts_-_forth_edition__2013_.pdf
https://www.border.gov.au/about/corporate/information/fact-sheets/17nz
https://www.communities.qld.gov.au/resources/corporate/annual-reports/2013-14/annual-report.pdf
https://www.dss.gov.au/our-responsibilities/seniors/benefits-payments/age-pension
https://www.icwa.wa.gov.au/mvpi/greenpaper/submissions/Young%20People%20in%20Nursing%20Homes%20National%20Alliance.pdf
https://www.summerfoundation.org.au/resources/senate-inquiry-submission/
https://www.tac.vic.gov.au/about-the-tac/our-organisation/research/tac-neurotrauma-research/vni/the20economic20cost20of20spinal20cord20injury20and20traumatic20brain20injury20in20australia.pdf
https://www.tac.vic.gov.au/providers/for-health-professionals/hospital-resources/public/policy/hospitals-public#ABIRC
https://www.youngcare.com.au/wp-content/uploads/2015/03/150305-Senate-Inquiry-into-the-adequacy-of-existing-residential-care_You....pdf
http://www.suncorp.com.au/insurance/ctp/faq
https://www.health.qld.gov.au/townsville/Documents/executive/e_csp_bgp9_rehab_serv.pdf