



Joint Standing Committee on the National Disability Insurance Scheme

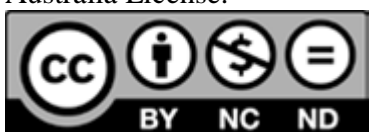
Progress Report

March 2019

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Senator Alex Gallacher, Deputy Chair (from 15 Sep 2016)	ALP, SA
Senator Slade Brockman (from 17 Aug 2017)	LP, WA
Senator Carol Brown (from 11 Oct 2016)	ALP, TAS
Hon Linda Burney MP (from 10 Sept 2018)	ALP, NSW
Senator Jonathon Duniam (from 12 Sep 2016)	LP, TAS
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Senator Jane Hume (from 12 Sep 2016 to 17 Aug 2017)	LP, VIC
Senator Malarndirri McCarthy (14 Sep 2016 to 9 Nov 2016)	LP, VIC
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ABBREVIATIONS

ACD	Association for Children with Disability
ACT	Australian Capital Territory
ASD	Autism Spectrum Disorder
CALD	Culturally and Linguistically Diverse
COAG	Council of Australian Governments
D2DL	Support for Day to Day Living in the Community
DRC	Disability Reform Council
ECEI	Early Childhood Early Intervention
ECEIA	Early Childhood Early Intervention Australia
ECI	Early Childhood Intervention
ILC	Information Linkages and Capacity Building
IPR	Independent Pricing Review
LAC	Local Area Coordination
LACs	Local Area Coordinators
MHCC	Mental Health Coordinating Council
MHR:CS	Mental Health Respite: Carer Support
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDS	National Disability Services
NSW	New South Wales
NT	Northern Territory
PLR	Provider of Last Resort
PHaMs	Personal Helpers and Mentors

PIR	Partners in Recovery
QLD	Queensland
SA	South Australia
TAS	Tasmania
VCOSS	Victorian Council of Social Service
VIC	Victoria
VMIAC	Victorian Mental Illness Awareness Council

Recommendations

Provision of services under the NDIS for people with psychosocial disabilities

Recommendation 1

2.66 The committee recommends the NDIA immediately commit resources to work with the mental health sector to refine the psychosocial disability stream before it is rolled out nationally to ensure it is fit-for-purpose.

Recommendation 2

2.68 The committee recommends the NDIA immediately commit resources to provide additional training in mental health to staff and planners to rollout the psychosocial disability stream nationally during 2019.

Recommendation 3

2.72 The committee recommends the Australian Government extend funding for PIR, PHaMs and D2DL programs until 30 June 2021 and make public by 30 June 2020 how it intends to deliver longer-term arrangements for existing program clients not eligible for the NDIS.

Recommendation 4

2.74 The committee recommends the Council of Australian Government (COAG) conduct an audit of all Australian, state and territory services, programs and associated funding available for mental health.

Provision of services under the NDIS Early Childhood Early Intervention Approach

Recommendation 5

2.124 The committee recommends the NDIA immediately commit the necessary resources to address the delays experienced by families to access services under the ECEI pathway.

Recommendation 6

2.126 The committee recommends the NDIA introduce Key Performance Indicators for its ECEI partners that stipulate a maximum time to complete each step of the access, planning and plan approval processes to ensure all eligible children have an approved plan ready for implementation within three months of being in contact with an ECEI partner.

Recommendation 7

2.127 The committee recommends the NDIA report on how long it takes for eligible children to get a plan under the ECEI pathway as part of its Quarterly Reports.

Recommendation 8

2.129 The committee recommends that an evaluation of the pricing of Early Childhood Intervention services is undertaken as part of the next annual NDIS pricing review.

Recommendation 9

2.131 The committee recommends the NDIA develop, in collaboration with the Early Childhood Intervention sector, an Early Childhood Intervention strategy that sets a national and consistent approach to the delivery of Early Childhood Intervention services under the NDIS.

Transitional arrangements for the NDIS

Recommendation 10

2.180 The committee recommends the Council of Australian Governments (COAG) Disability Reform Council agree to put in place a formal mechanism that ensures a person-first principle is applied in the delivery of services in the event of funding disputes between the NDIA and mainstream services.

Recommendation 11

2.183 The committee recommends NDIA start trialling alternatives to a fee-for-service delivery model to address thin markets in rural and remote areas by the end of 2019.

Recommendation 12

2.186 The committee recommends the NDIA make public how it will ensure provision of services in case of market failure in rural and remote areas.

Recommendation 13

2.189 The committee recommends the NDIA establish within the Complex Needs pathway a unit in each jurisdiction responsible for coordinating and ensuring crisis service provision.

Provision of hearing services under the NDIS

Recommendation 14

2.212 The committee recommends the NDIA ensure that the hearing referral pathway delivered by Australian Hearing is available to all children.

Recommendation 15

2.214 The committee recommends Australian Hearing be formally appointed as the independent referral pathway for access to early intervention services under the NDIS on an ongoing basis, and funded appropriately for this role.

Disability workforce

Recommendation 16

3.17 The committee recommends the NDIA consider how to better reflect in its pricing of supports the additional administration and professional development costs associated with operating in the NDIS environment as part of the next annual NDIS pricing review.

Recommendation 17

3.34 The committee recommends that the NDIS Quality and Safeguards Commission urgently review the impact of its regulatory requirements on sole providers and small to medium sized businesses providing disability services and report to the parliament on its findings.

NDIA engagement with the disability sector

Recommendation 18

3.58 The committee recommends the Australian Government consider adding to the Guiding Principles of the NDIS Act, a further principle aimed at ensuring that the NDIA systematically engage and collaborate with the disability sector and people with disability in the development and review of its operational plans and guidelines.

Chapter 1

Introduction

1.1 The Parliamentary Joint Standing Committee on the National Disability Insurance Scheme (the committee) was established on 1 September 2016 following the passing of a resolution in the Senate and the House of Representatives. The committee is comprised of five members and five senators and is tasked with reviewing:

- (a) the implementation, performance and governance of the National Disability Insurance Scheme (NDIS or the Scheme);
- (b) the administration and expenditure of the NDIS; and
- (c) such other matters in relation to the NDIS as may be referred to it by either House of the Parliament.¹

1.2 The committee's establishing resolution requires the committee to present an annual report to the Parliament on the activities of the committee during the year, in addition to reporting on any other matters it considers relevant.

Structure of the report

1.3 This is the second progress report of the committee in the 45th Parliament. The report covers events from 1 July 2017 to 31 December 2018. Chapter 1 provides an overview of the committee's activities during the period and the activities of NDIA, the DRC, the Quality and Safeguards Commission, bodies whose responsibilities relate to the implementation, performance and governance of the NDIS. Chapter 2 explores issues raised in evidence. Chapter 3 considers potential future areas of inquiry.

Conduct of inquiry

1.4 The committee received 71 submissions from individuals and organisations in the period since its last progress report was tabled in September 2017. Submissions are listed in Appendix 1.

1.5 The committee also conducted eight public hearings:

- 21 September 2017 in Darwin;
- 26 September 2017 Brisbane;
- 27 September 2017 in Adelaide;
- 4 October 2017 in Hobart;
- 8 November 2017 in Melbourne;
- 15 March 2018 Townsville;

1 House of Representatives, *Votes and Proceedings*, No. 3, 1 September 2016, pp. 78–80.

- 17 April 2018 in Perth; and
- 26 February 2019 in Melbourne.

1.6 Transcripts from these hearings, together with submissions and answers to questions on notice are available on the committee's website. Witnesses who appeared at the hearings are listed in Appendix 3.

Note on terminology and references

1.7 References to submissions in this report are to individual submissions received by the committee. References to Committee Hansard are to official transcripts.

Acknowledgements

1.8 The committee thanks all those who contributed to the inquiry by lodging submissions, providing additional information, or expressing their views through correspondence. The committee acknowledges those who gave their time to attend the public hearings and give evidence.

Committee activities

1.9 The committee completed eight inquiries during the period:

Inquiry	Submissions	Report Tabled	Government Response
Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition	130	15 August 2017	Received 6 March 2018
Provision of hearing services under the NDIS – Interim Report	55	14 September 2017	Received 6 March 2018
Provision of services under the NDIS ECEI Approach	76	7 December 2017	Received 3 May 2018
Transitional arrangements for the NDIS	82	15 February 2018	Received 19 June 2018
Provision of hearing services under the NDIS – Final Report	As above	21 June 2018	Received 14 November 2018
Market Readiness	101	20 September 2018	Not yet received

Provision of assistive technology under the NDIS	73	12 December 2018	Received 7 March 2019
NDIS ICT Systems	31	21 December 2018	Received 7 March 2019

National rollout of the NDIS

1.10 The NDIS became operational on 1 July 2013 with the commencement of the trial sites. From 1 July 2016, the NDIS commenced transition to full Scheme on a geographical or age basis. The rollout is being completed progressively:

- ACT completed transition to the Scheme in July 2017;
- NSW and SA completed transition in July 2018;
- VIC, QLD, NT, and TAS are expected to be completed by July 2019; and
- WA will be completed by 2020.

1.11 On 1 January 2019, the NDIS rolled out to all remaining groups across Victoria, Tasmania, and Queensland. This means that the Scheme is available to all eligible Australians in all states and territories except WA.

1.12 At full Scheme, approximately 460 000 people are expected to be supported by the NDIS. In January 2019, the Scheme reached a major milestone with more than 250 000 participants receiving support.²

1.13 At the end of December 2018, 244 653 participants had an approved plan.³ The actual number of participants with approved plans falls well below the projected bilateral estimates for the period—315 721 participants were expected to have had approved plans by this time. According to the NDIA, the main reasons for only meeting 76 per cent of the estimates were availability of data and difficulties contacting participants from transitioning programs, some individuals deciding not to apply for the Scheme, and others no longer requiring support.⁴ A breakdown of participants with approved plans by state and territory has been provided in Table 1.1.

2 The Hon Paul Fletcher MP, Minister for Families and Social Services, and the Hon Sarah Henderson MP, Minister for Families and Social Services, 'A quarter of a million Australians now benefitting from NDIS', *Media Release*, 21 January 2019.

3 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 49.

4 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 13.

Table 1.1—NDIS state and territory participants with approved plans (including ECEI) compared to bilateral estimates at 31 December 2018

State/Territory	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Participants with approved plans	98 858	60 725	35 491	9607	24 826	5528	7451	2167
Bilateral estimates	128 755	75 015	58 759	8340	29 120	7270	5075	3386

Source: NDIS, 2nd *Quarterly Report*, 31 December 2018 pp. 81, 106, 131, 156, 182, 208, 232, and 257.

NDIA activities

1.14 This section briefly lists the NDIA's activities over the period. However according to evidence received by the committee not all of these activities have resulted in substantial improvements, as many of the committee inquiries have shown. Many developments and pilots have yet to be rolled out nationally, or evaluated for their effectiveness.

Participant pathway

1.15 Throughout 2016–17, it became clear that the NDIA's processes and systems were not resulting in a high quality experience for participants or providers. The Agency undertook a review of its participant and provider pathways in 2017 to identify what participants and providers wanted and strategies for improvement. Through this process, it was established that participants wanted a consistent point of contact, face-to-face plan development, transparency in how information is used to develop plans, easy-to-understand accessible communications, and improved interaction between the Agency and mainstream services. Providers wanted an enhanced NDIS portal and tools, consistent policies and information, straightforward processes that reduced administrative costs, and improved communication with the Agency.⁵

1.16 As a result, the NDIA committed to progressively piloting and implementing improvements to its pathways, including face-to-face planning meetings, enabling accelerated reviews for minor changes to participants' plans, pairing participants with a consistent point of contact such as an a LAC, re-designing plans to make it easier for participants to understand, and allowing participants to see a working version of their plan as it is being developed to allow for any queries to addressed before the plan is finalised.⁶

5 NDIA, *Improving the NDIS Participant and Provider Experience*, 26 February 2018, pp. 4 and 10.

6 NDIA, 'NDIS pathway pilot released', *Media Release*, 16 November 2017; and NDIA, *Improving the NDIS Participant and Provider Experience*, 26 February 2018, p. 40.

1.17 The new general pathway experience began rolling out in WA and the ACT in September 2018, followed by NSW from October 2018, and Tasmania and Victoria from November 2018.⁷ Claimed improvements included a new-look NDIA plan, a new complex supports needs pathway, and improvements to better support people with psychosocial disability.⁸ Plans were made available in braille, hard copy, and on the portal for participants who had received their first plan or undergone a plan review,⁹ and systems changes were implemented and designed to help reduce the administrative burden of conducting reviews that required minor alterations to plans.¹⁰

Communication improvements

1.18 The NDIA has claimed it has made several enhancements to its communications as a result of its review. For example, it transitioned to a new contact centre provider, released planning booklets to help stakeholders understand the NDIS pathway and manage their expectations, and the NDIS website was refreshed.¹¹

1.19 A Participant Pathway Reference Group and an Autism Advisory Group were established to provide advice to the Agency and support continuous refinement of pathways.¹² Likewise, the Stakeholder Engagement Management Model and the CEO Forum were founded to provide an avenue for emerging issues to be identified and resolved directly with the Agency.¹³

NDIA workforce

1.20 During the period, the Agency expanded its senior management model to introduce dedicated roles focused on tailored pathway cohorts.¹⁴

1.21 Former Minister for Social Services, the Hon Dan Tehan, announced in August 2018 that the Agency would be supplemented by 750 staff over 12 months, there would be targeting training of 6000 planners and frontline staff, and the NDIA's

7 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 26.

8 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 26.

9 The Hon Sarah Henderson MP, Minister for Families and Social Services, 'New-format NDIS plan released this week', *Media Release*, 5 November 2018.

10 NDIA, *Annual Report 2017–18*, p. 16.

11 NDIA, *NDIS pathway reform*, 16 January 2019, <https://www.ndis.gov.au/news/1215-ndis-pathway-reform> (accessed 12 March 2019); and NDIA, *From the CEO December update*, <https://www.ndis.gov.au/news/ceo/ceo-december-update> (accessed 12 March 2019).

12 NDIA, *Improving the NDIS Participant and Provider Experience*, 26 February 2018, p. 38; and NDIA, *From the CEO July 2018*, <https://www.ndis.gov.au/news/ceo/ceo-july-2018> (accessed 12 March 2019).

13 NDIA, *Annual Report 2017–18*, p. 31.

14 NDIA, *Update on NDIA operating model*, 29 July 2018, <https://www.ndis.gov.au/news/473-update-ndia-operating-model> (accessed 12 March 2019).

staffing cap would be increased over 2018–19, 2019–20, and 2020–2021 to bring the ongoing cap to 3400.¹⁵

Assistive technology

1.22 In relation to assistive technology, the Agency removed the need for participants to obtain quotes for low-cost, low-risk assistive technology up to \$1500, and established an Assistive Technology and Home Modifications team to improve processes.¹⁶

Independent functional assessments

1.23 From November 2018 to February 2019, the NDIA piloted the use of independent health professionals using standardised tools to determine the functional impact of disability for people aged seven years and older.¹⁷ It is hoped that this will more objectively inform access and ongoing eligibility decisions, and help determine a more equitable allocation of supports to participants.¹⁸

Tailored pathways

1.24 Following the pathway review, the Agency committed to tailoring the participant pathways of specific populations, including young children, people with more complex needs, people with psychosocial disability, people from Aboriginal and Torres Strait Islander communities, people living in remote and very remote communities, and people from culturally and linguistically diverse (CALD) communities.¹⁹ Consultation with participants and stakeholders identified common themes, including the need for improved NDIS resources and communication, improvements to training for NDIA staff and LAC partners, and stronger connections with local communities regarding the rollout of the NDIS.²⁰

Early childhood intervention

1.25 According to the NDIA, the ECEI tailored review focussed on timely access to family-centred intervention, flexible support models, and evidence-based assessment of needs by Partners to inform access.²¹

15 The Hon Dan Tehan MP, Former Minister for Social Services, 'Improved experience for NDIS participants and providers', *Media Release*, 24 August 2018.

16 NDIA, *Submission 50 (Assistive Technology inquiry)*, p. 5; NDIA, *From the CEO October 2018*, <https://www.ndis.gov.au/news/ceo/ceo-october-2018> (accessed 12 March 2019); and NDIA, *From the CEO December update*, <https://www.ndis.gov.au/news/ceo/ceo-december-update> (accessed 12 March 2019).

17 NDIA, *NDIS Independent Assessment Pilot*, 7 November 2018, <https://www.ndis.gov.au/news/523-ndis-independent-assessment-pilot> (accessed 12 March 2019).

18 NDIA, *Annual Report 2017–18*, p. 8.

19 NDIA, *Improving the NDIS Participant and Provider Experience*, 26 February 2018, p. 26.

20 NDIA, *From the CEO May 2018*, <https://www.ndis.gov.au/news/ceo/ceo-may-2018> (accessed 12 March 2019).

21 NDIA, *Improving the NDIS Participant and Provider Experience*, 26 February 2018, p. 26.

1.26 In November 2018, the NDIA ECEI national team was rebranded the NDIA Early Childhood Services Branch and made responsible for supporting and improving the ECEI approach by analysing ECEI Partner activity, training Partners and staff in the approach, providing clinical advice and expertise, resolving systemic issues, and identifying and mitigating risks.²²

1.27 In January 2019, the NDIA website was refreshed to show simplified pathways into the Scheme and information was rewritten to improve consistency and clarity of the ECEI approach for stakeholders.²³ Early Childhood Partners were flagged to receive a new prioritisation framework in February 2019 to ensure sure those most in need access services first.²⁴ The Agency also indicated that ECEI Practice Officers would be placed across the country to strengthen delivery of ECEI practice through Partners and NDIA staff by March 2019, and that information booklets would be released to improve stakeholders' understanding about the roles of the Scheme, partners, and families in addressing the needs of children.²⁵

Hearing stream

1.28 To try to ensure that children under six years of age receive early intervention services more quickly after diagnosis, the Agency implemented a streamlined access process for children with hearing impairments on 20 August 2018.²⁶ Under the arrangements, Australian Hearing provides the NDIA with evidence of disability, severity level, and recommendations for access.²⁷ Once access has been approved, children are referred to a specialist NDIA planner for finalisation and approval of an interim plan that provides funding based on the severity of hearing loss.²⁸ An ECEI Partner should then follow up with the family to help with access to broader supports.²⁹ The arrangements are in place until June 2020.³⁰

People with complex needs

1.29 For participants who require more assistance to navigate the Scheme, the Agency began implementing a Complex Needs Pathway from 30 November 2018. The pathway involves dedicated specialised planning teams, and liaison and support

22 NDIA, *Response to question on notice SQ-000019*, received 22 February 2019.

23 NDIA, *Response to question on notice SQ-000022*, received 22 February 2019.

24 NDIA, *Pathway reform - what's happening in 2019*, <https://www.ndis.gov.au/about-us/ndis-pathway-reform/pathway-reform-whats-happening-2019> (accessed 12 March 2019).

25 NDIA, *Response to question on notice SQ-000019*, received 22 February 2019; and NDIA, *Pathway reform - what's happening in 2019*, <https://www.ndis.gov.au/about-us/ndis-pathway-reform/pathway-reform-whats-happening-2019> (accessed 12 March 2019).

26 NDIA, *Annual Report 2017–18*, p. 18.

27 *Government Response*, Hearing services Final Report, p. 4.

28 NDIA, *Annual Report 2017–18*, p. 18.

29 *Government Response*, Hearing services Final Report, p. 4.

30 *Government Response*, Hearing services Final Report, p. 4.

coordinators, designed to help participants transition from other government services, develop plans, and/or access supports.³¹

People with psychosocial disability

1.30 A new 'psychosocial disability stream' designed to improve the pathway experience for people with psychosocial disability and their families was announced late 2018. The stream includes specialised planners and LACs, better linkages between mental health services, the NDA, and partners, and a focus on recovery-based planning and episodic needs.³² The Agency has also stated that it has begun upskilling its workforce to better understand psychosocial disability, with staff in Tasmania and SA already trained and staff in Victoria and Queensland to receive training from February 2019. Arrangements for the remaining states and territories were being finalised at time of writing.³³

Aboriginal and Torres Strait Islander peoples

1.31 The Agency is working to develop a collaborative planning and working model to meet the needs of Aboriginal and Torres Strait Islander peoples with disability. From October 2017 to March 2018, it undertook consultations with Aboriginal and Torres Strait Islander peoples in nine locations around the country,³⁴ and introduced senior roles focused on *Aboriginal and Torres Strait Islander Access and Service Innovation* and *Rural and Remote Service and Strategy* in September 2018.³⁵

1.32 The NDIA developed targeted communications for Aboriginal and Torres Strait Islander peoples with a disability which were tested with stakeholders in October 2018. It has also reported that it is working with communities to tailor its communication products to local language groups.³⁶ A key peak organisation in the Aboriginal and Torres Strait Islander disability sector was also contracted to provide a picture based resource known as *Our Way* that explains the concept of disability, the role of the NDIS, and what may be included within an NDIS plan, and is set to be trialled in Aurukun and Hope Vale.³⁷

31 The Hon Sarah Henderson MP, Minister for Families and Social Services, 'Improved NDIS planning for people with complex support needs', *Media Release*, 16 November 2018.

32 The Hon Paul Fletcher MP, Minister for Families and Social Services, and the Hon Sarah Henderson MP, Minister for Families and Social Services, 'Government announces improved NDIS mental health support', *Media Release*, 10 October 2018.

33 NDIA, *Pathway reform - what's happening in 2019*, <https://www.ndis.gov.au/about-us/ndis-pathway-reform/pathway-reform-whats-happening-2019> (accessed 12 March 2019).

34 NDIA, *Improving the NDIS Participant and Provider Experience*, 26 February 2018, p. 28; and *Government Response to Provision of services under the NDIS ECEI approach*, received 3 May 2018, p. 8.

35 NDIA, *Update on NDIA operating model*, 29 July 2018, <https://www.ndis.gov.au/news/473-update-ndia-operating-model> (accessed 12 March 2019).

36 NDIA, *Response to question on notice SQ-000024*, received 22 February 2019.

37 NDIA, *Response to question on notice SQ-000024*, received 22 February 2019.

CALD communities

1.33 In 2017, the NDIA made arrangements with Translation and Interpreting Services National to provide participants with access to NDIA-funded interpreters when developing and implementing their NDIS plans.³⁸

1.34 In early 2018, the Agency undertook consultations with people who identify from a CALD background in Sydney and Melbourne.³⁹ It released Easy English and braille versions of the participant planning booklets in print and online, and expected translated versions to be available nationally from early 2019.⁴⁰ Information on a range of NDIS topics (such as psychosocial disabilities, self-management of NDIS plans and early childhood intervention) for the NDIS website was also being translated into 12 languages other than English.⁴¹

Improvements to the portal

1.35 In an effort to improve participant and provider experience, plan quality, and outcomes, the Agency commenced a Portal Enhancement project in March 2018. During the year, the Agency updated the portals to:

- give participants the option of sharing parts of their plan with providers;
- allow participants and providers to amend service bookings;
- allow participants to remove unaccepted service bookings;
- allow participants to receive SMS alerts when changes are made to bookings;
- give providers a new dashboard;
- allow providers to delete service bookings that do not have a claim or payment;
- allow providers to review daily alerts of bookings that require action;
- improve the participant search function;
- provide step-by-step guides to assist users in operating the platform; and

38 NDIA, *Response to question on notice SQ-000024*, received 22 February 2019.

39 *Government Response to Provision of services under the NDIS ECEI approach*, received 3 May 2018, p. 8.

40 NDIA, *Response to question on notice SQ-000024*, received 22 February 2019.

41 NDIA, *Response to question on notice SQ-000024*, received 22 February 2019; and NDIA, *Pathway reform - what's happening in 2019*, <https://www.ndis.gov.au/about-us/ndis-pathway-reform/pathway-reform-whats-happening-2019> (accessed 12 March 2019).

- add new search features and mapping tools to the Provider Finder.⁴²

Provider pathway

1.36 The Agency's pathways review identified a number of improvements for service providers in their interactions with the Scheme. Through the process, providers established that they wanted an enhanced NDIS portal and tools, consistent policies and information, straightforward processes that reduced administrative costs, and improved communication with the Agency.⁴³

1.37 As a result, the Agency committed to reducing wait times through the NDIS Contact Centre and National Provider Payments Team, and enhancing the portal and NDIS website.⁴⁴ New senior leadership roles were introduced to support provider and stakeholder engagement from September 2018.⁴⁵ The Provider Relationship Management Model was rolled out early 2019 to provide a dedicated point of contact for over 400 large providers.⁴⁶

Growth of providers

1.38 At the start of July 2017, there were approximately 8698 providers registered with the Scheme, of which 46 per cent were active.⁴⁷ By 31 December 2018, there were 19 075 registered providers in the Scheme, of which, 55 per cent were active.⁴⁸

Market development activities

1.39 The NDIA is working to develop a competitive provider market. In the period, the Agency launched an enhanced Provider Toolkit to assist businesses considering entering the scheme, released the Assistive Technology Market Insight, and the NDIS Market Enablement Framework.

42 NDIA, *Improving the NDIS Participant and Provider Experience*, 26 February 2018, p. 39; NDIA, *Latest myplace improvements*, 8 August 2018, <https://www.ndis.gov.au/news/467-latest-myplace-improvements> (accessed 12 March 2019); *Myplace provider portal enhancement*, 5 September 2018, <https://www.ndis.gov.au/news/432-myplace-provider-portal-enhancement> (accessed 12 March 2019); NDIA, *Annual Report 2017–18*, p. 22; and NDIA, *NDIS pathway reform*, 16 January 2019, <https://www.ndis.gov.au/news/1215-ndis-pathway-reform> (accessed 12 March 2019).

43 NDIA, *Improving the NDIS Participant and Provider Experience*, 26 February 2018, pp. 4 and 10.

44 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 31.

45 NDIA, *From the CEO July 2018*, <https://www.ndis.gov.au/news/ceo/ceo-july-2018> (accessed 12 March 2019); and NDIA, *From the CEO August 2018*, and <https://www.ndis.gov.au/news/ceo/ceo-august-2018> (accessed 12 March 2019).

46 NDIA, *From the CEO December update*, <https://www.ndis.gov.au/news/ceo/ceo-december-update> (accessed 12 March 2019).

47 NDIA, *COAG Disability Reform Council Quarterly Report*, 30 June 2017, p. 41.

48 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 30.

1.40 The Provider Toolkit is supposed to assist businesses considering entering the scheme. It was refreshed in November 2017 to improve navigability and incorporate e-learning modules and self-assessment checklists.⁴⁹

1.41 The Assistive Technology Market Insight was released in December 2017. It provides information designed to help providers understand consumer demand for AT in the NDIS and identify potential opportunities for business growth across geographic regions and product groups.⁵⁰

1.42 The NDIS Market Enablement Framework was released in November 2018. It outlines how the NDIA intends to fulfil its role as a market steward as the disability services market undergoes reform. The framework guides how the Agency will monitor the market and determine any strategies to encourage growth or correction.⁵¹

NDIS Quality and Safeguards Commission

1.43 The NDIS Quality and Safeguards Commission is the independent statutory body that will oversee the quality and safety of services delivered under the NDIS. The Commission will be responsible for provider registration, complaints, incidents, restrictive practice oversight, investigation and enforcement, and worker screening.⁵²

1.44 The Commission becomes operational as each state and territory reaches full Scheme. Up until then, existing state, territory, and NDIA requirements continue to apply. The Commission is scheduled to commence operations progressively:

- 1 July 2018: NSW and SA;
- 1 July 2019: VIC, QLD, TAS, ACT and NT; and
- 1 July 2020: WA.⁵³

Registrations and reportable incidents

1.45 The new arrangements include a new regulatory system for providers with national standards of practice and reporting obligations. At February 2019, the Commission was in the process of assessing more than 9000 NDIS providers in NSW and SA against the new requirements in order to decide whether they are fit to provide NDIS services. To date, the Commission had been notified of 1459 reportable incidents (e.g. allegations of abuse and neglect, unauthorised use of a restrictive practice, serious injury, and sexual misconduct), 18 providers were under

49 NDIA, *Improving the NDIS Participant and Provider Experience*, 26 February 2018, p. 39.

50 NDIA, *NDIS Market Insights Assistive Technology*, November 2017, p. 1.

51 The Hon Sarah Henderson MP, Assistant Minister for Social Services, Housing and Disability Services, 'New Framework to ensure NDIS Provider Markets are available to participants', *Media Release*, 23 November 2018.

52 DSS, *Summary of the NDIS Quality and Safeguarding Framework*, January 2017, p. 1.

53 NDIS Quality and Safeguards Commission, *Start dates*, <https://www.ndiscommission.gov.au/about/start-dates> (accessed 12 March 2019).

investigation and subject to compliance action, and more than 600 complaints had been handled by the Commission.⁵⁴

NDIA registration revocations

1.46 Within the period 1 January 2018 to 31 December 2018, the NDIA had revoked 316 provider registrations: 88 voluntary revocations due to a change in the business or personal circumstance of the provider; 39 revocations due to compliance action undertaken against the provider; and 189 other revocations that were not easily grouped under a single category.⁵⁵

Independent Pricing Review

1.47 In June 2017 the NDIA Board commissioned an Independent Pricing Review (IPR) to be undertaken by McKinsey & Company. The Review assessed the Agency's pricing strategy and approach, as well as specific price settings for supports and services. The final report was released in March 2018 and made 25 recommendations, all of which were supported by the NDIA.⁵⁶

1.48 The NDIA has said it has prioritised recommendations that provided the most immediate support to providers during transition and implemented the first recommendations of the IPR in July 2018.⁵⁷ According to the Agency implementation of recommendations relating to market monitoring and engagement were due to commence from July 2018. Several *Supporting interventions* recommendations will be implemented in the short to medium term (six to 18 months),⁵⁸ while implementation of the remaining recommendations is subject to further work or consultation.⁵⁹

1.49 WA had not agreed to join the Scheme when the IPR was conducted in 2017. As a result, the Agency commenced a WA Market Review in December 2018 to consider whether current pricing controls and market settings in WA take local circumstances into consideration. The Review is expected to deliver recommendations

54 The Hon Paul Fletcher MP, Minister for Families and Social Services, and the Hon Sarah Henderson MP, Minister for Families and Social Services, 'NDIS Commission roll-out is on target', *Media Release*, 21 February 2019.

55 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 31.

56 NDIA, *Independent pricing review*, <https://www.ndis.gov.au/providers/price-guides-and-information/independent-pricing-review> (accessed 12 March 2019).

57 NDIA, *NDIS pathway reform*, 16 January 2019, <https://www.ndis.gov.au/news/1215-ndis-pathway-reform> (accessed 12 March 2019); and NDIA, *Independent Pricing Review – Implementation update*, 25 April 2018, <https://www.ndis.gov.au/news/404-independent-pricing-review-implementation-update> (accessed 12 March 2019).

58 NDIA, *IPR NDIA Response*, 2 March 2018, pp. 7–8.

59 NDIA, *Independent Pricing Review – Implementation update*, 25 April 2018, <https://www.ndis.gov.au/news/404-independent-pricing-review-implementation-update> (accessed 12 March 2019).

to the NDIA Pricing Reference Group in April 2019, with the Agency aiming for implementation from 1 July 2019.⁶⁰

NDIS Fraud Taskforce

1.50 The NDIS Fraud Taskforce was launched in July 2018 as a joint operation between the NDIA, Department of Human Services, and Australian Federal Police, to tackle cases of fraud against the NDIS through information sharing, analytics and combined law enforcement efforts.⁶¹ The taskforce will focus on high risk and serious criminal activity potentially targeting the NDIS, while also building fraud prevention and detection capabilities within the NDIA.⁶²

1.51 By September 2018, the Taskforce had identified and blocked a small number of providers potentially seeking to exploit the NDIS from accessing payments while suspicious claims were investigated. The NDIA contacted impacted participants and committed to reinstating plan funds where appropriate.⁶³ The taskforce made its first arrest in Victoria in October 2018.⁶⁴

ANAO performance audits

1.52 The ANAO released one performance audit report involving the NDIA during the period. Decision-making Controls for Sustainability—NDIS Access was tabled in October 2017 and assessed the effectiveness of controls being implemented and developed by the NDIA to ensure Scheme access decisions are consistent with legislative and other requirements.⁶⁵ Among other things, the audit found that, while the Agency had implemented some controls, these were inconsistently applied, data integrity and reporting issues had limited the Agency's ability to monitor training completion by decision-makers, and the access process was not well supported by ICT

60 NDIA, *From the CEO December update*, <https://www.ndis.gov.au/news/ceo/ceo-december-update> (accessed 12 March 2019).

61 The Hon Michael Keenan MP, Minister for Human Services, Minister Assisting the Prime Minister for Digital Transformation and The Hon Angus Taylor MP, Minister for Law Enforcement and Cyber Security, 'NDIS Fraud Taskforce established to tackle crime', *Media Release*, 24 July 2018.

62 NDIA, *From the CEO July 2018*, <https://www.ndis.gov.au/news/ceo/ceo-july-2018> (accessed 12 March 2019).

63 NDIA, *NDIS Fraud Taskforce update*, 6 September 2018, <https://www.ndis.gov.au/news/427-ndis-fraud-taskforce-update> (accessed 12 March 2019).

64 The Hon Paul Fletcher MP, Minister for Families and Social Services, The Hon Peter Dutton MP, Minister for Home Affairs, Minister for Human Services, and The Hon Michael Keenan MP, Minister for Digital Transformation, 'NDIS Taskforce Makes First Arrest', *Media Release*, 18 October 2018.

65 ANAO, *Decision-making Controls for Sustainability—NDIS Access*, Audit Report No. 13, 2017–2018, p. 7.

systems.⁶⁶ The NDIA agreed with all four recommendations and reported at the end of 2017–18 that implementation was still underway.⁶⁷

1.53 The ANAO is expected to release its audit report NDIS Fraud control program in May 2019. The aim of the audit was to examine the effectiveness of the NDIA's fraud control program and its compliance with the Commonwealth Fraud Control Framework.⁶⁸

1.54 The ANAO flagged a potential audit for 2018–19 which would assess the effectiveness of controls being implemented and developed by the NDIA to ensure that decisions about 'reasonable and necessary' supports in participants' plans are consistent with legislative and other requirements.⁶⁹ The ANAO's draft 2019–20 audit program flagged another potential audit which would examine the effectiveness and value for money of the NDIA's procurement and contract management arrangements for Community Partnerships.⁷⁰

Productivity Commission report

1.55 The key points of the Productivity Commission's final report into NDIS Costs released in October 2017 were that the capacity of the Agency to approve plans will impact Scheme rollout; prices should be set by an independent body; there is major skills shortage within the workforce; and ILC funding needs to be increased. It also found that while the estimated costs of the Scheme were on track for \$22 billion per year, it was mostly due to participants' underspending of funds.⁷¹

Disability Reform Council activities

1.56 The DRC oversees implementation of the NDIS and makes recommendations to COAG on the transition to full Scheme. It is chaired by the Minister for Social Services and consists of Commonwealth and state ministers within disability and treasury portfolios, as well as a representative from the Australian Local Government Association.⁷²

1.57 The Council agreed a number of actions during the period. It:

66 ANAO, *Decision-making Controls for Sustainability—NDIS Access*, Audit Report No. 13, 2017–2018, pp. 7–8.

67 NDIA, *Annual Report 2017–18*, p. 111.

68 ANAO, *NDIS Fraud Control Program*, <https://www.anao.gov.au/work/performance-audit/national-disability-insurance-scheme-fraud-control-program> (accessed 12 March 2019).

69 ANAO, *Decision-making Controls for Sustainability—NDIS Scheme participant plans*, Potential Performance audit 2018–19, <https://www.anao.gov.au/work/performance-audit/decision-making-controls-financial-sustainability-national-disability-insurance-scheme-participant> (accessed 12 March 2019).

70 ANAO, *Draft 2019–20 Annual Audit Work Program*, 18 February 2019, <https://www.anao.gov.au/work-program/draft#idTextAnchor111> (accessed 12 March 2019).

71 Productivity Commission, *NDIS Costs*, October 2017, pp. 49–65.

72 Disability Reform Council, *Terms of Reference*, April 2017, p. 1.

- agreed a program of work for a potential national model for specialist school transport under the NDIS;⁷³
- agreed a review into the Specialist Disability Accommodation Pricing and Payments Framework would be undertaken in its third year of operation (1 July 2018 to 30 June 2019);⁷⁴
- commenced work on disability reform post-2020 and bringing forward the evaluation of the Strategy from 2021 to 2018;⁷⁵
- agreed to establish a process for coordinating escalation of critical cases and ensuring effective coordination of mainstream services within the NDIS;⁷⁶
- agreed to interim arrangements for supports for participants who required services due to permanent functional impairment that would usually be delivered by clinicians outside hospital settings pending further advice on enduring roles and responsibilities;⁷⁷
- agreed to additional schedules to the Intergovernmental Agreement on Nationally Consistent Worker Screening for the NDIS;⁷⁸ and
- agreed a revised NDIS Market Key Performance Indicator Framework.⁷⁹
- agreed that, as an interim solution, states and territories will continue to deliver services for Person Care in Schools until 31 December 2023, while development work is undertaken.⁸⁰
- agreed interim arrangements for dysphagia and mainstream health supports until a decision on roles and responsibilities of the NDIA and health systems is made between Governments in early 2019.⁸¹

ILC activities

1.58 The Information, Linkages and Capacity Building (ILC) grants program under the NDIS is intended to provide funding to organisations to deliver individual capacity building and inclusion activities in the community.⁸² ILC is intended to be

73 DRC, *Communiqué*, 20 November 2017, p. 2.

74 DRC, *Communiqué*, 30 April 2018, p. 1.

75 DRC, *Communiqué*, 20 November 2017 and 30 April 2018, pp. 2 and 2 respectively.

76 DRC, *Communiqué*, 30 April 2018, p. 1.

77 DRC, *Communiqué*, 10 December 2018, p. 2.

78 DRC, *Communiqué*, 10 December 2018, p. 2.

79 DRC, *Communiqué*, 10 December 2018, p. 3.

80 DRC, *Communiqué*, 10 December 2018, p. 2; and NDIA, *Response to question on notice SQ19-000004*, received 22 February 2019.

81 The Hon Paul Fletcher, Minister for Families and Social Services, 'NDIS supports participants with dysphagia', *Media Release*, 13 December 2018.

82 NDIA, *Annual Report 2017-18*, p. 22.

implemented as each jurisdiction reaches full scheme. Organisations should be able apply for funding for one of two types of grants: Jurisdictional Based grants and National Readiness grants. To date, 222 grants totalling \$85.9 million (GST ex.) have been allocated to organisations across Australia to deliver ILC activities.⁸³

1.59 Within the period (July 2017 to December 2018), just over \$14 million was allocated to deliver ILC National Readiness activities across Australia in the 2016–2017 grants round from July 2017.⁸⁴ The NDIA awarded nearly \$3 million in grant funding to deliver 22 ILC activities in the ACT in July 2017, and 104 grants worth a total of \$28.5 million were awarded to organisations in NSW, SA and the ACT which commenced on 1 July 2018.⁸⁵ A targeted remote grant round ran in April 2018 to fund organisations to deliver activities in remote areas of SA, the NT and Queensland. Approximately \$9 million was awarded to 13 organisations to deliver one or two year projects from July 2018.⁸⁶

1.60 The NDIA's has said its approach to ILC will change from July 2019. The program will shift from high volume and short term grant programs to a more strategic, multi-year approach. The ILC national strategy towards 2022 was released in December 2018 details the purpose, principles and objectives of this next phase of ILC.⁸⁷

83 NDIA, *Strengthening ILC: A national strategy towards 2022*, December 2018, p. 4.

84 NDIA, *Past grant rounds*, <https://www.ndis.gov.au/community/grants/past-grant-rounds> (accessed 12 March 2019).

85 NDIA, *Funded Projects*, <https://www.ndis.gov.au/community/grants/funded-projects> (accessed 12 March 2019).

86 NDIA, *Funded Projects*, <https://www.ndis.gov.au/community/grants/funded-projects> (accessed 12 March 2019).

87 NDIA, *Strengthening ILC: A national strategy towards 2022*, December 2018, p. 5.

Chapter 2

Issues raised in evidence

2.1 This chapter considers progress made in addressing issues identified during four inquiries undertaken by the committee, and which have received a Government Response, namely:

- Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition (report tabled 15 August 2017);
- Provision of services under the NDIS Early Childhood Early Intervention Approach (report tabled 7 December 2017);
- Transitional arrangements for the NDIS (report tabled 15 February 2018); and
- The provision of hearing services under the NDIS (Interim report tabled 14 September 2017 and final report tabled 21 June 2018).

Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition

2.2 Between November 2016 and August 2017, the committee undertook an inquiry into the provision of services under the NDIS for people with psychosocial disabilities.

2.3 At the time of the inquiry, the key issues raised in evidence were related to:

- the eligibility criteria, including the lack of clarity and guidelines leading to inconsistency in eligibility outcomes;
- access to the NDIS and its planning process;
- continuity of supports for people not eligible for NDIS support;
- provider of last resort arrangements, including for people in indefinite detention; and
- access to NDIS support services for people in custody.

2.4 On 15 August 2017, the committee released its report and made 24 recommendations aimed at strengthening the effectiveness of the Scheme to ensure that people with psychosocial disabilities can be appropriately supported.¹

2.5 A Government Response was provided in March 2018, indicating support for 20 recommendations and providing information of initiatives underway to address the key issues raised in the report.²

1 Joint Standing Committee on the NDIS, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, 15 August 2017, https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MentalHealth (accessed 19 February 2019).

2.6 On 26 February 2019, the committee held a roundtable with representatives of the mental health sector to gauge progress since the release of the report.

2.7 Notwithstanding the recent initiatives undertaken by the NDIA to ameliorate support for people with psychosocial disability eligible for the NDIS, it appears that very little progress has been made to address the key issues identified during the inquiry.³

2.8 In essence, the challenges associated with the transition to the NDIS for eligible participants and continuity of support for those outside the Scheme remain significant.

2.9 At the roundtable, the committee heard that issues around inconsistencies in eligibility and planning outcomes, as well as issues with the planning process and adequacy of plans, were continuing to jeopardise people's access to appropriate, reasonable and necessary supports.⁴

2.10 Roundtable participants also expressed deep concerns about the uncertainty of and lack of clarity for access to continuity of supports for those ineligible for the NDIS. Whilst this issue had been identified during the initial inquiry, roundtable participants flagged the urgency of progressing this matter as key Commonwealth funded programs such Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs) and Day to Day Living (D2DL) are scheduled to end on 30 June 2019.⁵

The NDIS experience

2.11 At the time of the inquiry, the committee received evidence that access to the NDIS, as well as, the planning process to develop and review NDIS plans, had not been operating well and had often resulted in unsatisfactory outcomes for participants with a psychosocial disability.⁶

2 See Appendix 1 for a list of recommendations, Government Response and summary of initiatives undertaken to date to address each recommendation supported by the Government.

3 See for example: Mental Health Australia, *Opening statement*, pp. 7–12 (tabled 26 February 2019); Ms Robyn Hunter, Chief Executive Officer, Mind Australia, *Committee Hansard*, 26 February 2019, p. 7; Mr Mark Orr AM, Chief Executive Officer, Flourish Australia Ltd, *Committee Hansard*, 26 February 2019, p. 10.

4 See for example: Ms Robyn Hunter, Chief Executive Officer, Mind Australia, *Committee Hansard*, 26 February 2019, p. 7; Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 12; Mr Mark Orr AM, Chief Executive Officer, Flourish Australia Ltd, *Committee Hansard*, 26 February 2019, p. 10.

5 See for example: Mr Glen Tobias, Acting Chief Executive Officer, Neami National, *Committee Hansard*, 26 February 2019, p. 17; Ms Carmel Mary Tebbutt, Chief Executive Officer, Mental Health Coordinating Council, *Committee Hansard*, 26 February 2019, p. 13; Mental Health Australia, *Opening statement*, p. 2 (tabled 26 February 2019).

6 Joint Standing Committee on the NDIS, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, 15 August 2017, Chapter 2 and 3, pp. 7–35.

2.12 The NDIA has recognised the need to improve the NDIS process from the points of access to the Scheme to the implementation of participants' plans. As a result, the NDIA is currently rolling out a range of initiatives to improve people's individual journeys with the NDIS through NDIS participant pathway reform. This includes the establishment of tailored pathways for cohorts who have specific disability, cultural and / or communication needs.⁷

Psychosocial disability stream

2.13 On 10 October 2018, the Minister for Families and Social Services announced the establishment of a 'psychosocial disability stream' to provide a better pathway and support to people with a psychosocial disability eligible for the NDIS.⁸

2.14 The new stream includes:

- the employment of specialised planners and Local Area Coordinators;
- better linkages between mental health services and NDIA staff, partners and;
- a focus on recovery-based planning and episodic needs.

2.15 The psychosocial disability stream was introduced in specific locations in Tasmania and South Australia in November 2018, followed by Victoria and NSW in conjunction with the implementation of the complex support needs pathway.⁹

2.16 Roundtable participants were unable to comment on the new psychosocial disability stream as it is yet to be rolled out beyond a few specific locations.

2.17 Ms Carmel Mary Tebbutt, CEO of Mental Health Coordinating Council (MHCC), said it was 'a very welcome announcement' but added that more information about how the stream is operating would be beneficial:

[...] there would be a desire for a greater amount of information about how those trials are running and how they're going to be evaluated to take advantage of the great wisdom and knowledge that sits with service providers and consumers in contributing to the trials, because there isn't a lot of information yet as to how that is all actually rolling out.¹⁰

2.18 Mental Health Australia agreed with the MHCC statement and emphasised the need to evaluate those trials so they could be taken to scale.¹¹

7 NDIA, *NDIS pathway reform*, <https://www.ndis.gov.au/news/1215-ndis-pathway-reform> (accessed 20 February 2019)

8 NDIA, *Government announces improved NDIS mental health support*, 10 October 2018, <https://www.ndis.gov.au/news/400-government-announces-improved-ndis-mental-health-support> (accessed 20 February 2019)

9 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 26.

10 Ms Carmel Mary Tebbutt, Chief Executive Officer, Mental Health Coordinating Council, *Committee Hansard*, 26 February 2019, p. 17.

11 Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 17.

2.19 Mental Health Australia also pointed out that these trials were 'an opportunity for collaboration between the mental health sector and the NDIA to refine NDIA's approach to planning and pricing services'.¹²

2.20 Roundtable participants pointed out that the sector has done significant work with Mental Health Australia on the 'Optimising Psychosocial Support Project', which can be used to refine the psychosocial stream pathway.¹³

2.21 Mental Health Australia recommended that the implementation of the psychosocial disability stream 'be carried out in an open and transparent manner, with relevant data and information on progress published on a regular basis'.¹⁴

Inconsistency in eligibility and planning outcomes

2.22 At the time of the inquiry, the lack of clarity around eligibility criteria, the apparent reliance on diagnosis rather than functional needs, the absence of a validated assessment tool for planners, and reported lack of skills and expertise of planners in the mental field were identified as key contributors to inconsistencies in eligibility and planning outcomes.¹⁵

2.23 At the February 2019 roundtable, according to Mind Australia, inconsistencies in eligibility outcomes remain common:

I have with me some examples of people with the same diagnosis and presenting functional impairment in similar contexts, but one gets in and the other doesn't.¹⁶

2.24 Similarly, inconsistencies in planning outcomes continue to be observed:

I've certainly had national providers say to me that demographic groups that look very similar in two different parts of the country can have variants of plan size of to 100 percent – so, \$15,000 averages in one region and \$30,000 averages in another region – for population groups that for their intents and purposes look exactly the same.¹⁷

2.25 Mr Mark Orr AM, CEO of Flourish Australia Ltd, also commented on the differences in funding and supports between regions:

12 Mental Health Australia, *Opening statement*, p. 2 (tabled 26 February 2019).

13 See for example: Mr Mark Orr AM, Chief Executive Officer, Flourish Australia Ltd, *Committee Hansard*, 26 February 2019, p. 16; Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 16.

14 Mental Health Australia, *Opening statement*, p. 6 (tabled 26 February 2019).

15 Joint Standing Committee on the NDIS, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, 15 August 2017, Chapter 2, pp. 7–20.

16 Ms Robyn Hunter, Chief Executive Officer, Mind Australia, *Committee Hansard*, 26 February 2019, p. 7.

17 Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 12.

[...] depending on where you are in the country you get a very different experience, a very different plan and a very different amount of support that's funded.¹⁸

2.26 The key drivers of these inconsistencies appear to remain the absence of a standardised assessment tool and the lack of skills and expertise in mental health of planners.¹⁹

Standardised assessment tool

2.27 The committee had recommended the development and introduction of a validated fit-for-purpose assessment tool to assist addressing these inconsistencies in eligibility and planning outcomes.²⁰

2.28 The Australian Government supported this recommendation and advised the committee that the NDIA was progressing the selection of an existing appropriate functional assessment tool, and the development of reference packages for people with psychosocial disability. The assessment tool was expected to be progressively introduced from early 2018.²¹

2.29 The NDIA recently advised the committee that the Agency continues to trial appropriate functional assessment tools for people with psychosocial disabilities. This includes the Life Skills Profile (LSP) assessment tool, which has been included as part of the Independent Assessment Pilot in service delivery areas in New South Wales.²²

2.30 At the roundtable, Ms Robyn Hunter, CEO of Mind Australia pointed out that there was still a need for 'adoption of an assessment process that actually takes into account fluctuating functional impairment, not just diagnosis'.²³

2.31 Mental Health Australia also reiterated the urgent need to implement a validated, agreed and transparent assessment tool.²⁴

18 Mr Mark Orr AM, Chief Executive Officer, Flourish Australia ltd, *Committee Hansard*, 26 February 2019, p. 10.

19 Ms Robyn Hunter, Chief Executive Officer, Mind Australia, *Committee Hansard*, 26 February 2019, p. 7; Mr Mark Orr AM, Chief Executive Officer, Flourish Australia ltd, *Committee Hansard*, 26 February 2019, p. 10; Mental Health Australia, *Opening statement*, p. 5 (tabled 26 February 2019).

20 Joint Standing Committee on the NDIS, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, Recommendation 4.

21 Australian Government, *Government response to provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition* (received 6 March 2018), pp. 6–7.

22 NDIA, *answers to question on notice SQ19-000009*, received 22 February 2019.

23 Ms Robyn Hunter, Chief Executive Officer, Mind Australia, *Committee Hansard*, 26 February 2019, p. 8.

24 Mental Health Australia, *Opening statement*, p. 5 (tabled 26 February 2019).

Training of staff

2.32 A perceived lack of skills and expertise of planners remains a concern as it impacts on consistency of eligibility decisions and adequacy of plans.

2.33 As part of its efforts to ameliorate its processes, the NDIA advised the committee it had delivered training on access and psychosocial disability to approximately 1440 NDIA staff, LACs and providers during 2018. Additionally, the NDIA indicated that all staff are supported in decision-making by a range of technical and operational advice materials, specialists and advisors.²⁵

2.34 Mr Angus Clelland, CEO of Mental Health Victoria, is of the view that some of the challenges will be overcome by the NDIA commitment to train planners in psychosocial disability, but pointed out that this initiative needs to be 'fast tracked'.²⁶

2.35 Ms Carmel Tebbutt, CEO of MHCC, explained to the committee that MHCC has delivered some training to NDIA staff but that 'it is difficult for people to find the time to attend the training because there are so many demands on NDIA staff time'.²⁷

2.36 Mr Mark Orr AM, CEO of Flourish, expressed concerns about Ms Tebbutt's report that NDIA staff are too busy to attend training, and stressed the importance of delivering training, which has been developed by people with lived experience.²⁸

2.37 Mental Health Australia also made a number of recommendations aimed at developing the skills, knowledge and experience of NDIS staff and planners, pointing to the need to actively involve the sector in the development of a psychosocial competency framework for NDIA staff.²⁹

Adequacy of plans

2.38 Roundtable participants were of the view that the way plans are currently constructed does not meet the needs of participants with a psychosocial disability. In particular, plans continue to lack the flexibility to respond to the fluctuating needs of participants with a psychosocial disability.³⁰

25 NDIA, *Answer to question on notice SQ19-000010*, received 22 February 2019.

26 Mr Angus Clelland, Chief Executive Officer, Mental Health Victoria, *Committee Hansard*, 26 February 2019, p. 12.

27 Ms Carmel Mary Tebbutt, Chief Executive Officer, Mental Health Coordinating Council, *Committee Hansard*, 26 February 2019, p. 12.

28 Mr Mark Orr AM, Chief Executive Officer, Flourish Australia Ltd, *Committee Hansard*, 26 February 2019, p. 16.

29 Mental Health Australia, *Opening statement*, p. 4 (tabled 26 February 2019).

30 See for example: Ms Robyn Hunter, Chief Executive Officer, Mind Australia, *Committee Hansard*, 26 February 2019, p. 10; Mr Neil Turton-Lane, NDIS Manager, Victorian Mental Illness Awareness Council, *Committee Hansard*, 26 February 2019, p. 18.

2.39 Ms Robyn Hunter, CEO of Mind Australia reported that around 80 percent of the plans are inappropriate or inadequate.³¹ She explained to the committee why most plans do not meet participants' needs:

The quantum of funding is generous for people who do get a plan, but they're constructed with a very inflexible structure. Plans are frontloaded with 'core' [...], which is exactly what a lot of these people don't need. They actually need to have flexible supports that are geared towards building their capacity and independence.³²

2.40 Similarly, Tandem reported that plans are often inadequate and not based on a recovery model:

Plans loaded up with core supports are keeping people in situ in a stagnant life, without the level of capacity building supports such as therapies to build on personal recovery goals in a meaningful way. These plans are frequently not fit-for-purpose.³³

Funding in plans

2.41 The committee also received evidence that inadequate levels of funding in plans also remained a live issue:

In terms of immediate priorities, Neil mentioned the dollar plans or low-value plans. We need to target those in very short order. There is a practical problem here in that if someone has a plan or has been accepted into the NDIS [...] they're becoming ineligible for state services, and then they're left with nothing. We need to action that very quickly.³⁴

Continuity of support and funding of services outside the NDIS

2.42 Given that the majority of people who experience mental ill-health will not access the NDIS, the continued provision of services for people outside the Scheme is particularly important.

2.43 Indeed, according to Mental Health Australia, about 300 000 people with a severe mental health condition have a need for some form of individualised support.³⁵ At full Scheme, the NDIS will meet the social support needs of around 64 000 of this group. As Mr Frank Quinlan pointed out, these figures give an indication of the scale

31 Ms Robyn Hunter, Chief Executive Officer, Mind Australia, *Committee Hansard*, 26 February 2019, p. 10.

32 Ms Robyn Hunter, Chief Executive Officer, Mind Australia, *Committee Hansard*, 26 February 2019, p. 10.

33 Tandem, *Submission 86*, p. 5.

34 Mr Angus Clelland, CEO, Mental health Victoria, *Committee Hansard*, 26 February 2019, p. 15.

35 Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 8.

of the population outside the NDIS that requires access to a range of support services.³⁶

2.44 At the time of the inquiry, the committee found that there was uncertainty about what psychosocial support programs would be available to people outside the NDIS, especially once the transition period has ended.³⁷

2.45 The committee recommended Australian, state, and territory governments clarify and make public how they will provide services for people who are not participants in the NDIS.³⁸ The Australian Government supported this recommendation but was not in a position to provide any details itself, as agreements and negotiations with states and territories were still in train at the time of its response.³⁹

2.46 At the roundtable, the issue of continuity of support was central to the discussions. Roundtable participants stressed the urgency of clarifying how continuity of support will be provided because some of the Commonwealth funded programs are due to end on 30 June 2019.⁴⁰

Clients of existing Commonwealth programs transitioning to the NDIS

2.47 During the inquiry, the committee found that a significant number of clients of Commonwealth programs transitioning to the NDIS would not be accessing the Scheme and that continuity of support for these clients had become uncertain.⁴¹

2.48 A key reason for the uncertainty of continuity of support put forward by submitters was the requirement for existing clients of Partners in Recovery (PIR),

36 Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 8.

37 Joint Standing Committee on the NDIS, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, 15 August 2017, Chapter 4, pp. 37–50.

38 Joint Standing Committee on the NDIS, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, 15 August 2017, Recommendation 13, p. xiv.

39 Australian Government, *Government response to provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition* (received 6 March 2018), p. 13.

40 See for example: Mental Health Australia, *Opening statement*, p. 2 (tabled 26 February 2019); Mr Glen Tobias, Acting Chief Executive Officer, Neami International, *Committee Hansard*, 26 February 2019, p. 13; Ms Carmel Mary Tebbutt, Chief Executive Officer, Mental Health Coordinating Council, *Committee Hansard*, 26 February 2019, p. 13.

41 Joint Standing Committee on the NDIS, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, 15 August 2017, Chapter 4, pp. 37–50.

Personal Helpers and Mentors (PHAMs) and Day to Day Living (D2DL) to test their eligibility for the NDIS in order to access continuity of support.⁴²

2.49 The committee had noted that such requirements would likely result in some existing clients losing supports.⁴³ Consequently, the committee recommended that clients currently receiving mental health services, including services under Commonwealth programs transitioning to the NDIS, should not have to apply for the NDIS to be guaranteed continuity of supports and access services.⁴⁴

2.50 This recommendation was not supported by the Australian Government. The rationale for not supporting the recommendation was:

- funding for the PIR, D2DL, PHaMs and MHR:CS programs is transitioning to the NDIS on the basis of the close program alignment with the NDIS and the majority of clients are expected to be eligible;
- the Government considers it is in the best interests of existing clients to have the opportunity to test their eligibility with the assistance of trusted support workers who are most familiar with their individual circumstances and needs; and
- NDIS participation will provide guaranteed lifetime support and better outcomes for former program participants.⁴⁵

2.51 At the recent roundtable, Mr Frank Quinlan from Mental Health Australia commented that he did not understand the government's rationale, as a very large proportion of those people are not going to be eligible for the NDIS.⁴⁶

2.52 Indeed, at the roundtable, the committee received further evidence that participants in existing Commonwealth mental health programs continue to experience a high rejection rate despite having a severe and enduring mental health condition:

We're experiencing at Mind Australia a 50 percent rejection rate of people who have been participating in the Partners in Recovery program. By their very definition, they have severe and enduring mental ill health.⁴⁷

42 Joint Standing Committee on the NDIS, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, 15 August 2017, p. 16.

43 Joint Standing Committee on the NDIS, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, 15 August 2017, pp.18–19.

44 Joint Standing Committee on the NDIS, *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*, Recommendation 6.

45 Australian Government, *Government response to provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition* (received 6 March 2018), p. 7.

46 Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 19.

47 Ms Robyn Hunter, Chief Executive Officer, Mind Australia, *Committee Hansard*, 26 February 2019, p. 7.

2.53 Similarly, Ms Carmel Mary Tebbutt, CEO of Mental Health Coordinating Council reported that a study by their national peak body and the University of Sydney is showing so far that more than 50 percent of participants of PHaMs program who had applied for the NDIS had been found ineligible for NDIS services.⁴⁸

2.54 Mr Frank Quinlan, CEO of Mental Health Australia further explained:

[this] means we're forcing a huge population of people who are unsuitable and should perhaps never be considered for the NDIS to nonetheless test their eligibility for the NDIS in order that they qualify for those continuity of support programs outside the NDIS. [...] I think it's bad for the system and it's bad for those individuals [...].⁴⁹

2.55 Mental Health Australia is of the view that the requirement that people in existing programs need to test their eligibility for the NDIS in order to gain continuity of support should be lifted.⁵⁰

2.56 Because of the requirement to test eligibility, roundtable participants stressed the need to extend these programs beyond 30 June 2019 to enable all existing clients to go through the process:

The priority from our perspective is the looming funding cliff where all Commonwealth funding to Day to day Living, PHaMs and PIR end on 30 June. [...] There's no way in the world, given the pace that the NDIA is working at the moment, that those people remaining will be able to go through the eligibility process and have it tested.⁵¹

2.57 The ongoing lack of certainty and clarity around how continuity of support will be delivered beyond 30 June 2019 was another reason for recommending the extension of these programs:

We know that continuity of support commitments have been made by the government but it is unclear how that is going to play out in practice. Even the primary health networks don't yet know what sort of funding they're going to get or how they'll manage that funding.⁵²

48 Ms Carmel Mary Tebbutt, Chief Executive Officer, Mental Health Coordinating Council, *Committee Hansard*, 26 February 2019, p. 9.

49 Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 8.

50 Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 14.

51 Mr Glen Tobias, Acting CEO, Neami National, *Committee Hansard*, 26 February 2019, p. 17.

52 Ms Carmel Mary Tebbutt, Chief Executive Officer, Mental Health Coordinating Council, *Committee Hansard*, 26 February 2019, p. 13.

2.58 Roundtable participants indicated to the committee that these Commonwealth funded programs should be extended for at least two years to ensure that all people can test their eligibility and have access to continuity of support.⁵³

Need for further investment

2.59 More broadly, roundtable participants were concerned about the gaps in programs and funding for those outside the NDIS.⁵⁴

2.60 According to Mental Health Australia, the current investments in 'continuity of support' and other measures are not addressing 'the major gaps that are opening up in psychosocial support and community based mental health as the NDIS is rolled out, and as related programs are being wound back'.⁵⁵

2.61 The Western Australian Association for Mental Health contended that the 'alternative arrangements currently proposed after program cessation (Continuity of Support and National Psychosocial Support Measures) are vastly underfunded'.⁵⁶

2.62 Similarly MHCC and Mental Health Victoria stated that funding outside the NDIS was insufficient to cover the needs of people who require supports.⁵⁷ For example, MHCC stated:

[...] even with the community of support funding, it's not going to be enough to support all of the people who need support who are not going to get a plan through the NDIS, particularly people who are currently not in any sort of Commonwealth supported program or going to get an NDIS plan. It is unclear about what source of support there is for that group of people, because the continuity of support money will not be enough and will not cover that group. It's that gap.⁵⁸

53 Dr Sarah Pollock, Executive Director, research and Advocacy, Mind Australia, *Committee Hansard*, 26 February 2019, p. 17; Mr Neil Turton-lane, NDIS Manager, Victorian Mental illness Awareness Council, *Committee Hansard*, 26 February 2019, p. 17; Mr Angus Clelland, CEO, Mental health Victoria, *Committee Hansard*, 26 February 2019, p. 17.

54 Ms Carmel Mary Tebbutt, Chief Executive Officer, Mental Health Coordinating Council, *Committee Hansard*, 26 February 2019, p. 13; Mr Angus Clelland, CEO, Mental health Victoria, *Committee Hansard*, 26 February 2019, p. 13; Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 13.

55 Mental Health Australia, *2019 pre-Budget submission*, p. 3, https://mhaustralia.org/sites/default/files/docs/mental_health_australia_-_2019-20_pre-budget_submission.pdf (accessed 22 January 2019)

56 Western Australian Association for Mental Health, *Submission 94*, p. 1.

57 Mental Health Australia, *2019 pre-Budget submission*, p. 3, Mr Angus Clelland, CEO, Mental health Victoria, *Committee Hansard*, 26 February 2019, p. 13; Ms Carmel Mary Tebbutt, Chief Executive Officer, Mental Health Coordinating Council, *Committee Hansard*, 26 February 2019, p. 13.

58 Ms Carmel Mary Tebbutt, Chief Executive Officer, Mental Health Coordinating Council, *Committee Hansard*, 26 February 2019, p. 13.

Committee view

2.63 The committee is concerned by the lack of progress in ensuring that people with a psychosocial disability can access appropriate support services under the NDIS or outside the Scheme. Overall, the issues identified during the inquiry remain unresolved. The recommendations made by the committee, which were supported by the Australian Government have barely been progressed or acted on. The committee strongly encourages the NDIA to review these recommendations and assess how they could be swiftly implemented.

Psychosocial disability stream

2.64 The committee welcomes the establishment of a psychosocial disability stream. In theory, this new stream should address the many issues associated with access to the NDIS, the planning process, adequacy of plans and implementation of plans. It is too early to comment on the effectiveness of the initiative as it appears to be only trialled in a few specific locations. Secondly, too little information is available on how the stream has been developed to assess its appropriateness.

2.65 The committee is concerned that the NDIA appears not to actively engage with the sector and build on its experience and expertise to ensure the psychosocial disability stream is providing an adequate pathway to support people with a psychosocial disability before it is rolled out nationally. For example, roundtable participants mentioned the work undertaken by the sector around the Optimising Psychosocial Support project, which can inform the NDIA's work on how to optimise the quality and appropriateness of the psychosocial disability stream.

Recommendation 1

2.66 The committee recommends the NDIA immediately commit resources to work with the mental health sector to refine the psychosocial disability stream before it is rolled out nationally to ensure it is fit-for-purpose.

2.67 The committee is concerned that no timeline has been publically communicated as to when and how the psychosocial disability stream will be rolled out nationally. Concrete measures to ameliorate the planning process and ensure that participants can implement their plans are needed urgently. Importantly, the skills and expertise of the NDIA staff and planners working in the psychosocial disability stream will be critical to the success or failure of this specialised stream.

Recommendation 2

2.68 The committee recommends the NDIA immediately commit resources to provide additional training in mental health to staff and planners to rollout the psychosocial disability stream nationally during 2019.

Continuity of support arrangements for existing clients of Commonwealth programs transitioning to the NDIS

2.69 The uncertainty and lack of clarity around how continuity of support arrangements will be delivered in the near future requires urgent attention from all governments. Whilst there is a commitment from government to provide continuity of support and some funding measures were announced as part of the 2018 Budget, it

remains unclear how this funding will be allocated across the different types of disability support services that were funded through the array of Commonwealth programs transitioning to the NDIS. This issue is not new and has been repeatedly flagged by the mental health sector, consumers and several parliamentary committees operating at federal and state levels.⁵⁹

2.70 The committee also received evidence that the imminent closure of these programs and the uncertainty of future funding arrangements and programs are resulting in an exodus of a highly skilled workforce.⁶⁰ This will negatively impact on the quality of supports that people with psychosocial disability will receive in the near future. Broader disability workforce issues are further discussed in another section of this chapter.

2.71 In light of the evidence received to date, the committee has deep concerns that many existing clients of Commonwealth programs such as PIR, PHaMs and Day to Day Living (D2DL) have yet to test their eligibility to the NDIS in order to qualify for continuity of supports. At the time of the roundtable in February 2019, these programs were due to close on 30 June 2019. However, on 21 March 2019, the Minister for Families and Social Services, the Hon Paul Fletcher, announced a commitment to extend funding to providers to support the transition of people in Commonwealth funded programs to the NDIS for up to 12 months to 30 June 2020.⁶¹ The committee welcomes this announcement, but is of the view that a longer extension of funding for these programs will be required to ensure that all people can test their eligibility and have access to continuity of support. Furthermore, longer-term arrangements for existing program clients not eligible for the NDIS should be put in place before closure of existing programs.

Recommendation 3

2.72 The committee recommends the Australian Government extend funding for PIR, PHaMs and D2DL programs until 30 June 2021 and make public by 30 June 2020 how it intends to deliver longer-term arrangements for existing program clients not eligible for the NDIS.

59 This issue was discussed in: ACT Standing Committee on Health, Ageing and Community Services, *Inquiry into the implementation, performance and governance of the NDIS in the ACT*, November 2018, p. 131; NSW Legislative Council, *Implementation of the NDIS and the provision of disability services in NSW*, 6 December 2018, p. 58; Community Affairs References Committee, *Accessibility and quality of mental health services in rural and remote Australia*, December 2018, p. 25.

60 See for example: Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 8; Ms Carmel Mary Tebbutt, Chief Executive Officer, Mental Health Coordinating Council, *Committee Hansard*, 26 February 2019, p. 9; Mr Neil Turton-Lane, NDIS Manager, Victorian Mental illness Awareness Council, *Committee Hansard*, 26 February 2019, p. 9.

61 The Hon Paul Fletcher, Minister for Families and Social Services, *Morrison Government commits over \$165 million to extend support to people transitioning to the NDIS*, Media release, 21 March 2019, p. 1.

2.73 More broadly, the committee heard evidence that funding outside the NDIS was insufficient to cover the needs of people with severe and enduring mental health conditions. The committee had previously recommended a national audit and mapping of all Australian, state and territory services, programs and associated funding available for mental health. The committee is of the view that such audit should be undertaken as soon as possible as it would provide some clarity around existing and emerging service gaps and inform priorities for investment. The Australian Government supported this recommendation but did not indicate a timeline for undertaking such stocktake.

Recommendation 4

2.74 The committee recommends the Council of Australian Government (COAG) conduct an audit of all Australian, state and territory services, programs and associated funding available for mental health.

Provision of services under the NDIS Early Childhood Early Intervention Approach

2.75 Between June and December 2017, the committee undertook an inquiry into the provision of services under the NDIS ECEI Approach.

At the time of the inquiry, the key issues identified were:

- access to the Scheme;
- the planning process and adequacy of the plans;
- underfunded plans for children with ASD;
- delays in accessing services; and
- the costs of delivering services for service providers.

2.76 On 7 December 2017, the committee released its report and made 20 recommendations aimed at ensuring that children can be appropriately supported to reach their full potential. A Government Response was provided in May 2018 agreeing with all the recommendations.⁶²

2.77 On 26 February 2019, the committee held a roundtable with representatives of the ECEI sector to gauge the effectiveness of the ECEI pathway in meeting the needs of children and their families and carers.

2.78 The committee was particularly interested in hearing any immediate concerns that need addressing in the short term.

62 See Appendix 1 for list of recommendations, Government Response and summary of initiatives undertaken to date to address each recommendation supported by the Australian Government.

2.79 While some roundtable participants acknowledged that improvements have occurred since the inquiry, including through the development of the ECEI pathway⁶³, all roundtable participants reported that there were still a range of issues that need to be urgently addressed.⁶⁴

2.80 Critical issues raised in evidence included delays in provision of services, significant challenges in addressing the needs of children with Autism Spectrum Disorder (ASD), and the lack of a clear, national strategy around the ECEI approach under the NDIS.⁶⁵

Delays

2.81 During the inquiry, the committee had heard about delays at various stages of the ECEI journey, especially at plan approval stage.⁶⁶

2.82 In recent submissions received by the committee and at the roundtable held in February 2019, the committee heard that delays are a pressing issue that need urgent attention. Indeed, delays continue to be observed at all points of the ECEI journey, resulting in children not accessing early intervention support services in a timely manner.⁶⁷

63 See for example: Dr Jennifer Fitzgerald, Chief Executive Officer, Scope, *Committee Hansard*, 26 February 2019, p. 23; Dr Jim Hungerford, Chief Executive Officer, The Shepherd Centre, *Committee Hansard*, 26 February 2019, p. 22.

64 See for example: Dr Jennifer Fitzgerald, Chief Executive Officer, Scope, *Committee Hansard*, 26 February 2019, p. 23; Dr Jim Hungerford, Chief Executive Officer, The Shepherd Centre, *Committee Hansard*, 26 February 2019, p. 22; Mr John Forster, Chief Executive Officer, Noah's Ark Inc., *Committee Hansard*, 26 February 2019, p. 24; Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, p. 25.

65 See for example: Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, p. 25; Ms Stephanie Gotlib, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 26 February 2019, p. 25; Mr John Forster, Chief Executive Officer, Noah's Ark Inc., *Committee Hansard*, 26 February 2019, p. 33; Ms Trish Hannah, Chair, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 33.

66 Joint Standing Committee on the NDIS, *Provision of services under the NIDS Early Childhood Early Intervention Approach*, December 2017, p. 30.

67 See for example: Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, p. 25; Ms Stephanie Gotlib, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 26 February 2019, p. 25; Ms Trish Hannah, Chair, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 26; Ms Yvonne Keane, Executive Officer, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 27; Ms Stefania Ruidaz El-Khoury, NDIS Coordinator, Royal Institute for Blind Children, *Committee Hansard*, 26 February 2019, p. 29; Australian Autism Alliance, *Submission 77*, p. 12; Association for Children with a Disability, *Submission 84*, p. 1; Scope Ltd, additional information received 20 February 2019, p. 3.

2.83 Roundtable participants stressed that long delays tend to occur at planning and plan approval stages.⁶⁸ For example, Ms Stephanie Gotlib, Chief Executive Officer of Children and Young People with Disability Australia stated:

For us, we're still hearing very strongly of really long delays in planning – from six to 18 months. It's completely unacceptable.⁶⁹

2.84 The committee heard cases of children with ASD waiting to get a planning meeting for up to 18 months after gaining access to the Scheme.⁷⁰

2.85 The Australian Autism Alliance also reported that it was common to hear of families waiting six to twelve months or sometimes longer to access early intervention services.⁷¹

2.86 According to Ms Fiona Sharkie, Chief Executive Officer of Amaze, approximately 2000 children in Melbourne's West are waiting for a planning meeting or waiting for a plan to be approved.⁷²

2.87 Dr Jennifer Fitzgerald, CEO of Scope Ltd, provided a snapshot of the situation in Victoria based on her organisation's experience of servicing around 4000 children across Victoria,:

In January, we had over 550 children who were deemed eligible who were awaiting planning, and we had 187 children who had transitioned out of early childhood intervention services who we believed would be eligible who were awaiting services [...] and at that time had had no services provided.⁷³

2.88 Ms Trish Hanna, Chair of Early Childhood Intervention Australia also pointed out that the ECEI pathway is not just about children getting a funded plan and that it appears that children who should be supported to access mainstream and community supports are 'getting pushed to the back of the queue'.⁷⁴

68 See for example: Mr John Forster, Chief Executive Officer, Noah's Ark Inc., *Committee Hansard*, 26 February 2019, p. 29; Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, p. 28; Ms Stefania Ruidaz El-Khoury, NDIS Coordinator, Royal Institute for Blind Children, *Committee Hansard*, 26 February 2019, p. 29.

69 Ms Stephanie Gotlib, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 26 February 2019, p. 25.

70 Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, p. 24.

71 Australian Autism Alliance, *Submission 77*, p. 12.

72 Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, p. 28.

73 Dr Jennifer Fitzgerald, Chief Executive Officer, Scope, *Committee Hansard*, 26 February 2019, p. 30.

74 Ms Trish Hanna, Chair, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 26.

Impact of delays on children and families

2.89 Delays are negatively impacting children's future development outcomes and the effectiveness of early intervention services:

Every day of delay is a lost opportunity for that child's development and outcomes.⁷⁵

2.90 The Australian Autism Alliance also stressed that 'any delay in accessing services could have a significant detrimental impact on the short and long-term outcomes of autistic children'.⁷⁶

2.91 A roundtable participant pointed out that the impact of these delays on families and parents' mental health cannot be underestimated:

We're seeing significant level of stress, and everyday I have a family member come into our site very distressed because they feel they've let child down, because they haven't been able to access the supports that they've been told that they need in order for their child to develop and grow.⁷⁷

2.92 Ms Helen Johnson, Parent Support Adviser at the Association for Children with a Disability (ACD) also described how the delays and administrative hurdles are affecting families:

[...] I have testimonials here from families about the hell they have gone through: the mental health effects, the stress, the distraughtness and the financial cost [...].⁷⁸

Causes of delays

2.93 Mr John Forster, Chief Executive Officer of Noah's Ark is of the view that one of the reasons for delays is that ECEI partners may not be funded adequately to manage the amount of plans they have to process:

I think there's a question about the adequacy of funding to the ECEI partners to actually manage the task they're doing, because it's cumulative in the sense that, if you start off with a thousand children the next year you've got to do a thousand reviews *plus* the next thousand children.⁷⁹

75 Ms Yvonne Keane, Executive Officer, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 27.

76 Australian Autism Alliance, *Submission 77*, p. 12.

77 Ms Sharon Fragomeni, Customer and Service Delivery Manager, Scope Ltd, *Committee Hansard*, 26 February 2019, p. 32.

78 Ms Helen Johnson, Parent Support Adviser, Association for Children with a Disability, *Committee Hansard*, 26 February 2019, p. 60.

79 Mr John Forster, Chief Executive Officer, Noah's Ark Inc., *Committee Hansard*, 26 February 2019, p. 29.

2.94 Similarly, Scope Ltd contended that the higher than expected numbers of children being funded under the Scheme has an impact on the capacity of ECEI partners to meet the demand for all eligible children.⁸⁰

2.95 Dr Jennifer Fitzgerald of Scope Ltd, also explained to the committee that the system is not working well because of its complexity, which contributes to delays:

So it is a complex system in the early childhood intervention services, because there's an on boarding process, a review process and a new cohort coming every year. At the moment, the system is kind of stuck and is not working effectively.⁸¹

Suggested solutions

2.96 The Australian Autism Alliance is calling for the Australian Government 'to commit to reducing waiting times (from entering the Scheme to finalising a plan) to six weeks, and for this to be monitored and publicly reported by the NDIA'.⁸²

2.97 First Voice is of the view the NDIS 'should establish performance benchmarks of Early Childhood Partners to ensure these families receive their initial plan within two months of their eligibility being established'.⁸³

2.98 The Association for Children with a Disability (ACD) also recommended that there should be a maximum wait time set for each step of the NDIS process. Furthermore, it recommended the implementation of a clearer triage process to prioritise urgent cases.⁸⁴

2.99 ECIA is of the view that, in line with Recommendation 13 made by the committee in the *Transitional Arrangements for the NDIS* report, 'the NDIA should focus all necessary resources and efforts on reducing waiting times at all points of the Scheme, specifically for plan approval, activation and review'.⁸⁵

Children with Autism Spectrum Disorder (ASD)

2.100 During the inquiry, the committee heard that children with ASD and their families were facing significant challenges accessing adequate levels of support under the NDIS.⁸⁶

80 Scope Ltd, ECEI approach and hearing services roundtable, additional information received 20 February 2019, p. 3.

81 Dr Jennifer Fitzgerald, Chief Executive Officer, Scope, *Committee Hansard*, 26 February 2019, p. 30.

82 Australian Autism Alliance, *Submission 77*, p. 12.

83 First Voice, *Submission 75*, p. 1.

84 Association for Children with a Disability, *Submission 84*, p. 1.

85 ECIA, Additional information arising from the public hearing on 26 February 2019, p. 2.

86 Joint Standing Committee on the NDIS, *Provision of services under the NDIS Early Childhood Early Intervention Approach*, December 2017, pp. ix–x.

2.101 At the roundtable held in February 2019, Ms Fiona Sharkie, Chief Executive Officer of Amaze, reported that the situation for children with ASD has not improved and, that in fact, 'autistic children were going backwards under the NDIS'.⁸⁷

2.102 She provided an update on the status of the committee's recommendations to address the issues affecting children with ASD at the time of assessment, planning and approval of funding for supports.⁸⁸

Access to the Scheme

2.103 At the time of the inquiry, the committee identified the need for a fit-for-purpose assessment tool for children with ASD because using the PEDI-CAT was ill-suited for assessing the functional capacity of children with ASD.⁸⁹

2.104 The committee recommended the development of a purpose-built assessment tool with children with ASD in Australia to ensure consistency in access to the Scheme, and adequacy of supports in plans.⁹⁰

2.105 The Australian Government supported this recommendation and advised that work was underway with the Autism Cooperative Research Centre to develop a national guideline for consistent diagnosis of ASD.⁹¹

2.106 On 22 February 2019, the NDIA informed the committee that a trial of the PEDI-CAT ASD was underway to determine if it was reliable for measuring functional ability in individuals with autism. The NDIA indicated that the trial was expected to be completed by the end of June 2019.⁹²

2.107 Ms Fiona Sharkie, Chief Executive Officer of Amaze, acknowledged that work on the PEDI-CAT ASD was progressing, but that, on the ground, the situation remained problematic:

Parents are being asked what level of diagnosis the children have been diagnosed at, which is completely irrelevant to gaining access to the Scheme, but also completely irrelevant in determining what services that child will need. They are being precluded from entering the Scheme through being asked about the level of their diagnosis.⁹³

87 Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, p. 24.

88 Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, pp. 24–25.

89 Joint Standing Committee on the NDIS, *Provision of services under the NIDS Early Childhood Early Intervention Approach*, December 2017, p. 28.

90 Joint Standing Committee on the NDIS, *Provision of services under the NIDS Early Childhood Early Intervention Approach*, December 2017, Recommendation 7, p. 28.

91 Australian Government, *Government response to the provision of services under the NDIS Early Childhood Early Intervention Approach Report*, received 3 May 2018, p. 4.

92 NDIA, *Answers to question on notice SQ19-000018*, (received 22 February 2019).

93 Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, p. 25.

2.108 The Australian Autism Alliance is also of the view that 'a robust and reliable tool to ascertain eligibility for autistic people is urgently needed and should continue to be pursued'.⁹⁴

Underfunded plans

2.109 At the time of the inquiry, the committee received compelling evidence in relation to recurring funding shortfalls in plans for children with ASD. The committee heard that the level of funding granted in many plans did not meet participants' needs and did not align with recommended evidence-based practice guidelines. The committee also heard that NDIS funding levels were often lower than previous national funding models, such as Helping Children With Autism.⁹⁵

2.110 The committee recommended the NDIA urgently address issues of scope and level of funding in plans for children with ASD.⁹⁶ The Australian Government noted the recommendation and advised the committee that the NDIA was working with the Autism Cooperative Research Centre to develop evidence-based guidance for ensuring appropriate, individualised support.⁹⁷

2.111 Ms Fiona Sharkie of Amaze explained to the committee that, in addition to unacceptable delays to accessing support services, children were not getting adequate supports:

The committee also made a recommendation about the scope of adequate supports against the evidence of 20 hours.[...] looking at the data published by the NDIS that the zero to six year old children are receiving an average of around \$15,000, that would not indicate that the evidence of 20 hours is really being provided for.⁹⁸

2.112 Other submitters reported that a lack of knowledge and expertise among planners, including ECEI partner staff, is continuing to affect the quality of children's plans.⁹⁹ For example, the Australian Autism Alliance stated:

A lack of autism understanding among NDIA staff, LACs and ECEI staff has negatively impacted on the rights of autistic people to participate and

94 Australian Autism Alliance, *Submission 77*, p. 9.

95 Joint Standing Committee on the NDIS, *Provision of services under the NDIS Early Childhood Early Intervention Approach*, December 2017, p. 63.

96 Joint Standing Committee on the NDIS, *Provision of services under the NDIS Early Childhood Early Intervention Approach*, December 2017, Recommendation 11, p. xiv.

97 Australian Government, *Government response to the provision of services under the NDIS Early Childhood Early Intervention Approach Report*, received 3 May 2018, p. 5.

98 Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, pp. 24–25.

99 See for example: Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, p. 25; Ms Stephanie Gotlib, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 26 February 2019, pp. 25–26; Every Australian Counts, *Submission 93*, p. 4; Association for Children with a Disability, *Submission 84*, p. 2.

have their support needs understood and met during the planning process (including planning meetings) to ensure they receive an appropriate and responsive plan.¹⁰⁰

ECEI approach under the NDIS

2.113 Roundtable participants expressed concerns regarding the ECEI approach under the NDIS, citing issues around a move away from best practice models because of inadequate pricing, a lack of clear NDIS guidelines on practice models, and an overall lack of strategy around the delivery of Early Childhood Intervention (ECI) services under the NDIS.¹⁰¹

Shift in practices due to inadequate pricing

2.114 According to experts, best practice for ECEI services is to deliver them in natural settings. However, due to the current NDIS pricing structure, service providers have to shift from delivering services in natural settings to centre-based delivery.¹⁰²

2.115 Dr Jennifer Fitzgerald, CEO of Scope, explained that the delivery of services in natural settings is unviable for service providers under current NDIS pricing, and concluded:

That concerns me, given there are two systematic reviews that clearly evidence that it is best to deliver those services in a child's natural environment.¹⁰³

2.116 Ms Trish Hanna, Chair of Early Childhood Intervention Australia (ECIA) also pointed out that current NDIS pricing is impeding the ability of service providers to adhere to best practice models. She recommended a pricing adjustment for travel, as well as allocation of funding in children's plans that allows support in the places where families are comfortable.¹⁰⁴

2.117 Ms Sharon Fragomeni, Customer and Service Delivery Manager at Scope, also stressed that inadequate pricing for travel continues to be a significant issue in rural areas, making it difficult to support families within their natural environment.¹⁰⁵

100 Australian Autism Alliance, *Submission 77*, p. 10.

101 See for example: Dr Jennifer Fitzgerald, Chief Executive Officer, Scope, *Committee Hansard*, 26 February 2019, p. 23; Ms Trish Hanna, Chair, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 26; Mr John Forster, Chief Executive Officer, Noah's Ark Inc., *Committee Hansard*, 26 February 2019, p. 33.

102 Scope Ltd, additional information received 20 February 2019, p. 2.

103 Dr Jennifer Fitzgerald, Chief Executive Officer, Scope, *Committee Hansard*, 26 February 2019, p. 23.

104 Ms Trish Hanna, Chair, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 26.

105 Ms Sharon Fragomeni, Customer and Service Delivery Manager, Scope Ltd, *Committee Hansard*, 26 February 2019, p. 23.

Need for a national strategy

2.118 Mr John Forster, CEO of Noah's Ark Inc., is of the view that service providers and ECEI partners have had 'a very mixed and confused approach' to the provision of Early Childhood Intervention (ECI) services because of a lack of strategy or guidelines for the delivery of ECI under the NDIS. He concluded that, despite being a challenging task, the NDIA must develop a national approach to the delivery of ECI services:

It's a major challenge for the NDIA to develop a national conversation where there wasn't one before, but I think that's essential. If we're going to make it work for families then we've really got to go back and get those fundamentals in place¹⁰⁶

2.119 Ms Trish Hanna, Chair of ECIA, called for the development of an Early Childhood Intervention blueprint that 'is aligned and can work with the NDIS so that there is a strategy beyond just transition phase, but into the future, of what ECI can achieve for families and young children in Australia'.¹⁰⁷

2.120 Her colleague, Ms Yvonne Keane, explained that such national blueprint is urgently required because of the massive disruption that had occurred in the service delivery model of early intervention services with the transition to the NDIS:

Historically, as we know, early intervention was delivered by state or territory governments through previous funded systems, and, as the NDIS is implemented, we're seeing state and territory governments exiting the market and leaving the NDIS implementation with significant issues that need to be addressed. So we think it's critical that government invests in the first of its kind national early childhood intervention blueprint [...] so we can ensure that every child has every possibility to enter early childhood intervention as quickly as possible and make those incredible and significant gains.¹⁰⁸

2.121 She also noted that developing such a blueprint was particularly important to ensure the NDIS delivers on its promise of being an insurance scheme.¹⁰⁹

Committee view*Delays*

2.122 The committee is gravely concerned by the recent reports of long delays in accessing early intervention support services under the ECEI pathway. Whilst delay

106 Mr John Forster, Chief Executive Officer, Noah's Ark Inc., *Committee Hansard*, 26 February 2019, p. 33.

107 Ms Trish Hanna, Chair, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 26.

108 Ms Yvonne Keane, Executive Officer, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 27.

109 Ms Yvonne Keane, Executive Officer, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 27.

was raised as an issue during the initial inquiry into the provision of ECEI services under the NDIS, it appears that the situation may have worsened with the ramp up to full Scheme. The committee was alarmed to hear that some families are waiting for well over a year to access services, at a time when every day of delay can have a negative impact on their child's future development outcomes.

2.123 The committee understands that the delays mostly occur after access to the NDIS has been granted, suggesting that the problems are occurring at plan development and plan approval stages. Submitters described the ECEI pathway as complex and not working effectively. Outsourcing all aspects of the ECEI pathway to ECEI partners may have potentially added a level of complexity to the system. The causes for these delays need to be further examined to be fully understood. However, based on the information received by the committee, it appears that the volume of work of the ECEI partners may be greater than originally anticipated, resulting in ECEI partners being unable to manage the growing amount of plans they have to develop or review with participants. As the value of ECEI partners' grants is based on phasing numbers set out in bilateral agreements and estimates of participant volumes, the NDIA should closely monitor actual participant volumes and ensure ECEI partners' funding can be adjusted if necessary. The NDIA must urgently address these delays and commit the necessary resources to ensure children and their families can access the supports they need in a timely manner.

Recommendation 5

2.124 The committee recommends the NDIA immediately commit the necessary resources to address the delays experienced by families to access services under the ECEI pathway.

2.125 Importantly, there is a need for a clear, transparent and accountable process, which sets a maximum wait time at each step of the ECEI journey. Families must be able to rely on a system that ensures eligible children can have an approved plan within a reasonable timeframe. ECEI partners should have, as part of their KPIs, a maximum time to complete each step of the process to get a plan approved under the ECEI pathway. The committee is aware that since the establishment of the hearing service stream, most children with hearing impairment have obtained an approved plan within a few weeks. Based on this information and other evidence, the committee considers that all eligible children should have an approved plan within three months of families contacting their local ECEI partner.

Recommendation 6

2.126 The committee recommends the NDIA introduce Key Performance Indicators for its ECEI partners that stipulate a maximum time to complete each step of the access, planning and plan approval processes to ensure all eligible children have an approved plan ready for implementation within three months of being in contact with an ECEI partner.

Recommendation 7

2.127 The committee recommends the NDIA report on how long it takes for eligible children to get a plan under the ECEI pathway as part of its Quarterly Reports.

ECEI approach under the NDIS

2.128 The committee has heard on many occasions that best practice is to deliver Early Childhood Intervention (ECI) services in natural settings. However, it appears that, under the current NDIS pricing structure, it has become unviable for service providers to do so. As a result, the committee heard that many service providers have changed their service delivery model to centre-based delivery. The committee is of the view that early childhood service delivery models under the NDIS should not be determined on the basis of cost drivers but on maximising outcomes for children so they can reach their full potential. The NDIA must ensure the NDIS pricing structure for the delivery of ECI services is not precluding the delivery of services in natural settings when this approach is considered the best option for a child.

Recommendation 8

2.129 The committee recommends that an evaluation of the pricing of Early Childhood Intervention services is undertaken as part of the next annual NDIS pricing review.

2.130 Importantly, the evidence received by the committee also suggests that there is no nationally consistent approach to the delivery of ECEI services under the NDIS. The committee agrees with submitters that a national Early Childhood Intervention plan should be developed to ensure the provision of ECEI services under the NDIS can achieve the best possible outcomes for children and their families. This plan should be in place by the end of transition to full Scheme.

Recommendation 9

2.131 The committee recommends the NDIA develop, in collaboration with the Early Childhood Intervention sector, an Early Childhood Intervention strategy that sets a national and consistent approach to the delivery of Early Childhood Intervention services under the NDIS.

Transitional arrangements for the NDIS

2.132 Between June 2017 and February 2018, the committee undertook an inquiry into transitional arrangements for the NDIS.

2.133 At the time of the inquiry, the key issues were:

- interface between the NDIS and mainstream services, especially in the areas of health, aged care, education, transport, crisis accommodation and justice;
- delays in accessing the Scheme, plan approvals, plan activations and access to services;

- ILC funding levels, and its funding approach potentially leading to service gaps;
- no clarity on how the NDIA intends to intervene in areas of thin markets;
- no Provider of Last Resort arrangements;
- service gaps in advocacy, assertive outreach and support coordination; and
- a lack of culturally appropriate services for people from CALD backgrounds and for Aboriginal and Torres Strait Islander communities to engage with the NDIS.

2.134 On 15 February 2018, the committee tabled its report and made 26 recommendations aimed at ensuring that improved and appropriate arrangements can be put in place to provide necessary and reasonable supports for all NDIS participants. A government response was provided in June 2018, indicating support or support in-principle for each of the 26 recommendations.

2.135 On 26 February 2019, the committee held a roundtable with peak body organisations representing service providers and people with disabilities, families and carers to gauge progress since the release of the report.

2.136 Roundtable participants focused on highlighting the critical issues that are impeding the access and delivery of services to NDIS participants. In particular, they discussed the lack of progress to address key issues that had been identified at the time of the inquiry, including:

- the interface between the NDIS and mainstream services;
- the persisting or worsening of areas of thin markets; and
- the absence of clear Provider of Last Resort arrangements.

Interface between the NDIS and mainstream services

2.137 At the time of the inquiry, the committee found that the *Principles to determine the responsibilities of the NDIS and other service systems* agreed by COAG were subject to interpretation and lacked clarity. Additionally, the transition of Commonwealth, state and territory programs to the NDIS was contributing to emerging service gaps and the lack of delineation of funding responsibility between the NDIS and state and territory services.¹¹⁰

2.138 This has resulted in boundary issues and funding disputes, which impact on access to services for NDIS participants and people with a disability not eligible for the NDIS, especially in the areas of health, education, transport and crisis accommodation.¹¹¹

110 Joint Standing Committee on the NDIS, *Transitional arrangements for the NDIS*, 15 February 2018, Chapter 2, pp. 11–37.

111 Joint Standing Committee on the NDIS, *Transitional arrangements for the NDIS*, 15 February 2018, p. ix.

Progress to date

2.139 In its 30 April 2018 communique, the Disability Reform Council (DRC) advised that 'the NDIA and jurisdictions have established working groups for the priority interface areas of health, mental health, justice and child protection.'¹¹²

2.140 In its 10 December 2018 communique, the DRC stated:

Since the Council met in April 2018, work has progressed to improve the experience and interactions of NDIS participants with mainstream service systems of health, mental health, child protection, personal care in schools and specialist school support.[...] The Council noted that states and territories, the Commonwealth and the NDIA are undertaking further work to clarify roles and responsibilities for the NDIS and health systems where health and disability supports are required concurrently.¹¹³

2.141 At its December 2018 meeting, the DRC also agreed that as an interim solution, states and territories will continue to deliver services for specialist school transport and Personal Care in School (PCIS) until 31 December 2023, while development work is undertaken.¹¹⁴

2.142 In relation to the interface with the health system, on 9 January 2019, the Minister for Social Services announced interim arrangements for dysphagia and mainstream health supports until a final decision on roles and responsibilities of the NDIA and health systems is made by the Australian Governments in early 2019.¹¹⁵

2.143 According to the NDIS website, planners and Partners will escalate urgent issues raised by participants, carers or providers relating to accessing immediate and vital supports. In response, the NDIA and state and territory governments will work together to resolve any issues on a case-by-case basis.¹¹⁶

2.144 However, during the roundtable, participants continued to express grave concerns around the lack of progress on clarifying the delineation between the NDIS

112 COAG DRC, *Communique 30 April 2018*, p.1, https://www.dss.gov.au/sites/default/files/documents/04_2018/drc_communique_-_30_april_2018.pdf (accessed 24 January 2019).

113 COAG DRC, *Communique 10 December 2018*, pp. 1–2, https://www.dss.gov.au/sites/default/files/documents/12_2018/drc-communiqu-final-drc-10-december-2018-meeting.pdf (accessed 24 January 2019).

114 COAG DRC, *Communique 10 December 2018*, pp. 1–2, https://www.dss.gov.au/sites/default/files/documents/12_2018/drc-communiqu-final-drc-10-december-2018-meeting.pdf (accessed 24 January 2019).

115 NDIS, *Health*, <https://www.ndis.gov.au/understanding/ndis-and-other-government-services/health> (accessed 21 February 2019).

116 NDIS, *NDIA working with state and territory governments*, <https://www.ndis.gov.au/understanding/ndis-and-other-government-services/ndia-working-state-and-territory-governments> (accessed 21 February 2019).

and mainstream services, pointing that it leads to funding disputes resulting in some people with disabilities not being able to get out of hospitals or jails.¹¹⁷

2.145 Mr Patrick McGee, National Manager, Policy Advocacy Research at the Australian Federation of Disability Organisations (AFDO) bluntly described the situation:

We've got hospitals fighting with the NDIS, we've got justice systems fighting with the NDIS and no one's talking to each other about how to best resolve those issues.¹¹⁸

2.146 The Victorian Healthcare Association also pointed out that the lack of clarity and effective interface between the NDIS and health systems have 'created artificial barriers between health and disability needs, which actively work against the provision of integrated and holistic care'.¹¹⁹

2.147 At the roundtable, Mr Tom Symondson, Chief Executive Officer of the Victorian Healthcare Association furthered explained how this has led to a fragmented approach to care, which is detrimental to the health and wellbeing outcomes of people who need health and disability supports.¹²⁰

Thin markets

2.148 The issue of thin markets has been raised in most inquiries undertaken by the committee. The committee found that whilst the lack of services and providers operating in rural and remote areas is not new or unique to the NDIS, the transition to a market based system has brought new challenges for delivering services in areas of thin markets. Fee for service pricing is creating complex challenges in thin markets for providers to achieve sustainability and viability. As a result, the committee heard that on many occasions service providers were considering or had already opted out of delivering services under the NDIS.

2.149 Importantly, this has devastating consequences for NDIS participants who have plans but have no services and nowhere to spend their NDIS funding.¹²¹

2.150 In its report, the committee had recommended the NDIA develop and publically release a strategy to address thin markets.¹²² The Australian Government

117 See for example: Mr Patrick McGee, National Manager, Policy Advocacy Research, Australian Federation of Disability Organisations, *Committee Hansard*, 26 February 2019, pp. 44–45; Occupational Therapy Australia, *Submission 73*, p. 1; Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 47.

118 Mr Patrick McGee, National Manager, Policy Advocacy Research, Australian Federation of Disability Organisations, *Committee Hansard*, 26 February 2019, p. 45.

119 Victorian Healthcare Association, *Submission 76*, p. 2.

120 Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, pp. 47–48.

121 Ms Kirsten Deane, Executive Director, National Disability and Carer Alliance, *Committee Hansard*, 26 February 2019, p. 38.

supported this recommendation and advised the committee that the NDIA's market stewardship approach was characterised by monitoring and assessing markets and taking actions where necessary to improve the functioning of the markets.¹²³

2.151 On 26 November 2018, the Assistant Minister for Social Services announced the release of a new NDIS Market Enablement Framework. The new framework provides guidance on how the NDIA will monitor the market and determine what, if any, strategies should be adopted to encourage market growth or correction.¹²⁴

2.152 The NDIA advised the committee it 'is undertaking a range of work through the Market Enablement Framework to support growth of an innovative disability services market as the Scheme rolls out'. The NDIA also indicated that 'a project is being finalised to pilot interventions for ineffective and under-developed markets, including thin markets and regional and remote communities'.¹²⁵

NDIA lack of progress to address thin markets

2.153 Mr Tom Symondson, CEO of the Victorian Healthcare Association pointed out at the roundtable that the issues on how to intervene in areas of thin markets and Provider of Last Resort situations had been the subject of discussions with the NDIA for a very long time but is yet to be progressed:

We were talking about this five years ago, and it feels like we haven't really moved very far since then, which is pretty tragic, in my opinion.¹²⁶

2.154 Mr David Moody, Acting Chief Executive Officer of National Disability Services, reported that not much has progressed to develop a strategy to address thin markets, let alone implement it, at both the Disability Reform Council and the NDIA level, concluding that 'I don't think anyone could seriously point to any objective examples of where intervention has been undertaken to address the problems'.¹²⁷

2.155 Ms Kirsten Deane, Executive Director of the National Disability and Carer Alliance, reported that families and people with disabilities expressed frustration that the NDIA appeared to be working in isolation and not building on existing service delivery models to address the issue of market failure in remote communities:

The issue of service delivery in remote communities is not a new one for government. But they felt like the NDIA was coming along and looking for

122 Joint Standing Committee on the NDIS, *Transitional arrangements for the NDIS*, 15 February 2018, p. 70.

123 Australian Government,

124 NDIS, *New Framework to ensure NDIS Provider Markets are available to participants*, <https://www.ndis.gov.au/news/996-new-framework-ensure-ndis-provider-markets-are-available-participants> (accessed 7 March 2019).

125 NDIA, *Answer to question on notice SQ19-000012*, received 22 February 2019.

126 Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 38.

127 Mr David Moody, Acting Chief Executive Officer, National Disability Services, *Committee Hansard*, 26 February 2019, pp. 41–42.

solutions when in actual fact joined-up government might be one of the solutions. If health services are already finding a way to service remote communities, why isn't the NDIA working with them to have a more joined-up approach to that?¹²⁸

2.156 Mr Llewellyn Reynders, Policy Manager at the Victorian Council of Social Services (VCOSS), is of the view that this lack of progress is directly related to the NDIA's reluctance to consider any service delivery model that is not based on an individualised fee-for-service funding model:

We find that, every time we start having a conversation or produce evidence or research that starts steering the conversation to an alternate commissioning model, suddenly that work seems to disappear. [...] we have a very difficult time convincing the NDIA to even consider in any detail models that use other forms of commissioning.¹²⁹

Pricing

2.157 Roundtable participants reminded the committee that inadequate pricing of supports is contributing to shortages and lack of choices of services.¹³⁰

2.158 For example, according to Ms Philippa Angley, Head of Policy at National Disability Services, the pricing of allied health assistance under the NDIS remains a 'fundamental issue' resulting in the inability to attract allied health assistance workers to fill positions.¹³¹

2.159 Mrs Andrea Douglas from Occupational Therapy Australia, also noted that the markets may become even thinner if no action is taken to address pricing issues related to travel delivering services:

There are providers that are travelling vastly more extensively than what they're being paid for. [...] So travel is creating big problems.¹³²

2.160 In its submission, Vision Australia explained that service providers often travel long distances to deliver services in rural and remote areas and bear the costs of doing so.¹³³

128 Ms Kirsten Deane, Executive Director, National Disability and Carer Alliance, *Committee Hansard*, 26 February 2019, p. 38.

129 Mr Llewellyn Reynders, Policy Manager, Victorian Council of Social Services, *Committee Hansard*, 26 February 2019, p. 44.

130 See for example: Ms Philippa Angley, Head of Policy, National Disability Services, *Committee Hansard*, 26 February 2019, p. 37 and p. 46; Ms Andrea Douglas, Professional Adviser, NDIS, Occupational Therapy Australia, *Committee Hansard*, 26 February 2019, p. 38; Mr David Moody, Acting Chief Executive Officer, National Disability Services, *Committee Hansard*, 26 February 2019, p. 47.

131 Ms Philippa Angley, Head of Policy, National Disability Services, *Committee Hansard*, 26 February 2019, p. 37.

132 Ms Andrea Douglas, Professional Adviser, NDIS, Occupational Therapy Australia, *Committee Hansard*, 26 February 2019, p. 38.

133 Vision Australia, *Submission 83*, p. 4.

2.161 Mr Tom Symondson, CEO of the Victorian Healthcare Association, also pointed out that travel costs in rural and remote areas were not covered under the current pricing. He reminded the committee that his organisation has repeatedly called for the NDIA to develop and implement 'a thin market strategy that actually recognises the costs of doing business in a rural or remote area'.¹³⁴

Workforce

2.162 Roundtable participants stressed to the committee that the lack of available trained workforce to work in disability support services was contributing to the worsening of areas of thin markets.¹³⁵

Maintaining Critical Supports (Provider of Last Resort)

2.163 At the time of the inquiry, the Provider of Last Resort arrangements remained unclear and incomplete, which prompted the committee to recommend the NDIA publically release its Provider of Last Resort policy as a matter of urgency.¹³⁶

2.164 The Australian Government supported the recommendations and informed the committee that the NDIA was working on the 'Maintaining Critical Supports' project and would publish the agreed outcomes following the Disability Reform Council in the first half of 2018.¹³⁷

2.165 At the time of writing, the Maintaining Critical Supports project is still in development. The NDIA advised the committee that it is working closely with state and territory governments on a new approach to Maintaining Critical Supports that is participant-centric. The NDIA is also working on a number of initiatives to ensure participants can access the following supports:

- After-hours crisis support arrangements – the NDIA has been piloting after-hours crisis response arrangements in three states to determine the best way to meet the needs of participants. Providers have been sourced to provide varying levels of support, depending on the level of escalation required.
- Critical Service Issues Response – the NDIA has worked with each State and Territory Government to establish clear mechanisms for escalation and resolution of individual and thematic issues that affect participants.¹³⁸

134 Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 41.

135 See for example: Ms Emma King, Chief Executive Officer, Victorian Council of Social Services, *Committee Hansard*, 26 February 2019, p. 37; Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 41.

136 Joint Standing Committee on the NDIS, *Transitional arrangements for the NDIS*, 15 February 2018, p. 70.

137 Australian Government, *Government response to the JSC Transitional Arrangements for the NDIS report* (received 19 June 2018), p. 11.

138 NDIA, *Answer to question on notice SQ19-000013*, received 22 February 2019.

2.166 Roundtable participants reiterated the need to have clear Provider of Last Resort arrangements in place as the absence of such arrangements are putting people at risk of not accessing any supports, resulting in admission to hospital, aged care facilities or jail.¹³⁹

2.167 Similarly, Victoria Legal Aid contended that the absence of a PLR framework contributed to its 'clients falling through gaps, including offending, imprisonment, inability to be discharged from secure mental health facilities and child removal'.¹⁴⁰

Lack of progress

2.168 Mr Tom Symondson, CEO of the Victorian Healthcare Association, reminded the committee that providers were told 'as early as 2016 that each jurisdiction was having a separate bilateral conversation with the federal government and the NDIA around a provider of last resort approach'.¹⁴¹

2.169 However, no tangible progress has been made on a process to ensure provision of services in both crisis situations and where there is simply no market. In fact, Mr Symondson is of the view that the provider of last resort conversation is still 'very immature' and that, to date, no one has taken ownership of the problem.¹⁴²

2.170 Drawing on his experience in Victoria, he stated that, at present, the system relies on state government services to step in, which is not sustainable:

Certainly in Victoria, it feels very much like there's an assumption that the public providers will fill that gap. Ideologically, they will do that. They will not turn people away. But it's not what the design intention was. It's certainly not in line with the principles of the NDIS, and eventually the state government will probably say 'we're not funding this anymore' and it will be providers in our membership that end up being the bad guys saying 'we don't have enough money to provide that for you, and we know nobody else who will'.¹⁴³

2.171 At the roundtable on mental health services, Mr Glen Tobias, Acting Chief Executive Officer of Neami National told the committee that 'the provider of last resort is actually the emergency department'.¹⁴⁴

139 See for example: Mr Patrick McGee, National Manager, Policy Advocacy Research, Australian Federation of Disability Organisations, *Committee Hansard*, 26 February 2019, p. 38; Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 41.

140 Victoria Legal Aid, *Submission 96*, p. 3.

141 Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 41.

142 Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 38.

143 Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 38.

144 Mr Glen Tobias, Acting Chief Executive Office, Neami National, *Committee Hansard*, 26 February 2019, p. 20.

Crisis situations

2.172 As previously discussed in the *Transitional arrangements for the NDIS* and the *Market readiness for provision of services under the NDIS* reports, there are grave concerns that existing state and territory government processes for emergencies will cease despite the absence of new formal arrangements under the NDIS.¹⁴⁵

2.173 For example, at present, in Victoria, the Department of Health and Human Services has an intensive support unit, which deals with extreme and urgent cases. As described by Mr David Moody, Acting CEO of National Disability Services, this unit has enabled a number of crises to be averted. However, this service is due to close at the end of June 2019.¹⁴⁶

2.174 Mr Patrick McGee, from the Australian Federation of Disability Organisations, warned the committee that without a service that can respond to emergency situations and linking people to providers and services, there will be disastrous consequences for people with very complex needs:

They'll all go to jail, they'll go to hospital, they'll stay in their homes, they'll be cared by their elderly parents, they'll commit crimes, they'll get into trouble, they'll get given the wrong medication – all those things are going to happen.¹⁴⁷

2.175 Similarly, Prader-Willi Syndrome Australia is of the view that, without appropriate arrangements in place in case of crisis, people with Prader-Willi Syndrome who have very complex needs and challenging behaviours 'may be forced into homelessness, dangerous accommodation or being held unnecessarily in a prison or mental health facility'.¹⁴⁸

2.176 According to Ms Kirsten Deane from National Disability and Carer Alliance the NDIA has still not the systems in place to deal with urgent complex situations:

[...] the NDIA has not developed triage systems to prioritise people who need more urgent assistance.¹⁴⁹

2.177 Ms Philippa Angley, from National Disability Services, also expressed doubts that the current NDIS system would be able to respond to emergency situations in the same way as state services used to, because of its funding structure, and concluded:

There is a need to create a response for emergencies where the negotiation happens afterwards.¹⁵⁰

145 Joint Standing Committee on the NDIS, *Market readiness for provision of services under the NDIS*, September 2018, p. 75.

146 Mr David Moody, Acting Chief Executive Officer, National Disability Services, *Committee Hansard*, 26 February 2019, p. 43.

147 Mr Patrick McGee, National Manager, Policy Advocacy Research, Australian Federation of Disability Organisations, *Committee Hansard*, 26 February 2019, p. 43.

148 Prader-Willi Syndrome Australia, *Submission 82*, p. 4.

149 Ms Kirsten Deane, Executive Director, National Disability and Carer Alliance, *Committee Hansard*, 26 February 2019, p. 43.

2.178 Mr David Moody, of National Disability Services, acknowledged the current pilot of the Complex Needs pathway in Victoria but clarified to the committee that 'it does not make provision for a provider of last resort'.¹⁵¹

Committee view

Interface with mainstream services

2.179 The committee acknowledges that the issue of the interface between the NDIS and mainstream services is complex. The committee is aware that working groups reporting to the DRC have been established to work on clearly defining the roles and responsibilities of the NDIA and mainstream services. However, the committee noted that this work is progressing very slowly. At the same time, there is growing evidence that NDIS participants are being denied services and care because of funding disputes between the NDIA and other government services. In extreme cases, this is resulting in people being unable to leave hospitals for months. This situation is untenable and requires immediate action, regardless of the state of progress of discussions with state and territory governments and ad-hoc arrangements to delineate the roles and responsibilities of the NDIA and mainstream services. There should be an immediate introduction of a formal mechanism to ensure that a person-first approach is taken in the delivery of services in the event of funding disputes. Such a mechanism would see the party of first contact providing the services without delay or disruption. The party of first contact would then refer the matter to a jurisdictional dispute mechanism, where costs incurred by the party of first contact can be, if deemed appropriate, be reimbursed through budget transfers, or direct invoicing.

Recommendation 10

2.180 The committee recommends the Council of Australian Governments (COAG) Disability Reform Council agree to put in place a formal mechanism that ensures a person-first principle is applied in the delivery of services in the event of funding disputes between the NDIA and mainstream services.

Thin markets

2.181 The issue of thin markets is not new and has been discussed at length in previous committee reports.¹⁵² The committee is frustrated by the NDIA's ongoing reluctance to consider alternatives to a fee-for-service model to address thin markets. As previously identified by the committee, other service delivery models that could be considered include the introduction of direct commissioning, block funding, seed

150 Ms Philippa Angley, Head of Policy, National Disability Services, *Committee Hansard*, 26 February 2019, p. 42.

151 Mr David Moody, Acting Chief Executive Officer, National Disability Services, *Committee Hansard*, 26 February 2019, p. 42.

152 Joint Standing Committee on the NDIS, *Transitional arrangements for the NDIS*, February 2018 and *Market readiness for provision of services under the NDIS*, September 2018.

funding or developing a multipurpose service model similar to the one used in the aged care sector.¹⁵³

2.182 The committee is of the view that the NDIA must work with government and non-government service providers operating in rural and remote areas to trial alternative service delivery models.

Recommendation 11

2.183 The committee recommends NDIA start trialling alternatives to a fee-for-service delivery model to address thin markets in rural and remote areas by the end of 2019.

Provider of Last Resort arrangements

2.184 As discussed in previous reports by this committee, the NDIA is responsible for the Provider of Last Resort (PLR) arrangements but is yet to publicly release its policy and operational plan on the matter. On several occasions, the committee has recommended the NDIA accelerate its work to progress future PLR arrangements and publicly release its PLR policy as a matter of urgency.

2.185 The committee agrees with the Victorian Healthcare Association that within the PLR conversation there were two issues conflated: one around putting a provider in place when there is an absence of services because of market failure and the other around how to respond to crisis and emergency situations.¹⁵⁴ As the market steward, the NDIA has responsibility to develop a funding model for continued provision of disability services in areas of thin markets, including in rural and remote areas.

Recommendation 12

2.186 The committee recommends the NDIA make public how it will ensure provision of services in case of market failure in rural and remote areas.

Crisis situation

2.187 The committee has repeatedly expressed its deep concerns about the lack of progress in relation to Provider of Last Resort arrangements in the event of a crisis, especially when it involves crisis accommodation. The committee understands that the Maintaining Critical Supports project will define policies and processes for such situations. The Maintaining Critical Supports policy must commit to provide services according to participant needs, including for crisis and respite accommodation.

2.188 The committee understands the NDIA is piloting after-hours crisis response arrangements but lacks information to comment on the effectiveness of the approach. Importantly, it is a pilot, not a systemic response. The committee is of the view that the NDIA should establish within the Complex Needs pathway a unit in each jurisdiction, which would be responsible for coordinating crisis service provision,

153 Joint Standing Committee on the NDIS, *Market readiness for provision of services under the NDIS*, September 2018, pp.72–74.

154 Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 44.

including crisis and respite accommodation. In situations involving boundary issues with mainstream services, the person-first principle outlined in Recommendation 5 of this report should apply.

Recommendation 13

2.189 The committee recommends the NDIA establish within the Complex Needs pathway a unit in each jurisdiction responsible for coordinating and ensuring crisis service provision.

Provision of hearing services under the NDIS

2.190 Between November 2016 and June 2018, the committee commenced an inquiry into the provision of hearing services under the NDIS.

At the time of the inquiry, the key issues identified were:

- a lack of guided pathways for children;
- considerable delays in accessing services;
- shortfalls in funding; and
- the lack of a child-first approach.

2.191 The committee made six recommendations in its interim report tabled September 2017, which were all supported, or partially supported, by the Government. In its final report tabled June 2018, the committee made three recommendations, which were all partially supported by the Government.

2.192 The ECEI roundtable held on 26 February 2019 provided an opportunity to gauge progress since the release of the final report.

Referral pathway for children

2.193 The committee expressed, in both its interim and final reports, its concern that the transition to the NDIS has disrupted a world class system that had worked very well. Guided pathways were previously available, but have been lost with the move to the NDIS. This has resulted in considerable delays in the start of funded therapies, which are critical, though early interventions, to ensuring that children can be taught to communicate as well as any other child and become active participants in the social and economic life of their communities.¹⁵⁵

2.194 In September 2017, the committee sought to address these issues by recommending that Australian Hearing be formally appointed as the independent referral pathway for access to early intervention services under the NDIS.¹⁵⁶

155 Joint Standing Committee on the NDIS, *Provision of hearing services under the NDIS*, Interim report, September 2017, pp. vii–viii.

156 Joint Standing Committee on the NDIS, *Provision of hearing services under the NDIS*, Interim report, September 2017, p. 42.

2.195 For a long time, the NDIA was reluctant to carve a preferred pathway for families of deaf and hard of hearing children. It took the NDIA until August 2018 to finally establish a hearing service stream for newly diagnosed children.¹⁵⁷

2.196 This pathway is for children aged nought to six years who have just been diagnosed with a hearing loss. The new pathway involves Australian Hearing initiating access to the NDIS for eligible applicants. This ensures that NDIS funding is received faster, and access to early intervention supports can occur quickly. Australian Hearing also links the family to an Early Childhood Partner, to support implementation of the plan.¹⁵⁸

2.197 According to the hearing services sector, this new, rapid, referral pathway for children is generally working well, and resulting in a first plan for the child within the next three weeks or up to six weeks.¹⁵⁹

2.198 At the February 2019 roundtable, Dr Jim Hungerford, Chief Executive Officer of The Shepherd Centre described the establishment of the new rapid referral pathway as a 'mammoth improvement', and pointed out that it has significantly reduced delays.¹⁶⁰

2.199 However, First Voice pointed out that this new system only applies to children aged nought to six years who attend Australian Hearing for the first time. As a result, according to First Voice, a significant proportion of children who have already been engaged with Australian Hearing prior the implementation of this new system still do not have a plan despite eligibility to the Scheme. Furthermore, this process does not apply to children aged seven or more.¹⁶¹

2.200 As the a result, First Voice recommended that the NDIA commission Australian Hearing to check, and if required, initiate the NDIS process for these children.¹⁶²

Uncertain future of Australian Hearing

2.201 On 21 June 2018, the Minister for Social Services announced that Australian Hearing's in-kind support would be extended until 30 June 2020.¹⁶³

157 NDIS, *Pathway reform*, <https://www.ndis.gov.au/about-us/ndis-pathway-reform/pathway-reform-whats-happening-2019#hearing-service-stream> (accessed 27 February 2019).

158 NDIS, *Newly diagnosed hearing loss*, <https://www.ndis.gov.au/understanding/families-and-carers/get-support-your-child/newly-diagnosed-hearing-loss> (accessed 27 February 2019).

159 First Voice, *Submission 75*, p. 2.

160 Dr Jim Hungerford, Chief Executive Officer, The Shepherd Centre, *Committee Hansard*, 26 February 2019, p. 22.

161 First Voice, *Situation following the recommendations of the Joint Standing Committee on the NDIS*, additional information received 27 February 2019, p. 1.

162 First Voice, *Situation following the recommendations of the Joint Standing Committee on the NDIS*, additional information received 27 February 2019, p. 1.

163 The Hon. Dan Tehan MP, Minister for Social Services, *Improved support for hearing impaired*, *Media release*, 21 June 2018.

2.202 The referral pathway relies on Australian Hearing being the sole provider of paediatric audiology services. Currently, this exclusive role is only secured until 30 June 2020.

2.203 As described by First Voice, the future of Australian Hearing beyond this time remains uncertain and, if the role of Australian Hearing changes, this new pathway will cease to function.¹⁶⁴

2.204 At the roundtable, Dr Jim Hungerford stressed the importance of urgently clarifying and securing the future of Australian Hearing:

We really implore the government [...] to resolve the situation for Australian Hearing, otherwise all of the advances could be destroyed.¹⁶⁵

Funding in plans

2.205 During the inquiry, the committee received compelling evidence from specialist service providers about shortfalls in funding between the costs of providing early intervention hearing services and the funding provided in plans.

2.206 First Voice reported significant improvements with the NDIA interim approach of two standard tiers to determine funding for children's first plans. This interim approach is now being replaced by a four-tier system, which is much more closely aligned to the service costs incurred by children that require, low, medium, high or intense support.¹⁶⁶

2.207 The new four-tier system for initial plans is expected to be implemented from 1 March 2019.¹⁶⁷

2.208 However, First Voice is concerned that the audiological diagnosis is the only factor considered for determining the appropriate funding for the initial plan. For example, it does not take into account other factors, such as diagnosed communication delay or a complex family context needing additional support to implement the therapies.¹⁶⁸

2.209 A reliance on audiological diagnosis alone can result in some cases in underfunding of plans:

An example of this is a particular case of a child aged 4 years 8 months who was granted a funding package through the rapid referral pathway. The child has moderate sensorineural hearing loss but this was only diagnosed at 3 ½ years of age which resulted in a severe language delay. The initial

164 First Voice, *Situation following the recommendations of the Joint Standing Committee on the NDIS*, additional information received 27 February 2019, p. 1.

165 Dr Jim Hungerford, Chief Executive Officer, The Shepherd Centre, *Committee Hansard*, 26 February 2019, p. 35.

166 First Voice, *Submission 75*, p. 3.

167 First Voice, *Submission 75*, p. 3.

168 First Voice, *Submission 75*, p. 3.

\$16,000 package is not sufficient for the intense specialised intervention for hearing required in preparation for commencing school in 2020.¹⁶⁹

Committee view

2.210 The committee acknowledges the significant work the NDIA has recently undertaken to develop referral and funding approaches that will appropriately support children with hearing loss, their families and carers.

Referral pathway

2.211 The establishment of the referral pathway through Australian Hearing for newly diagnosed children aged nought to six years is encouraging. However, the committee noted the concerns expressed by the sector around the limited remit of this referral pathway. The committee is of the view that Australian Hearing should be able to refer, at any time, a child to the NDIS, as it is best placed to provide expert advice on the needs of children who have hearing loss.

Recommendation 14

2.212 The committee recommends the NDIA ensure that the hearing referral pathway delivered by Australian Hearing is available to all children.

2.213 The committee is concerned that this referral pathway has an uncertain future and is, in essence, an interim measure. Indeed, the in-kind arrangements with Australian Hearing are only secured until 30 June 2020.

Recommendation 15

2.214 The committee recommends Australian Hearing be formally appointed as the independent referral pathway for access to early intervention services under the NDIS on an ongoing basis, and funded appropriately for this role.

Funding in plans

2.215 The committee is satisfied with the scaled funding model being introduced by the NDIA to fund hearing services supports. The committee notes the concerns expressed by the sector around the underfunding of plans for children with additional disabilities or more complex needs. The committee is of the view that it is the responsibility of the Early Childhood Partner to ensure that additional funding is factored in plans for other appropriate support needs that may be required for a child.

169 First Voice, *Situation following the recommendations of the Joint Standing Committee on the NDIS*, additional information received 27 February 2019, p. 2.

Chapter 3

Other matters

3.1 Since its last progress report, the committee continued to receive information from participants, families, carers and service providers on their experience of the implementation and performance of the NDIS to date.

3.2 This section covers the key issues raised in evidence, which have not been covered in the other parts of this report.

Disability workforce issues

3.3 The committee examined workforce readiness as part of its *Market readiness for provision of services under the NDIS* inquiry. The report provided an overview of current workforce shortages and needs, as well as an overview of the barriers to grow the workforce identified by submitters. Barriers to grow the workforce included employment conditions, NDIS pricing structure, and training and professional development.¹

3.4 The committee has continued to receive similar evidence around the current barriers to growing the workforce, which reinforce the findings of the Market Readiness inquiry.²

3.5 For example, Ms Philippa Angley, Head of Policy at National Disability Services, reported that despite the McKinsey IPR report recommending raising the pricing for allied health assistant services, the pricing has not changed resulting in the inability to find and employ staff in this field:

A very fundamental issue is the pricing of allied health assistance. [...] So we've got a situation where some therapists would quite like to use allied health assistance, but under the current pricing structure you cannot attract even a skilled disability support worker to do that work.³

Loss of skilled workforce

3.6 During the Market Readiness inquiry, the committee had heard that the transition to market had been disruptive both for service providers and disability

1 Joint Standing Committee on the NDIS, *Market readiness for provision of services under the NDIS*, September 2018, p. 31.

2 See for example: The Ella Centre, *Submission 78*, p. 6; Occupational Therapy Australia, *Submission 73*, p. 2; Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 41; Dr Jennifer Fitzgerald, Chief Executive Officer, Scope, *Committee Hansard*, 26 February 2019, p. 23; Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 8.

3 Ms Philippa Angley, Head of Policy, National Disability Services, *Committee Hansard*, 26 February 2019, p. 37.

workers, resulting in skilled staff leaving the disability sector for adjacent sectors, including Aged Care, Child Protection, Education and Health.⁴

3.7 At the roundtable in February 2019, submitters stressed that skilled workers continue to leave the disability sector.⁵ Key reasons identified by submitters for skilled workers leaving the sector included:

- the closure of Commonwealth, state and territory governments disability support programs;⁶
- the NDIS pricing structure making it unviable for providers to operate under a fee-for-service model, especially in rural and remote areas;⁷ and
- the registration and audit requirements under the NDIS Quality and Safeguards Commission is driving a number of providers to choose not be registered under the NDIS;⁸

3.8 For example, the committee heard that there was an 'exodus' of skilled workers from the mental health sector due to the imminent closure of key Commonwealth, state and territory government funded programs, and the difficulties associated with working under the NDIS.⁹

3.9 Similarly, Dr Jennifer Fitzgerald, CEO of Scope, a large service provider of Early Childhood Intervention services, told the committee that organisations were considering laying off their workforce due to funding and transition uncertainties. She

4 Joint Standing Committee on the NDIS, *Market readiness for provision of services under the NDIS*, September 2018, p. 41.

5 See for example: Mr Angus Clelland, Chief Executive Officer, Mental Health Victoria, *Committee Hansard*, 26 February 2019, p. 8; Mr Neil Turton-Lane, NDIS Manager, Victorian Mental Illness Awareness Council, *Committee Hansard*, 26 February 2019, p. 8; Dr Jennifer Fitzgerald, Chief Executive Officer, Scope, *Committee Hansard*, 26 February 2019, p. 32; Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 41.

6 See for example: Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 8; Ms Robyn Hunter, Chief Executive Officer, Mind Australia, *Committee Hansard*, 26 February 2019, p. 14; Mr Glen Tobias, Acting Chief Executive Officer, Neami National, *Committee Hansard*, 26 February 2019, p. 17; Victorian Healthcare Association, *Submission 76*, p. 3.

7 See for example: The Ella Centre, *Submission 78*, p. 6; Dr Jim Hungerford, Chief Executive Officer, The Shepherd Centre, *Committee Hansard*, 26 February 2019, p. 33; Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 41.

8 See for example; Ms Libby Callaway, Senior Lecturer, Occupational Therapy, Monash University, *Committee Hansard*, 26 February 2019, p. 57; Occupational Therapy Australia, *Submission 73*, p. 2.

9 See for example: Mr Neil Turton-Lane, NDIS Manager, Victorian Mental Illness Awareness Council, *Committee Hansard*, 26 February 2019, p. 8; Mr Frank Quinlan, Chief Executive Officer, Mental Health Australia, *Committee Hansard*, 26 February 2019, p. 8.

emphasised that, in the current environment, 'it was hard to plan and understand what the workforce demand will be'.¹⁰

3.10 Dr Jim Hungerford, CEO of The Shepherd Centre, explained that some specialised providers in the hearing services sector have actually stopped operating due to inadequate pricing under the NDIS and delays in payment.¹¹

3.11 Mr Tom Symondson summarised his views on the negative impacts of the transition to a fee-for-service model on the workforce in rural areas:

I really think we're damaging the workforce of now and pushing people out of the system, hoping that they will be replaced by a group of backpackers who, frankly, won't have the skills that we need to support our communities.¹²

Negative impacts on quality of services and safety for participants

3.12 The loss of a skilled workforce is impacting on the quality of supports delivered to participants. For example, Mr Angus Clelland, CEO of Mental Health Victoria, expressed his concerns about having to rely on 'staff who are not qualified and don't have mental health training'.¹³

3.13 Mr Patrick McGee from the Australian Federation of Disability Organisations (AFDO) reported that the emergence of workers with no formal qualifications and limited training employed by agencies to provide disability supports increases the risk and occurrence of incidents:

a medication mix-up resulted in the guy I am guarding for ending up in hospital with a couple of seizures.¹⁴

3.14 Similarly the Victorian Healthcare Association contended that in the mental health sector 'qualified and experienced workers are being replaced by inexperienced and underqualified workers with no mental health training, creating safety issues for workers and participants'.¹⁵

Committee view

3.15 The committee is concerned by the numerous reports of skilled and highly experienced disability workers continuing to leave the disability sector despite an

10 Dr Jennifer Fitzgerald, Chief Executive Officer, Scope, *Committee Hansard*, 26 February 2019, p. 32.

11 Dr Jim Hungerford, Chief Executive Officer, The Shepherd Centre, *Committee Hansard*, 26 February 2019, p. 33.

12 Mr Tom Symondson, Chief Executive Officer, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 41.

13 Mr Angus Clelland, Chief Executive Officer, Mental Health Victoria, *Committee Hansard*, 26 February 2019, p. 8.

14 Mr Patrick McGee, National Manager, Policy Advocacy Research, Australian Federation of Disability Organisations, *Committee Hansard*, 26 February 2019, p. 40.

15 Victorian Healthcare Association, *Submission 76*, p. 3.

obvious need to grow the workforce. This strongly indicates that working conditions have dramatically deteriorated under the NDIS, making it an unattractive and uncompetitive sector to work in. Indeed, during the Market Readiness inquiry, the committee had heard that a rise in underemployment and insecure work arrangements, inadequate wages and no prospect of professional development opportunities were contributing factors to people choosing to leave the sector and significantly impeding the growth of the workforce.¹⁶

3.16 The committee is deeply concerned that the loss of skilled and experienced workers is potentially compromising the quality of care and supports offered to participants. Importantly, this can lead to serious safety issues for both workers and participants. It also means that the loss of qualified workers is potentially impeding participants to reach their full potential. Not investing in quality care is counterproductive and not aligned with insurance scheme principles. The committee is of the view that the issues raised in evidence around loss of skilled workers are directly related to the NDIS pricing structure and operating environment. The State of the Disability Sector Report for 2018 released in November 2018, highlighted key issues for the sector, including unrealistic pricing and costly red tape which is driving up the cost of doing business. As a result, recruitment and retention of qualified and experienced staff remained a significant challenge for service providers as well as ensuring quality of services under current pricing.¹⁷ It suggests that under the current regime service providers cannot afford to employ highly skilled staff that command higher wages.

Recommendation 16

3.17 The committee recommends the NDIA consider how to better reflect in its pricing of supports the additional administration and professional development costs associated with operating in the NDIS environment as part of the next annual NDIS pricing review.

Quality and Safeguards Commission

NDIS Quality and Safeguards Commission certification and audit requirements

3.18 On 1 July 2018, the NDIS Quality and Safeguards Commission (the Commission) became responsible for the registration of all NDIS service providers in NSW and South Australia. From 1 July 2019, it will also be responsible for the registration of NDIS service providers in Victoria, Queensland, Tasmania, ACT and NT. The Commission will provide nationally consistent regulation, with operations starting in Western Australia, from 1 July 2020.

16 Joint Standing Committee on the NDIS, *Market readiness for provision of services under the NDIS*, September 2018, p. 45.

17 National Disability Services, *State of the disability sector report 2018*, November 2018, pp. 3; 5 and 9.

3.19 Registration requirements under the NDIS Commission and the NDIS Practice Standards are designed to be proportionate. Smaller providers are not expected to present the same evidence as a large service provider with a large workforce and many participants.¹⁸

3.20 Providers will need to be audited against the NDIS Practice Standards to apply for or renew registration with the NDIS Commission. An independent auditor will assess NDIS providers against the relevant components of the NDIS Practice Standards. This will either be a 'verification' or 'certification' quality audit. Verification audits are a lighter touch desktop audit, while certification audits are a more detailed process.

3.21 Providers delivering more complex supports must get third-party quality assurance certification against the NDIS Practice Standards. Certification audits must be done by an approved quality auditor, and might include document reviews, site visits, and performance assessment based on the experience of NDIS participants.¹⁹

Costs

3.22 The committee heard from a number of organisations representing various types of therapists and service providers on the cost impost of regulation, particularly auditing, will have on their members. The issue was first raised with the committee during its inquiry into Assistive Technology, and reiterated in various submissions to the committee's ongoing General Issues inquiry.

3.23 The Australian Orthotic Prosthetic Association expressed their concern that the additional regulatory requirements would act as a barrier for their members:

We are concerned that the imposition of additional certification requirements and the introduction of the NDIS Quality and Safeguards Commission will present further barriers to workforce development and impact on service accessibility.²⁰

3.24 Assistive Technology Suppliers Australia (ATSA) reported that typical reported audit fees are well over \$8000 per annum without factoring in travel, time and accommodation costs.²¹

3.25 ATSA also commented²² on whether the proportionality of the system was actually working as intended. In their submission they contend that while the lighter

¹⁸ NDIS Quality and Safeguards Commission, *Provider registration*, <https://www.ndiscommission.gov.au/providers/provider-registration> (accessed 22 February 2019).

¹⁹ NDIS Quality and Safeguards Commission, *Provider registration*, <https://www.ndiscommission.gov.au/providers/provider-registration> (accessed 22 February 2019).

²⁰ Ms Leigh Clarke, Australian Orthotic Prosthetic Association, *Committee Hansard*, 22 November 2019, p. 14.

²¹ Assistive Technology Suppliers Australia, *Submission 74*, p. 1.

touch audit that is dependent on structure rather than turnover may work well for 'sole traders', it works less well in their industry where there is a prevalence of small family businesses:

The intention is to apply a quality system that is “proportionate” to the size and risks of the businesses supplying NDIS participants, one that is based on a structure of sole trader or company, not on turnover. In this sector there are few if any “sole traders” but often they are small family businesses, 2 to 5 staff, i.e. SMEs. Due to this, most providers of AT supports fall outside the definition of a business eligible for the simplified ‘verification’ audits.²³

3.26 Occupational Therapy Australia (OTA) and other submitters also raised concerns about the prohibitive cost of the certification audit.²⁴ According to OTA, the high cost of certification audit is resulting in providers choosing not to register, and families having to request plan reviews to change their funding arrangements to self-managing plans to enable them to see unregistered providers.²⁵

3.27 Similarly, ATSA reported that some allied health professionals are choosing not to become NDIS registered providers.²⁶ Victorian Mental Illness Awareness Council also reported that many therapists acting as sole providers are choosing not to take part in the Scheme as the Commission's regulatory costs are too high:

A lot of those people are saying that it's just not worth their while. If you're an individual psychologist, is it worth your while to pay an extra \$6,000 to be audited on top of the auditing that's already done to be a psychologist? It disadvantages the small providers who are probably the ones who are more likely to support people. So there are some real barriers in this space that need to be addressed.²⁷

Duplication

3.28 Assistive Technology Suppliers Australia (ATSA) is of the view that the provider registration audit requirements duplicate other quality system processes and noted:

²² The committee notes that ATSA subsequently submitted that they had obtained a concession from the National Quality and Safeguards Commission where they will not need to complete the audit while the Commission reviews the audit requirements.

²³ Assistive Technology Suppliers Australia, *Submission 74*, p. 1.

²⁴ See for example: Occupational Therapy Australia, *Submission 73*, p. 2; Assistive Technology Suppliers Australia, *Submission 74*, p. 1; Mr Neil Turton-Lane, Victorian Mental Illness Awareness Council, *Committee Hansard*, 26 February 2019, p. 9; Ms Philippa Angley, Head of Policy, National Disability Services, *Committee Hansard*, 26 February 2019, p. 38.

²⁵ Occupational Therapy Australia, *Submission 73*, p. 2

²⁶ Assistive Technology Suppliers Australia, *Submission 74*, p. 1.

²⁷ Mr Neil Turton-Lane, Victorian Mental Illness Awareness Council, *Committee Hansard*, 26 February 2019, p. 9.

The provision of AT under State/Territory funding schemes and the Department of Veteran's Affairs does not require such audits. They recognise the important regulatory roles played by the Therapeutic Goods Administration coupled with Australian Standards testing for AT, along with the ACCC. They also understand the value of occupational therapists' oversight of AT trials, scripting, delivery and setup.²⁸

3.29 The Australian Rehabilitation and Assistive Technology Association (ARATA) concurred, commenting that many professions that are currently operating under AHPRA, require to also be regulated by the Commission, with the potential to impact negatively on the provision of services:

[T]he regulatory overlay that the new NDIS Quality and Safeguards Commission has put onto a number of professions that are already registered professions, that are operating under AHPRA, is so significantly burdensome that NDIS participants are losing a really skilled workforce...²⁹

Committee view

3.30 The committee has welcomed the establishment of the NDIS Quality and Safeguards Commission which has the capacity to bring national consistency to the delivery of disability services, while providing the necessary safeguards for those in receipt of services.

3.31 In previous discussions with the NDIS Quality and Safeguards Commissioner the committee was assured that the regulatory burden on providers would be commensurate with the risks associated with the delivery of services, and proportionate to the size and structure of those providing services. However the committee reports from mainly therapists, although other groups also expressed concerns, that the imposts that regulatory costs imposed by NDIS Quality and Safeguards Commission were excessive and placed a significant financial burden on small providers.

3.32 Furthermore, the committee heard that many if not all of these small providers are already regulated either through AHPRA, and/or through their professional associations.

3.33 The committee acknowledges that the purpose of the Commission is to provide regulatory certainty and consistency to the sector, and safeguard recipients of the disability services, however this must be done in an appropriate and proportionate way. The dual impact of high costs and duplication of regulation are reportedly acting as a disincentive to many professionals and small organisations who are desperately needed for the NDIS to function.

²⁸ Assistive Technology Suppliers Australia, *Submission 74*, p. 1

²⁹ Ms Callaway, Australian Rehabilitation and Assistive Technology Association, *Committee Hansard*, 26 February 2019, p. 57.

Recommendation 17

3.34 The committee recommends that the NDIS Quality and Safeguards Commission urgently review the impact of its regulatory requirements on sole providers and small to medium sized businesses providing disability services and report to the parliament on its findings.

NDIA communication with participants

3.35 In its 2017 Progress Report as well as other inquiries, the committee received much evidence around poor NDIA communication and engagement with participants.³⁰ In previous inquiries, submitters raised issues around the lack of clarity, consistency and accuracy of information provided by the NDIA; the difficulties to contact the NDIA and obtain information; and a lack of timely responses to queries.

NDIA initiatives

3.36 In a bid to improve its communication with participants, the NDIA has transitioned to a new website in January 2019. The NDIA indicated to the committee, 'it is planning further enhancements to the website to ensure its content is accessible, current, clearly dated, and fit-for-purpose'.³¹

3.37 In April 2018, the NDIA engaged Serco Citizen Services Pty Ltd (Serco) as its NDIS Contact Centre (NCC). In the latest NDIS Quarterly Report 31 December 2018, the NDIA stated:

Participants are now benefiting from significantly improved services following the switch to Serco in June 2018. The average phone call answer is now 28 seconds, versus 4 minutes 16 seconds previously; abandonment rates have decreased from 17.5 percent to 1.5 percent; and email resolution for the first response has risen from 70 to 80 percent.³²

Participants' experiences

3.38 In recent times, the committee has mostly heard about issues around the clarity, quality and consistency of information provided to participants.³³

30 See for example: Joint Standing Committee on the NDIS, *Progress Report*, September 2017, pp. 57-58; Joint Standing Committee on the NDIS, *NDIS ICT Systems*, December 2018, pp. 5-15.

31 Australian Government, Government Response to the Joint Standing Committee on the NDIS report: NDIS ICT Systems, received 7 March 2019, p. 4.

32 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 7.

33 See for example: MS Limited, *Submission 90*, pp. 4-5; Every Australian Counts, *Submission 93*, p. 4; Max Jackson and Margaret Ryan, *Submission 91*, p. 6; Ms Kirsten Deane, Executive Director, National Disability and Carer Alliance, *Committee Hansard*, 26 February 2019, p. 50; Ms Sam Petersen, Private capacity, *Committee Hansard*, 26 February 2019, p. 54; Multicultural Disability Advocacy Association of NSW, *Submission 87*, pp. 6-7.

3.39 Mr Max Jackson and Ms Margaret Ryan reported that the NDIS Contact Centre (NCC) provided limited information and help, contending that 'using a call centre as a first response does not necessarily establish good customer service, and in fact can exacerbate frustration'.³⁴

3.40 Ms Kirsten Deane, Executive Director of the National Disability and Carer Alliance explained that every time her organisation talks to people with disability and their families, 'poor communication out of the NDIA is one of the top issues that come up'.

3.41 She acknowledged some improvements, particularly on the website, but stressed that the complexity of the language and the inconsistency of information provided to participants remained problematic:

[...]There are a number of cheat sheets floating around in the sector that translate how the NDIA speak with everyday language that the rest of us would use, which is necessary so that people can translate what is on the NDIS website, what might be on the NDIA portal, what might be in people's plans. [...] The other issue is consistency. Our record at one of our forums was a woman who had called the NDIA call centre seven times and got seven completely difference answers to the questions.³⁵

3.42 Similarly Every Australian Counts stated that one of the issues most commonly raised by participants and their families is that 'communication is unclear, inconsistent and full of bureaucratic jargon that no one understands'.³⁶

3.43 The Multicultural Disability Advocacy Association of NSW (MDAA) reported that the 'complex jargon' used by the NDIA and planners in both written and verbal communication made it difficult for people from CALD backgrounds to navigate their NDIS journey.³⁷

3.44 Ms Sam Petersen, an NDIS participant, who shared with the committee her difficult experiences with the NDIS, mentioned on several occasions the inconsistency of information provided by the NDIA and her planner. For example, she stated:

The inconsistency of information provided by the NDIA is endless – I have been so misinformed on almost anything, in so many ways.³⁸

Committee view

3.45 The committee acknowledges the recent initiatives undertaken by the NDIA to improve access to information through the development of the new NDIS website and the production of a range of new factsheets. The committee strongly encourages

34 Max Jackson and Margaret Ryan, *Submission 91*, p. 10.

35 Ms Kirsten Deane, Executive Director, National Disability and Carer Alliance, *Committee Hansard*, 26 February 2019, p. 50.

36 Every Australian Counts, *Submission 93*, p. 4.

37 Multicultural Disability Advocacy Association of NSW, *Submission 87*, pp. 6–7.

38 Ms Sam Petersen, Private capacity, *Committee Hansard*, 26 February 2019, p. 54.

the NDIA to continue reviewing and improving its publications to ensure clarity and consistency of language and information.

3.46 The committee is concerned that inconsistent information continues to be provided to participants by NDIA staff, planners and NCC staff. As recommended by the committee on many occasions, the NDIA should develop additional guidance and training materials to ensure its staff and contractors provide clear and consistent information to participants, their families and carers.

3.47 The Australian Government supported Recommendation 3 of the NDIS ICT Systems report, which recommends the NDIA create specialised NCC teams based on common types of issue raised by end-users, and co-design with end-users a fit-for-purpose chatbot for the website and portals.³⁹ The committee is of the view that swiftly implementing this recommendation will alleviate some of the communication issues raised by submitters.

NDIA engagement with service providers and peak organisations

3.48 In February 2019, roundtable participants reported that the NDIA has improved its level of communication and engagement with service providers and peak organisations.⁴⁰

3.49 However, roundtable participants expressed doubts about NDIA willingness and / or capacity to take into account the views and recommendations of the sector to inform their decision-making process.

3.50 For example, Ms Yvonne Keane, Executive Officer at Early Childhood Intervention Australia, explained to the committee that increased NDIA engagement does not necessarily translate into changes and actions:

The ECIA has close, regular communication with staff in the NDIA – in particular, the early childhood team. We are in regular contact with them. However, their capacity to effect changes is probably quite limited. The changes that are required go beyond their remit.⁴¹

3.51 Similarly, Mr Tom Symondson, CEO of the Victorian Healthcare Association, reported that the NDIA is better engaging with his organisation and some of its

39 Australian Government, Government response to the NDIS report, NDIS ICT Systems, received 7 March 2019, p. 5.

40 See for example: Ms Yvonne Keane, Executive Director, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 34; Mrs Andrea Douglas, Professional Adviser NDIS, Occupational Therapy Australia, *Committee Hansard*, 26 February 2019, p. 49; Mr Tom Symondson, CEO, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 50; Dr Jim Hungerford, Chief Executive Officer, The Shepherd Centre, *Committee Hansard*, 26 February 2019, p. 22.

41 Ms Yvonne Keane, Executive Director, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 34.

membership. However, he noted that 'it doesn't translate through to the issues being taken seriously' and that 'the resolution ability hasn't strengthened'.⁴²

3.52 Ms Stephanie Gotlib, CEO of Children and Young People with Disability Australia, remarked that NDIA engagement with stakeholders often comes too late and therefore inputs from the sector cannot inform new initiatives or changes:

Sometimes you think you're going to stakeholder engagement and it's actually a briefing, an often those things are too late –'Give us your feedback, but we're working on a timeline, so it's not going to be able to inform it'.⁴³

3.53 Ms Catherine Olsson, Senior Adviser Disability at Speech Pathology Australia, explained that in the context of resolving interface issues with the health system, the NDIA needed to recognise that the sector could greatly assist with the provision of advice and be part of the solution. She concluded:

A greater willingness to engage with the sector, and greater trust that the sector is an ally rather than an enemy, would be a useful thing to take forward.⁴⁴

3.54 Additionally, roundtable participants reported that while communication has improved with peak organisations, it remains challenging for service providers on the ground.⁴⁵ For example, Mrs Andrea Douglas reported:

I would suggest that, at peak-body level, we certainly have had an increased engagement with the NDIA, and that has been very much appreciated, but that, from my grassroots provider level, it's still very challenging. [...] You can get very varied responses, and certainly not timely responses.⁴⁶

3.55 Similarly, Mr David Moody, Acting CEO of National Disability Services, stated:

We have direct lines of communication with key decision-makers within the Agency. But I certainly would have to concede the point that many of

42 Mr Tom Symondson, CEO, Victorian Healthcare Association, *Committee Hansard*, 26 February 2019, p. 50.

43 Ms Stephanie Gotlib, Chief Executive Officer, Children and Young People with Disability Australia, *Committee Hansard*, 26 February 2019; p. 35.

44 Ms Catherine Olsson, Senior Adviser Disability, Speech Pathology Australia, *Committee Hansard*, 26 February 2019; p. 51.

45 See for example: Ms Yvonne Keane, Executive Director, Early Childhood Intervention Australia, *Committee Hansard*, 26 February 2019, p. 34; Mrs Andrea Douglas, Professional Adviser NDIS, Occupational Therapy Australia, *Committee Hansard*, 26 February 2019, p. 49; Mr David Moody, Acting Chief Executive Officer, National Disability Services, *Committee Hansard*, 26 February 2019, p. 49

46 Mrs Andrea Douglas, Professional Adviser NDIS, Occupational Therapy Australia, *Committee Hansard*, 26 February 2019, p. 49.

our providers are challenged, in terms of their engagement with the agency, at various levels on various key issues [...]⁴⁷

Committee view

3.56 The committee acknowledges the recent efforts made by the NDIA to increase its engagement with the disability sector, especially with peak organisations. However, based on the evidence received by the committee, the engagement appears to be, at times, tokenistic. The committee has heard on several occasions that stakeholders are asked for feedback too late in the decision-making process, limiting opportunities for changes and inputs from the sector.

3.57 The committee noted that the NDIA has established sector reference groups, which provide advice and suggestions to the NDIA on a number of topics, including mental health, autism and Special Disability Accommodation.⁴⁸ In theory, establishing such sector reference groups can be an effective mechanism for the NDIA to work closely with experts, service providers and people with disability to improve systems or address the challenges associated with the implementation of the Scheme. However, these groups appear to meet far too infrequently to provide a genuine platform for collaborations and developing solutions. The committee is of the view that the NDIA should more systematically utilise the expertise of the sector to inform the development and review of its operations and guidelines. This would significantly assist the NDIA in developing initiatives to strengthen the effectiveness of the Scheme.

Recommendation 18

3.58 The committee recommends the Australian Government consider adding to the Guiding Principles of the NDIS Act, a further principle aimed at ensuring that the NDIA systematically engage and collaborate with the disability sector and people with disability in the development and review of its operational plans and guidelines.

Chair
Hon Kevin Andrews MP

Deputy Chair
Senator Alex Gallacher

47 Mr David Moody, Acting Chief Executive Officer, National Disability Services, *Committee Hansard*, 26 February 2019, p. 49.

48 NDIS, *Reference Group updates*, <https://www.ndis.gov.au/about-us/reference-group-updates> (accessed 20 March 2019).

Appendix 1

Implementation status of recommendations

<p>Inquiry</p>	<p>Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition</p>
<p>Recommendation 1</p>	<p>The committee recommends that the NDIS Act is reviewed to assess the permanency provisions in Section 24 (1) (b) and the appropriateness of the reference to 'psychiatric condition' in 24 (1) (a).</p>
<p>Government response</p>	<p>Part A - Not supported</p> <p>The Productivity Commission Review of Scheme Costs position paper noted the NDIS Rules and operational guidelines accept that a permanent condition may be episodic in nature, requiring different amounts of support at different times. An impairment is considered permanent if there is no known, available, and appropriate evidence based treatment that will remedy it. An impairment for which the impact on personal psychosocial functioning fluctuates in intensity (episodic) may be considered permanent despite the variation. For people experiencing severe or persistent mental health issues, the impact in some cases will be short-term, while for others it may become a long-term experience, despite access to mental health treatment. In this context the permanency provisions in Section 24 remain appropriate, ensuring that only individuals with permanent psychosocial impairment enter the Scheme. The Australian Government is comfortable with the permanency criteria under the NDIS Act (2013) applying to people with psychosocial disability. Permanency is not incompatible with the goal of recovery. The investment approach of the NDIS and the recovery framework of mental health services are both about building capacity and the ability to recover. Relaxing the definition of permanency under the eligibility criteria, including for psychosocial disability, would be a significant change to the Scheme, and would have major implications for its sustainability and scope, recognising that the objective of recovery and episodic impairment is not inconsistent with the NDIS' current approach.</p> <p>Part B - Support in principle</p> <p>The Government accepts that it may be appropriate to update reference to psychiatric condition in Section 24(1) (a), and will</p>

	undertake consultations that will inform future amendments to the NDIS Act (2013).
Status	Not addressed. Acknowledging that this recommendation was not supported by the Australian Government, the committee notes that at full Scheme, it is estimated that 13.9 per cent of NDIS participants will be individuals with psychosocial disability as their primary disability, and that at 31 December 2018, only 8.2 per cent of NDIS participants were people with a primary psychosocial disability. ¹ The committee also notes that the rejection rate is higher for this cohort compared to any other primary disability. At 30 September 2018, of the total access requests from people with psychosocial disability as their primary disability, 36 percent were found ineligible. This compares with an overall rate of 14 percent of total request resulting in an ineligible decision. ² The committee is of the view that the NDIA should undertake a review to understand the reasons for a higher rejection rate compared to other disabilities.
Recommendation 2	The committee recommends that a review of the NDIS (Becoming a Participant) Rules 2016 should be considered to assess the appropriateness and effectiveness of: <ul style="list-style-type: none"> • including the principle of recovery-oriented practice for psychosocial disability, and • clarifying that Rule 5.4 which dictates that a condition is, or is likely to be, permanent does not apply to psychosocial disability, to reflect that people with mental conditions will receive ongoing treatments to aid recovery.
Government response	Not supported As noted in response to Recommendation 1, the Government views the permanency provisions in the NDIS legislation as consistent with the concept of recovery for people with psychosocial disability. However, the Government acknowledges greater clarity is needed to assist broader understanding of how the NDIS aligns to the principle of recovery-oriented practice for people living with psychosocial disability. To clarify, recovery may have several different meanings in different contexts. The NDIA defines recovery as

1 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 14.

2 NDIA, *Response to question on notice SQ19-000008*, received 22 February 2019.

	<p>achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from a mental health condition. This is consistent with the concept of personal recovery that is about living a satisfying, hopeful, and contributing life within the limitations caused by the illness. By contrast, clinical recovery generally refers to the treatment of impairments and elimination or amelioration of symptoms of mental illness. Ongoing treatments to aid recovery are the responsibility of the mainstream mental health system, which is set out under the COAG Principles to Determine the Responsibilities of the NDIS and Other Service Systems.</p> <p>Guidance on how to apply the legislation in the context of a recovery-based approach is appropriately contained within the operational guidelines and practice guidance. Rather than changing the rules, it is the NDIA's role to train NDIA staff to understand the episodic nature of mental health issues which underlie psychosocial disability, and the concept of personal recovery as applied to the NDIS. Furthermore, the Government does not accept that Rule 5.4, which dictates that a condition is, or is likely to be, permanent should not apply to psychosocial disability. Ongoing treatment is not considered to be inconsistent with permanency. Rule 5.4 should be read in conjunction with Rule 5.6, which states that ongoing treatment may continue after permanency (of an impairment) has been established.</p>
Status	<p>Not addressed. Acknowledging that this recommendation was not supported by the Australian Government, evidence received to date by the committee indicates that the recovery based approach is not always reflected in the planning process and the plans awarded to participants.</p>
Recommendation 3	<p>The committee recommends that the Australian Government ensures young people with mental ill-health who are not participants of the Scheme have access to adequate early intervention services.</p>
Government response	<p>Support</p> <p>The Government is committed to maintaining a strong focus on prevention and early intervention efforts to reduce the prevalence and impact of mental health conditions in younger people. Prevention and early intervention for young people at risk of mental ill-health is a shared responsibility between all Australian governments. The COAG applied principles in relation to mental health provide that Early Intervention</p>

	<p>designed to impact on the progression of a mental illness or psychiatric condition is usually the responsibility of other service systems and not the NDIS. DSS funds the Family Mental Health Support Services (FMHSS) to provide early intervention support services for children and young people up to the age of 18, who are showing early signs of mental illness, or at risk of developing mental illness. The services are delivered to children and young people with the support of their family or carers. There are 52 providers delivering FMHSS in 100 sites across Australia. The Department of Health funds Primary Health Networks to deliver the headspace and Early Psychosis Youth Services (EPYS) programs, which target young people aged 12 to 25 years. As at October 2017, there are 100 headspace sites able to provide early intervention support to young people with, or at risk of, mild to moderate mental illness. There are also six EPYS sites which are funded to 30 June 2019, to provide integrated early intervention treatment and intensive support services for young people with, or at risk of, early psychosis. The Productivity Commission specifically considered early intervention and psychosocial disability and stated that the early intervention aspects of the NDIS should not include psychosocial disability. Further, the Productivity Commission modelling data specific to psychosocial disability did not include children or young people (0-18 years of age).</p>
Status	<p>In progress. The committee notes the current programs mentioned in the Response. The committee is of the view that, as part of a future audit on mental health programs, a review is undertaken to ensure that early intervention programs meet the needs of people who are not eligible for the NDIS.</p>
Recommendation 4	<p>The committee recommends the NDIA, in conjunction with the mental health sector, develops and adopts a validated fit-for-purpose assessment tool to assess the eligibility of people with psychosocial disability that focuses on their functional capacity for social and economic participation.</p>
Government response	<p>Support</p> <p>The Government agrees a standardised assessment tool could address concerns raised by mental health service providers that NDIS eligibility criteria are unclear and, at this time, inconsistently applied. The NDIA is progressing the selection of an existing appropriate functional assessment tool and the development of reference packages for people with psychosocial disability. This work has been supported by</p>

	expert advice from professionals with specialist mental health knowledge, including clinicians and researchers, as well as participants with experience in the NDIS to date. The agreed assessment tool is expected to be progressively introduced from early 2018, which will also incorporate ongoing review of quantitative and qualitative data to identify further improvements to the tool's application.
Status	Limited progress. The NDIA advised the committee that the Agency continues to trial functional assessment tools for people with psychosocial disabilities related to a mental health condition. The Independent Assessment Pilot commenced in mid-November 2018 and includes the Life Skills Profile assessment tool, which has been communicated to the mental health sector as a preferred assessment tool in evidence for access to the NDIS. ³ However, at the February 2019 roundtable, the committee received evidence from the mental health sector that there was still a need to implement a validated assessment tool. ⁴
Recommendation 5	The committee recommends the NDIA monitors eligibility rates for people with psychosocial disability to, a) understand the reasons for a higher rejection rate compared to other disabilities; and b) to build a clearer picture of the size and needs of the people who have been found ineligible for NDIS services.
Government response	Support Ineligibility rates are reported quarterly and the nature of the age distribution of those found ineligible is discussed at a high level at the National Mental Health Sector Reference Group. The NDIA will continue to monitor and capture data on access met and unmet for people with psychosocial disability. The NDIA, DSS, and Health, both separately and jointly at planned forums, continue to engage with stakeholders to improve understanding of the NDIS access requirements for people with psychosocial disability through a number of forums.
Status	Not progressed. Eligibility rates are not publically reported. However, the NDIA advised the committee that, as at 30 September 2018, of the total access requests to the Scheme,

3 NDIA, *Response to question on notice SQ19-000009*, received 22 February 2019.

4 Mental Health Australia, *Opening statement*, p. 5 (tabled 26 February 2019).

	from people with 'psychosocial disability' as their primary disability, 36 per cent were found ineligible. ⁵
Recommendation 6	<p>The committee recommends clients currently receiving mental health services, including services under Commonwealth programs transitioning to the NDIS, namely Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs), Day to Day Living (D2DL, and Mental Health Respite: Carer Support (MHR:CS), should not have to apply for the NDIS to have guarantee of continuity of supports and access services.</p>
Government response	<p>Not supported</p> <p>Existing clients of targeted Commonwealth mental health programs are expected to test eligibility for the NDIS because:</p> <ul style="list-style-type: none"> • funding for the PIR, D2DL, PHaMs and MHR:CS programs is transitioning to the NDIS on the basis of the close program alignment with the NDIS and the majority of clients are expected to be eligible; • the Government considers it is in the best interests of existing clients to have the opportunity to test their eligibility with the assistance of trusted support workers who are most familiar with their individual circumstances and needs; and • NDIS participation will provide guaranteed lifetime support and better outcomes for former program participants. <p>The timely testing of all PIR, D2DL, PHaMs and MHR:CS clients will help the Commonwealth to more accurately estimate resources needed for continuity of support. To support providers to transition their eligible clients to the NDIS the Government has:</p> <ul style="list-style-type: none"> • provided additional funding through the Sector Development Fund to support NDIS provider readiness. • undertaken targeted engagement (DSS, Health, NDIA and Flinders University) through the Transition Support Project: <ul style="list-style-type: none"> ○ this project prepares mental health and carer providers for the rollout of the NDIS, and provides information on the steps needed to transition existing clients to the NDIS through regular workshops across Australia, and

5 NDIA, *Response to question on notice SQ19-000008*, received 22 February 2019.

	<ul style="list-style-type: none"> ○ this project also allows providers to access the Transition Support Portal providing access to information, resources and peer support to assist with transition of providers' business and clients to the NDIS. • publicly released an access guide for providers, entitled "Assisting people with psychosocial disability to access the NDIS: a guide for Commonwealth- funded community mental health service providers". This guide equips providers with the tools they need to guide their clients through the NDIS access process. <p>Program clients who do not meet the age or residency requirements for access to the NDIS, do not need to test their eligibility in order to qualify for continuity of support. The Government is committed to continuity of support for all clients of Commonwealth community-based mental health programs who are not eligible for the NDIS. This means if an individual is already a client of a Commonwealth mental health service, they will be supported to achieve similar outcomes, even if the name of the program changes or the support is provided through a different arrangement.</p>
Status	<p>Not addressed. This recommendation was not supported by the Australian Government. However, the committee received evidence that participants in existing Commonwealth mental health programs continue to experience a high rejection rate. On 21 March 2019, the Minister for Families and Social Services, the Hon Paul Fletcher, announced a commitment to extend funding to providers to support the transition of people in Commonwealth funded programs to the NDIS for up to 12 months to 30 June 2020.⁶ The committee welcomes this announcement, but is of the view that a longer extension of funding for these programs will be required to ensure that all people can test their eligibility and have access to continuity of support. Furthermore, longer-term arrangements for existing program clients not eligible for the NDIS should be put in place before closure of existing programs.</p>
Recommendation 7	<p>The committee recommends the NDIA develops and proactively markets resources and training for primary health care professionals about the NDIS, especially in regards to access and planning processes.</p>

6 The Hon Paul Fletcher, Minister for Families and Social Services, *Morrison Government commits over \$165 million to extend support to people transitioning to the NDIS*, Media release, 21 March 2019, p. 1.

Government response	<p>Support</p> <p>The Government considers clarifying the access process for people with psychosocial disability with primary health care professionals will improve the quality of the access and planning process, specifically around NDIS access requirements and the roles of health care professionals in the process. The Government has recently introduced a number of practical measures to assist mental health providers help their clients navigate the NDIS. This includes a new access guide to support clients work through eligibility requirements as announced by Assistant Minister Prentice on 12 October 2017, workshops where providers can meet peers to discuss issues and solutions, and a dedicated web portal for mental providers with tools and resources. The NDIA has developed a range of publications that specifically target GP and other health professionals, including:</p> <ul style="list-style-type: none"> • Factsheet: A GPs guide to the NDIS (includes guidance on GP's role in providing evidence to support an NDIS access request); • Factsheet: Psychosocial disability, recovery and the NDIS; and • Completing the access process for the NDIS. <p>The NDIA has collaborated with the Royal Australasian College of Physicians to provide guidance for clinical mental health services on NDIA access and planning processes, hosted information booths at GP Conferences, advertised in the Australian Medical Association's General Practice Year Planner to continue to raise NDIS awareness with the primary health care sector, and distributed information through Primary Health Networks.</p> <p>State and Territory Governments also share responsibility for educating their funded and provided government services and the medical and health professionals who work in these services. Further information resources will be developed as part of the NDIA's work on designing a tailored pathway for people with psychosocial disability.</p>
Status	<p>Completed. The NDIA has published a range of publications to clarify access and planning processes, including for GPs and Allied Health Professionals.⁷</p>

7 NDIS list of booklets and factsheets: <https://www.ndis.gov.au/about-us/publications/booklets-and-factsheets#for-providers> (accessed 15 February 2019).

Recommendation 8	<p>The committee recommends the Department of Social Services and the NDIA collaboratively develop a plan outlining how advocacy and assertive outreach services will be delivered beyond the transition arrangements to ensure people with a psychosocial disability and those who are hard-to-reach can effectively engage with the NDIS and/or other support programs.</p>
Government response	<p>Support</p> <p>DSS, Health, and the NDIA continue to work with providers who have clients that may require more support to engage with the NDIS. Mental health providers will continue to promote their services in the NDIS competitive market place, including focusing on an intake role for those consumers who typically do not respond to advertising, using a mix of customer focus and clinical judgment, and in employing peer support workers with lived experience of mental illness that may assist in engaging vulnerable clients. Work is underway by the NDIA to develop tailored pathways for people with psychosocial disability, and people with more complex needs to engage with the NDIS. The NDIA is also currently developing and implementing a range of practice improvement initiatives (factsheets, practice guidance, and training) for staff and the mental health sector, which will enable a well-coordinated approach for individuals accessing both NDIS funded supports and mainstream services. The Commonwealth has invested over \$109 million in state and territory initiatives to support market, sector and workforce transition, through the Sector Development Fund (SDF). Among numerous projects to build the evidence base and the capacity of providers, projects are occurring in states and territories to build the capacity of vulnerable people with disability, such as those who are at risk of falling through the gaps because their needs are complex, challenging, and they themselves may be resistant to support. An analysis of findings of these projects, including those that may have national learnings on assertive outreach, will be undertaken as the projects are completed.</p>
Status	<p>In progress. Recent initiatives to engage with hard-to-reach cohorts include the complex support needs pathway approach,</p>

	now available in parts of Victoria and NSW. Rollout in new locations will be confirmed later in 2019. ⁸ According to the NDIA, training of NDIS workforce to better understand severe and persistent mental health conditions will take place in 2019. ⁹
Recommendation 9	The committee recommends the NDIA, in conjunction with the mental health sector, create a specialised team of NDIS planners trained and experienced in working with people who have a mental health condition as their primary disability.
Government response	Support The Government wants to ensure that people with psychosocial disability receive the support they need to have a quality experience throughout the NDIS pathway. The new NDIA participant and provider pathway approach aims to incorporate knowledge from existing services, including transitioning programs, to engage people with psychosocial disability, and provide flexibility in the plan in anticipation of episodic challenges or changes to participant circumstances. The NDIA has also developed draft practice guidance for staff on planning for people with psychosocial disability and a training module for all staff. This material has been recently reviewed by consumer, carer, and provider representatives on the National Mental Health Sector Reference Group, and will be amended to reflect the feedback from this group.
Status	In progress. The NDIA has announced that training of NDIS workforce to better understand severe and persistent mental health conditions is scheduled to take place in 2019. ¹⁰ On 10 October 2018, the Minister for Families and Social Services announced a new 'psychosocial disability stream', which will be implemented progressively and includes: a) the employment of specialised planners and LACs; b) better linkages between mental health services and NDIS staff and

8 NDIS, *Complex support needs pathway*, <https://www.ndis.gov.au/about-us/ndis-pathway-reform/pathway-reform-whats-happening-2019#hearing-service-stream> (accessed 15 February 2019).

9 NDIS, *Psychosocial disability service streams*, <https://www.ndis.gov.au/about-us/ndis-pathway-reform/pathway-reform-whats-happening-2019#hearing-service-stream> (accessed 15 February 2019).

10 NDIS, *Psychosocial disability service streams*, <https://www.ndis.gov.au/about-us/ndis-pathway-reform/pathway-reform-whats-happening-2019#hearing-service-stream> (accessed 15 February 2019).

	<p>partners; and c) a focus on recovery-based planning and episodic needs.¹¹ The psychosocial disability stream was introduced in specific locations in Tasmania and SA in November 2018, followed by Victoria and NSW in conjunction with the implementation of the complex support needs pathway.¹² An expert mental health consultant has been engaged by the NDIA to develop a Psychosocial Disability Capability Framework, with anticipated completion by April 2019. This framework will inform the recruitment of staff and requirements to work in specialist roles within the NDIA.¹³</p>
Recommendation 10	<p>The committee recommends the NDIA develop an approach to build flexibility in plans to respond to the fluctuating needs of participants with a psychosocial disability, including allowing minor adjustments to be made without the need for a full plan review.</p>
Government response	<p>Support</p> <p>The NDIS has been designed to give participants choice and control over their participant plan, and flexibility in how they use their support funding. A plan review or re-assessment may be requested at any time (e.g. when the participant's circumstances change). System design requirements that allow for minor amendments are being scoped. NDIS internal guidance for planners outlines the likelihood of changes in support needs due to the episodic nature of mental health conditions and the need for flexibility in plans. It assists planners to seek information about how a participant's support needs may vary over time so that the variation can be built into the plan. The guidance also notes that participants with psychosocial disability often require considerable assistance to navigate the mainstream and community health services. Skilled support coordination is an important support in this context.</p>
Status	<p>Not progressed. In September 2018, the NDIA updated and distributed internal guidance on planning for people with psychosocial disability which provides specific advice on how to build flexibility into plans in order to respond to fluctuating</p>

11 NDIS, *Government announces improved NDIS mental health support*, 10 October 2018, <https://www.ndis.gov.au/news/400-government-announces-improved-ndis-mental-health-support> (accessed 15 February 2019).

12 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 26.

13 NDIA, *Response to question on notice SQ19-000010*, received 22 February 2019.

	needs, and how to effectively communicate this flexibility to participants and their supporters. ¹⁴ However, feedback from stakeholders during the committee's 26 February 2019 roundtable indicated there is still inadequate flexibility in plans for participants with psychosocial disability. The committee notes that any change to a plan, even minor changes, is triggering a full plan review.
Recommendation 11	The committee recommends the NDIA report on the level of engagement of carers in the planning process.
Government response	Support The views and experiences of families and carers are important in the planning process for the NDIS because they have a unique understanding of the person they care for. If the person requests it, a carer will play a vital role when the person they care for enters the Scheme, helping with decision-making about ongoing support needs, goal setting, assessment and the planning process. The NDIS Outcomes Framework captures the extent to which the NDIS has assisted carers across a number of domains. Select indicators are included in quarterly reports, and outcomes reporting will be expanded with the collection of data over time.
Status	Not progressed. The NDIA does not publicly report on the level of engagement of carers in the planning process.
Recommendation 12	The committee recommends the NDIA publishes the results of its participants and providers pathways review, particularly in the areas related to mental health, and strategies in place to achieve improved outcomes, as well as updates on progress against targets in its Quarterly Reports.
Government response	Support The NDIA released details of the new targeted participant and provider pathway on 18 October 2017 (outlined in its media release). The design of the new NDIS pathways incorporates the experiences of several hundred participants and providers. The new pathway delivers an outcomes-focused approach which is underpinned by principles of reliability and trust, vibrant and connected, consistent and straightforward. The new NDIS pathways will be progressively piloted and tested

14 NDIA, *Response to question on notice SQ19-000011*, received 22 February 2019.

	<p>over the coming months before being rolled out nationally. The NDIA continues to engage with stakeholders on testing and implementing the new pathways. Work is also underway to develop pathways that are tailored to the specific needs of groups of participants who need additional support, including those with psychosocial disability. A report summarising the pathway review process and findings will be made available in early 2018. Participant outcomes and satisfaction are included in the quarterly reports. Further, additional metrics on participant and provider satisfaction are being developed.</p>
Status	<p>Completed. In February 2018, the NDIA published the findings of its pathway review.¹⁵</p>
Recommendation 13	<p>The committee recommends the Australian, state, and territory governments clarify and make public how they will provide services for people with a psychosocial disability who are not participants in the NDIS.</p>
Government response	<p>Support</p> <p>Mental health support services outside the NDIS are primarily the responsibility of state and territory governments. The Commonwealth is working with states and territories to better clarify how such supports outside the NDIS will work. In May 2017, the Australian Government announced \$80 million in funding over four years as a Commonwealth contribution to new psychosocial support services for people who are not eligible for the NDIS. The additional Commonwealth investment will be delivered once agreements have been reached with appropriate commitments from each state and territory. The bilateral agreements will take into account existing funding being allocated for this purpose by states and territories. This measure does not include existing program clients not eligible for the NDIS who will supported through continuity of support arrangements:</p> <ul style="list-style-type: none"> • where existing Commonwealth program funding is rolling into the NDIS, program clients who are not eligible for the NDIS will continue to receive supports. During the NDIS transition period, this will be provided through existing program structures and services. • longer-term arrangements beyond transition will be finalised based on lessons learned in the trial and

15 NDIS, *NDIS pathway reform*, <https://www.ndis.gov.au/about-us/ndis-pathway-reform> (accessed 15 February 2019).

	<p>transition phases. Options to deliver continuity of support services for Commonwealth clients not eligible for the NDIS through the new psychosocial support services measure will be considered as a way to ensure efficient and seamless services.</p>
Status	<p>Limited progress. Feedback from submitters during the committee's roundtable on 26 February 2019 indicated continuity of supports arrangements remained unclear to stakeholders.</p>
Recommendation 14	<p>The committee recommends COAG conduct an audit of all Australian, state, and territory services, programs and associated funding available for mental health.</p>
Government response	<p>Support</p> <p>The COAG Health Council is the vehicle for Commonwealth and state and territory governments to work together on all matters related to coordinated action for health matters. The Fifth National Mental Health and Suicide Prevention Plan was recently agreed by the COAG Health Council at its August 2017 meeting. This is the primary means to take forward coordinated work between the Commonwealth, states and territories, including joint regional planning, with the aim of improving the coordination of services and the effectiveness of investment in mental health and suicide prevention. Given the number of reforms currently underway around mental health and disability, a stocktake of Government priorities and action, at all levels, is expected to be undertaken at a later date to inform future priorities for investment.</p>
Status	<p>Not progressed.</p>
Recommendation 15	<p>The committee recommends the National Mental Health Commission be appointed in an oversight role to monitor and report on all Australian, state, and territory mental health programs and associated funding, including those delivered through the primary healthcare sector.</p>
Government response	<p>Support</p> <p>The National Mental Health Commission has a significant role in the national monitoring and reporting on mental health and suicide prevention in Australia. Under the Fifth National Mental Health and Suicide Prevention Plan, the Commission will be tasked with delivering an annual report, for presentation to Health Ministers, on the implementation of the Fifth Plan and performance against identified indicators. This</p>

	<p>will include up to 24 indicators that range from the health status of the population to measures of the process of mental health care. Not all of the indicators identified in the Fifth Plan are relevant or available for all service sectors. The Commission will also monitor and report on reform priorities arising from the Contributing Lives, Thriving Communities Review of Mental Health Programmes (Contributing Life), the National Disability Insurance Scheme (NDIS), and Primary Health Networks (PHNs). The Minister for Health, in liaison with his ministerial colleagues, will consider the Commission's capacity to conduct additional monitoring and reporting within its remit and within its available resources.</p>
Status	Not progressed.
Recommendation 16	The committee recommends the Department of Social Services and the NDIA develop an approach to ensure continuity of support is provided for carers of people with a psychosocial disability, both within and outside the NDIS.
Government response	<p>Support</p> <p>The Government has committed to provide continuity of support for carers of Commonwealth programs with funding transitioning to the NDIS who are not receiving NDIS supports. In addition, in the current system, and outside of the NDIS, DSS funds a range of programs that assist and support carers, including information and referral services, counselling, training to enhance carer skills and increase their competence and confidence, peer support groups, support to remain in education and unplanned, short-term and emergency respite. DSS is continuing to engage peak organisations, service providers and subject matter experts to develop an Integrated Carer Support Service to streamline and better coordinate carer support services.</p>
Status	Limited progress. As part of the 2018 Budget, the Department of Social Services announced that clients of Commonwealth funded disability programs who are ineligible

	for the NDIS will receive continuity of support from 1 July 2019. ¹⁶ It is unclear how continuity of support will be provided for carers of people with psychosocial disability, both within and outside the NDIS.
Recommendation 17	The committee recommends the NDIA, in collaboration with the Australian, state, and territory governments, develop a strategy to address the service gaps that exist for rural and remote communities.
Government response	<p>Support</p> <p>On 17 March 2017, Assistant Minister Prentice released the NDIA Rural and Remote Strategy, and the Aboriginal and Torres Strait Islander Engagement Strategy. The NDIA recognises the need to explore alternative approaches to deliver the NDIS in remote areas, and is working with local communities to develop place-based models for the delivery of the NDIS. The focus is delivery of the NDIS with each community. These projects aim to maximise opportunities the NDIS will bring to communities, in particular increasing economic and social participation and building market capacity and capability. The NDIA recognises that rural and remote areas may have particular issues and difficulties in establishing disability support markets and that service providers in more remote and smaller communities may experience challenges. The NDIA is committed to ensuring NDIS prices are fair, affordable for participants, and commercially sustainable – to this effect the NDIA has commissioned an Independent Pricing Review which has consulted widely with providers and is due to report to the NDIA Board in December 2017. All Australian governments and the NDIA will continue to work together to monitor the establishment of rural and remote markets with a view to meeting the objectives to support NDIS participants. The NDIA is also working with local organisations to leverage existing capability in thin markets to deliver NDIS services. The Government's \$33 million Boosting the Local Care Workforce Package, announced in the 2017 Federal Budget, will provide targeted assistance to meet expanding workforce requirements, helping employers increase the supply of care</p>

16 Department of Social Services, *Continuity of support for clients of Commonwealth disability programs*, 2018 Budget, https://www.dss.gov.au/sites/default/files/documents/05_2018/d18_13641_budget_2018-19_-_factsheet_-_continuity_of_support_for_clients_of_commonwealth_disability_programs_1.pdf (accessed 24 January 2019).

	workers in regions, to meet the needs of NDIS participants and the care sector more broadly. This package will boost local job opportunities in care work, particularly in rural, regional and outer suburban areas by identifying market gaps and areas of thinness, and providing support to providers to adapt their businesses and grow their workforce.
Status	<p>Not addressed. No strategy has been implemented. The NDIA claims it has established a Remote Support and Coordination Branch to develop and support the service delivery framework for remote participants. According to the NDIA, the five main goals of the Branch are to:</p> <ol style="list-style-type: none"> 1. provide easy access and contact with the NDIA; 2. make effective, appropriate supports available where people live; 3. customise approaches for individuals within their community; 4. use collaborative partnerships to achieve results; and 5. support and strengthen local capacity of rural and remote communities. <p>The NDIA advised the committee it is currently undertaking work through the Market Enablement Framework to support growth of the disability services market. A project is being finalised to pilot interventions for ineffective and under-developed markets, including thin markets and regional and remote communities.¹⁷</p>
Recommendation 18	The committee recommends the NDIA provide details on how it is ensuring a provider of last resort is available for all NDIS participants unable to find a suitable service provider, regardless of their location, circumstances and types of approved supports.
Government response	<p>Support</p> <p>The Government is committed to working collaboratively to address the issue of thin markets in some regions within an agreed COAG framework for building the market response to the NDIS. The NDIA, as one player in this area, is actively developing a Market Intervention Strategy, to govern the circumstances in which it will intervene in markets, and an Immediate Support Response policy and framework to develop</p>

17 NDIA, *Response to question on notice SQ19-000012*, received 22 February 2019.

	arrangements for 'crisis' circumstances in which participants are unable to receive supports. The NDIA's 'Maintaining Critical Supports Project' will see the development of a consistent set of policies and potential market intervention strategies to ensure key support types continue to be provided throughout the NDIS transition. The NDIA is currently consulting with state and territory governments and other key stakeholders as part of this work, and expects to release the strategy in early 2018.
Status	Not progressed. The NDIA indicated it is working with State and Territory governments on a new approach to Maintaining Critical Supports. ¹⁸
Recommendation 19	The committee recommends the NDIA monitor the psychosocial disability supports, activities, and services that are awarded funding through the ILC grant process to be able to identify and address any emerging service gaps as they may arise.
Government response	Partially support The Government and the NDIA will monitor against existing policy, agreements and the ILC Commissioning Framework and consider any required changes. However, the ILC policy is not currently designed to address existing or emerging gaps that might arise from the withdrawal of services by other programs.
Status	Not addressed. The ILC program to date has funded a total of eight projects that focus on supporting people with a psychosocial disability, with a combined value of \$7.06 million. The projects commenced on 1 July 2018 and will run for two years. The NDIA released the ILC Investment Strategy for 2019-20 to 2021-22 in December 2018 which adopts a more strategic approach. Through the Strategy, the Agency will specify, fund and deliver four programs to be progressively rolled out from July 2019. The approach is expected to allow for improved measurement of reach and impact of the ILC. ¹⁹
Recommendation 20	The committee recommends the NDIA undertakes a review of the effectiveness to date of the ILC program in

18 NDIA, *Response to question on notice SQ19-000013*, received 22 February 2019.

19 NDIA, *Response to question on notice SQ19-000014*, received 22 February 2019.

	improving outcomes for people with a psychosocial disability.
Government response	Support The ILC program outcomes will be assessed through the ILC evaluation framework.
Status	Not addressed.
Recommendation 21	The committee recommends NDIA consider allocating specific funding for the provision of mental health services through the ILC.
Government response	Not supported Outside the NDIS, mental health services are primarily the responsibility of state and territory governments. The ILC policy, as agreed by the Disability Reform Council, stipulates the activity areas to be funded under ILC, which are: <ol style="list-style-type: none"> 1. Information, linkages and referrals 2. Capacity building for mainstream services 3. Community awareness and capacity building 4. Individual capacity building, and 5. Local area co-ordination (LAC). <p>It is not the role of the ILC to fund the delivery of clinical or community mental health services. Organisations can apply for ILC grant funding to deliver activities consistent with the ILC policy for specific disability types, including psychosocial disability. The NDIA manages ILC investment to ensure all policy areas set by governments are addressed.</p>
Status	Not addressed.
Recommendation 22	The committee recommends the NDIA urgently clarifies what approved supports are available to NDIS participants in custody and how it monitors and ensures NDIS participants access the supports they are entitled to while in custody.
Government response	Support The Government is committed to ensuring vulnerable people with psychosocial disability who are incarcerated, or are within a forensic disability facility, do not miss out on NDIS supports they are entitled to. Participants' NDIS plans remain active while a participant is in custody. However, at plan review, a decision about reasonable and necessary supports

	<p>will be made (with regard to the sentence period) before the plan is approved. In most cases, the Justice System is responsible for providing disability related supports under reasonable adjustment (see COAG applied principles). For people in a custodial setting (including remand) the only supports funded by the NDIS are those required due to the impact of the person's impairment/s on their functional capacity and additional to reasonable adjustment, limited to:</p> <ul style="list-style-type: none"> • aids and equipment • allied health and other therapy directly related to a person's disability, including for people with disability who have complex challenging behaviours • disability-specific capacity and skills building supports which relate to a person's ability to live in the community post-release • supports to enable people to successfully re-enter the community, and • training for staff in custodial settings where this relates to an individual participant's needs. <p>There may be opportunities for participants to have their current plan extended to ensure they are able to continue to access funding within their plan.</p>
Status	In progress. NDIS has provided some clarification about NDIS supports available for NDIS participants in custody. ²⁰
Recommendation 23	The committee recommends the NDIA establish an NDIA unit specialising in the interaction of the Scheme with the criminal justice system.
Government response	<p>Support</p> <p>The NDIA has already established a Technical Advisory Team that provides guidance and support to its service delivery network on access, planning and interaction with other government systems, including the criminal justice system. In addition, the NDIA Mental Health Team provides specific policy and practice advice for participants with psychosocial disability and complex needs.</p>
Status	Limited progress. Feedback from stakeholders during the committee's roundtable on 26 February 2019 indicated there had been some engagement with the sector. However, there is

20 NDIS, *Justice*, <https://www.ndis.gov.au/understanding/ndis-and-other-government-services/justice> (accessed 15 February 2019).

	no dedicated team in place.
Recommendation 24	The committee recommends the NDIA develop a specific strategy to deliver culturally appropriate services for Aboriginal and Torres Strait Islander people with disabilities who are in the criminal justice system.
Government response	<p>Support in principle</p> <p>The NDIA released the Aboriginal and Torres Strait Islander Engagement Strategy on 17 March 2017. All NDIA staff are committed to providing culturally appropriate information and services for Aboriginal and Torres Strait Islander people with disability, including those who are in the criminal justice system. The NDIA and governments are also developing jurisdictional working arrangements for NDIS transition with Operational Working Groups formed to oversee the operational implementation of the NDIS within individual regions. These groups are cross-governmental and include state representatives from Community Justice, Health, Child Protection and Family Support. The NDIA and the justice systems are working closely together at a local level to plan and coordinate streamlined services for individuals requiring both justice and disability services, recognising that both inputs may be required at the same time or through a smooth transition from one to the other. Jurisdictional factsheets are being developed for rules of people with disability involved in the justice system to support implementation of the interface between the NDIA and mainstream services during transition. They provide instructions on the provision of data to the NDIA on existing clients that are involved with child protection or justice system at the time of data being transferred to the NDIA. Work is also underway to improve the experience people with psychosocial disability, people from Aboriginal and Torres Strait Islander communities, those from Culturally and Linguistically Diverse backgrounds, and people with more complex needs have with the NDIS, with tailored pathways for these cohorts being developed and piloted.</p>
Status	Not addressed.

Inquiry	Transitional arrangements for the NDIS
Recommendation 1	The committee recommends the COAG Health Council in collaboration with the COAG Disability Reform Council urgently undertake work to address current boundary and

	interface issues between health and NDIS services.
Government response	<p>Supported</p> <p>Considerable work is already underway to prioritise and resolve boundary and interface issues between the health and NDIS services. Health and disability government officials are working together, and a joint meeting of senior officials will be held in mid-2018. In 2017, the DRC agreed that work to address the mainstream interface between the NDIS and the broader health systems would be progressed as a priority, advanced through the DRC's Senior Officials Working Group (SOWG), with progress reported to DRC at mid-year and at the end of 2018. The SOWG Health Sub-Working Group was established in late 2017 to drive this work and includes representatives nominated by each jurisdiction, the DSS, the Department of Health and the NDIA. State and territory representation includes officials from the relevant line agencies with health subject matter expertise and/or responsibility for health programs. The Health Sub-Working Group is implementing a work plan to prioritise and resolve boundary issues, including consistency of application of the Principles to determine the responsibilities of the NDIS and other service systems, which are underpinned by the Applied principles and tables of supports.</p>
Status	<p>In progress. The committee acknowledges the establishment of the Health Sub-Working Group to resolve boundary issues. However, work is progressing very slowly. On 9 January 2019, the Minister for Social Services announced interim arrangements for dysphagia and mainstream health supports until a final decision on roles and responsibilities of the NDIA and health systems is made by Governments in early 2019.²¹</p>
Recommendation 2	<p>The committee recommends the NDIA establish an NDIA unit specialising in dealing with Participants who are hospitalised to ensure smooth transition from hospital and avoid delays in hospital discharge and to avoid discharge to nursing homes.</p>
Government response	<p>Partially supported</p> <p>Mainstream health systems are responsible for discharge planning from hospital settings; however, the NDIA will</p>

21 NDIS, Health, <https://www.ndis.gov.au/understanding/ndis-and-other-government-services/health> (accessed 15 February 2019).

	<p>continue to work with the health sector to ensure that participants experience a seamless service response between health systems and the NDIS, and to reduce the risk of entry into unsuitable environments. The service delivery network will work with local hospitals and health providers to ensure that there is a better understanding of the NDIS and planning pathways. Through the SOWG Health Sub-Working Group, the NDIA is working with state and territory health departments to improve and streamline the discharge process for all participants. This includes ensuring nationally consistent approaches for prioritisation, escalation and resolution of urgent issues, including discharge delays. The NDIA is also working with the Summer Foundation on the Hospital Discharge Project, with a focus on improving the pathway out of hospital and back into the community for people with newly acquired disabilities. The work with the Health Sub-Working Group and the Summer Foundation may consider training specialised planners for participants with complex disability support needs, with the goal of assisting and facilitating a more seamless and timely discharge experience for participants transitioning to the NDIS. The NDIA has established a unit to respond to complex cases including those involving health interfaces.</p>
Status	<p>Not progressed. Recent media reports and evidence received by the committee indicate there are still unreasonable delays for participants seeking to transition from hospitals.²²</p>
Recommendation 3	<p>The committee recommends the COAG Disability Reform Council conduct immediately a national audit of all Australian, state, and territory disability support services transitioning to the NDIS, to identify and address emerging service gaps.</p>
Government response	<p>Supported in-principle</p> <p>Transitioning state and territory disability programs are documented in operational guidelines to enable streamlined access to the NDIS for existing state and territory clients. All governments committed to provide continuity of support for existing clients not eligible for the NDIS so that they are able to achieve similar outcomes. Continuity of Support (CoS)</p>

22 For example: Sophie Meixner and Tara Cassidy, 'Parents of quadriplegic man say NDIS delay extended hospital stay by six months at '\$1,500 per day', *ABC News*, 3 March 2019, <https://www.ndis.gov.au/understanding/ndis-and-other-government-services/health> (accessed 6 March 2019).

	arrangements for existing Commonwealth clients who are ineligible for the NDIS are being finalised.
Status	Not addressed.
Recommendation 4	The committee recommends the Department of Health in collaboration with the Department of Social Services undertake a review of current supports and funding available for people with disability over 65 years of age, with the view to developing a strategy to address current funding and support shortfalls.
Government response	<p>Partially supported</p> <p>DoH has responsibility for the care and support of Australians aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over, including those with disability. The Commonwealth CoS program, administered by DoH, will provide ongoing support for people aged 65 and over (and Aboriginal and Torres Strait Islander people aged 50 years and over) who are currently in receipt of state-based disability services. The establishment of this program has already involved the clarification of services and funding for this cohort. However, there are several areas where further work is underway, including in the areas of specialist disability accommodation, aids and equipment, managing deinstitutionalisation, and support for changing circumstances. The interface between CoS and the aged care system, for example for those moving from their homes to residential aged care due to changing circumstances, is also being considered.</p>
Status	Not addressed.
Recommendation 5	The committee recommends the Australian, state and territory governments clarify and agree on the scope and process to deliver Personal Care in Schools (PCIS) under the NDIS.
Government response	<p>Supported</p> <p>The Applied Principles relating to school education, agreed by the Council of Australian Governments (COAG), state that further work must be undertaken on how a student's personal care needs will be assessed, quantified, funded and administered. In light of this requirement, and to support this recommendation, the Australian, and state and territory governments are working with the NDIS to determine the scope and approach for delivering PCIS systems in the long term.</p>

	<p>Currently, most state and territory governments claim the cost of delivering PCIS 'in-kind' as a funding deduction from their NDIS contribution. DRC has previously agreed further work is required to clarify service scope and responsibilities for PCIS. A PCIS Working Group, consisting of senior officials led by the Victorian Government, has prepared a comprehensive report on PCIS under the NDIS, which identifies several options for resolving scope and delivery. The PCIS Working Group will examine these options, including how the assessment and delivery process would work. DRC will consider options for the future scope and process for delivering PCIS in the second half of 2018.</p>
Status	<p>In progress. Interim arrangements have been put in place. In December 2018, the DRC agreed that, as an interim solution, states and territories will continue to deliver services for PCIS until 31 December 2023, while development work is undertaken.²³</p>
Recommendation 6	<p>The committee recommends the NDIA develop guidance on best practices for provision of therapies in school settings, based on lessons learnt during NDIS trials and rollout to date.</p>
Government response	<p>Supported in-principle</p> <p>The Australian Government acknowledges the importance of providers of support being able to work collaboratively with the family and education systems to support children with developmental delay or disability holistically. The NDIA will discuss the development of guidance for the provision of therapies in school settings with state and territory governments.</p>
Status	<p>Not addressed.</p>
Recommendation 7	<p>The committee recommends the NDIA review its operational and funding guidelines for transport supports to ensure NDIS Participants' needs are met.</p>
Government response	<p>Supported</p> <p>The NDIS may fund reasonable and necessary transport supports related to a person's disability. On Friday</p>

23 COAG Disability Reform Council, *Communique*, 10 December 2018, https://www.dss.gov.au/sites/default/files/documents/12_2018/drc-communique-final-drc-10-december-2018-meeting.pdf (accessed 22 March 2019).

	<p>2 March 2018, the NDIA released its response to the Independent Pricing Review (IPR), which was undertaken by McKinsey and Company. Some of the recommendations in the IPR relate to transport pricing, and include:</p> <ul style="list-style-type: none"> • allowing providers to charge up to 45 minutes of travel time in rural areas; and • removing the annual \$1000 travel cap for therapy supports and aligning the travel policy with the attendant care travel policy. <p>The NDIA has agreed to these transport-related recommendations in the IPR, and is continuing to work with state and territory governments on transport issues through the Transport Working Group. The NDIA is also currently reviewing its operational guideline for transport supports.</p> <p>During transition to the NDIS, specialist school transport for NDIS participants is provided by state and territory governments as an in-kind support, with states and territories offsetting the cost against their NDIS funding contributions. To determine how specialist school transport will be delivered at full scheme NDIS, DRC's SOWG is undertaking broad national consultation on a potential model for specialist school transport at full scheme. The consultation will test with stakeholders (including participants, families, schools and transport providers) a potential model for specialist school transport in the NDIS, under which participants would purchase transport directly from the open market, or via an NDIS-funded intermediary who would assist participants with travel planning, and manage service bookings and invoicing. Advice on the proposed model and how school transport should be delivered will be provided to Ministers for decision at DRC, once the consultation process is complete.</p>
Status	<p>In progress. Interim arrangements have been put in place. In December 2018, the DRC agreed that, as an interim solution, states and territories will continue to deliver services for specialist school transport until 31 December 2023, while development work is undertaken.²⁴</p>
Recommendation 8	<p>The committee recommends the COAG Disability Reform Council consider the provision of housing stock and</p>

24 COAG Disability Reform Council, *Communique*, 10 December 2018, https://www.dss.gov.au/sites/default/files/documents/12_2018/drc-communique-final-drc-10-december-2018-meeting.pdf (accessed 22 March 2019).

	infrastructure for people with disability.
Government response	<p>Supported in-principle</p> <p>The Applied Principles relating to housing and community infrastructure, which were agreed by COAG in 2013, and updated in 2015, articulate that state and territory governments are responsible for social housing and homelessness services. Under the Applied Principles, state and territory governments are also responsible for providing accessible accommodation for people in need of housing assistance, including people with disability.</p> <p>While the provision of housing stock and infrastructure is a matter for states and territories, the NDIS includes supports for Specialist Disability Accommodation (SDA), which is available for the highest-needs NDIS participants, and DRC is actively engaged in ensuring SDA provisions are appropriate to meet the needs of NDIS participants. The SDA market is yet to fully mature; however, SDA is expected to be provided to around 28,000 participants at full scheme, making up around 6 per cent of all participants.</p> <p>Appropriate housing for the majority of NDIS participants is critical and will not be provided by the NDIS. State and territory governments, with responsibility for mainstream housing, will need to work with the Australian Government, where possible, to ensure that housing supply is sufficient to ensure NDIS participants who do not receive SDA funding are appropriately housed.</p>
Status	<p>Limited progress. Following a review into SDA by the DRC that was completed in December 2018, SDA reforms were announced in February 2019. For the first time SDA will be included in participants plans up front. The Government is working towards removing restrictions by July 2019 in the SDA Rules that currently prevent some families from living together.²⁵</p>
Recommendation 9	<p>The committee recommends that the Australian, state and territory governments and the NDIA work together urgently to include crisis accommodation and Provider of Last Resort arrangements for housing in their respective</p>

25 NDIS, *Governments take action to increase SDA*, <https://www.ndis.gov.au/news/1448-governments-take-action-increase-specialist-disability-accommodation> (accessed 15 February 2019).

	bilateral agreements and operational plans.
Government response	<p>Supported in-principle</p> <p>As part of its market stewardship role, the NDIA is developing a Maintaining Critical Supports framework to govern urgent interventions to maintain continuity of support for participants that fail to secure, or lose access to, the supports they need. The NDIA has been consulting with the Australian, and state and territory governments on the Maintaining Critical Supports operational framework, which encompasses Provider of Last Resort arrangements, and provided an update to DRC in April 2018. Arrangements and roles of all parties, including those relating to crisis accommodation, will be agreed through the operational framework and reported to DRC.</p>
Status	<p>Limited progress. According to the NDIA, the DRC agreed on the approach to Maintaining Critical Supports and the Agency is working on a number of actions, including:</p> <ul style="list-style-type: none"> • After-hours Crisis support arrangements – the NDIA has been piloting after-hours crisis response arrangements in three states to determine the best way to meet the needs of participants. Providers have been sourced to provide varying levels of support, depending on the level of escalation required; and • Critical Service Issues Response – the NDIA has worked with each State and Territory Government to establish clear mechanisms for escalation and resolution of individual and thematic issues that affect participants.²⁶
Recommendation 10	The committee recommends the NDIA ensure that across all jurisdictions people with disability can access pre-planning supports.
Government response	<p>Supported</p> <p>The Australian Government supports pre-planning for all participants in the NDIS, and is committed to improving the pre-planning experience for participants. The NDIA is currently piloting the first phase of a new participant pathway, which focuses on a range of improvements to the pre-planning, plan development and plan implementation stages of the pathway. Central to the design of the new participant</p>

26 NDIA, *Response to question on notice SQ19-000013*, received 22 February 2019.

	<p>experience is:</p> <ul style="list-style-type: none"> • a commitment to face-to-face engagement for all participant plan development; • a stronger focus on the broader system of supports for people with disability outside of the NDIS; and • a strong and clear focus on supporting participants to achieve their desired outcomes and goals. <p>Two pilots of this first phase were launched in Victoria in January 2018.</p> <p>Future pilots will focus on the early stages of the pathway, including learning about the NDIS and how to access the scheme, as well as improvements to the annual plan review process. During the pre-planning stages of the new pathway, participants will meet their Local Area Coordinator (LAC), typically face-to-face, to prepare for planning. They will learn what to expect from the planning process, provide information about their current circumstances, and discuss the outcomes they want to achieve. Following this conversation, and prior to the joint planning conversation with an NDIS planner, the LAC will brief the planner to ensure that they are well prepared and to avoid the participant having to retell their story. The LAC will also work with the participant and their family and carers to help develop a plan. The NDIA has also developed a new pre-planning resource, which is currently being trialled in this pilot phase. This new resource will support participants in their pre-planning preparation.</p> <p>The evaluation of the initial pilot, as well as recommendations for further rollout, are anticipated to be finalised by June 2018. These evaluations will help inform the national rollout of the new NDIS participant pathway. In addition, tailored pathways are being developed and refined for people with psychosocial disability, children, people from Aboriginal and Torres Strait Islander communities, those from culturally and linguistically diverse (CALD) backgrounds, people living in remote and very remote communities, and people with more complex support needs.</p>
Status	In progress through the implementation of the new participant pathway.
Recommendation 11	The committee recommends the NDIA urgently finalise and start piloting the tailored pathways it has been developing for people with psychosocial disability; children; people from Aboriginal and Torres Strait Islander communities; those from culturally and linguistically diverse

	backgrounds and Participants with more complex needs.
Government response	<p>Supported in-principle</p> <p>The NDIA is currently developing a number of tailored participant pathways to meet the needs of specific population groups, including children and people with psychosocial disability. Through a series of 36 workshops conducted nationally, the NDIA is engaging with participants and stakeholders and listening to their feedback.</p> <p>Using this feedback, high-level designs for tailored pathways, including the Early Childhood Early Intervention approach, are being developed for the consideration of the NDIA Board. The NDIA is working closely with several jurisdictions who have expressed an interest in participating in future pilots of the tailored pathway. The locations will be finalised and announced by the end of 2017-18. It is important that these tailored pathways reflect the feedback from participants, carers, providers, industry experts and other stakeholders. They will then be tested and piloted in appropriate locations and refined before being rolled out nationally. Potential locations for pilot sites are currently under active consideration.</p>
Status	<p>In progress. The complex needs pathway is being piloted in some areas in VIC and NSW. Rollout in new locations will be confirmed at a later date.²⁷ There is no information readily available about the status or timing of the development and roll out of the other tailored pathways. A new psychosocial disability stream is being established. Enhancement of the ECEI pathway is planned for 2019.</p>
Recommendation 12	<p>The committee recommends the NDIA publish data and analysis on the following in its Quarterly Reports:</p> <ul style="list-style-type: none"> • number of plan reviews; • waiting times Participants face for reviews; • outcomes of plan reviews in terms of whether the overall package has been increased or decreased; • satisfaction rating of Participants following a plan review.

27 NDIS, *Complex support needs pathway*, <https://www.ndis.gov.au/about-us/ndis-pathway-reform/pathway-reform-whats-happening-2019#hearing-service-stream> (accessed 15 February 2019).

Government response	<p>Partially supported</p> <p>The number of plan reviews is currently being reported in the NDIA's Quarterly Reports to DRC. Participant satisfaction following a plan review will be included in the Quarterly Reports in the 2018-19 financial year. The NDIA is considering the recommendation to report the waiting times participants face for plan reviews and the outcomes of those reviews in the Quarterly Report, noting that the quarterly change in committed support is already included.</p>
Status	<p>Partially addressed. The Quarterly reports only provide information on number of plan reviews and unscheduled plan reviews.</p>
Recommendation 13	<p>The committee recommends the NDIA focus all necessary resources and efforts on reducing waiting times at all points of the Scheme, specifically for plan approval, activation and review.</p>
Government response	<p>Supported</p> <p>The timing surrounding when a person can become a participant of the NDIS and receive a plan of support during the scheme transition period (1 July 2016 to 30 June 2019) is governed by phasing schedules contained in the bilateral agreements between the Australian Government and each state and territory. The NDIA is improving communications to explain that, while a person can seek access to the NDIS at any time within the six months prior to NDIS rollout in their region, the timeframes for their plan development are governed by the bilateral agreements. The NDIA is committed to improving the ease with which a potential participant interacts with the NDIS at all points of the pathway. This is being driven by the comprehensive pathway review work as mentioned in the response to Recommendation 10. The new participant pathway matches a participant with a LAC, who will become the participant's consistent point of contact throughout their NDIS journey. The LAC will help inform the participants of their plan's progress and the next steps, including when their next appointment will be and how they can get support, if required. The new participant pathway will also see a much stronger focus on plan implementation and activation. After their NDIS plan is approved, a participant and their LAC will meet to discuss plan implementation arrangements. This will include how to access the NDIS portal, how to find and connect to providers, and how to use their funded supports flexibly to</p>

	achieve the participant's stated goals and aspirations. Evaluation of the pilot will provide a clearer understanding of the success of plan approvals through this process, and whether the new participant pathway aids participants in implementing their plan.
Status	Limited progress. The NDIA is rolling out the new participant pathway, which should contribute to address delays experienced by participants. However, feedback from participants indicates that delays are still an issue at all points of the Scheme.
Recommendation 14	The committee recommends state and territory Governments put strategies in place to facilitate and support the registration of providers during the transition period.
Government response	Supported The NDIS quality and safeguards transitional arrangements will be supported by Transitional Rules. The Rules have been developed based on the principle that there will be no unnecessary administrative requirement on providers during transition. Providers who are currently registered with the NDIA will be deemed to be registered with the NDIS Quality and Safeguards Commission. DSS has engaged with all jurisdictions on the transitional arrangements for NDIA registered providers to the NDIS Commission. The transitional arrangements are being overseen and agreed by SOWG and its Quality and Safeguards Sub-Working Group comprised of Australian and state and territory government officials. The transitional registration arrangements for providers in NSW and SA in 2018 have been agreed and finalised in consultation with those jurisdictions.
Status	Limited progress. Feedback from submitters during the committee's 26 February 2019 roundtables indicated that there is duplication of requirements for some professions.
Recommendation 15	The committee recommends the Australian Government increase funding for ILC to the full Scheme amount of \$131 million for each year during the transition.
Government response	Partially supported DSS is working with the NDIA to help transform ILC from a patchwork of state-based grants to a national program designed to identify and fill service gaps, and to build evidence to inform

	future investment for ILC. The Australian Government considers this approach is likely to achieve greater long-term return on investment. The budget for ILC increases to \$114 million in 2018-19, and to \$131 million in 2019-20.
Status	Not addressed.
Recommendation 16	The committee recommends the NDIA monitor the effectiveness of the current ILC grant funding model, with the view of introducing other types of funding, including block funding if required, to ensure appropriate and quality services are delivered across all jurisdictions.
Government response	Supported in-principle The NDIA is currently undertaking work to develop an ILC Investment Strategy for full scheme. This will guide national investment to increase inclusion for people with disability. The ILC Investment Strategy is likely to include a strategic and mixed investment portfolio, a programmatic approach, and is likely to involve consultation with stakeholders.
Status	Started. In December 2018, the NDIA released its ILC national strategy towards 2022, which outlines changes to the ILC program to strengthen its effectiveness, which will be progressively rolled out during 2019-2020. ²⁸
Recommendation 17	The committee recommends the NDIA develop and publically release a strategy to address thin markets.
Government response	Supported The NDIA published its NDIS Market Approach (Statement of Opportunity and Intent) in November 2016, which outlines the NDIA's stewardship approach in more detail. The NDIA's market stewardship approach is characterised by: <ul style="list-style-type: none"> • monitoring disability support markets and assessing if they are achieving appropriate outcomes; and • taking actions where necessary to improve the functioning of the NDIS markets, such as price controls. The NDIA plans to use local area market monitoring and surveillance to identify thin markets at a local level, and will work locally to respond on a priority basis, as recommended by the Independent Pricing Review. This will also be supported by

28 NDIS, *ILC Strategy towards 2022*, <https://www.ndis.gov.au/community/strengthening-ilc-national-strategy-towards-2022> (accessed 15 February 2019).

	enhancements to the NDIS Provider Finder Tool, which will enable participants to more easily connect with suitable providers and exercise greater choice and control in sourcing providers. The NDIA is also developing a Market Intervention Framework to set out how the NDIA will monitor the marketplace. It will provide the NDIA with available options to intervene under particular market scenarios, such as provider exit or situations where thin markets exist or may emerge. The NDIA's actions to address market issues will be coordinated with other government initiatives.
Status	Started. On 26 November 2018, the NDIA released the NDIS Market Enablement Framework. ²⁹ The new framework guides how the NDIA will monitor the market and determine what, if any, strategies should be adopted to encourage market growth or correction.
Recommendation 18	The committee recommends the NDIA publically release its Provider of Last Resort policy as a matter of urgency.
Government response	Supported As market steward, the NDIA is responsible for development of strategies and procedures to provide supports to those participants who cannot receive them through the open market. The NDIA is committed to publishing the agreed outcomes of its Maintaining Critical Supports project, including policies and processes, following DRC endorsement in the first half of 2018.
Status	Not progressed. Although, the committee notes that the NDIA is working on a number of actions, including piloting after-hours crisis response arrangements, and working with state and territory governments to establish clear mechanisms for escalation and resolution of individual and thematic issues that affect participants. ³⁰
Recommendation 19	The committee recommends the COAG Disability Reform Council work with the Department of Social Services to address the expected funding shortfalls for advocacy services beyond transition.

29 NDIS, *New Framework to ensure NDIS Provider Markets are available to participants*, 23 November 2018, <https://www.ndis.gov.au/news/996-new-framework-ensure-ndis-provider-markets-are-available-participants> (accessed 22 March 2019).

30 NDIA, *Response to question on notice SQ19-000013*, received 22 February 2019.

Government response	<p>Supported</p> <p>The Australian Government is committed to supporting individual and systemic disability advocacy, and in August 2017, the Australian Government announced funding of over \$60 million for the National Disability Advocacy Program, the NDIS Appeals Supports program, and for Disability Representative Organisations. Additional funding of \$2.4 million per year for the National Disability Advocacy Program in NSW and Queensland was announced in April 2018. The additional funding will ensure that each state receives equitable funding for advocacy from the Australian Government according to population. All jurisdictions apart from SA, TAS, the ACT and the NT have committed to funding individual advocacy. NSW has committed to funding disability advocacy as an interim measure until July 2020. All levels of government have a responsibility to support advocacy for people with disability to ensure they can exercise their rights. A national system of disability advocacy support requires ongoing investment from states and territories to ensure their citizens can resolve issues with state-run services, and advocates can participate effectively in state-based planning. DSS, through SOWG, is reviewing advocacy projects, policies and priorities. The final project plan and timelines will be provided to SOWG when they are finalised, with a subsequent progress update to be provided to DRC.</p>
Status	<p>In progress. Interim arrangements are in place; however, long-term funding arrangements remain unclear.</p>
Recommendation 20	<p>The committee recommends the Department of Social Services and the NDIA develop and publically release a plan outlining how assertive outreach services will be delivered beyond transition to ensure people with disability who are hard-to reach can effectively engage with the NDIS and / or other support programs.</p>
Government response	<p>Supported</p> <p>The Australian Government recognises that there are people with disability who are currently disconnected from state-based services and supports, are harder to reach and engage with than others, and may be in need of assistance. The NDIA is currently developing a Hard to Reach Strategy, due for finalisation and publication in 2018. The strategy will be aligned with the tailored pathway for participants with more complex needs.</p>

	A number of current Sector Development Fund (SDF) projects, focused on engaging with hard-to-reach cohorts, will inform the NDIA's assertive outreach plan. The Australian Government also acknowledges that states and territories, through their commitment to the National Disability Strategy, share a responsibility for maintaining disability advocacy services to protect the rights of people with disability, including those who may be hard-to-reach, to access mainstream services. This includes NDIS participants as well as those who are not eligible, who represent the vast majority.
Status	Not progressed. However, the committee has been advised that the NDIA's Hard to Reach Strategy is expected to be finalised in mid-2019. ³¹
Recommendation 21	The committee recommends the NDIA ensure support coordination is adequately funded in Plans to meet Participants' needs and not limited to a fixed period.
Government response	Supported The coordination of NDIS supports can be provided on three different levels depending on a participant's capacity and support needs. Coordination of supports may be funded as a reasonable and necessary support in a participant's plan, or provided by an NDIS partner in the community. The level of support provided is based on a participant's goals, pre-existing supports (consisting informal, mainstream and community supports) and what is determined to be reasonable and necessary for the plan period, regardless of any previous funding of this support. It is anticipated that the level of support may reduce over time as participants develop the capacity to implement the supports in their plan. However, it is noted for some participants that the level of support may remain constant or increase as their needs change.
Status	Not progressed. At 31 December 2018, 40 per cent of NDIS participants had support coordination in their plans. ³² Stakeholders during the committee's roundtables in February 2019 told the committee that support coordination is commonly not being provided or adequately funded in plans.
Recommendation 22	The committee recommends the NDIA ensure its Customer

31 NDIA, *Response to question on notice SQ19-000027*, received 22 February 2019.

32 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 69.

	Relationship Management (CRM) system is modified to enable collection of data about participation rate of people from CALD backgrounds.
Government response	<p>Supported</p> <p>It is currently mandatory within the NDIS CRM system that data is captured on whether a prospective participant is from a CALD background. This data is recorded during the access request process to ensure the most appropriate service is provided to assist the participant through their NDIS journey. The measurement of NDIS outcomes and participation is captured through the Outcomes Framework Questionnaire responses for all participants. The completion of this questionnaire is mandatory in the CRM for each plan, and is supplemented by other key data, such as plan funds committed to service providers and plan expenditure. The NDIA is currently developing business requirements to enhance the CRM's ability to collect data during plan reviews about participant goal attainment. This will enable the NDIA to better measure NDIS participation and outcomes for all participants, including those from CALD backgrounds.</p>
Status	Completed. In the Quarterly reports, the NDIA reports on CALD status of active participants with an approved plan.
Recommendation 23	The committee recommends the NDIA urgently publically release its NDIS CALD Strategy.
Government response	<p>Supported</p> <p>The NDIA's CALD Strategy will be publicly released in the first half of 2018.</p>
Status	Completed. On 14 May 2018, the NDIA announced the release of its CALD strategy (the Strategy). However, the Strategy is not publicly available on the website. ³³
Recommendation 24	The committee recommends the NDIA ensure culturally appropriate pre-rollout and NDIS engagement activities are in place in Aboriginal and Torres Strait Islander communities at least six months before rollout date.

33 NDIS, *Embracing cultural and linguistic diversity*, 17 May 2018, <https://www.ndis.gov.au/news/532-embracing-cultural-and-linguistic-diversity> (accessed 25 March 2019).

Government response	<p>Supported</p> <p>The NDIA's Rural and Remote Strategy and Aboriginal and Torres Strait Islander Engagement Strategy were released in March 2017. The NDIA has worked with jurisdictions to ensure respectful engagement with Aboriginal and Torres Strait Islander communities, and is exploring the contracting of community connectors from locally-controlled Aboriginal organisations in more remote areas. The NDIA is also developing a tailored pathway for Aboriginal and Torres Strait Islander people in close collaboration with other stakeholders. As part of the pathway reform, the NDIA consulted with participants, families and carers and other stakeholders over a series of nine workshops since October 2017, focusing on Aboriginal and Torres Strait Islander and/or remote or very remote communities. The findings from these consultations indicate three broad themes for consideration:</p> <ul style="list-style-type: none"> • trust, ownership and cultural safety; • simple access pathways and NDIS plans which align to culture; and • knowing and using the right language and communication formats/mediums. <p>The NDIA will continue to work with participants and other stakeholders through the design and testing of the tailoring of the pathway for individuals from Aboriginal and Torres Strait Islander and remote or very remote communities. In addition, the NDIA has established a Participant Reference Group that is providing important input into the pathway review work and the development of associated resources including communications products and staff training materials. The group is structured to reflect the diverse needs of people with disability, as well as the diversity of the Australian population, including Aboriginal and Torres Strait Islander peoples. The NDIA is collaborating with the Department of the Prime Minister and Cabinet, Indigenous Businesses Australia and DSS to deliver projects that maximise the opportunities that the NDIS will bring to a number of communities, including:</p> <ul style="list-style-type: none"> • East Arnhem, NT; • Anangu Pitjantjatjara Yankunytjatjara Lands, SA; • Ceduna, SA; • Mornington Island and Doomadgee, Queensland; and • Western Sydney, NSW.
Status	<p>Partially progressed. The committee notes the initiatives taken by the NDIA. However, the committee continues to</p>

	receive feedback that engagement with Aboriginal and Torres Strait Islander communities is not systematically occurring, resulting in Aboriginal and Torres Strait Islander people with disability not fully engaging with the Scheme.
Recommendation 25	The committee recommends the Minister for Social Services appoint an Aboriginal and Torres Strait Islander representative on the NDIS Independent Advisory Council (IAC).
Government response	<p>Supported in-principle</p> <p>The Minister for Social Services appoints the members of the Independent Advisory Council under the legislative requirements in section 147 of the <i>National Disability Insurance Scheme Act 2013</i>. The majority of Council members are people with disability. Pursuant to the NDIS Act, members of the Council are appointed by the Minister, and the Minister must seek the support of all the states and territories before any appointment is made. While there is no specific legislative requirement for an Aboriginal and Torres Strait Islander representative to be appointed, to reflect the diversity of people with disability, the Council currently has one member who is of Aboriginal and Torres Strait Islander descent. The Committee's recommendation will be considered as part of future Council appointment processes.</p>
Status	Limited progress. The committee notes the response and strongly encourages that future Council appointment processes be reviewed to ensure that an Aboriginal and Torres Strait Islander representative is appointed.
Recommendation 26	The committee recommends the NDIA develop, in collaboration with Aboriginal and Torres Strait Islander organisations and the Aboriginal community controlled health, an Aboriginal and Torres Strait Islander Workforce Strategy.
Government response	<p>Supported in-principle</p> <p>The Australian Government understands that the NDIS needs a strong, culturally appropriate disability services workforce. The Australian Government is committed to working with Aboriginal and Torres Strait organisations and the Aboriginal Community controlled health sector to implement existing measures and develop further strategies to support the development of the workforce. The NDIA is collaborating with PM&C and other government agencies to identify opportunities</p>

to build Aboriginal and Torres Strait Islander employment through the NDIS. This includes:

- a Cross Portfolio Working Group that works to ensure government programs and infrastructure align with and promote social and economic participation for Aboriginal and Torres Strait Islander people through the NDIS;
- the Maximising Indigenous Employment and Economic Opportunities project, which is operating in 10 remote locations to maximise the employment outcomes for Aboriginal and Torres Strait Islander people through specific place-based work; and
- the establishment of a Guiding Coalition, which is specifically focussed on improving the viability of the NDIS Aboriginal Services Sector and supports the work of the Cross Portfolio Working Group. Members include senior representatives from DSS, the NDIA, PM&C, the National Aboriginal Community Controlled Health Organisation, Indigenous Health (DoH) and PwC's Indigenous Consulting.

The NDIA is also committed to increasing the representation of Aboriginal and Torres Strait Islander people in its workforce. To achieve this, the NDIA has developed an Aboriginal People and Torres Strait Islander Employment Strategy 2018-2020, which aims to provide Aboriginal and Torres Strait Islander employers with the tools, resources and capabilities to retain and develop employees, and to ensure that managers and peers are culturally capable. This will give the NDIA access to talented people, diversity at work, and employees who can help the NDIA deliver culturally appropriate products and services. Further, the Australian Government is providing \$33 million over the next three years to implement the Boosting the Local Care Workforce Program (the Workforce Program). The Workforce Program will provide targeted assistance to meet expanding workforce requirements, helping employers increase the supply of care workers in regional areas to meet the needs of NDIS participants and the care sector more broadly. EY has been chosen to lead a consortium, which includes the First Peoples Disability Network, to implement and manage the Workforce Program. One of the Workforce Program's aims is to encourage Indigenous organisations who employ Aboriginal and Torres Strait Islander workers to become NDIS providers. The Australian Government has also provided over \$109 million through the SDF to prepare providers and participants for the transition to the NDIS. One of the areas in which it

	provides assistance is the expansion and diversification of the workforce to meet increased demand. There have been a number of SDF projects that have focussed on Aboriginal and Torres Strait Islander people specifically, encouraging them to join the allied health workforce in remote areas.
Status	Not addressed. There have been discreet initiatives but no overall strategy has been developed in collaboration with the sector.

Inquiry	Provision of services under the NDIS ECEI Approach
Recommendation 1	The committee recommends that the NDIA clarify and publish current ECEI access points, and outline the future model for access arrangements.
Government response	Agree and underway Although the process to access an ECEI Partner is currently available on the NDIS website, it is clear from our recent pathway work that families are finding the transition from the state based systems to the national scheme confusing. This has been complicated by the complexity of the transitional arrangements that have had to be accommodated. In particular, families are unclear as to the extent of the responsibilities that remain in mainstream services and the linkages from those services to the NDIS early childhood partners. Material to further clarify the boundaries, roles and responsibilities of the NDIA and mainstream services will be developed. The interpretation of access requirements for children will be undertaken as part of the ECEI tailored review of the pathway. Details for contacting the ECEI Partners will be further clarified on the website. Timetable - June 2018
Status	In progress. The NDIS website contains a dedicated ECEI page that directs prospective participants to Early Childhood Partners for assessment and access to the Scheme. On the Access Request Form page, it advises that you can still call the NDIS directly for an access form. In February 2019, the Agency confirmed that some families of children with more profound disabilities, along with the support of their health professional, may choose to contact the NDIA in the first instance to make an access request. In these cases, the National Contact Centre will immediately begin the access process, as

	well as provide families with details of the Early Childhood Partner/NDIS office in their area to ensure appropriate linkages to community and other government services are made and to ensure planning can commence as soon as possible. ³⁴
Recommendation 2	The committee recommends that a nationally consistent process for the engagement of Partners be developed by the NDIA.
Government response	Agree The NDIA is required to transition children from a range of disparate state and commonwealth programs across Australia into the NDIS. This process requires flexibility in the identification, development and recruitment of partners through the transition phase and early NDIS consistent with existing jurisdictional arrangements. The longer-term aim will be to have a consistent flexible response to ensure ECEI partners are recruited through a standardised process using contemporary best practice approaches for contracting the early childhood and allied health expertise required for the role.
Status	Not progressed. The NDIA confirmed that it has engaged 18 partners to provide Early Childhood Early Intervention services in 63 service areas across Australia. The Agency is currently reviewing the forward strategy, including the length of time partners will be engaged for in the future. This review will include consultation with state governments, peak bodies, and existing partners. The long term partner strategy is due to be completed by the end of 2019. ³⁵
Recommendation 3	The committee recommends that the NDIA publish clear and comprehensive guidance around the eligibility criteria for children with developmental delay on its website.
Government response	Agree in principle The definition and interpretation of developmental delay eligibility criteria is available on the NDIS website in the Access Operational Guideline. This will be developed into a Frequently Asked Question (FAQ) on Developmental Delay on the NDIA ECEI specific page. Material to further clarify the boundaries, roles and responsibilities, the type of supports that a person can expect from the ECEI partner and the

34 NDIA, *Response to question on notice SQ-000016*, received 22 February 2019.

35 NDIA, *Response to question on notice SQ-000017*, received 22 February 2019.

	interpretation of access requirements, specifically for those children with developmental delay, will be undertaken as part of the ECEI pathway review.
Status	Not progressed. There is no information on the ECEI webpage which provides clarity on what level of severity children with developmental delay must demonstrate or whether two or more areas of delay are required for access to the Scheme.
Recommendation 4	The committee recommends that the NDIA publish information on its website about how List D is determined and how new conditions are incorporated.
Government response	Agree List D are the conditions that were identified as permanent impairments following research by several disability experts in the early stages of the development of the NDIS. This list was designed to provide confidence to those families who have a child with disability which will always meet the disability definition of the Act. Work to formalise consultation on these lists will be undertaken as part of wider analysis of the sustainability of the NDIS, patterns observed on access and those found not eligible in the second half of 2018.
Status	Not progressed. There is no information on the NDIS website regarding how List D was determined, or how new conditions are incorporated.
Recommendation 5	The committee recommends that the NDIA publish information on all of its functional assessment tools currently in use.
Government response	Agree The NDIS use of Pedi-CAT as a standardised screening tool is publicly known. NDIA uses this screening tool under license. A broad range of information is publicly available on the Pedi-CAT website: www.pedicat.com . NDIA acknowledges that further clarification of the use of assessment and screening tools in ECEI is required and the ECEI national team will lead work in this area. Early Childhood Partners are encouraged to utilise information from a range of individually appropriate functional assessment or screening tools to obtain an understanding of the nature and severity of functional impairment. This may be provided by the family or another professional, such as:

	<ul style="list-style-type: none"> • Parents' Evaluation of Developmental Status • Ages and Stages Questionnaires® • Brigance Early Childhood • The Child Development Inventory <p>Additionally, available reports from allied health and educational professionals involved with the child will be utilized to support the information attained by the partner in assessing the child's support needs. The Early Childhood Partner will apply other routine based assessments such as those listed above if additional information is required.</p>
Status	<p>Completed. There is some information on the NDIS website about the various types of functional assessment tools in use. On the <i>Types of disability evidence</i> webpage, a range of functional assessments tools are listed as being acceptable evidence of disability when the results are provided from certain treating professionals. The page also lists the order of preference for these results and includes PEDI-CAT and Vineland II.³⁶</p>
Recommendation 6	<p>The committee recommends the NDIA clarify how it uses assessment tools, and specifically, how results are used to determine eligibility and level of funding of children with disability or developmental delay.</p>
Government response	<p>Agree and underway</p> <p>The NDIA has recently developed PEDI-CAT FAQs which are publically available and which explain how this is used as a standardised measure of functional impairment for all children. The NDIA draws on a range of information to understand the support needs of participants. Functional screening assessment tools serve as one information source to inform this understanding. This is not, however, the determinant of access to the NDIS, as there is no single measure or score that is used to determine access. Rather, information is gathered by the Early Childhood Partner from a range of sources, including treating specialists, the family, the PEDI-CAT and other functional (and behavioural) screening assessments, which together provides critical information to understand the impact</p>

36 NDIS, *Types of disability evidence*, <https://www.ndis.gov.au/applying-access-ndis/how-apply/information-support-your-request/types-disability-evidence> (accessed 25 March 2019).

	<p>of any impairment on daily life. Early Childhood Partners may also apply other routine based assessments, if required. The Pedi-CAT or other functional screening assessments are not the sole determinant of the child's level of function. As noted above, information gleaned from the Pedi-CAT is used in combination with a range of other sources of information, including parent report. The funding within an individual's plan is not standardised and does not directly relate to the functional assessments undertaken but rather the family/carer's goals for their child. Funding will address the reasonable and necessary needs that are identified through this assessment taking into account evidence of the value of intervention and the role of families, informal supports and the responsibilities of mainstream services. Each plan is unique and not all goals require funded supports. This is explained to families by the Partners and materials addressing feedback to be obtained from the current consultations on the ECEI pathway will be developed to explain this individualised approach further. Timetable - June 2018. Over time as data is built by the NDIS and evidence of the effectiveness of the nature of interventions for particular functional impairments is built up, further information will be able to be developed as part of reference packages for children. Timetable - June 2020</p>
Status	<p>Limited progress. There is no information on the NDIS website about the various types of functional assessment tools in use by ECEI Partners, or how results are used (or not used) to determine eligibility and level of funding of children with disability or developmental delay. On the <i>Types of disability evidence</i> webpage, a range of tools are listed as being acceptable evidence of disability when the results are provided from certain treating professionals. The page also lists the order of preference for these results and includes PEDI-CAT and Vineland II. However, there is no specific information for prospective participants on how this information is used (or not) to inform eligibility or determine level of funding.³⁷</p>
Recommendation 7	<p>The committee recommends the NDIA liaise with the sector to co-design and develop a purpose-built assessment tool for children with ASD in Australia.</p>
Government	<p>Agree</p>

37 NDIS, *Types of disability evidence*, <https://www.ndis.gov.au/applying-access-ndis/how-apply/information-support-your-request/types-disability-evidence> (accessed 25 March 2019).

response	Work is underway with the Autism Cooperative Research Centre to develop a national guideline for consistent diagnosis of ASD that focuses on the functional impairment and effective intervention for the types of impairment that may be associated with this diagnosis. Overwhelming feedback from many stakeholders has indicated that while diagnosis has a role to play in understanding the impact of the condition, what should determine access is the functional impact of the ASD. The NDIA will continue to work with experts and key stakeholders to develop a far more robust approach to the assessment of the functional impact of ASD. Timetable - September 2018 for improved tool.
Status	In progress. On 16 October 2018, it was announced that Autism CRC, through funding provided by the NDIA, will undertake a trial of the PEDI-CAT ASD. The research is expected to be completed by the end of June 2019. ³⁸
Recommendation 8	The committee recommends that the NDIA provide ongoing and targeted training to Planners creating ECEI Plans for children to ensure they are equipped with the most up to date knowledge, expertise and resources in their decision making.
Government response	Agree The NDIA will continue to commission partners with strong clinical, early childhood intervention expertise. This includes strengths in family-based approaches and engagement with community. The ECEI national team specialised practice training is currently addressing this concern. Timetable – ongoing
Status	In progress. In November 2018, the NDIA ECEI national team was rebranded the NDIA Early Childhood Services Branch and made responsible for supporting and improving the ECEI approach by analysing ECEI Partner activity, training Partners and staff in the approach, providing clinical advice and expertise, resolving systemic issues, and identifying and mitigating risks. ³⁹ According to the NDIA, ECEI Practice Officers will be placed across the country to strengthen delivery of ECEI practice through Partners and NDIA staff, and information booklets released to improve stakeholders'

38 NDIA, *Response to question on notice SQ-000018*, received 22 February 2019.

39 NDIA, *Response to question on notice SQ-000019*, received 22 February 2019.

	understanding about the roles of the Scheme, partners, and families in addressing the needs of children by March 2019. ⁴⁰
Recommendation 9	The committee recommends the NDIA clearly communicate to families, Planners and ECEI Partners that assessment reports are not needed unless requested by the NDIA.
Government response	Agree No further comment.
Status	Not progressed. Recent feedback from submitters indicated that prospective participants are still being asked to source expensive diagnostic reports to support their applications. The information provided on the NDIS website does not clearly communicate to families that assessment reports are not needed unless requested by the NDIA.
Recommendation 10	The committee recommends the NDIA ensures provision of funding for assessments in Plans is based on the Participant's needs and is not arbitrarily restricted to a yearly assessment.
Government response	Agree in principle Assessments to inform clinical recommendations for Assistive Technology and equipment are currently built into the funded supports as deemed reasonable and necessary and there is no expectation that assessments are performed only annually. Indeed, assessment to inform the direction of the intervention is funded through the capacity building hours in the plan. This can occur throughout the plan period as determined by the Early Intervention service provider.
Status	Not progressed. While the NDIA advises that assessments to inform direction of intervention is funded through a plan's capacity building hours, the committee heard repeatedly that capacity building funds in plans are insufficient.
Recommendation 11	The committee recommends the NDIA urgently address the issues of scope and level of funding in Plans for children with autism with a view to ensuring that recommended evidence-based supports and therapies are fully funded.
Government	Noted

40 NDIA, *Response to question on notice SQ-000022*, received 22 February 2019.

response	The NDIA acknowledges that this is an area in which further guidance to Partners and enhanced communication and expectation management for families is required. The work underway with the Autism Cooperative Research Centre involves developing a consistent approach to diagnosis and to better understand and define functional impairment. This will enable the development of evidence-based guidance that ensures appropriate individualised support.
Status	Not progressed. Feedback from the February 2019 roundtable indicated that plans for children with autism continue to be underfunded. ⁴¹
Recommendation 12	<p>The committee recommends the NDIA implement the Provision of Hearing Services under the National Disability Insurance Scheme recommendation 5 in relation to early intervention packages which says:</p> <p>The committee recommends NDIA ensures that the early intervention packages take a holistic approach to the needs of Participants and include:</p> <ul style="list-style-type: none"> • scaled funding, depending on need; • funding provision for additional services beyond core supports, depending on need; and • retrospective payment of the costs borne by approved service providers for the provision of necessary and reasonable supports between time of diagnosis and Plan enactment.
Government response	<p>Partly Agree</p> <p>The NDIA established an Early Intervention Hearing Expert Reference Group in response to concerns raised regarding timely access and disruption to referral pathways for early intervention and outcomes for young children with significant or profound hearing loss under the NDIS. As a result of that work, the NDIA is now implementing:</p> <ul style="list-style-type: none"> • Revised access guidance, which enables streamlined access to the NDIS for people with profound bilateral hearing impairment and for children and young Australians requiring early intervention for hearing impairment.

41 Ms Fiona Sharkie, Chief Executive Officer, Amaze, *Committee Hansard*, 26 February 2019, pp. 2425.

	<ul style="list-style-type: none"> • A trial of the developed framework for considering 'Reasonable and Necessary' Supports for hearing impairment. Hearing Impairment Planning Questionnaire. • The NDIS is responsible for providing or funding reasonable and necessary supports for participants from the date their first NDIS plan is approved. The NDIA will not consider providing or funding supports that have been purchased or funded by other parties prior to this date. <p>Retrospective payments for services prior to this date remain either the responsibility of previous Governments or programs. If exceptional circumstances in any jurisdiction warrant a response, the NDIA will explore options with the Department of Social Services.</p>
Status	<p>In progress. Feedback from the hearing sector during the February roundtable was positive, and provided early indication that the interim arrangements are helping to produce more adequate plans for children with hearing impairment.</p>
Recommendation 13	<p>The committee recommends the NDIA reviews and clarifies its Operational Guidelines on funding for assistive technology with the view of ensuring that Participants can access the most appropriate equipment to meet their needs.</p>
Government response	<p>Agree and underway</p> <p>This will be addressed in the ECEI tailored review of the pathway. Equipment and assistive technology will be considered as per the therapist's clinical evidence recommendations, the practical implications, and what is reasonable and necessary. The NDIA acknowledges the need to ensure a more streamlined arrangement for these assessments is desirable. Work is underway to ensure improved practices can be implemented when transitional arrangements with state based equipment providers are no longer required. In addition, the NDIA is scheduled to introduce changes by the end of March 2018 that will ensure those who require low value and low risk items in their plans can access them more directly.</p>
Status	<p>Limited progress. While low value and low risk items are now able to be purchased without the need for NDIA approval, tablets are still considered 'mainstream technology' and still unrecognised as valid NDIS supports. Concerns that cost/outcome ratios are failing to be considered in AT applications remain, although, further enhancements to the</p>

	ECEI pathway are expected in 2019.
Recommendation 14	The committee recommends funding be made available in Plans for interpreters, including funding an interpreter to communicate with the Participant's parents or carers.
Government response	Noted The NDIA has in place a funding arrangement that enables participants to access Translation and Interpreting Services from providers when required. This is not funded in a plan unless the support is related to a disability.
Status	Completed.
Recommendation 15	The committee recommends the NDIA consider allocating specific funding for the development and provision of tailored support programs for parents, carers and siblings of children with disability through the ILC.
Government response	Agree in principle The ECEI approach recognises the fundamental importance of ensuring the sustainability of family and other informal supports. Appropriate supports such as those that enable a family to build an understanding of the child's individual disability or developmental support needs, assistance with self-care activities to minimise the impact on family life, group based community, social and recreational activities - disability specific programs or training either separate or as part of capacity building, can be funded in a child's plan. Partners are skilled in ensuring appropriate connection to community and mainstream supports that, for example, assist siblings and parents to learn about and adjust to the child's disability and support needs. The NDIA recognises the potential for ILC funding to contribute to strengthening this across the community and is working to ensure that the implementation of ILC is effective in supporting families and siblings of those with disability to build strong, supported, inclusive lives within their community.
Status	Completed. Four jurisdictional based programs were funded in 2017–18 (in NSW and ACT) that related to support for families of people with disability. In February 2019, the NDIA advised that the Agency funded nine ILC projects with a combined

	value of \$2.64 million which focus on providing supports to families, carers and siblings. ⁴²
Recommendation 16	The committee recommends the NDIA develop a strategy to foster greater use of technology to deliver services in regional, rural and remote areas.
Government response	Agree This is a key focus of the market stewardship and market intervention work. The potential for the use of technology in rural and remote areas to improve service quality and availability, as well as potentially reducing costs of supports and encouraging innovation is well recognised. The NDIA welcomes engagement with key government and other service providers to develop a collaborative approach to build stronger and more robust access to technology in remote areas to, for example, provide training, supervision of staff and the direct provision of services. Timetable – ongoing
Status	Limited progress. The NDIA's Rural and Remote Strategy 2016–19 identified improved connectivity and use of technology as a focus area and specified that, within six months of the Scheme becoming available in each area, options for use of technology to assist in efficient delivery of supports to participants in their community had been investigated and were being trialled. ⁴³ However, the committee has not received evidence that the NDIA has developed initiatives aimed at increasing use of technology in rural and remote areas
Recommendation 17	The committee recommends that the NDIA consult and engage with key stakeholders to continually improve ECEI information on its website.
Government response	Agree and underway This is currently being addressed in the ECEI tailored review of the pathway. Engagement workshops are currently underway. The NDIA will continue to engage with a number of key stakeholders including Early Childhood Intervention Australia, Children and Young People with Disability Australia and the Early Childhood Partners to, in particular, make information on community based supports available for families more readily

42 NDIA, *Response to question on notice SQ-000020*, received 22 February 2019.

43 NDIS, *NDIS Rural and Remote Strategy 206-2019*, February 2016, p. 32.

	accessible through the NDIA and other websites.
Status	In progress. In January 2019, the NDIA website was refreshed to show simplified pathways into the Scheme and information was rewritten to improve consistency and clarity of the ECEI approach for stakeholders. ⁴⁴
Recommendation 18	The committee recommends that the NDIA allocate specific funding for information and support for vulnerable families to connect with ECEI Partners through the ILC.
Government response	Agree in principle The NDIA works closely with existing mainstream services for children in vulnerable home settings. The ECEI Partner and the NDIA staff receive and send referrals from and to these child and family services to ensure families of children with developmental delay of disability are linked to an Early Childhood Partner and/or other supports. Early Childhood Partners will ensure strong collaborative practice is established with the mainstream child and family services in their jurisdiction. The recommendation will be considered as part of the ongoing refinement of the priority areas for investment for the ILC.
Status	Not progressed. The Agency has not awarded an ILC grant specifically to assist with connecting vulnerable families to ECEI partners; however, it funded nine projects with a combined value of \$2.64 million that focus on providing supports to families, carers and siblings. ⁴⁵
Recommendation 19	The committee recommends that the NDIA collaborate with people with disability, Aboriginal and Torres Strait Islander, and CALD communities, to co-design and develop accessible information about the Scheme, the ECEI Approach, and how to use funds to access services.
Government response	Agree and underway This will be addressed in the range of tailored pathway review work that is currently underway and we will ensure there is a specific focus on the 0-6 age group within each of these pathways. ECEI consultations were held on:

44 NDIA, *Response to question on notice SQ-000022*, received 22 February 2019.

45 NDIA, *Response to question on notice SQ-000019*, received 22 February 2019.

	<ul style="list-style-type: none"> • 10/10/2017 in Penrith • 13/10/2017 in Geelong • 12/12/2017 in Melbourne • 19/01/2018 in Adelaide • 23/01/2018 in Brisbane • 16/02/2018 in Sydney. <p>Other related consultations with Aboriginal and Torres Strait Islander peoples and people who identify from a CALD background were held on:</p> <ul style="list-style-type: none"> • 18/10/2017 in Nhulunbuy • 19/10/2017 in Groote Eylandt • 25/01/2018 in Sydney (CALD) • 7/02/2018 in Melbourne (CALD) • 8/02/2018 in Melbourne • 13/02/2018 in Melbourne • 20/02/2018 in Bourke • 27/02/2018 in Sydney • 1/03/2018 in Alice Springs • 7/03/2018 in Cairns • 14/03/2018 in Kununurra • 28/03/2018 in Ceduna <p>NDIA needs to ensure effective processes for those from an Aboriginal and Torres Strait Islander or CALD background fit well with our commitments regarding the tailored pathways.</p>
Status	<p>In progress. The NDIA has advised the committee it is working to develop accessible communications following a collaborative process. The NDIA indicated it has developed targeted communications for Aboriginal and Torres Strait Islander peoples with a disability which were tested with stakeholders in October 2018. It is working with communities to tailor its communication products to local language groups. A resource known as <i>Our Way</i> is set to be trialled in Aurukun and Hope Vale. The NDIA has released Easy English and braille versions of the participant planning booklets in print and</p>

	online, and is expected translated versions to be available nationally from early 2019. ⁴⁶
Recommendation 20	The committee recommends that the NDIA develop a specific strategy to deliver culturally appropriate services for Aboriginal and Torres Strait Islander people under the ECEI Approach.
Government response	<p>Agree and underway</p> <p>This will be addressed in the ECEI tailored review of the pathway. Early Childhood Partners bring a diverse range of experiences in outreach and support for children and families from Aboriginal and Torres Strait Islander communities and the NDIA will look to develop a community of practice to share effective operational response across all Partners. The NDIA Rural and Remote Strategy 2016-2018 details the intention and goals of the NDIS working with people with a disability and their families and carers. In particular, it emphasises the importance of access to the NDIA, collaboration with local communities, creative approaches for individual communities and the complimentary use of technology in order to deliver services to people. The ECEI approach will be tailored to each area in order to provide the most relevant and effective delivery of ECEI to children and their families community by community.</p>
Status	Limited progress. The committee acknowledges the work undertaken by the NDIA to improve the ECEI pathway and its engagement with Aboriginal and Torres Strait Islander communities. However, there is no specific strategy to deliver culturally appropriate services for Aboriginal and Torres Strait Islander people under the ECEI Approach.

46 NDIA, *Response to question on notice SQ-000024*, received 22 February 2019.

Inquiry	General Issues Progress Report 2017
Recommendation 1	The committee recommends that the NDIA provide an opportunity for participants, and those who support them, to view, comment, and rectify any errors in their plan in advance of it being finalised and implemented.
Government response	<p>Agree</p> <p>In April 2017, the NDIA commenced a review of the participant pathways to improve the quality of the participant experience, including more face-to-face communication and the opportunity to review the contents of their plan prior to its approval. The NDIA is now working on new ways to enhance the planning conversation with participants, including the sharing of the plan with the participant as it is developed with them in person. This will provide the participant with an opportunity to ask questions of the planner as the plan is developed, and ensure the plan contains the details agreed to during the planning conversation.</p>
Status	Limited progress. The NDIA advised the committee that a working version of a participant's plan is discussed with participants before it is finalised. ⁴⁷
Recommendation 2	The committee recommends that the National Disability Insurance Agency publish the results of its participants and providers pathways review, specifically the areas identified for improvement, and the strategies in place to achieve improved outcomes.
Government response	<p>Agree</p> <p>On 18 October 2017, the NDIA released details of a new NDIS pathway designed to specifically improve the experience people and organisations have with the ground-breaking NDIS. The press release outlined the key areas identified for improvement and a strategy for trialling and delivering those improvements. The participant and pathway review process included a range of facilitated workshops with multiple stakeholders. Co-design sessions followed, where participants, providers and other key stakeholders actively participated to design the new pathway. A report summarising the review process and findings will be made available. The NDIA will continue working with people with disability, their families and</p>

47 NDIA, *Response to question on notice SQ19-000028*, received 22 February 2019.

	carers to resolve any issues during this unique period of transition and remains committed to getting the balance right between participant intake, plan quality, and the sustainability of the scheme.
Status	Completed. On 26 February 2018, the NDIA released its 'Improving the NDIS Participant and Provider Experience' report which outlines the results of its pathways review, areas identified for improvement, and work underway to implement improvements.
Recommendation 3	The committee recommends that the National Disability Insurance Agency include progress on issues identified in the participant and provider pathways review in future Quarterly Reports.
Government response	Agree-in-principle The review of the participant pathway is a priority in the NDIA corporate plan. Quarterly reporting will be modified in line with NDIA Board advice. Participant outcomes and satisfaction are included in the quarterly reports. Further, additional metrics on participant and provider satisfaction are being developed.
Status	Completed. Recent quarterly reports include a dedicated page with information on pathway improvements.
Recommendation 4	The committee recommends that the National Disability Insurance Agency review its quarterly reporting terminology and metrics to ensure consistency, and apply this to all future reports.
Government response	Agree The NDIA will review the 'Key Definitions' table and ensure alignment of terminology used in future quarterly reports. The metrics included in quarterly reporting have remained largely consistent over time, being predominantly based on the Integrated Performance Reporting Framework included at Schedule G in the Commonwealth and state/territory bilateral agreements.
Status	In progress. Based on a comparison of the two most recent quarterly reports, the Agency has achieved better consistency across the types of data being reported than was seen in earlier publications.
Recommendation 5	The committee recommends that the NDIA ensure that only criteria underpinned by terminology set out in the NDIS

	Act and associated Rules is used in the assessment of appropriate supports.
Government response	Agree NDIA staff are required to make decisions based on the <i>National Disability Insurance Scheme Act 2013</i> and the rules made under the Act. Operational guidelines provide practical guidance for decision makers on the interpretation of these requirements and the guidelines are available on the website for public information.
Status	Limited progress. The committee received feedback there is some confusion over the term 'ordinary life' and how it relates to reasonable and necessary supports. While it is true that NDIA staff are required to make decisions based on the <i>NDIS Act 2013</i> and the National Disability Insurance Scheme (Supports for Participants) Rules 2013, neither of these documents nor the Operational Guidelines define what an ordinary life is for the purposes of the NDIS. The NDIA should provide greater clarity on the term by publishing advice for its staff and the public on its website.

Inquiry	Provision of hearing services under the NDIS—Interim Report
Recommendation 1	The committee recommends the NDIA monitors eligibility rates for adults with hearing impairments to build a clearer picture of the number and needs of the people who have been found ineligible for NDIS services and reports on its finding in 12 months.
Government response	Partially support The NDIA actuarial monitoring collects data relating to NDIS access decisions. The NDIA collects data pertaining to primary disability type (both for access met as well as access not met participants) along with the reason for the access request decision. The NDIA notes data relating to secondary disability types is not mandatorily disclosed when access requests are made. The NDIA will conduct quarterly analysis on this data to assist to build a clearer picture of the number and needs of the people who have been found ineligible for NDIS supports. The NDIA notes that this analysis may not fully inform what supports are required for people with hearing impairment outside of the NDIS. Additionally, the NDIA is preparing to

	implement a number of initiatives to address outcomes from the NDIA's Participant Pathway review. Among these initiatives will be the development of additional information to better assist potential NDIS participants to access the NDIS.
Status	Limited progress. Insufficient information publicly available. However, the committee noted that in the December 2018 Quarterly Report, the NDIA provided some information on the eligibility rate for people with hearing impairment, advising that of the number of access decision in 2018-19 Q2, 88 percent of people with a hearing impairment met the access criteria compared to 75 percent overall. ⁴⁸
Recommendation 2	The committee recommends the NDIA reviews immediately the cases of people with hearing impairment who were previously found ineligible and tests their eligibility against the revised guidelines.
Government response	Partially support. The NDIA will identify and contact all Hearing Services Program (HSP) clients likely to meet the access criteria, including children and young Australians up to age 25 (inclusive) as part of the implementation of the transition of aspects of the HSP. The HSP and Australian Hearing will support the information sharing required to facilitate this process. An agreed process and timetable for implementation will be developed between NDIA and the HSP. People aged between 26-65 years and not currently eligible for the HSP who believe they may meet the NDIS access criteria may submit a new access request. Communication products relating to the revised access guidelines will include advice for current HSP clients and all prospective participants.
Status	Not progressed.
Recommendation 3	The committee recommends the Australian, state and territory governments clarify and make public how they will provide services for people who are deaf and hard of hearing who are not participants in the NDIS.
Government response	Support. Some Hearing Services Program clients, administered by the Department of Health, will transition to the NDIS from

48 NDIA, *COAG Disability Reform Council Quarterly Report*, 31 December 2018, p. 49.

	<p>1 July 2019. The HSP is a continuing disability support program. Anyone who remains eligible for the HSP but does not meet the access requirements for the NDIS will continue to receive services through the HSP. Further information on the HSP is available at www.health.gov.au. A very small number, less than 2.5 per cent, of existing National Auslan Interpreter Booking and Payment Service clients will be ineligible for the NDIS at full scheme. Similarly, one to two per cent of existing Better Start for Children with Disability clients are expected to be assessed as ineligible for the NDIS at full scheme. The Government is committed to providing continuity of support for these clients.</p>
Status	<p>In progress. The HSP will provide continuity of support for people eligible for the HSP but who do not meet the access requirements for the NDIS. However, there is a lack of clarity and information on the continuity of support arrangements for service clients of other Commonwealth programs transitioning to the NDIS.</p>
Recommendation 4	<p>The committee recommends Australian Hearing be formally appointed as the independent referral pathway for access to early intervention services under the NDIS and funded appropriately to take on this new role.</p>
Government response	<p>Partially support.</p> <p>Australian Hearing currently functions as the primary interface in the paediatric hearing impairment referral pathway between detection and diagnostic processes and early intervention. The NDIA acknowledges the expertise required to deliver hearing services to children (and adults with complex needs), and recognises the standing of Australian Hearing as the current sole provider of Specialist Hearing Services. During the NDIS trial and transition, Australian Hearing has remained the sole provider of Specialist Hearing Services for children aged zero to five years through an 'in kind' arrangement with the Hearing Services Program. Assessment results and expert opinion from Australian Hearing are a part of the NDIS access and planning process. As the NDIS moves towards full Scheme, the current 'in-kind' arrangements will cease by 30 June 2019. The NDIA will continue to work with Australian Hearing on the arrangements for Specialist Hearing Services, including the interface between the detection and diagnostic functions and early intervention post 30 June 2019.</p>
Status	<p>In progress. In June 2018, the former Minister for Social</p>

	<p>Services announced that Australian Hearing's in kind support to the NDIS would be extended until 30 June 2020. The new hearing stream was implemented nationally on 20 August 2018. However, the referral pathway delivered by Australian Hearing has an uncertain future as the in-kind arrangements with Australian Hearing are only secured until 30 June 2020.</p>
Recommendation 5	<p>The committee recommends NDIA ensures that the early intervention packages take a holistic approach to the needs of participants and include:</p> <ul style="list-style-type: none"> • scaled funding, depending on need; • funding provision for additional services beyond core supports, depending on need; and • retrospective payment of the costs borne by approved service providers for the provision of necessary and reasonable supports between time of diagnosis and plan enactment.
Government response	<p>Partially support.</p> <p>The revised planning guidance and baseline reference package approach will be evidence based, outcomes focused and include funding reflecting individual needs and goals. Reference packages are still in development and it is intended that they will reflect best practice. Payments for supports delivered before an individual becomes a participant are not the responsibility of the NDIS. Revised access guidance and streamlined access processes along with revised planning guidance are intended to reduce the interval between diagnosis and commencement of early intervention.</p>
Status	<p>In progress. Feedback from stakeholders during the committee's 26 February 2019 hearing indicated that the new hearing stream is resulting in faster access to services and more appropriate plans for children with less complex needs.</p>
Recommendation 6	<p>The committee recommends the NDIA urgently finalise, publish and introduce the early intervention reference packages.</p>
Government response	<p>Partially support.</p> <p>The NDIA is well advanced in producing planning guidance and baseline reference packages. The NDIA has received advice and input from key sector stakeholders on these topics. As a result, the NDIA is currently conducting further actuarial modelling to understand fully the potential impact of this advice. The NDIA continues to engage extensively with</p>

	stakeholders during this time to ensure they are aware of the status of this work. The NDIA intends to provide the Committee with further information in respect to timeframes for the finalisation of planning guidance and baseline reference packages.
Status	Not progressed. At the committee's public hearing in March 2018, Vicki Rundle advised that the role of reference packages is for the Scheme Actuary to monitor progress and performance of the scheme rather than be the determinant of a reasonable and necessary package for participants.

Provision of hearing services under the NDIS – Final Report	
Recommendation 1	The committee recommends that the NDIA contract Australian Hearing as the national ECEI Partner for early intervention hearing services for families of deaf and hard of hearing children.
Government response	Partially supported This recommendation is only partly supported. The approach taken by Government balances the alignment between the NDIS principles of participant choice and control and recognition of Australian Hearing's key role as an entry point for children with hearing impairment in Australia, and in providing consistent and specialist information to parents to help them make informed choices about their children's needs. On 21 June 2018, the Commonwealth Government announced that Australian Hearing's current in-kind support to the NDIS would continue to 30 June 2020. This announcement recognises Australian Hearing's key role as an entry point for children with hearing impairment, and in providing specialist information to parents to help them make informed choices about their children's needs. The NDIA will implement a dedicated hearing stream within the participant pathway for children 0-6 years with hearing impairment in the second half of 2018. The hearing stream will strengthen the collaboration between Australian Hearing and the NDIA, consistent with the above recommendation. The NDIA is now working closely with Australian Hearing to refine its role within the revised hearing stream for participants with hearing impairment. Australian Hearing has indicated a strong desire to work in partnership with the NDIA by providing recommendations for access and evidence of the level of severity of the child's hearing impairment. This information will be used to provide

	<p>the child with an initial hearing plan to cover their hearing support needs.</p> <p>Under the new arrangements, Australian Hearing will:</p> <ul style="list-style-type: none"> • Provide the NDIA with evidence of disability, including severity level, to enable rapid access to the Scheme and creation of an initial hearing plan • Provide parents with outcomes focused information on the choices they have for hearing supports <p>After participants receive an initial hearing plan, an ECEI partner will follow up with the family (where appropriate) to identify and engage broader support needs beyond hearing.</p> <p>The NDIA will continue to work with the hearing sector including Australian Hearing to ensure the new arrangements provide families of deaf and hard of hearing children with rapid access to early intervention services.</p> <p>Australian Hearing will continue to provide early access to hearing services such as the fitting of hearing aids as part of the new arrangements.</p>
Status	<p>Partially addressed. The establishment of the referral pathway through Australian Hearing for newly diagnosed children aged nought to six years is encouraging. However, the committee noted the concerns expressed by the sector around the limited remit of this referral pathway.</p>
Recommendation 2	<p>The committee recommends that the NDIA reintroduce transdisciplinary packages quotes from specialist service providers for children who are deaf and hard of hearing and require access to early intervention services.</p>
Government response	<p>Partially supported</p> <p>In consultation with hearing providers, the NDIA is currently considering how to set funding and pricing arrangements to support families to choose the type of hearing supports that meet their children's needs. This includes ensuring there are no barriers for families who wish to choose bundled early intervention hearing support. Bundled supports refers to funding in a child's NDIS plan that is linked to a particular goal or outcome. These supports mirror the intent of this recommendation, allowing families to have greater flexibility in the way they organize their child's early intervention supports. A family can still choose a transdisciplinary model that incorporates their reasonable and necessary funded NDIS supports, mainstream supports and/or privately funded</p>

	<p>supports. As stated previously, they can implement this model themselves or through a service provider. The NDIA has conducted detailed consultation and analysis to understand the impact of the current funding and pricing arrangements on specialist service providers offering bundled supports to children with hearing impairment. The revised hearing stream will alleviate some of the issues raised by the committee in relation to funding and pricing arrangements. This includes:</p> <ul style="list-style-type: none"> • Providing improved support and training for planners and ECEI partners, including baseline reference packages, to reduce plan variance • Increasing guidance for participants, including through Australian Hearing, to support plan implementation and reduce unintended underutilisation of funds <p>The nature of transdisciplinary support provision can mean that in some cases the cost of each component of service delivery is less transparent for participants and their families as they choose the supports that are right for them. In response to this, the NDIA is exploring pricing mechanisms which support the delivery of services in a way which does not compromise best practice outcomes but still enables clarity and transparency of the price of supports.</p>
Status	Not progressed.
Recommendation 3	The committee recommends that the Australian Government put in place an arrangement similar to 'Jordan's Principle' in Canada to ensure that a child-first approach is taken in the delivery of services for children with hearing loss.
Government response	<p>Noted</p> <p>The work underway through the NDIA and Australian Hearing establishes a clear pathway where children can get rapid access to hearing services consistent with the NDIS Act and the Principles to determine the responsibilities of the NDIS and other service systems, which sets the funding and delivery responsibilities of the NDIS and other service systems, agreed by all Governments. The NDIS through the early intervention for Hearing Loss approach has strengthened the ability of all children, adolescents and young adults who meet the access criteria, to have timely access to reasonable and necessary supports. This should ensure that the issues of jurisdictional disputes and payments for services to children with hearing loss at first request, which gave rise to Jordan's principle in</p>

	<p>Canada, do not occur in the NDIS in Australia. The Australian Government Department of Health also has a range of activities that target the disproportionate burden of ear and hearing health in first nation's children in Australia. These include funds totalling over \$136 million (2012-13 to 2021-22) which are being provided for a range of activities. This includes the May 2018 announcement of \$30 million (2018-19 to 2021-22) for a new targeted outreach program which will provide an annual hearing assessment for Aboriginal and Torres Strait Islander children prior to the commencement of school, with a focus on children in rural and remote communities. The Government also makes a significant investment in multidisciplinary clinical outreach services in regional, rural and remote areas through the Healthy Ears - Better Hearing Better Listening program providing access to surgical support and capacity building activities such as provision of training and equipment to Indigenous primary health services. The independent examination of Australian Government Indigenous ear and hearing health initiatives concluded that the Australian Government's investment is conceptually sound in its elements and has facilitated and improved access to multidisciplinary ear health care for Indigenous children and young people. Since commencement of the Healthy Ears - Better Hearing Better Listening program in 2013-14, the number of patients accessing care has increased significantly each year. In 2016-17, over 47,000 patients received services in 304 locations, with a focus on regional, rural and remote regions. Under the Australian Hearing Specialist Program for Indigenous Australians, the Australian Government provides hearing services in more than 200 Aboriginal and Torres Strait Islander communities across Australia each year to help overcome access, distance, culture and language barriers. These initiatives are evidence of the Government's existing commitments to a child-first approach to the delivery of services to children with hearing loss.</p>
<p>Status</p>	<p>Not progressed. Although the introduction of the new hearing stream on 20 August 2018 is ameliorating some of the delays and information gaps for families of children with hearing impairment.</p>

Appendix 2

Submissions and additional information

Submissions

27	Tasmanian Association of People with Disabilities and their Advocates Inc
28	Self Help
29	Name Withheld
30	Name Withheld
31	Queensland Advocacy Incorporated
32	Mr Ryan Newling
33	Mr Frank Filardo
34	Illawarra Allied Health Services
35	The Association for Children with Disability Inc
36	Name Withheld
36.1	Supplementary submission
37	Ms Pieta Shakes
38	Mr Stephen Abbott
39	Annette Herbert
40	Mr David Heckendorf
41	Name Withheld
42	Ms Laura McGee
43	Ruth Marsh
44	Carers and Parents Support Group Inc
45	Confidential
46	Confidential
47	Transport Development and Solutions Alliance

- 48 Cobaw Community Health
- 49 Emerge Australia
- 50 Queensland Advocacy Inc
- 51 Name Withheld
- 52 MS Margaret Price
- 53 Mrs Allison Reilly
- 54 Name Withheld
- 55 Exercise & Sports Science Australia
- 56 Thomas Banks
- 57 Name Withheld
- 58 Name Withheld
- 59 Mr Michael Serjeant
- 60 Tamara Martin
- 61 Leadership plus
- 62 Ability Technology
- 63 Australian Community Transport Association (ACTA)
- 64 Mr David Squirrell
- 65 Confidential
- 66 Anglicare Sydney
- 67 Australian Blindness Forum
- 68 Name Withheld
- 69 Name Withheld
- 70 Name Withheld
- 71 Jodie Bailie
- 72 Name Withheld

73	Occupational Therapy Australia
74	Assistive Technology Suppliers Australasia
74.1	Supplementary submission
75	First Voice
76	Victorian Healthcare Association
77	Australian Autism Alliance
78	The Ella Centre
79	Ms Jane Scott
80	Name Withheld
81	Mx Phoenix Fox
82	Prader-Willi Syndrome Australia
83	Vision Australia
84	Association for Children with Disability
85	Mr Robert Cervai
86	Tandem
87	Multicultural Disability Advocacy Association
88	Ms Joanne Larner
89	Name Withheld
90	MS Limited
91	Mr Max Jackson and Ms Margaret Ryan
92	MND Australia
93	Every Australian Counts
94	Western Australian Association for Mental Health
95	Mr Trev Takkenberg
96	Victoria Legal Aid

- 97 Name Withheld
- 98 Mr Michael Worthington

Additional information

- 4 AMPARO The NDIS and culturally and linguistically diverse communities: aiming high for equitable access in Queensland, additional information received 26 September 2017
- 5 Rehabilitation Councelling Association of Australiasia, joint standing committee on the NDIS, additional information received 26 September 2017
- 6 Uniting Communities, The homelink model and the NDIS, additional information received 27 September 2017
- 7 REAL, report to the Joint Standing Committee on the NDIS, additional information received 8 November 2017
- 8 People With Disabilities Inc, additional information arising from public hearing 17 April 2018, received 30 May 2018
- 9 ACT Legislative Assembly Report on the inquiry into the implementation, performance and governance of the NDIS, received 5 December 2018
- 10 Scope (Aust) Ltd, additional information received 20 February 2019
- 11 First Voice, Additional Information arising from the public hearing 26 February 2019.
- 12 Mental Health Australia, NDIS psychosocial pathway consultation project report, Additional information arising from the public hearing 26 February 2019, received 1 March 2019
- 13 Mental Health Australia, Optimising psychosocial supports project report, Additional information arising from the public hearing 26 February 2019, received 1 March 2019
- 14 Mental Health Coordinating Council, additional information arising from the public hearing on 26 February 2019
- 15 Scope Australia, additional information arising from the public hearing on 26 February 2019.
- 16 ECIA, additional information arising from the public hearing on 26 February 2019.

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- 17 Mental Health Victoria, additional information arising from the public hearing on 26 February 2019.
 - 18 Speech Pathology Australia, additional information arising from the public hearing on 26 February 2019, received 21 March 2019

Tabled documents

- 2 Mental Health Australia, tabled at the public hearing in Melbourne on 26 February 2019.
- 3 Victorian Mental Illness Awareness Council, tabled at the public hearing in Melbourne on 26 February 2019.

Answers to questions on notice

- 11 National Disability Insurance Agency, answer to question on notice SQ17-000173, arising from the public hearing in Melbourne on 28 July 2017 (received 21 August 2017)
- 12 National Disability Insurance Agency, answer to question on notice SQ17-000175, arising from the public hearing in Melbourne on 28 July 2017 (received 21 August 2017)
- 13 National Disability Insurance Agency, answer to question on notice SQ17-000176, arising from the public hearing in Melbourne on 28 July 2017 (received 21 August 2017)
- 14 National Disability Insurance Agency, answer to question on notice SQ17-000177, arising from the public hearing in Melbourne on 28 July 2017 (received 21 August 2017)
- 15 Department of Social Services, answers to questions on notice, arising from private briefing in Canberra on 20 June 2018 (received 20 August 2018)
- 16 Department of Social Services, answer to question on notice SQ19-000004 (received 20 February 2019)
- 17 National Disability Insurance Agency, answers to question on notice, (received 22 February 2019)
- 18 Victorian Mental Illness Awareness Council, answer to question on notice, (received 12 March 2019)

Appendix 3

Public hearings and witnesses

21 September 2017 - Darwin

Integrated Disability Action Inc

Robyne Burridge, Former Chair and Life Member

Aboriginal Medical Services Alliance Northern Territory

Karrina DeMasi, Public Health Policy Officer

Dr Ted Dunstan, Private Capacity

National Disability Insurance Agency

Lizzie Gilliam, Regional Manager, Darwin

Lifestyle Solutions

Andrew Hall, Acting Senior Manager

Sue Holder, Private Capacity

Olivia Jarnell, Private Capacity

Darwin Community Legal Service

Trudy Lee, Seniors and Disability Advocate

NT News

Jenny Madden

Carpentaria Disability Services

Anne Rily, Chief Executive Officer

Golden Glow Nursing

Maureen Schaffer, Managing Director

National Disability Services

Noelene Swanson

Somerville Community Services Inc

Chris Tudor, Chief Executive Officer

Christina Walker, Private Capacity

26 September 2017 – Brisbane QLD

Alzheimer's Australia

Sarah Allister, Senior Younger Onset Dementia Key Worker

Queenslanders with Disability Network

Paige Armstrong, Chief Executive Officer

Deaf Services Queensland

Mr Brett Casey, Chief Executive Officer, through Ms Amy McCusker, Professional Interpreter, Auslan Connections

YellowBridge QLD

Ms Jodie Collins, General Manager Disability Support

Deaf Services Queensland

Michelle Crozier, NDIS Project Manager

Cunnamulla Aboriginal Corporation for Health

Kerry Crumblin, Chief Executive Officer

Queensland Government

Helen Ferguson, Senior Executive Director, Policy and Legislation, Department of Communities, Child Safety and Disability Service

AMPARO Advocacy Inc

Maureen Fordyce, Manager

Melanie Hannan, Private Capacity

Enhanced Health Therapy Services

Dee Hofman- Nicholls, Director

AEIOU Foundation

Katrina Ives, NDIS Support Coordinator

Anglicare Southern Queensland

Rachel Jones

AEIOU Foundation

Diane Keating, Behaviour Analyst/Operations Project Officer

Open Minds Australia Limited

Leanne McCormack, Manager, Complex Needs

Rehabilitation Counselling Association of Australasia

Danielle McGlone, Director

MS Queensland and Neurocare Network

Karen Quaile, Director of Services

Micah Projects

Mark Reimers

Therapy Alliance Group

Rachel Tosh, General Manager

Queensland Alliance for Mental Health

Kris Trott, Chief Executive Officer

Queenslanders with Disability Network

Nigel Webb, Chairperson

27 September 2017 – North Adelaide**Me Well (Mental Health and Wellbeing Australia)**

Michael Arbon, Business Development Manager

Australian Migrant Resource Centre

Mirisia Bunjaku, Senior Manager

Brain Injury SA

Victoria Carbone, Appeals Officer

Greg Dudzinski, Appeals Officer

Uniting Communities

Andrew Drummond, Service Manager

Kateland Farrant, Homelink

Mental Health Coalition of South Australia

Geoff Harris, Executive Director

Cheryl Dawn Lennon, Private Capacity

Bedford Group

Christopher Molloy, Projects and Policy Officer

Uniting Care Australia

Alan Ross, Host Parent

JFA Purple Orange

Robbi Williams, Chief Executive Officer

Maria Vnuk, Project Officer

Jackie Hayes, Leader, Social Policies and Initiatives

Wednesday 4 October 2017 - Hobart

Self Help Workplace

Donna Bain, General Manager

Kathy Baines, Private capacity

Michelle Breen, Private capacity

Li-Ve Tasmania

Paul Byrne, Chief Executive Officer

Nicole Cumine, Operations Manager

Natalie Rose, Manager, Advocacy and Engagement

Family Based Care North West

Douglass Doherty, Chief Executive Officer

Advocacy Tasmania

Ms Arielle Duharte, Advocate

Family Based Care North West

Ms Fiona Enkellaar, Consumer Directed Care Coordinator

North West Tasmania Autism Specific Early Learning and Care Centre

Kathryn Fordyce, Manager

Blueline Laundry

Robert Fraser, General Manager

Anglicare Tasmania Inc

Marla Giacon, Business Strategy and Development Analyst

St Michaels Association Inc

Mr John Gilpin, Chief Executive Officer

Office of the Public Guardian

Liz Love, Guardian

Brian Moreton, Private capacity

Caroline Moreton, Private capacity

The Association for Children with Disability (Tas) Inc

Caroline Pegg, Chief Executive Officer

Speak Out Advocacy Service

Mr Dominique Vittori, Disability Advocate

8 November 2017 - Melbourne

Community Advocate, Refugee Council of Australia

Mr Amir Abdi, Community Advocate

Mr Asher Hirsch, Senior Policy Officer

Ms Penny Dorgan, Private Capacity

Mr Frank Filardo, Private Capacity

Victorian Legal Aid

Ms Hollie Kerwin, Senior Policy and Projects Officer, Civil Justice Program

Ms Sonia Law, Manager, Mental Health and Disability Advocacy Program

Ms Rosa Miot, Private Capacity

Ms Julie Pianto, Private Capacity

Summer Foundation

Dr George Taleporos, Policy Manager

REAL Inc

Mrs Carolyn Vimpani, Secretary

15 March 2018 - Townsville

Deaf Services Queensland

Ms Liza Clews, Manager, CommUNITY

Mr Garry Moran, Project Manager

Spinal Life Australia

Mx Jesse Cooper-Jackson, Supports Coordinator

Mr Richard Cordukes, Private capacity

North West Hospital and Health Service

Ms Lisa Davies Jones, Chief Executive

Mr Michael Dugan, Private Capacity

UnitingCare Community

Mr Ricky Esterquest, Program Manager, Better Futures

Queenslanders With Disability Network

Mr Peter Gurr, Director

Ms Michelle Moss, Projects Manager

Enhanced Health Therapy Services

Ms Dee Hofman-Nicholls, Principal Occupational Therapist

Ms Beverly Langbein, Private Capacity

Centacare North Queensland

Ms Paula Washington, Director Strategy and Partnerships

Mr Bruce Watson, Private capacity

17 April 2018 - Perth

Ms Israa Atti, Private capacity

Miss Anita Bowen, Private capacity

Ms Samantha Jayne Connor, Private capacity

WA Deaf Society

Mr David Gibson, Chief Executive Officer

Valued Lives Foundation

Mrs Bronia Holyoak, Chief Executive Officer

People with Disabilities WA Inc

Ms Samantha Jenkinson, Executive Director

WA's Individualised Services Inc

Ms Su-Hsien Lee, Co-Chief Executive Officer

Ms Marguerite Visser, Individualised Services Advisor

Ms Jenelle Macri, Private capacity – through professional interpreter Mr Eddie Szczepanik

Ms William McGhie, Private capacity

Western Australian Association for Mental Health

Chelsea McKinney, Manager Systemic Advocacy

Ethnic Communities Council of Western Australia

Mr Ramdas Sankaran, Chief Executive Officer

Mr Sinclair Sinclair, Private Capacity

Mrs Roslyn Sinclair, Private capacity

Mr Kenneth Walker, Private capacity

Senses Australia

Ms Karen Wickham, Deafblind Consultant and Senior Social Worker

Mr Ian Williams, Private capacity

26 February 2019 - Melbourne**Mental Health Australia**

Mr Frank Quinlan, Chief Executive Officer

Mental Health Coordinating Council

Ms Carmel Mary Tebbutt, Chief Executive Officer

Mind Australia

Ms Robyn Hunter, Chief Executive Officer

Dr Sarah Pollock, Executive Director Research and Advocacy

Victorian Mental Illness Awareness Council

Mr Neil Turton-Lane, Chief Executive Officer

Mental Health Victoria

Mr Angus Clelland, Chief Executive Officer

Neami

Glen Tobias, Acting Chief Executive Officer

Flourish

Mr Mark Orr AM Chief Executive Officer

Amaze

Fiona Sharkie, Chief Executive Officer

Early Childhood Intervention Australia

Yvonne Keane, Chief Executive Officer

Enis Jusufspahic, National Manager of Sector Development

Children and Young People with Disability Australia

Ms Stephanie Gotlib, Chief Executive Officer

Ms Fleur Henderson, Member

The Shepherd Centre for deaf children

Dr Jim Hungerford, Chief Executive Officer

First Voice

Dr Jim Hungerford, Deputy Chair

Royal Institute for Deaf and Blind Children

Ms Stefania Ruidiaz El-Khoury, NDIS Coordinator

Scope Australia

Dr Jennifer Fitzgerald, Chief Executive Officer

Ms Sharon Fragomeni, Customer and Service Delivery Manager, Ovens Murray
Goulburn

Noah's Ark Inc

Mr John Forster, Chief Executive Officer

Occupational Therapy

Mrs Andrea Douglas, Professional Advisor NDIS

Michael Barrett, National Manager- Government and Stakeholder Relations

National Disability Services

David Moody, Acting Chief Executive Officer

Philippa Angley, Head of Policy

Australian Federation of Disability Organisations

Mr Patrick McGee

Mr Ross Joyce

Victorian Council of Social Services

Emma King, Chief Executive Officer

Llewellyn Reynders, Policy Manager

Victorian Healthcare Association

Tom Symondson, Chief Executive Officer

Emma Liepa, Director of Policy and Strategy

Speech Pathology Australia

Ms Catherine Olsson, Senior Advisor Disability

Multiple Sclerosis Ltd

Ms Mary-Rose Bronts, Acting Business Development Manager,

Mr David Macqueen, Strategic Business Analyst

Australian Rehabilitation and Assistive Technology Association

Ms Libby Callaway, Senior Lecturer, Occupational Therapy, Monash University; and
Vice-President

NDIS Engagement Consultant, Tandem Inc.

Ms Tania Curlis, Private capacity

Association for Children with a Disability

Ms Karen Dimmock, Chief Executive Officer

Ms Helen Johnson, Parent Support Adviser

Ms Shirley Humphris, Private capacity

Prader-Willi Syndrome Association of Australia

Mr James O'Brien, President

Mr David Peters, Private capacity

Ms Sam Petersen, Private capacity

Tandem Inc.

Ms Marie Piu, Chief Executive Officer

Ms Susan Stork-Finlay, Private capacity

Ms Lin West, Private capacity