BRAIN INJURY ASSOCIATION OF NSW INC.

MS SOCIETY

The NSW Council for Intellectual Disability

NCOSS

pwd people with disabilities

PDC Physical Disability Council of NSW

Younger People with Disability out of Nursing Homes

A Discussion Paper

September 2002

Why this discussion paper?

The agencies involved in this discussion paper believe that younger people[1] should not live in residential aged care facilities.

The purpose of this discussion paper is to:

- paint a picture of some lives of people with disability currently living in residential aged care facilities;
- provide an analysis of the issues surrounding people with disability in residential aged care facilities;
- explore some of the issues, possibilities and opportunities; and
- provide directions for possible solutions.

As a group of non- government agencies one of our aims for this discussion paper is to start debate amongst communities, government and non- government agencies about appropriate responses to the issues raised here and to assist in the formulation and development of solutions.

Underlying premises

This paper focuses particularly on people with long standing disability aged 50 years and under, but does not preclude people aged 50 - 65 who are also living in residential aged care facilities. The positions put forward in this discussion paper are underpinned by two premises:

- that younger people with disability should not be admitted to residential aged care facilities; and
- those currently living in residential aged care facilities should be relocated to community based placements with appropriate supports.

Who we are?

This discussion paper has been developed by a group of agencies concerned with the needs, rights and interests of people with disability. One of the goals of this group was to put the issues on the policy agenda, generate discussion and develop viable options for people with disability living in residential aged care facilities.

The following agencies have been involved in early discussions and the development of this discussion paper

- Brain Injury Association of NSW
- Multicultural Disability Advocacy Association of NSW
- MS Society of NSW
- NSW Council for Intellectual Disability

[1] In line with Home and Community Care, the definition of younger people refers to people under 65 years.

- NSW Council of Social Service
- People With Disabilities, NSW
- Physical Disability Council of NSW

The Community Services Commission and the Office of the Public Guardian also provided input to the development of the paper.

Who we are talking about?

The focus of this paper is solely on younger people with disability living in residential aged care facilities. This discussion paper is based on the understanding that residential aged care facilities are intended for older people and not appropriate for younger people with disability. We generally talk about families as being main carers or advocates. We recognise this is not always the case and some people may not have family members able to advocate. Alternatively partners, friends or others may act as advocates or carers.

While the issues are connected, this paper does not focus on issues and solutions for people with longstanding disability who are ageing and entering retirement age. [2]

The Current Situation

Why are younger people with disability in residential aged care facilities?

It appears that younger people with disability end up living in residential aged care facilities partly because there are no other options available. Even if there are other options, people end up in aged care facilities because these options are not sought and explored. In the past some of the reasons why younger people with disability entered residential aged care facilities included:

- A lack of other accommodation and support alternatives;
- Ageing carers 'bringing along' a family member with a disability when moving into the nursing home;
- Residential aged care facilities were perceived by many as the only 'secure' option;
- Residential aged care facilities were known to people while other alternatives were not generally well known and understood;
- A Residential aged care facility may be the only facility close to family members;
- Expectations of 'high quality' medical/ nursing care in residential aged care facilities; and
- Residential aged care facilities are seen as a 'final' alternative for people with high medical/ nursing care needs.

How many younger people with disability are in residential aged care facilities?

The number of younger people with disability in residential aged care facilities has been increasing since 1990.

[2] For people with long standing disability who are ageing refer to the Issues Paper by Aged and Community Services, NSW & ACT, ACROD and NCOSS on any of their websites called "People with longstanding disability who are ageing".

The following data is indicative only and does not represent absolute numbers.
The Australian Institute of Health and Welfare (AIHW) reported 2302 people aged under 65 years living in aged care facilities in NSW at June 1999 (AIHW, 2000). AIHW reported 2339 residents aged under 65 years in NSW at June 2001.[3]

Recent (unpublished) data obtained from the Commonwealth Department of Health and Aged Care indicates that in residential aged care facilities in NSW at June 2002 there are:

- 2215 people under 65 years (28 of whom are Aboriginal or Torres Strait Islander peoples);
- 420 people under 50 years (10 people are Aboriginal or Torres Strait Islander); and
- 28 people under 30 years (1 Aboriginal or Torres Strait Islander person).

Of those residents under 50 years, 344 are classified 'high care' (Nursing Home Level Care) and 67 classified 'low care' (Hostel Level Care) on the Department's Residential Classification Scale (RCS).

Of those residents under 30 years, 27 are classified high care and 3 are classified low care.

At a recent NSW Parliamentary Inquiry into Disability Services the Department of Ageing, Disability and Home Care made available the following:

> "The figure most often quoted is 1,316 people aged under 60 live in residential aged care facilities … 883 are aged between 50 to 60 years. 433 are aged 50 years or less. Of those aged 50 or less, one in ten have an intellectual disability or developmental disability, one in three have a brain injury, two in three require high levels of care"[4]

Funding and Program barriers

There are a range of program barriers, including barriers within and across Governments. Residential aged care facilities are funded by the Federal Government through the Department of Health and Aged Care. This funding is not part of the Commonwealth State (and Territory) Disability Agreement (CSTDA).

In the early '90s an attempt was made to relocate younger people with disability from residential aged care facilities through the provision of funds to State governments. Since then, a combination of pressures for discharge from hospitals (such as the improved treatment of people sustaining catastrophic injuries, such as brain injuries, as well as medical advances in treatment and maintenance of degenerative conditions) has meant that younger people with disability continue to be placed in residential aged care facilities due to lack of appropriate community based care options being researched and funded by State governments.

Community aged care packages (CACPs) in particular have been used to provide community care to younger people with disability. Although the program targets older people in the

[3] Residential Aged Care in Australia 2000-01: A Statistical Overview, AIHW, Cat. No. AGE-22
[4] Robert Griew evidence given to NSW Upper House Inquiry into Disability Services Transcript 9/05/02)

community who have complex care needs, younger people with disabilities can also receive packages if their care needs fit the criteria of the program and if there are no other appropriate services operating in their area. In 2000, the total number of CACP recipients was 16,000. Of those about 7% went to people aged under 65, and only 1% of care recipients were under the age of 50.[5]

It is estimated that the cost to accommodate a younger person in a nursing home is $319 per day[6]. The difficulty arises in enabling these funds to 'follow' a younger person with disability. This involves a transfer of funds from the Commonwealth Department of Health and Aged Care to pay for community based care as part of a disability accommodation funding program, which is considered a State responsibility under the CSTDA.

Lack of clarity of government responsibility

In order to provide appropriate supports to younger people with disability with high support needs currently living in residential aged care facilities, any approach must necessarily involve Commonwealth, State and local government agencies; particularly:

- NSW Department of Ageing, Disability and Home Care (DADHC)
- NSW Health
- NSW Department of Housing
- Planning NSW
- Transport NSW
- Local Government community service and planning sections
- Commonwealth Department of Family and Community Services
- Commonwealth Department of Health and Aged Care

The barriers to a joint approach range from resource constraints to an unwillingness to engage in and take responsibility for younger people.

For example, in providing services to younger people with high intensity needs, there is clearly an interface between their acute care needs and their need for accommodation and non-medical supports. The medical needs of people fall under the jurisdiction of NSW Health. Support services to people with disability are generally provided in the community or through DADHC disability services. Where people with disability have high medical needs it is unclear whether the primary responsibility falls with NSW Health or DADHC or both.

In addition, there has been a policy vacuum between the Commonwealth and State governments regarding the responsibility for younger people with disability currently living in residential aged care facilities

The 1997 Commonwealth Aged Care Act provides subsidies and services for older people in residential aged care facilities. These provisions are intended for older people, generally over 65

[5] Department of Health and Aged Care 1999
[6] The AGE 9.9.2001

years, although the legislation is not limited to that age group. Residential aged care facilities provide a range of levels of care for people in need of more intensive nursing care. People with disability in residential aged care facilities are taking places originally intended for older people requiring a degree of intensive nursing care. While the supports younger people need may mirror those of older people, they are not the same, nor should they be provided in the same way at the same location. Responsibility for ensuring that residential aged care facilities are providing services for the target group for whom they are funded should be clearly identified by government.

While there is no clarity of responsibility between State and Commonwealth governments, younger people with disability living in residential aged care facilities do not have access to the same provisions as people with disability receiving services under the NSW Disability Services Act 1993 (DSA). The DSA states that people with disability in NSW are entitled to the same basic human rights as other members of the community and to access the same opportunities, so far as possible, as people of the same age without disabilities. The placement of younger people in residential aged care facilities is inconsistent with the provisions of the DSA. Responsibility for ensuring that young people with disability receive services which accord with the principles of the DSA should be clearly identified by government.

Lack of options, information and certainty

Younger people in nursing homes and other residential aged care facilities reside there because of a lack of available, reliable and appropriate alternative service options. It could be argued that if such service options were generally known and available, no younger person with disability with high support needs would enter a residential aged care facility.

Carmel[7]

Carmel is 41 years old and has Turner's Syndrome. Until recently she lived independently in the community in her own flat.

In 1999 Carmel had a stroke and is now paralysed on the right side. She can walk with the help of a walking frame, but is prone to falls, and cannot use her right arm at all. After a spell in a residential aged care facility, her sibling had her moved to the residential aged care facility where her mother lives.

Carmel is extremely depressed at losing her independence. She has retained her flat, but does not have the support services to move back into it. The residential aged care facility does not take her out and so she spends all day, every day in the residential aged care facility, with no one of her own age to talk to.

Carmel attempted suicide and was sent to hospital briefly. She is now back at the residential aged care facility with support from the hospital, which means a psychiatric nurse visiting regularly. Carmel has declined to take anti-depressants as a trial of them made her feel less steady on her feet. Staff at the residential aged care facility are very concerned about Carmel.

[7] The names of individuals have been changed to protect their privacy. All case studies used in this discussion paper are based on real people and can be verified.

One argument used to justify admitting younger people with disability to residential aged care facilities is that the disability services sector does not have the capacity to provide for their needs. It is clear, however, that the real issue is much more likely to be about insufficient resources and in rural and regional areas a lack of resources and services. This lack of resources is underlined by the ability of people with sufficient funds (i.e. people with high and complex nursing care needs who have received sufficient compensation) to purchase appropriate support services privately in the community. Despite their complex needs these people do not move into residential aged care facilities. Therefore the availability of services is based on purchasing power which proves that with sufficient resources, capacity can be generated and alternative solutions can be found.

Often families have no information about the range of support options available through community care and other home supports which may delay the need for more intensive services. Families may also not have the experience or access to support to identify and plan appropriate community based care for their family member. Families feel they require certainty of service provision and decide that residential aged care facilities provide that certainty, despite not being the best service option for the younger person with disability.

Sandra

Sandra is 29 years old and has an intellectual disability; she is also wearing callipers and needs to take regular medication.

At the age of two Sandra was placed into care and spent the next sixteen years at a large residential facility for children. Since the closure of that facility, Sandra has lived in several residential aged care facilities.

The only family member who has any contact with Sandra is her grandfather, who is a GP. He has approved medication and gave consent to her being moved from one residential aged care facility to another. He is satisfied that she is being 'cared for' because she has a placement in the residential aged care facility. He is mistrustful of government departments and does not want DADHC to become involved.

Sandra has no day programs and receives only a very basic service from the residential aged care facility.

Placing a younger person in a residential aged care facility may be in response to a crisis and may appear to be the only option in the absence of more appropriate services available. High levels of unmet need for disability services also add to this crisis. Despite the best intentions for seeking appropriate placement, the admission of the younger person into a residential aged care facility immediately reduces their crisis in accommodation and support.

This lowers the priority rating for that younger person which in turn means that by being placed in the residential aged care facility the person is off the crisis/ priority list and therefore the person does not constitute a crisis for the government any longer.

Cultural Issues

While the problems experienced by any younger person with disability residing in a residential aged care facility also apply to Aboriginal and Torres Strait Islander (ATSI) peoples with

disability and people a from non-English speaking background (NESB) with disability, the emphases are different.

For many younger indigenous people with disability living in a nursing home the sense of isolation is enhanced when the person lives far from their own land, their home ground, their people.

The cost of travel for visits may be prohibitive for many families. In general, a family member with disability having to live in a residential aged care facility, away from their family, could exacerbate their sense of desolation and marginalisation. The inability of the family to provide for the person with disability may add to the pressures and guilt of families already affected by dispossession and oppression and can result in cutting all contact with the family member with the disability.

For some people from a NESB with disability one of the key issues is the perception that highly bureaucratic systems (such as residential aged care facilities) provide better care and support than families and non-institutionalised systems. In part, this belief is based on a perception of the efficacy and efficiency of 'white, western bureaucracy'. The dominance of those kinds of bureaucracies is seen by many as a pinnacle of civilisation, especially by those who arrive in Australia from countries with very few and not very well- developed bureaucratic systems.

This belief is also fuelled by a perception that professionals know best, which can result in a complete severance of any relationship between the younger person with the disability and their family.

In addition, the availability of ethno-specific cluster residential aged care facilities makes them a seemingly attractive alternative to disability services, which only provide very limited ethno-specific services. If there is any choice available to people, they have to choose between a culturally appropriate service and an age appropriate service.

Finally, the lack of extended family support systems (including the difficulties in obtaining carers' visas for family members from overseas) and the overall lower socio economic status of migrant families adds to the limited ability of families to support people with disability.

Morris

Morris is 54 and from the former Yugoslavia. He has a brain injury as the result of a motor vehicle accident. He is using a wheelchair, requires high levels of physical care and has limited ability to communicate verbally.

Morris has resided in a number of residential aged care facilities since his discharge from a brain injury unit in 1996. Although awarded a compensation payment, the amount is insufficient to provide him with the necessary funds to purchase accommodation and support in the community.

There are no ethno-specific accommodation services in the community; he presently lives in an ethno-specific cluster residential aged care facility.

Incompatibility of systems: younger people with disability in an aged care system

Currently assessments for eligibility to residential aged care facilities are undertaken by Aged Care Assessment Teams (ACATs). These teams are made up of professionals trained and focused on the assessment of older people.

Whilst ACAT assessments are one of the key pathways by which many people with disability enter residential aged care facilities, the capacity, skills and knowledge of these teams in assessing younger people with disability may be limited, due to the focus on older people. However, due to the high levels of unmet need in disability support and accommodation services and the number of people in 'crisis' seeking assessments by ACATs, there is significant pressure on ACATs to assess a younger person with disability for placement in residential aged care facilities.

It may also be possible that in those assessments the physical care needs of a person with disability are focused on and maybe overemphasised, whilst cognitive, behavioural, support, cultural and personal issues, in particular issues relating to sexuality, are overlooked, underestimated or discounted.

There is grave concern that residential aged care facilities are not obliged to respond to the changing needs of younger people with disability, either via monitoring and reassessment or development of an Individual Service Plan as required of disability services by the NSW DSA. It is possible that any focus on the cognitive, behavioral and social needs of a younger person with a disability occurs only when problems arise for the provider due to the person's expressed behaviours. For example, the nature of the disability of the younger person (e.g. alcohol related dementia) may cause additional problems if there is no access to any age-appropriate social life, no appropriate mechanism for sexual expression, no peers to talk to or to share interests with. A response by residential aged care providers is likely to be similar to the responses to people with age-related cognitive decline (for example, dementia and Alzheimer's disease).

Costa

Costa is 48 and experiences cognitive impairment due to alcohol related brain injury. He is physically able but cannot undertake activities of daily living and is at risk of neglect and vulnerable to abuse, if not provided with accommodation and care. His previous boarding house accommodation provided insufficient support and protection. Costa now lives in a residential aged care facility.

Furthermore, in a residential aged care facility environment the focus is clearly on maintenance, prevention and slowing of further deterioration. This is clearly different from the dominant focus in disability service provision, which is on identifying and developing people's ability and potential, and re-assessing and adapting this over time. Such a system of maintenance for many younger people with disability may result in a decrease of skills and abilities.

Amanda

Amanda is 21 and she has a moderate to severe intellectual disability as a result of a birth injury. She is using a wheelchair and has high physical care needs but no nursing needs. Amanda was placed in a residential aged care facility on leaving a residential 'special' school she had been attending.

The nursing home has over 100 residents. Amanda is the only person under 50 years of age. In the three years since her admission to the facility there has been an appreciable deterioration of her abilities and skills. Amanda has lost self-caring skills and now exhibits challenging behaviours. Amanda has little to stimulate her and she is clinically depressed.

It is the opinion of all professionals involved that Amanda's deterioration is due to the inappropriate environment she is living in.

In addition, deaths are a reality in residential aged care facilities. However, while death may be expected for older people who are in end stages of life, death ought not to be a frequent event in the environment of a younger person with disability. The placement of younger people in aged care facilities where death is an accepted and expected occurrence may contribute to the false perception that they are in end stages of life 'awaiting death' and this may influence the care received.

Bob

Bob is 56 years old and has a chronic depressive illness. He has attempted suicide on several occasions in the past. Bob has no physical care or nursing care needs but requires an environment that offers 24 - hour supervision to reduce the risk of further suicide attempts.

He was placed in a nursing home because there were no services that were prepared to provide the level of supervision required.

Overriding Principles

People with disability have a right to live as valued individuals receiving support to:

- live in safety and security, free from neglect, abuse and harm;
- experience opportunities for positive growth and development;
- be contributing members of their community.

These rights are stated in international conventions on the rights of people with disability and are further enshrined in the DSA.

The following system of support must be in place for people with disability to live valued lives in accordance with these principles:

- A lifetime guarantee of support for individuals with disability as and when needed;
- Planning and resources to provide a coherent and comprehensive system of support, i.e. a planned, resourced and effective service delivery and specialist support system through government and non-government agencies, including effective staff training; a planned and

resourced system to allocate funding packages to individuals; a planned and resourced system for allocating funds to meet developmental and changing needs of individuals;
- Service planning and design that identifies and highlights ongoing opportunities for learning and development;
- Infrastructure and specialist support to effectively support the individual, particularly as needs change;
- A planned, resourced and effective system of monitoring supports and services to ensure quality of service for the individual;
- A commitment to continuous improvement in service quality and effectiveness, including responsiveness to individual and changing needs;
- Community environments that are accessible and welcoming to, and inclusive of people with disability.

People with disability may experience vulnerabilities and therefore safeguards and protections are required. These are particularly critical when the individual is experiencing a major life-change. It is essential that the following safeguards are provided within the system of support for people with disability:

- Meaningful choice within the framework of the Disability Services Act, including:
    - a right to be consulted and participate in any change process;
    - choice of service provider and choice of how support is provided;
    - responsiveness to an individual's choice of life-style;
- Access to independent consent mechanisms, including guardianship;
- Access to independent advocacy support;
- Access to independent complaints and appeals processes;
- A responsive process, which assesses the recurring daily support needs of individuals and which includes an understanding of, and means of recording, the identified potential support needs of individuals to grow, develop and change.

Non- Compliance with NSW legislation affecting people with disability

At present, people with disabilities in NSW are covered by two key pieces of legislation - the NSW Disability Services Act 1993 (DSA) and the Community Services (Complaints, Reviews and Monitoring) Act 1993 (CRAMA).

The DSA provides for the funding and provision of accommodation and support services by state government and is underpinned by principles for service provision which address the rights of people with disability.

The residential aged care facilities which accommodate younger people with disability are covered by Commonwealth legislation and programs which have no reference to the needs, rights and interests of people with disability. Monitoring of residential aged care facilities only occurs in the context of the relevant Commonwealth legislation and has no reference to the NSW DSA.

Clearly, there is a joint Commonwealth/ State responsibility for the younger people who currently live in residential aged care facilities. The Commonwealth Aged Care Act governs the accreditation of approved aged care providers, including residential care. The NSW Nursing Homes Act governs the licensing and operation of residential aged care facilities in NSW. The DSA sets out the values, policy objectives and principles that govern the provision of services to people with disabilities in NSW. Clearly, the DSA makes provisions for younger people with disabilities, which the NSW Nursing Homes Act does not address.

The primary objective of the NSW Disability Services Act is to:

> *'ensure the provision of services necessary to enable people with a disability to achieve their maximum potential as members of the community'*

The objectives of the DSA that relate to community living and least restrictive alternatives do not apply to residential aged care facilities, therefore people with disability living in these facilities are not afforded the protection that the Act provides.

The following Applications of Principles of the *DSA* state that services and programs must be implemented so as to:

a) have as their focus the achievement of positive outcomes for persons with disabilities, such as increased independence, employment opportunities and integration into the community

In residential aged care facilities people have no employment opportunities and limited opportunity to increase independence.

d) meet the individual needs and goals of the persons with disabilities receiving services

In residential aged care facilities there is no requirement for individual planning aside from medical treatment. There is no opportunity to plan for individual needs and goals.

g) promote the participation of persons with disabilities in the life of the local community through maximum physical and social integration in that community

In residential aged care facilities there is little opportunity for people to be involved in community life.

h) ensure that no single organisation providing services exercises control over all or most aspects of the life of a person with disabilities

While living in residential aged care facilities the lives of people with disability are usually controlled by that facility.

j) provide opportunities for persons with disabilities to reach goals and enjoy lifestyles which are valued by the community generally and are appropriate to their chronological age

It is unlikely that a person with disability living in a residential aged care facility will have access to age-appropriate activities.

l) ensure that persons with disabilities have access to advocacy support where necessary to ensure adequate participation in decision-making about the services they receive

Residents of services funded or provided under the DSA are entitled to the protections of CRAMA. These include independent complaint mechanisms, opportunity for review of their care circumstances and access to the Community Visitor Scheme which reports to the Minister and the Commissioner for Community Services.

While people living in residential aged care facilities will receive visits from the Commonwealth Community Visitors, this is a volunteer scheme which lacks the legislative basis for visitors to report or act on concerns about residents' care. In addition, while residents of aged care facilities have access to the Aged Care Complaints Resolution Scheme, their complaints can only be dealt with in the context of the service type, with no reference to the DSA and its related Service Standards.

Issues and Questions

Below are a set of issues and questions which need to be debated and resolved in order to move on the issues of younger people with disability living in residential aged care facilities. The list of issues and questions has been divided into several themes, may be seen as a starting point only and can and will be developed further as understanding about this issue increases amongst the communities, non- government agencies and the relevant government agencies.

1. Needs:

- What do younger people with disability need to ensure they are supported adequately to live the fullest life possible?
- What about workable solutions for people with high complex care needs? In providing services to younger people with high intensity needs, how can their needs for acute care, accommodation and non-medical support be met in a 'seamless' way, across the various governments, government and non- government agencies responsible for meeting those different needs?
- What happens for the people in similar circumstances and levels of need?

2. Transition:

- How can younger people currently living in aged care facilities be moved into more appropriate accommodation?
- What happens when the ACAT no longer access people with disability at all?
- What strategies must be implemented when a policy of no - new admissions is introduced?

3. Models:

- What is the best practice currently available to younger people with intense / support needs who are already living in the community?
- Are there examples of innovative programs elsewhere in Australia and internationally that might be adapted or accessed for this group of people?
- What examples are available to show successful community based services in practice?

4. Capacity Building:

- How to build the best services?
- Are there appropriate services and supports available and are those supports and services available in non- metropolitan areas?
- How can the service sector build capacity to respond to cultural diversity?
- How can we replicate current best practice consistently across the whole State?
- What barriers exist in current service provision that prevent best practice from becoming state wide standard practice?
- What examples of good practice are currently being pilot funded?
- What pilot projects have been evaluated?

5. Funding:

- Where will the money come from?
- What will happen to the dollars spent on younger people with disability currently living in aged care facilities?

6. Government:

- What level of Government is responsible?
- Who will monitor the services?
- Older people with high support needs receive Commonwealth service provision, younger people with disability may have similar high support needs but requiring different supports – does this indicate a Commonwealth responsibility?
- Should people with disability currently residing in residential aged care facilities be included in Stage 2 of the NSW Devolution commitment and where will the money come from?
- If in the case of people with disability with high intensity support needs there is a joint state government responsibility for support services to people with disability, how can this responsibility be extended to younger people in nursing homes for re-location and no further admissions?

Towards Solutions

There was a clear understanding and commitment amongst the members of the group that maintaining the status quo is not an option. Doing nothing now means more and more younger people with disability have no alternative but to enter a residential aged care facility

We believe that in order to move this issue forward the following steps should to be taken:

- A policy of no new admissions into residential aged care facilities for younger people with disability.

- Development of an action plan for moving all younger people with disability currently living in residential aged care facilities into community living, giving priority to the youngest. Such a plan must be based on a flexible approach that takes advantage of opportunities arising regardless of age.

- Development of pathways for people with disability which exclude residential aged care facilities as an option.

- Urgent resolution of the State and Commonwealth Government dispute about who is responsible and of the cross-government issues.

How to respond to this discussion paper?

If you would like to contribute to the discussion about the issues raised in this paper you can do this by emailing any of the following people at the following organisations:

Agency	Contact	email	Phone
Brain Injury Association of NSW	Bill Higman	bill@biansw.org.au	9749 5366
Multicultural Disability Advocacy Association	Barbel Winter	mdaa@mdaa.org.au	9891 6400
MS Society of NSW	John Roubicek	pr@msnsw.org.au	9646 0600
NSW Council of Social Service	Christine Regan	chrisr@ncoss.org.au	9211 2599 ext. 108
Physical Disability Council of NSW	Dougie Herd	eo@pdcnsw.org.au	9552 1606
People With Disabilities, NSW	Rob Lake	RobL@pwd.org.au	9319 6622
NSW Council for Intellectual Disability	Helena O'Connell	Helena@nswcid.org.au	9211 1611