

COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

Joint Standing Committee on the National Disability Insurance Scheme

Monday, 7 March 2016

Newcastle

BY AUTHORITY OF THE SENATE

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Joint Standing Committee on the National Disability Insurance Scheme

Monday, 7 March 2016

**Members in attendance:** Senators Gallacher, Reynolds and Mr Billson, Ms Hall, Ms Macklin.

**Terms of Reference for the Inquiry:**

To inquire into and report on:

a. the implementation of the National Disability Insurance Scheme;

b. the administration and expenditure of the National Disability Insurance Scheme;

c. any matter in relation to the National Disability Insurance Scheme referred to the committee by a resolution of either House of the Parliament.

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WYBURN, Mr Mark William, Secretary and Regional Representative, Parents of Deaf Children; and Member, Aussie Deaf Kids25

**Committee met at 09:11**

CHAIR (Mr Billson): I declare open this hearing of the Joint Standing Committee on the National Disability Insurance Scheme. These are public proceedings, although the committee may determine, or agree to a request, to have evidence heard in camera. I remind all witnesses that in giving evidence to the committee they are protected by parliamentary privilege. It is unlawful for anyone to threaten or disadvantage a witness on account of evidence given to a committee, and such action may be treated by the parliament as contempt. It is also a contempt to give false and misleading evidence to the committee. If a witness objects to answering a question, the witness should state the grounds upon which the objection is taken, and the committee will determine whether it will insist on an answer having regard to the grounds claimed.

There is a whole lot of other gripping stuff I am supposed to read out, but I will not. We will pause and have a change of venue. Could you please excuse us just for a few minutes while we duck down and speak with a particular individual who is making a contribution today. We will be back with you very shortly, and I apologise for the inconvenience.

LEWIS, Ms Tanya, Coordinator of Support, Aboriginal Disability Network

[09:15]

CHAIR: Hello. You have received information on parliamentary privilege. It is unlawful for anyone to threaten or disadvantage a witness on account of the evidence that is being given and such action may be a contempt. There are a whole lot of other formalities, but, essentially, if questions are asked of you that you would rather not answer, you can indicate to us why that is the case. I remind you not to divulge confidential, personal or identifying information when you speak.

Thank you coming along. We are here to understand how progress is going with the rollout in the region. I understand you have insights both as a client and as a provider. We would appreciate if you could share with us what you have seen and what is happening in the region.

Ms Lewis: Thank you. I first found NDIS through a site called 'young people in nursing homes'. At that time, I was living in an aged-care facility. I reached out to them with one goal and that was to come home. I got in touch with them and they came straight out to see me. The first thing they did was organise a wheelchair and stuff like that—this beautiful chair—and I was then able to visit my family. I have a young daughter and a husband. I was a long way from where they lived. My daughter did not like coming into the aged-care facility because it is not a place where people of that age want to be. She did not feel comfortable.

Ms MACKLIN: How old is she?

Ms Lewis: She is 17 now. That was three or four years ago that I was in there. It was great to be able to see them and to get out. I was in a bed for the whole two years I was in there. I was just left in bed. That was the first plan: to get wheels and to get out and spend time with my family, to get out into the community more and get involved with things—to just get out and enjoy the sun and be outside.

The second plan rolled over and we worked up to my key goal, which was to go home. We had worked out everything we needed to do, all the preparations and the equipment. We tried to find suitable housing but there was none that were accessible for me at that time. My hubby looked through 39 houses, I think it was, to try to find something that I could actually get into. A lot of the problem was that as soon as you mentioned that you were in a wheelchair or disabled, they thought straightaway it was a stopper because they were fearful of damage in the house. I do not blame them for fearing that people would damage their house. On the other hand, we are not all bad people.

He found one and he told them that it was just him and our daughter. He got the house, moved in and settled down and then I ended up going home. When I went home, it was a quick move. The rent was $400 a week and it was $400 a week in the nursing home. We could not cover them both, so I had to go home quickly. I hurried up and went home, but we did not have time to get the services and prepare.

I got home and I did not have a bed. My husband put me in a single bed. He put it against the wall and packed the wheelchair and a cupboard next to me so I would not fall out, and propped me up with pillows. It was amazing but I did not care. I did not have a shower chair and I could not have a shower. I was just so grateful to be home, to be back where I wanted to be.

It took NDIS about a week. They rushed it through. The NDIS are awesome and got everything that I needed. I am so grateful.

Ms MACKLIN: Can you explain the things they did to make the house and the services ready for you so it was comfortable?

Ms Lewis: Yes. With the place we got, my bedroom is actually in the dining room. I am on a lino floor. I did not want to go in a bedroom and be locked away from the family. I refused to drive my wheelchair in that place because I did not want to damage anything. I do not get up in the chair unless hubby drives. He will drive me out, or I will go straight outside to go out like I did today. I do not want to hurt anyone by hurting the house. I drive well, but every now and then you do bump something and I did not want to do that.

They got me the bed. They got tables. It took a while to get a shower chair. I have a bad back and I tend to lean back a lot. I cannot sit straight up. We had to get an Arjo shower chair. They are really expensive. I think it cost around $11,000. We trialled a lot of cheaper ones at first and in the end they had to get the expensive one. If that is what you have to do to get to your goal, you have to try everything because something might fit before you get to the last one.

CHAIR: Were they open to your feedback about the different chairs not working for you and were they receptive to your guidance and response to the different things being trialled?

Ms Lewis: Yes, they were. I cannot fault them. They have been fantastic with everything.

Ms MACKLIN: What is the next step?

Ms Lewis: At the moment, I have done a couple of stories with the Summer Foundation.

Ms HALL: Are you going to move into the units at Belmont?

Ms Lewis: Yes.

Ms HALL: That is next month, isn't it. That will be fantastic. You will be out and about everywhere and it will be your place.

Ms Lewis: We have been offered an apartment at Belmont that is fully set up for my height. Everything has been measured to my chair height. Everything is electronic and fully set up so I can live at home, plus I have 24-hour, live-in support.

CHAIR: Who is doing that with you?

Ms HALL: The Summer Foundation.

Ms Lewis: Yes.

Ms MACKLIN: They build places for people with disability.

Ms HALL: It is a big unit development at Belmont where the Summer Foundation purchased 10 of the units and modified them for the needs of people. Tanya has had input all the way through.

Ms Lewis: I have just been blessed. It is amazing.

Ms MACKLIN: Your husband and daughter will be there.

Ms Lewis: Yes.

CHAIR: Your husband is a saint.

Ms Lewis: That is my beautiful husband, Leonard, there.

Ms HALL: Come forward and join us, Leonard.

CHAIR: With that transition period, your husband was a saint helping out and improvising in that first week. You were confident that everything was happening and you felt that was a short-term workaround?

Ms Lewis: Yes. They were up-front with me about everything. They said: 'It's not going to happen straightaway. Give us some time, at least a week. We'll do our best.' They hired equipment first—the bed—because it takes a while to actually purchase equipment. They hired everything and anything that I needed first so I was comfortable at home.

CHAIR: That is great.

Ms Lewis: Yes, it really is. I cannot thank NDIS enough. They have changed my life. They have brought me back. They have given me my family back. They have given me everything I have ever wanted. I could say this to a hundred million people. The gratitude that I have is so big. Even though I have been with them since 2013, I can ring them up now and say I am having trouble with my chair or something and they will say, 'Okay, we'll sort that out,' and in a couple of days, bang. When we first got with them, I was in the nursing home and had my first plan and was ready to move, and Leonard would say, 'Make sure you keep onto them, honey, keep onto them.' In a way, if you do not keep contact with people, they do not remember. Contact is the key.

CHAIR: Do you have the same contact person? Is there someone who knows and understands you and the services that you are looking for, or do you swap between different contact points?

Ms Lewis: I have three contacts. I have an Aboriginal contact because I am Indigenous. Through NDIS, I have Barbie Longdon and Sean Pearson, and I also have Gail Montgomery. If I cannot get one, I can get the other. There is always someone to get in touch with.

CHAIR: Your feedback is very positive and very encouraging. Was there anything you recall in your journey that you wished was different?

Ms Lewis: Travel was a problem. That is ongoing.

CHAIR: Just getting that working for you—can you explain that?

Ms Lewis: It has only been since I got a second-hand van last Christmas eve—

CHAIR: And you modified the van?

Ms Lewis: Yes.

**Mr Lewis:** It was too dear to modify myself.

Ms Lewis: The coordinator of support I have through the House with No Steps did crowdfunding for me to get the van because I was stuck in bed at home. My daughter is a premier league soccer player. She is into sport and I was unable to attend those things. I would have to organise respite for home because Len would not leave me at home at those times. I was stuck. I think you get $130-odd a fortnight transport money, but there is only one wheelchair taxi where I live.

CHAIR: You had to find some other strategy.

Ms Lewis: Once I move to Belmont, I won't have to rely so much on him and I will be able to use the wheelchair taxis. I will be able to get in the wheelchairs more. There is more to offer. Where I live at the moment at Lake Macquarie there is very little in the way of transport. It is a lost sector down there.

CHAIR: That has been great feedback, Tanya. Leonard, thank you for all you done. We have to go back to hearing. Thank you for sharing your insights and good luck. You have a sparkle in your eye, which is fantastic.

Ms Lewis: Thank you.

AIRLIE, Ms Ingrid Maria, General Manager, Hunter Brain Injury Respite Options Inc.

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STONE, Ms Katherine, Executive Manager, Policy, Education and Research, Carers NSW

[09:30]

CHAIR: Ladies and gentlemen, thank you very much for your patience and forbearance. We had a very useful contribution and evidence from our first contributor. This is pretty much your time. To be honest with you, we are keen to draw in your field evidence and insights and, through that, gain an appreciation of how the rollout is progressing, learnings that we hope we can gain that can be applied subsequently as the scheme increases in its reach and support for clients, and also some insights about how your organisations are going. That is essentially another focus for us: the preparedness of your agencies. Workforce issues are something that has been raised with us—the availability of the talent, support and expertise that is needed. Other things are interaction with the agency itself, what your sense is of awareness of the scheme amongst the community, how the eligibility process is going and, of course, what you have gained through the care planning and implementation phase.

We do not have any structured arrangements. I would be grateful if people would courageously put their hand up and offer some insights. We will try to keep the initial contributions to a few minutes so that everyone has a go and can make that contribution. We have a roving mic ready to go. As I was saying, if we could keep it nice and tight, that would be fantastic.

Ms Barnett: I am here to represent APC Prosthetics with my colleague Ian Robertson. APC Prosthetics has been a registered provider with the NDIS since the inception of the Hunter trial site and has serviced participants with amputations over the last 14 months, both here in Newcastle and in our facility in Sydney. To date, we have treated about 26 people with amputation during the Hunter trial, with a further 10 amputees currently under assessment. The age of clients ranges between five and 64 years. We have provided many positive outcomes for our NDIS participants and have helped them return to work or made their work life easier, thereby extending their working life. We have also helped our participants achieve personal goals such as returning to water sports; we have helped new fathers to carry their babies without risk of falling.

The NDIS policy of looking at the whole person is providing significantly improved outcomes, as individualised solutions are being provided. These solutions are built on the participant goals and lifestyle needs rather than the basic standardised mobility solutions that have previously been available to participants.

Just quickly, as an example of this, one of the greatest challenges to participants with amputations, especially above the knee, is the fear of falling. It is always at the back of their minds to watch every step that they take every minute of the day. This requires constant vigilance and large amounts of mental energy to be expended. Throughout the individualised tailored solutions that have been provided in the Hunter trial site, we have specifically been able to provide security and peace of mind for above-knee amputees. These include fathers. They have been provided with solutions that incorporate microprocessor knee technologies. These are not new technologies; they have been with us since the 1990s. These knee units have provided increased security through sensors that monitor the environment and allow the participants to adjust as they go, thus enabling them to reduce the concern about falling, especially as new parents. This is something that has not been possible through the publicly funded systems, which have only had the capacity to provide basic mobility needs.

The difficulties that we have faced in the trial have included problems with communication and the way in which we are able to provide limbs, due to increased approval times. The trial site here has had to seek external support from the current funding agency, which is EnableNSW. These extended waiting times have also included challenges with payment services due to this need to go outside the current agency.

One concern that has been raised around the processes that we currently have in place is their scalability. We have worked with the agency here in the Hunter specifically to continue to communicate, and this has been a positive communication process. We have tabled a document to give you a little bit more information that we believe will help provide solutions to the current concerns that we have. These solutions include the need to look at the flow and process that participants, planners and providers need to go through. We believe there needs to be more support and encouragement around the planners and participant education needs. We need to ensure that technologies as they go forward are able to be maintained as appropriate technologies and not become a capped system. We believe there should be something like an expert panel of review. We thank you for the opportunity to make this opening statement.

CHAIR: Thank you, Fiona. The expert panel would be making sure that there is best of breed technology available within the scheme? Is that essentially the purpose of that?

Ms Barnett: We believe that, under the reasonable and necessary needs, there are often areas that may be challenged, go outside that, especially when there are cost considerations, so we believe there is potentially the ability for a neutral external body to review those concerns. One of the key concerns is that, as clinical service providers, we are probably considered both the provider and the prescriber and we want to make sure that has a good balance.

Mr Belcher: I would like to talk to you guys a bit about transport, specifically a transport forum that CDAH ran last year on 4 November. I will start off by giving some quotes from participants at that forum. One person said:

Before the NDIS I was able to do everything I wanted when I wanted. I had a wonderful life accessing the community. I have been with the NDIS for two years. Now I spend 90 per cent of my time at home. I have gone backwards because of the cost of transport. It is astronomical. I cannot understand how anyone can have a life of their own with the NDIS. It is a very, very degrading lifestyle.

Another person said:

My son has Down syndrome and transport is our main problem for him. The NDIS just cannot sufficiently provide it for him. It is really stressful for my wife having to get up early to take him wherever he needs to be. They have three buses to catch; therefore, he and my wife need to be up at 5.30 am to get him dressed, have breakfast and then on the bus by seven. They tried travel training, which did not work. Coming home he always slept on the bus and cannot read the destinations on the bus. We still have not been able to organise transport for him with the NDIS. It is very disappointing on behalf of the NDIS. He used to get transport through his service provider four days a week but now he only gets support on Tuesdays for the gym. The other three days were computer skills, art and living skills. Because he has not been able to get there he has lost interest in those things. He has really lost motivation to do anything much at all. I do hope that we can now somehow resolve this. It is just so stressful.

Another person said:

I used to be able to spend my funding really flexibly to use taxis. Now I only get $75 per fortnight. I spend that just getting to the shops on a Monday and then I am out of pocket for the rest of the fortnight. I just cannot afford to go anywhere. The NDIS was supposed to cover any additional disability related expenses and we are just not seeing that happen. My service provider is now charging 78c per kilometre for me to get anywhere. I just cannot afford to do all the things I need to do. Only my mobility allowance has been replaced but what happened to the funding that ADHC used to give service providers to subsidise travel for me? We did not expect the NDIS to take this funding bucket for transport off people with disability.

The next quote comes from a man who is deaf and blind:

I have to catch the bus if I want to get anywhere. One, two, three buses drive past me without stopping to check with me if I want to get on. I cannot see them coming, so I cannot signal to them to stop for me, and I have to walk a long way to even get to the bus stop—

A witness has seen trucks and buses swerving to avoid this man as he crosses a major road to access his closest bus stop—

My daughter was bullied on the school bus. The bus driver even said she had no place on the bus and encouraged other kids to bully her to the point I had to transport her myself until she finally ended up getting assisted school transport. We need to work on these issues, otherwise our kids will continue to be separated from their peers and it costs a hell of a lot more. Finally, there is only one wheelchair taxi in my area—

Lake Macquarie—

I cannot even count the number of times that I have missed out on things because I cannot get the taxi—even to medical appointments.

We at CDAH believe the ability to move around the community underpins all aspects of life and is essential to achieving all the policy outcomes outlined in the National Disability Strategy, from learning and skills to employment and the enjoyment of rights. In order to move freely around the community, people with disability need access to private and public transport. The NDIS represents opportunities for people with disability to take their rightful place as actively contributing citizens in our community. It represents the opportunity for us to participate in, and contribute to, the social and economic life of our community. We need accessible and affordable transport to do this.

CDAH, the local user-led disability support organisation, heard of the pain that people with disability were experiencing around transport with the NDIS. We also know that transport is an issue that will make or break this scheme. We found out that there was no working party at the local level dealing with the issue. We contacted the national office, only to find out that very little work was being done to address the mainstream interface with transport. Worst of all, there are no processes for people with disability and their families to be involved in co-design around transport and the NDIS. We took the issue into our own hands. In early November 2015 we ran a forum for people with disability, their families, government and other invited guests, to shine a light on transport issues in the Hunter and to find solutions together.

CHAIR: I might have to get you to come to the action steps you think that we should be taking. Sorry about that; I am just mindful of the time. We are happy to receive your paperwork as well.

Mr Belcher: I understand. I would like to state something from David Bowen, who attended the forum. He addressed the forum and said that it was intended for plans to be used flexibly; that we can interchange our flexible supports to include transport. David also said that the intention was to give people plans that included a reasonable amount of funding for people to use as flexibly as they could:

They're in your hands. How you make decisions about how you use the funding is up to you.

These are the recommendations that we received from the forum. No. 1 was the establishment of a local working party. We know that the scheme will not work unless we work together. Let us make this happen; let us start a local working party that works towards a public, private and community transport system that is accessible for the whole of the Hunter community. No. 2 was to get rid of the levels—they are a return to the bad old days of one size fits all. Our transport requirements are as individual as we are. No. 3: make NDIS plans flexible now so that the participants can start using the NDIS budget flexibly to meet their own goals. We are the experts in our own lives, and this was always the promise of the NDIS. No. 4: planners need values-based training and leadership. There are far too many examples in the Hunter trial where the expert voices of people with disability and their families have been dismissed or ignored by their planner.

CHAIR: Are there many more recommendations?

Mr Belcher: One more. No. 5: be true and genuine to the co-design of the scheme. Please do not pay lip-service to co-design processes. Tokenism in any form whatsoever is not good for anyone. Thank you.

CHAIR: Thanks, David. That is an excellent submission. If we could receive that from you, that would be great.

Mr Belcher: We are happy to provide a report.

Ms MACKLIN: David, thanks very much for that very detailed submission, because we have heard that transport is a very serious issue. I think the recommendations that you have made are very important. Given that you have made this recommendation about a local working party and have a very clear suggestion—if I can put it gently—to enable people to use their money flexibly, I would just ask: what has been the response locally? Has there been a working party set up? Is there a code—

Mr Belcher: No, there has not been.

Ms MACKLIN: I know there are people from the agency here, and we will be talking with them later, so could we put that on the list of our discussions later? Some of you might recall that we have done a lot of this over the last two years, and the good thing has been the interaction with the agency at these meetings. If we can push this along, that would be very helpful.

CHAIR: When was the workshop?

Mr Belcher: It was 4 November.

CHAIR: It was some months ago?

Mr Belcher: Yes.

Ms HALL: I would like to ask all of you here about transport. Could raise your hand if transport has been an issue with the people whom you represent? Thank you. I thought that would be the response because, as a local member, I have been hearing just how important addressing the issue of transport is. When people come to see me, eight times out of 10 it is to do with transport. Bruce, because you are just coming into this space, I think it is important for you to get the feeling of how important an issue transport is and how it needs to be addressed. Thank you, everyone.

CHAIR: Thanks, David. It was really worthwhile.

Mrs Cuneo: I am a parent of three disabled adults, an advocate for another gentleman and the Vice-President of the Stockton Hospital Welfare Association. We all want the national disability scheme to work, but there are some flaws that I feel need to be corrected before the full rollout. My son has benefited from his plan, and it has definitely improved his quality of life. However, there are modifications that need to be addressed. While the plans of our people at Hunter Residences have been positive in some cases and negative in others, unfortunately we have not had the two reviews that should have been done after the original plan. I suspect that is due to the number of people in the residences. We have been told that no review will be done until June, and this has created quite a few problems.

After a very rocky start, I also had some positive results for the gentleman whose advocate I am. Unfortunately, when a plan is developed, you then have to choose a service provider to meet the requirements of the plan. There can be many hold-ups in this process. For example, the service provider could either move too slowly or change workers frequently so that, for some considerable time, nothing is actually achieved. Part of this problem is caused by carers only being given a three-month contract and often only getting 25 hours' work a week. This is not enough money to live on. This scenario was responsible for the waste of practically the whole of the first year of my gentleman's plan. I simply could not get them moving, and they were promising him things that were not part of the plan. Obviously, we made a different choice for the second year, and things have worked very well for him since then. However, the constant changeover of staff and the time taken to implement services are problems that I and others have experienced. I do not know what the answer is; however, the problem needs to be addressed. Many families find the whole process very stressful.

There are many hurdles in creating a plan that covers all aspects of a person's life. It often depends on how good a planner is in helping the families and the person with the disability to negotiate and insert all the things they require. People complain that, when things have been omitted or miscalculated, it is not easy to get this reviewed before the next scheduled review. An example of this is estimating continence aids.

Many people have run through their allowance, as it is almost impossible to estimate the normal requirements, let alone estimating things like gastric attacks or urinary tract infections, which is a common problem. One woman was told that she should have thought it out more carefully.

The other thing is that some providers only apparently deal with certain firms, and this can also cause unacceptable waiting times for devices and aids. Where before a person required a caseworker, now they are called service support coordinators. Even the language you use makes it difficult to include everything that a person with a disability requires. Another problem that people have asked me to mention is the fact that the residents in their son or daughter's house who have families to advocate for them get more in their plan than those without families. There is little we can do to correct this situation, because—due to the privacy regulations and the fact that we are not the person responsible for these other residents—we have no say in correcting situation. It creates a type of class system within the house, which is unfair and needs to be addressed.

Another problem is that people with disabilities do not have tenancy rights, and service providers can and do remove a person they consider difficult from one residence to another without risk assessments or compatibility assessments being done, causing upheaval in the houses concerned and both emotional and mental damage to the life of the person with a disability. I speak with experience about this as my daughter has been a victim of just such a situation, where she has been moved three times in three months. Her behaviour management plan was ignored, and she has only had those belongings that are essential with her. The damage this has caused is extensive.

The shortage of beds should not be an excuse to avoid doing proper assessments before making decisions about where the person with a disability should live or who with. We need to come up with a much better system that protects the person being rehoused and assesses the impact it will have on other residents in the house. Previously, these assessments were done by trained workers from the Department of Ageing, Disability and Home Care. If you intend to disband the department, then some arrangement should be made for someone other than the service provider involved to choose the services who will fulfil this role. Otherwise, there is a conflict of interest.

My next point relates to the fact that all of the money that is going into the NDIS provides for services and carer hours, however the very limited funds that people with disabilities have access to after they pay 75 per cent of their pension in board and accommodation leaves them with little funds to actually make all these lifestyle choices that are supposedly open to them. The cost of doctors, psychologists, psychiatrists and other therapists is prohibitive, and even with the with the one care plan a person is allowed per year—over and above their plan, that is—there is not enough money to go around. My daughter's last appointment with a psychiatrist was $426 due to the urgent state of her emotional distress. The waiting time to see him in the public system was five months, and she could not wait that long.

A planner told a person with a disability that, 'If you are physically capable of getting on a bus or a train, then you do not get transport costs. Your carer can catch the bus or train with you to keep the appointment with the doctor or other therapist.' This can add at least one or two hours of carer time. That would appear to me to be much more expensive and time consuming than to be transported by car. There are many reasons other than physical that necessitate transport by service providers. Transport has been greatly depleted since introduction of the NDIS; where public transport is not easily accessed, it is very difficult and a continuing problem.

A planner also told another person, who had been placed in a group home that was quite a distance from her specialist, that it was up to her whether she spent her transport allowance going to the specialist of her choice or she changed to another specialist closer to her accommodation. To me, this is unreasonable as specialists who understand disabilities and relate well to that person are difficult to find. These are just a few of the problems facing families and people with a disability, and we appreciate the opportunity to bring them to your notice. I have tabled that. Thank you.

Ms MACKLIN: Thanks very much, Wendy. There are so many different issues that you highlight. Once again, I just want to make sure that we follow these up with the NDIA later in the day. This question about people getting their reviews done promptly, I think, is a very important one. Obviously transport is important, as David emphasised as well. There is also this issue about people getting their proper assessments done before they move into a new home. They are just some of the issues that I think would be very helpful for us to pick up later in the day. I think they are all points that are very well made. Thank you very much.

Mrs Cuneo: Some people have also pointed out that planners are now asking for reviews to be done over the phone, and a lot of people find that very difficult and confronting.

Ms MACKLIN: A fair point.

CHAIR: How about the gentleman in the—I think it looks like lilac. I just cannot quite see from here with the glare of the lights. Hello, sir. What colour is your shirt, just for the record.

Mr Richardson: It is multicoloured.

CHAIR: Thank you. I am off the hook!

Mr Richardson: I am the managing director of House with No Steps. We are a major provider of support to people with disability across New South Wales, the ACT and Queensland. I am also the parent of a person with a disability who will be transitioning into the NDIS from state funding next year, not this year.

I will keep my comments fairly general but would be happy to dive in and answer questions. Firstly, I would like to say that we are strong and passionate supporters of the NDIS. There are all types of teething troubles and issues, but it is a fantastic social reform, and our on-the-ground experience with over 500 NDIS participants currently is that people are overwhelmingly achieving better life outcomes. So we continue to be very strong and passionate supporters of the NDIS, and we would congratulate all sides of politics on the bipartisan approach that has been demonstrated to date. As we go through the ramp-up period, we are going to hit some rocks and bumps. We would really urge continued tripartisanship around the NDIS. It is just too big and too important a social reform. We love the fact that it is giving far more power to consumers rather than being at the bottom of the food chain in a broken delivery system.

Our major concern would be that the NDIS is not yet set up to scale up effectively, and that is despite some really good and capable people in the NDIA and other places working really hard. It is a huge project. I would highlight, probably, three areas. The first is that the systems and technical architecture from a service provider perspective, and also from a participant perspective, just is not there, so doing business with the NDIA is very expensive and very manual, with lots of rework. There is just a lack of systems architecture and an apparent lack of focus on defining an architecture so people can go off developing systems.

CHAIR: Have Fiona's points over here resonated with you?

Mr Richardson: Yes. We are not so much in the aids and equipment space.

CHAIR: Yes. I just thought the experience with payment, cash flow, and the machinery of doing it—

Ms HALL: It might be useful if you highlighted the issues.

Mr Richardson: Yes. We have the whole systems and technical architecture. We have the market design, and that is around the planning process. We have a combination of low fixed prices and no flexibility to move price. David Bowen and Bruce Bonyhady recently have been on the record saying that price will not be deregulated for between five and 10 years. That is not a market. That takes choice and control away from people with disability. It is like saying, 'You can have a Big Mac for dinner—nothing more. If it costs more than a Big Mac, you can't have it.' It stifles innovation. It stifles choice.

There are some ideological barriers that concern us. I think the latest one would be discussion of whether service providers are allowed to do support coordination or whether that should be independent. If you keep fragmenting a market and adding complexity and cost, and saying to participants, 'You can't choose; we will choose for you,' that is not good or effective market design.

There are large elements of uncertainty, still, around what is happening with the planning process, how it is going to be changed, and the systems issues I mentioned before. When you are a not-for-profit with limited access to capital, then a high level of market uncertainty—if you want to call it that—coupled with limited capital really constrains the ability to invest in systems renewal and in service delivery excellence and innovation.

My fear is that, as we need to add about 100,000 workers to the sector across Australia as the NDIS ramps up, if we have a market design and a price point that drives casualisation of the labour force, and subcontracted-labour models as the only viable business models, that is going to really limit the effectiveness and impact of the scheme. There are some fantastic new business models, internet-enabled business models, that are lower cost, but if they are the only game in town, supported by casualised and subcontracted labour, then that will be a very sad day for people with disability.

The third point I would make is just around sector readiness. Given the change in funding model—the shortage of working capital that many organisations experience on going from payment in advance to payment in arrears—the uncertain market is creating really strong disincentives to investment.

There is a range of other issues I will not touch on, other than to mention them. Transport has been well covered. Housing is the elephant in the room, but I think that is a well-understood issue; it is just a very complex issue to resolve. I would also say that the understanding of the NDIA planners of employment, the type of employment options that should be available and the flexible employment options is very low. I think only about 20 per cent of plans have an employment component, which I think is really sad.

I am happy to answer questions, but they would be the main concerns. But let me just reiterate: it is a great social reform; we are seeing good outcomes; we have all got to pull together to sort out a lot of these design and administrative issues as quickly as we can.

CHAIR: Thanks, Andrew. Your organisation made the transition—I suppose you did the re-imagining of how you do business—from a 'block grant upfront, positive cash flow, do virtuous things with it,' to a 'find clients, provide the services, we'll pay you afterwards,' type of change. How did you navigate that and what are you seeing in terms of learnings about you reshaping your organisation and whether that is also appearing in other organisations in the sector?

Mr Richardson: We are still learning; we are not there. I think what we are seeing is a really healthy, much greater focus at the frontline on: 'What are the needs and wants and aspirations of the people we are here to support?' and then driving everything back from that. We are fortunate in that, whilst we have 530, I think, current people with NDIS plans, it is only a relatively small per cent of our business, so we have had the luxury of learning in the Hunter and the ACT over the past few years and now up in Townsville. We need to keep evolving our business model. We see key drivers of that as much smarter and more intelligent systems.

Our big question, though, is on our labour force; we want to have permanent workers with careers who we can invest in. We can invest in training, we can invest in quality and in safeguards. At the moment we are making a huge bet as an organisation by seeking to increase our permanent staffing, rather than pursuing subcontract and heavily casualised labour models. For us, that is the biggest single risk I see—that is, if you only are allowed to charge the subcontract labour price, then how do you invest in quality? How do you invest in innovation? How do you attract 100,000 new employees to the sector if we are destroying career paths and job security of the workers we so desperately need?

Ms MACKLIN: Thanks for raising the employment issue. Many of the other issues have been raised many times. Some of the system and market design price issues—obviously there is a lot of discussion and debate going on about those, which, as you have highlighted, is absolutely necessary. I would be really interested to hear your views on what would be helpful to improve the employment options for people in this area alone?

Mr Richardson: Sure, and if I could just say on price: while there has been a lot of discussion and focus, for two years we have had a reasonable cost model and the data has still not been collected to inform it. We need more than talk; we need commitment from the agency.

Ms MACKLIN: So they are not even collecting the data?

Mr Richardson: No, it has been going backwards and forwards, playing finger pointing. It is ridiculous.

On the employment issue, a glaring thing is that for years we have had a highly polarised employment support system where you either get no support—which is fine; most of us do not require a particular level of support—or if you have a disability you typically have got streamed into either the disability employment service, like DES, or into an Australian disability enterprise. There has been relatively little variability between those two poles. There have been some good social enterprises, but it is a tiny percentage and it is very hard to run viable businesses without some funding support if you are employing people with very significant support needs.

It was a good move, following the last federal election, that responsibility for the disability employment services moved back to the Department of Social Services, next to the ADEs, but we have not really seen a whole lot of traction on problem-solving employment as a continuum rather than as disparate service streams. Until we do that, we are not going to get that richness of employment options across the spectrum. I would urge government to prioritise the work that was started, but which I believe has stalled, around taking the DES program—or at least that ESS component of it, which is the ongoing support part—and the ADE funding and bringing them together under the NDIS and giving participants far more flexibility to choose how to apply their funding, not just as an ADE, not just with a DES, but however they wish to apply it to get and keep a job that works for them.

Ms Murray: I am a provider with the NDIS; however, I run an assisted boarding house. To my knowledge I am the only provider in the assisted boarding house sector. I want to clarify 'assisted boarding house' as opposed to 'general boarding house'. A lot of people do not know the difference. A general boarding house is where you just rent a room, pay your money for the week and that is it. Assisted boarding houses are licensed under ADHC; everything is constantly under scrutiny—you have community visitors, ADHC comes around, and licensing scrutinises us every six weeks. We are not a general boarding house. I guess they are run fairly similarly to group homes, where people live jointly; however, there is discrepancy there.

I became a provider halfway through the first year of the NDIS; I transitioned 17 of our clients. They live with mental health issues so that is different to disability. They are 'low needs'. It was quite complex for all of us to get our heads around. They do not have family, so it was left to me to somehow get them through this system at the trial beginning site, and I know the NDIS staff were just as new as I was going through it. We have got through that; we are going okay. Not everybody in my boarding house took up the NDIS, although they were entitled to. Because we had ADHC funding in the assisted boarding house for the clients, then under the auspice of the NDIA they could just transfer over and start getting services. Not everybody needed services or wanted them, but for the people who took it up it is definitely the best thing that has ever happened to them. They were a neglected group, completely neglected in society. They had no access to funding before. I think there are a lot of general boarding houses out there with people with significant mental illnesses who could access the NDIS, but it is very hard to find those people and acknowledge and teach them.

My days are just filled with NDIS now. I do not have a great deal of staff that I can teach and rely on because the functions of the business need them on the floor working directly with our clientele, so it is left up to me. I am a low-level provider, just under the experience part, so we do not get a lot of funding. It is just minimal, so not enough to get another staff person on board where I could utilise those people.

Coming to what I want to say: the business structure of the NDIS is very cumbersome; it is onerous on the person or the provider. We now do everything; all of the decisions get made by us. We have to do all of the measuring of—for instance, we have just had an incident where a client had an organisation that was drawing down on his plan but not delivering the service, which I luckily picked up. There were a lot of hours that they drew down on without delivering the service. These checks need to be in place, and I was able to do that only by using our visitors book to match the hours they came in and then getting onto his portal. It was glaringly obvious they were not coming. This is going back probably about five months. So then I needed to have a look at everybody's plan to make sure they were getting their services and how do you, as one person, monitor and look at those sorts of things? The business side of it is very onerous on the people.

I do not believe the organisations, the NGOs, have stepped up to the mark at this point. As I said, we are onto our fourth plan, planning stages. I have seen no innovation. They are still driving the clients around the beach and back again. There is nothing interesting about it. I thought that there would be a lot more competition, but there seems to be a lot of apathy there; it is just the same old same old. I see the disability services, which our clients do not quite match up to because they live with mental health issues—I just see a real disparity there for clients.

CHAIR: Thank you, Jennifer; that is a useful journey that you have been on. You have some good insights.

Senator GALLACHER: You mentioned that these people have no families. Do you formally become their advocate or agent? Is there a process there that you can adopt and that does work?

Ms Murray: Initially I was. It was sold to us that we just had to sign these papers and everything would magically appear. But, as it became apparent, I could not do that workload; nor did I want to. So yes, we have advocacy and we still have a residual funding body, which is NIMH, and we were able to engage with them. They worked very closely with our clients, so they made a special position for one of their workers to pick that role up. They more or less got coordination of supports—

Senator GALLACHER: Sorry—one on technical point: so someone who has no family with a mental health issue, how do they appoint or find an advocate or an agent, or does the NDIA take over? How does it work?

Ms Murray: No, no. For whoever lives in our place it is a combination of myself and NIMH that do that. As I said, in general boarding houses they are just missing the mark. They will fall through the cracks.

CHAIR: Jennifer, are you seeing the same thing that Wendy touched on about a differential outcome for individuals who, from your experience with them, you would anticipate some similarities in their plans?

Ms Murray: With their plans, they all get the same thing. There are just varying degrees on the hours; what the planner deems.

Ms MACKLIN: Thank very much, Jennifer. This issue that you raise—about how we make sure about people who really have not got family—has been put to us before. Alex was making the point about people who might have been in trouble with the law or have been in and out of prison and who really do not have, for understandable reasons, a lot of trust with public service agencies, if I can put it that way. I would be really interested in your view. Do you think it would be a good idea if we specifically had funding for advocates to go out and do much more outreach to make sure that people in these circumstances know about what they are entitled to; to get some specific support that is aimed at people who really are in those difficult situations?

Ms Murray: In an ideal world, yes, but it would be very hard to win—well, not win the trust—

Ms MACKLIN: But wouldn't it be better to use the organisations that are good at it, who already have their trust—not a new organisation?

Ms Murray: We have had some terrible experiences with advocacy services. With the clients there at our place we have had both: we have had great experiences with people who do work closely with people who live with mental illness, definitely, but also with advocacy services that just march in and go, 'I'm here to … '. You would really have to tread lightly there and absolutely get the right people. Sometimes with the NDIS, even though that particular client had a plan or a couple of them, it has taken probably three-and-a-half years now for them to really even speak to a provider; their distrust of people coming in and out not knowing who they are can make those sorts of things quite scary. It takes time. So if you have the funding and everything and time to do it—yes.

Ms MACKLIN: But part of it is just accepting that that is the time that it takes, isn't it, as well?

Ms Murray: Yes, that is right.

Ms HALL: Do you have formal contact, a formal relationship with the NDIA? Do you talk to them regularly? Have you got a communication stream?

Ms Murray: Not openly. No, not really. I am a provider and I just keep up-to-date on the website. Really, I go to any forum that is going on, yes.

Ms HALL: Have you provided feedback to the NDIA about the issues that you have raised today?

Ms Murray: Have I? Not that issue—no. I have just been contacting the organisations and saying, 'Hey, there's a discrepancy here. Can you refund that amount of hours?' So, no, I have not actually been to them. I have not had a great deal of success when I do.

Ms HALL: Do you think there is a need for a group that sits down and for NDIA management to be present, where you can give that feedback?

Ms Murray: Yes, I am sure that would be good.

CHAIR: Jennifer, you mentioned your history as an assisted boarding provider. Your own experience and insights have been, from my take, quite crucial in getting some help with your clients. There are many other boarding houses that do not have that experience. What would you suggest is a potentially effective way of engaging those accommodation providers without the experience to try to identify their residents that would benefit? I am trying to imagine what that would look like in your mind, given the trust issue and all of that.

Our licensing section is going into general boarding houses and identifying vulnerable people, but that is a whole other process. Firstly, they have to be moved to assisted accommodation or another type of accommodation.

Ms MACKLIN: The state licensing body is doing that?

Ms Murray: That is correct.

Ms MACKLIN: That is interesting.

CHAIR: It is a point of continuous involvement that might be a channel through which people could be identified?

Ms Murray: Yes. It is a tough area to access because there are hundreds not identified.

CHAIR: Thank you for your contribution.

Mrs Spiers: AGOSCI is a group that represents people with complex communication needs as well as those who live with, work with and know people with communication needs. Our aim is to lobby for the rights of people with complex communication needs, increase public awareness and provide relevant education and professional development events across Australia. We are an Australian organisation. Obviously, with the NDIA, we have people in New South Wales. I am from the Hunter. We also promote effective use of AAC. AAC is augmentative and alternative communication. There are devices that will do your speaking for you or alternative approaches to communication like to communication displays, and spelling and picture communication books. Our members are people with complex communication needs. We have family and community members, teachers, speech pathologists, occupational therapists and other professionals who have to deal with these people.

I have highlighted a few of the issues that our members and people with communication needs have come up with in relation to the NDIA. Personally, I am a mother of a child who has complex communication needs, so I am also living with this and have gone through the Hunter trial. Other issues that we deal with include not just communication. A lot of these people obviously have other disabilities on top of communication, which is why we have OTs and other therapists. It might have to do with saliva control, research, people using key words and signing, actual devices and meal time assistance.

I will summarise some of the issues I have been told about, and some have happened to me. The No. 1 thing is consistency of planners. Everyone seems to be getting different deals, depending on the planner they have. I was one of the lucky ones. My daughter was given her device to the value of $8,000 and was given training. However, there have been other cases where they have not been given their devices or they have been told that there is now a limit of $7,000, or that they would be allowed to have a base model, not what was actually recommended. However, there have been other cases where they have not been given their devices or they have been told there is now a limit of $7,000 and that they would allow them to have the base model, not what was actually recommended. One of the examples asked for a solid case on it because it was for a child. They were told that maybe that was not the right choice for them. So you know: to go into this, there are a lot of assessments that get done by speech therapists and by families, and a lot of times there are actually trials done at home with each of the different devices to work out what to use.

My concern goes with the other bit of technology. I would like to know where they are getting these prices from, because my daughter's device when she was in year 1 was $7,000. She is now in year 8. I do not know where they are getting these things. As technology increases, I think someone needs to be aware of prices as well, because this is these people's voice. This is giving them independence and being able to go out and be included.

A lot of the times, because of these not being knocked back, there are a lot of reviews that have to be done, which to me is wasting resources and wasting not only participants' time but also the NDIA's time having to go backwards and forwards with the constant discussions, arguing and bartering over why it is a necessary piece of equipment for that person. We believe that case managers are not quite trained enough in communication needs and are questioning the assessments and recommendations that speech therapists and other therapists are actually doing. One of the things we would like to see is planners having more of a portfolio where they are trained in a number of different areas. I know that, in our plan, we went in there and the planner did not even talk to my daughter, who was 14. They did not ask her a question and basically just looked at us the whole time through our meeting. They had no idea about her device. They just said, 'What's that?' and obviously did not read beforehand that she uses keyword sign, some language and a device to communicate.

Another thing is the quantity of hours that are given. A normal person has up to 18 months for modelling of how to speak, and so that is how they learn. A lot of our participants are getting their devices given to them and then are just expected to be able to use it. Some of these people have not had any communication devices or technology before this. It takes many years to learn how to use language, let alone to use a device, and there are other issues like fine motor and motor planning for using these devices. My daughter and a lot of the people are given 10 hours of speech a year, which obviously is not even a fortnight. I personally think it needs to be at least once a fortnight. They need to see modelling to be able to use it, and that is not happening. To me, the base amount is not quite right.

They need to learn structures of language. From our point of view, that is how to make a request. At the moment, a lot of these people only know how to demand what they need. My daughter might open up the fridge and bang a drink down, but they need to able to ask for help. They need to be able to socialise and learn social communication which we just take for granted. We have concerns about our older participants who may not have advocates or family members to attend these meetings. One of the concerns we have is actually at the face-to-face meeting, but, if we are now doing reviews over the phone, obviously that is not going to work. I would like to think that that is just not even an option for any of our participants. A lot of our participants, even if they do have family, have quite elderly family. I would like to think that those phone reviews are not an option for them at that time either and that they should always have face-to-face meetings.

We would like to see our NDIA planners with a bit more training in disabilities in general as well, as I said with the portfolios. There are people out there who could train them in what they need to do. We are about to start doing webinars and things like that to start, we hope, helping providers as well as the community. A lot of our community is not communication-accessible; basically, they cannot go to a canteen with plain-English documents and be able to talk with their devices. I have to say it is quite sad. They are not always willing to take the time to have that conversation with them. There should be societal education about getting these people included in society. It is fine for us to turn around and say, 'Yep, we're just going to throw them into the community;' the community also has to be willing to accept these people. I think those are my main points.

CHAIR: Thank you very much. There are some good points there.

Ms MACKLIN: Once again, I think there are specific things that would be helpful for us to work through with the agency. The suggestion you made about planners being more expert in particular areas I think would be well worth us pursuing and discussing. A number of people have raised the point you emphasised about reviews over the phone—particularly pertinent in your case. I have picked up a few of those points to follow up this afternoon.

Ms Murray: Thank you so much.

Senator GALLACHER: I am interested in knowing if there is anything that was a problem pre-NDIS that has been carried forward into the new structure. I accept that there is a lot of work to do and there are things in progress, but is there anything that we were not doing particularly well before that we have carried into the new system?

Ms Murray: From my point of view, our devices were actually received a lot quicker. Ours was a matter where we got our device before we actually knew our plan was approved—which is an issue for later on. I think what has improved is sometimes the efficiency of getting them. There were issues before with waiting lines. That was one of the main issues before NDIS. You could be waiting a year or more to get a device. I think that some people are still slower but I would like to think that that has increased. Having that access community is a lot better. I think you can get help with getting community organisations ready for accessibility, but it is getting that knowledge out there.

CHAIR: With the experience that you have had with the devices and competency development of the devices, is there a mechanism for you or somebody to communicate that back to the agency? You were making the point that the amount of support is not adequate. I cannot help but feel that somewhere there is work going on that says that, for this kind of device with this kind of person, it will take this approach to fully optimise its usefulness. Is that part of what you do? Can that feed back into the agency?

Ms Murray: That is what we want to start. It is also your signing and other ways. I think Speech Pathology Australia may be doing a little bit of work with the NDIS as well. One thing that we would like to start doing is making the NDIA a lot more aware of what it actually takes. You get the device. Most devices come from America, so a lot of times they have to be reformatted before you get them. That is done by either the speechie or the parents. Then you have the ongoing training. I do not know how much of that information is getting back to the planner at the moment. I think it depends on each plan and how many hours they feel your child is going to need.

CHAIR: Thank you very much.

Mr Rousham: I am with GTK Rehab. We are a mobility-assistive technology equipment supplier. Wheelchairs are our primary funding. We have been in New South Wales for 25 years. We have got three locations. Our head office is down in Sydney, I run an office here in Newcastle and we also have an office up in northern New South Wales in Ballina. We have been dealing with PADP in New South Wales and currently Enable, and we have now moved onto NDIS specifically here in Newcastle. I would like to say that basically I think it is a positive change. From our perspective, Enable was not a perfect system and this is an effort to try and make something better. We all have our criticisms to make, but overall we are trying to make it better. We have gone from waiting times of roughly 12 months for equipment to now having clients who are getting equipment in three to four months. There is also an expanded array of equipment—people are getting equipment that is not purely just for functionality. They have stuff that will do lifestyle and recreational things. They are funding things like beach wheelchairs which, in a number of cases, are affecting the whole family, not just the person with the disability. They are able to do activities that they were never able to do before. There are handcycles and things like that, which are really important to what we are offering to our people.

I think there are a lot of positives to be said about NDIS and what it is offering to people, but—and there is a but—for us, as a supplier, one of our issues has been accessing through the portal. Whenever we go in there we find it somewhat awkward accessing it. I will not go into all of our points, I will probably just give you a submission on them, but some people have over 300 approved clusters on their portal. We are only accessing one. We have to go through each point to try and find out which is the specific one that has the funds allocated for us, and there is not always the support item reference number there to make it evident as to which one is being supported. So we do have a bit of difficulty with getting into the portal. Sometimes we are told that we can access the funds directly through the portal with the client's date of birth or their NDIS number; other times we are told, no, we have to wait until we get the funding approval through Enable. Enable is doing the administration of the NDIS here in New South Wales. There seems to be a little inconsistency with the way it works.

Ms HALL: What do you think needs to happen?

Mr Rousham: From our perspective, we do not mind either way. We just want it to be consistent, so that it is always: 'This is how it works,' 'Okay, that's fine.' We are very open to whatever makes it work. The other issue is that we do not find that we have a point of contact. It is sort of like we are not really meant to call the planners. That is kept away from us. If we have an issue, there is a helpline we have called, and, again, we have had some inconsistent responses there. As you can imagine, especially with power wheelchairs, service is something that is going to be omnipresent. It does not matter if it is the best one in the world; it still will need some servicing at times. Sometimes we have gone to do a service—in an emergency situation—and we have been told the funds have been allocated. By the time we actually do the work and get the invoice, then we are told the funds are no longer available. It always ends up getting sorted out, so we have not been left shorthanded, but there is obviously something in the system that is not allocated correctly for the service element that people need. That is something that we find is very important, because, as I say, when someone's wheelchair goes down that is a pretty important thing for them, and it tends to be the power wheelchairs.

Another thing has been the time frame for claiming approvals. Without being too specific, in November we had an approval for a power wheelchair. Based upon receiving that approval we ordered the equipment. As with the communication devices, a lot of this stuff is coming from overseas, so we ordered the equipment in November when we got the approval. By the time equipment came in and was dispensed it was January. We were told that because we had gone over the calendar year from 2015 into 2016 the funds were not there anymore. So we were saying, 'Are we meant to invoice before we deliver the equipment?' Again, they have sorted it out for us, but it shows a glitch that exists in the system.

The other thing that I would like to bring forth is that sometimes it seems we are viewed almost as the bad guys. We have had it a couple of times with planners within the NDIS not being fully aware of what all the options are in wheelchairs. I understand that. We have made offers. I have personally made offers of 'I will go in and provide some training and I am not going to try to sell you anything.' I understand it is paramount that these planners are objective and they are not swayed to say, 'I'm going to buy it through GTK.' I understand that. But it is also very important if they are making decisions that they understand the clinical reasons why an individual might want or need something. It is not just a case of, 'I'd like to have this because it looks nice.' If they are making decisions upon things which they are ignorant about they are not in a good position to make an informed decision themselves. So we have offered to go in there and provide general education training on the equipment we provide. I have actually even spoken with some occupational therapists who have made a similar offer. Obviously, an occupational therapist employed by New South Wales Health is not going in there with an agenda to push them one way. They have not been very receptive to that either.

CHAIR: So the point that Dana was making about some portfolio expertise would resonate.

Mr Rousham: Correct. Very much so. I find it a bit disappointing. I understand they do not want us going there as salesmen pushing forth our agenda. There are some that would do it, but most people in our industry are not of that ilk. Most people are trying to do it for the right reasons.

Ms MACKLIN: I was going to make the same point. To emphasise Dana's point and your point: make sure that people know the value of different types of equipment, and do it in a commercially unbiased way.

Mr Rousham: Absolutely. I understand that is important to do. You do not want someone being given a sales job; you want them to make objective decisions.

CHAIR: It is about functionality and potential use of the kit.

Mr Rousham: We have had questions as simple as, 'Why do we want these hand rims? What's a hand rim?' In the wheelchair world that is a pretty basic thing, but the person has no clue of what it is. That is fair enough, but they do not seem to want us to go in and train them on that.

CHAIR: Finding some way of building that knowledge without having it look like a marketing push is the proposition you are putting to us.

Mr Rousham: Correct.

Senator GALLACHER: Could I just ask one question? I take it you have raised all of these issues with the NDIA. How would you characterise their response?

Mr Rousham: We have actually found it very hard for us to access NDIA to give them feedback. That is one of our points. We feel that we do not have an open contact and that they really want to hear from us. That has been a bit of an issue.

CHAIR: So there needs to be some mechanism to keep the agency alert to and informed about what is happening.

Mr Rousham: Yes. From our perspective, whenever equipment is being prescribed there is a whole bunch of people being involved in the process. We cannot be seen as adversarial; we are all part of it. At the end of the day we are trying to get the best outcome for that individual client. If we are viewed as adversarial—as just trying to upsell and do all of these bad things because we are a bad commercial company—it is never going to work. NDIS, the therapists, the family and the caregivers are all part of the process to get the right solution for the person.

Senator REYNOLDS: I have a follow-up question to that. Is that sort of education translation role a function that occupational therapists, for example, could assist with in terms of working with the planner and their suppliers to say, 'This is what they actually need and why they need it'?

Mr Rousham: Very much so. We are very happy to work with the occupational therapists. In this state it tends to be the occupational therapists who are prescribing most of the equipment.

CHAIR: Thank you. How about the lady in the second row with the dark-rimmed glasses?

Ms Airlie: I am the general manager of a respite service here in the Hunter region for people with acquired brain injury. We are a short-term respite service. We can have people from one day up to, say, three months if we have emergency care. The problem that we encounter is when we bring in someone who has NDIS on their portal. We receive $462 per 24-hour rolling period, and it actually costs us $776.46 in direct wages. We have an overnight active shift for our staff, our community support workers. We have to have that because about 50 per cent of our consumers who use the service are epileptic; they have acquired brain injuries, so this is quite common. Having come from an administration job in a hospital, I am fairly new to the service, as the general manager, and it was one of the things I wanted to put in place immediately, because I just do not think that we can have CSWs sleeping on the job through the night. Through the night is sometimes the most active time, especially in hospitals. Staff will tell you that the overnight shift is sometimes the busiest shift. My finance manager will tell you a little bit more about that costing.

Mrs Baita: I have raised this with the NDIS over a number of years. I cannot seem to get anyone who really wants to talk to me about it to explain how the costing is worked out. That $462 applies whether it is a Sunday, a Saturday or midweek. It is supposed to cover loading, food and activities while in the house. That $776 on a Monday to Friday is direct wage cost only: no utilities, no food, no overheads and no administration. I have raised this. We have actually had to decline services to somebody. A senior member of the engagement team told me, 'You're not financially viable on this, are you?' and I said no. I said, 'Could we quote?' It went nowhere. I am really struggling. I want to work with somebody. We might be unique in this trial site, but we cannot be unique in Australia. I need somebody to work with me on this. I am feeling the same things that other people are. They do not really want to hear from us. We are in a trial; we have not been asked for feedback and if we have tried to give it, it has actually not been well-received.

CHAIR: Are you able to share with us that material that sits behind that, because they are fairly precise numbers?

Mrs Baita: Yes.

CHAIR: When you come down to 46c, you have obviously done your homework.

Mrs Baita: I do not have 10 copies, sorry.

CHAIR: We will treat that in confidence.

Mrs Baita: Well, it is not. It is the award.

CHAIR: This is quite common, you feel, across facilities?

Mrs Baita: It is black and white. The figure of $462.09 is quite specific as well. If you work it out, it is something like $19 an hour. The minimum for the SCHADS award is between $22 and $25. So it does not even cover our award rate.

CHAIR: So you contend that reasonable costing does not even get to the absolutely unavoidable costs?

Mrs Baita: No. It does not cover our costs. We are not financially viable on NDIS, unfortunately. We have had someone say that to us. They know that we are not financially viable and that it does not cover costs, but they then have not given me that avenue to quote. I want to work with somebody on this to make it right. I just do not know where else to go. I have spoken to the SDA. They said, 'Put in a funding submission.' But the SDA have said, 'We can't, because now you are separating the housing provider from the support provider,' and we have to be the person who determines who is in that home, so that does not work for us either.

Ms MACKLIN: Suzanne, can I ask that in the break you get together with these people?

Ms Punshon: Certainly.

Ms MACKLIN: Okay.

CHAIR: Just so people are aware, there is a conversation needing to be had that is going to be had.

Ms HALL: What is the average length of time that a person stays in your facility?

Mrs Baita: It can be as little as one night. With the NDIS, we can only do up to 14 days and then it goes to a weekly rate. So we have had people that want to go away on holiday for three weeks and have us look after their loved one. We actually cannot do that under NDIS. We are not supposed to, with the guidelines. So it has limited that person's choice of what length of time to go away for.

CHAIR: Ingrid and Kathy, is the care model that you are offering quite familiar, or is there something distinctly different about the care model that you are proposing, compared to what has given rise to the $462 rather than the $776?

Mrs Baita: No—only that we have an active overnight, which does increase the wage cost.

CHAIR: But that is not unfamiliar, is it?

Mrs Baita: No, it is not. As I said, it does not cover anything else; it is just the direct wage cost. I do not know the background. I have not been able to find out how they came to that $462.09.

It is not unique, but we are unique insofar as we are a respite house, so it is not long-term accommodation. We cannot say we have five people at any point in time paying a weekly rate. Also, when it is a weekly rate, you get low standard and high needs. It does not matter whether it is one-on-one or high needs, it is $462.09. Whether it is Saturday, Sunday or mid-week, it is $462.09.

CHAIR: Thank you very much for that submission.

Mr Carey: I am the CEO of ConnectAbility Australia. We are based in Newcastle and, probably by June this year, we will be 100 per cent transitioned to the NDIS.

I want to reiterate Andrew's comments around the NDIS. I think it will be great system for people with disabilities but, like all major reforms, there are problems. I wanted to state that. In speaking today, it is about listening to what those problems are. I would like to come back to the hourly rate—and it was also raised here by one of the other providers. At the moment, I think, it is $42.26 per hour. This varies markedly from the state funding. For all those who are getting ADHC—Ageing, Disability and Home Care funding—you are probably on roughly $50 an hour. As a service provider, you have to move from $50 an hour back to $42. 26 an hour. That is a substantial loss of revenue.

With ADHC, embedded in that was the transport cost, which probably equates to between $3 and $4 an hour. That was within the $50 per hour. As you transition across, NDIS do not do transport. You are a provider of services, not a transport provider per se. It places pressure on service providers who were seen as best practice under the ADHC by having a transport fleet. We now need to look at reducing our fleet size.

Most of the fleet provides transport for people with severe and profound disabilities—so a lot of wheelchair transport. Even though people will say to you, 'Oh, it's Newcastle, there should be plenty of transport,' the answer is no. I do not think they understand the geography of Newcastle. With a wheelchair and having to get on and off buses and trains, depending on where you live, is not a local handy option.

This places a lot of pressure on providers to try to still maintain that person-centred planning for those who are a bit more remote but, at the same time, where you might have had $5,000 or $6,000 costed into that plan under ADHC, you now have to reply on the mobility rate, which might be $1,500 or $2,200 per annum, which are the most common levels given.

The other thing that is highly contentious within the area we work in is that there is only two days leave costed into the hourly rate. Under the industrial instrument, most people are entitled to a minimum of 10 days per annum not two days per annum. Straightaway that impacts the hourly rate.

The other area is the two days of training costed in. For most organisations, two days training would only cover orientation; therefore, it is another 12 months before there is enough money accumulated to spend another two days per annum training that single staff member. My concern there is that we work in an area where our staff have to have a broad spectrum of knowledge right across from manual handling, WHS, PEG tube feeding, the midazolam training, understanding people with acquired brain injury and all the various types of disabilities to working with different levels of behaviour sometimes complex and violent behaviour. That two days per annum does not cut it when it comes to being able to have people properly trained to deal with a broad spectrum of people with a disability. It will end up depleting the system of highly skilled, highly qualified people and you will start to go backwards. You will see the rise of incidents and issues occur as the organisations cannot afford to train their staff based on that.

The other thing that, I think, is not well know is ADHC were the second largest provider of transport in New South Wales—only next to the Department of Transport—and that was by no accident. It came about because ADHC saw that for people to access services and gain access to different facilities within the community—both specialised and mainstream—they needed to be transported. So over the years ADHC provided a lot of funding to service providers to ensure that those people could reach the areas of their local community that they needed to. I do not think that has been acknowledged in the transition of funding. If you have a look at it, the funding would mean that $50 an hour is being handed from ADHC across to the NDIS but then the NDIS recycle that back to a provider at $42.26 an hour. So somewhere along the way I do not think people are getting that. I know there is a constant argument about it being a state issue. I think for people on the ground—providers and people with disabilities—all they want is an adequate transport system. They do not care if it is a state problem or a federal problem, but it is a problem and it needs to be resolved.

The other brief two points are that I would concur that planners are not consistent in their decision making. Again, it is a system thing because when you start up a brand new service, and you have to train a whole lot of people that may or may not have any experience in this area, you are going to get mistakes and inconsistencies. To scale this up, you are going to scale up the problem as well. I do not know how you bring experience in when something is brand new and it is a whole different way of doing business. But that is something that will need to be worked through to ensure that our planners give consistent decision making to people because it will lead to a lot of frustration. In this system most parents would talk to each other and say, 'How much did you get here and how much did you get?' If it is truly individualised there should be different amounts. At the same time, if there are core services and provisions missing then there is a problem.

Again, with the infrastructure and technology it is still not up to scratch. Having to use the provider support portal a lot, I find it is very clunky, it often freezes and sometimes it goes down. If they are going to be processing hundreds and hundreds of services transitioning across then somewhere somehow that will need to function otherwise it will come to a grinding halt.

Ms MACKLIN: I want to follow-up with you, David, because as you said you almost fully transitioned. To pick up the point Andrew emphasised, how have you been able to manage the balance in permanent versus casual staffing? How have you done that in the transition?

Mr Carey: We support the idea of having permanent part-time staff because staff cannot borrow money or have consistency with the banks unless they are permanent part-time or full-time.

Ms MACKLIN: You have been able to do that, haven't you?

Mr Carey: We have been able to do that. We have had to do some restructuring, but we are looking to move towards more full-time work and less full-time equivalent type work, so less 10 hours or 20 hours a week, because that brings consistency to then matching staff to the same participants. And we are looking more at the other hobbies like fishing and other things so that people can be matched better and, therefore, there is a better outcomes—besides all those other skills that I mentioned that staff also need.

Ms MACKLIN: My point is you have been able to do it?

Mr Carey: We have been able to do it. I think casualisation is not good at all and we probably have 98 per cent permanent part-time—

Ms MACKLIN: I agree with the point. The good thing is you have been able to do it.

Mr Carey: Yes.

CHAIR: In terms of the viability of the enterprise, what have you seen? What changes have you had to accommodate and what does the longer term look like for you?

Mr Carey: Our biggest problem is with our fleet—we have about 20 vehicles in our fleet. You need to change a quarter of that fleet each year because they go for various reasons. For example, they are off lease and, therefore, they are not worth much on the market so you sell and then you buy again. For that to take place, for us we need between $100,000 and 150,000 a year in capital in order to replace that portion of the fleet each year. That was possible under ADHC and it not possible under NDIS. That is one of my opening comments around the need to look at downsizing our fleet and looking at other options, which is not easy. It is quite complex to do that. I do not think that is the intent of what consumer choice is about.

CHAIR: So there will be continuing atrophy in the transport part of trying to keep your head above water.

Mr Carey: Yes.

CHAIR: Thank you very much for your contribution.

Ms Stone: I am with Carers NSW. We are an organisation for carers—that is, family and friend carers as opposed to the paid-care workforce. We do operate in the Hunter. Although we are NDIA registered, we do not operate NDIA services at the moment, but we do have a program that operates out of Newcastle. In addition to that, we see one of our primary functions as strategic advocacy for carers across the state. So we are also here in that capacity.

First of all, like others have said, what we hear from carers is overwhelmingly positive about the NDIS but there are issues. I am not going to go over transport and accommodation because they have already been covered well, but we support what others have said. For us, some of the key concerns that have come up from our members and from carers in the Hunter are actually outlined in a document that I am happy to table as well—an evaluation that we did from a carer perspective, the first year in.

Some of the key issues that we are hearing about from carers include that they are very, very anxious about the departure of ADHC in this state and anxious about the lack of a provider of last resort. It is particularly relevant for carers of people with severe and profound intellectual disability and carers of people who display, at times, challenging behaviours. Carers are anxious that their loved ones will not be able to access services because, traditionally, that group of people have fallen to ADHC's care and they can be very difficult and costly to place anywhere else and support anywhere else.

A lot of people are not aware that within the NDIS planning workbook there is the option for a carer statement. What we hear from carers is that they have to ask the planner and very often the planner is not aware that their carer is able to actually make a statement. There is no template for the statement. It is a bit of a free-forming exercise and you have to know how to articulate that as a carer. Carers are basically the glue that holds the NDIS together.

In our advocacy in the past around carers, we have been told that carers will not be needed when the full NDIS is rolled out. If we are talking about a shortfall in funding, you can imagine the shortfall in funding would be absolutely huge if every carer across the trial sites and across the state decided to stop accommodating shopping for them, doing the laundry for them, feeding their child, taking them to appointments and filling in the transport shortfall. Things would absolutely fall over. We feel that there is still a long way to go in recognising the role of carers and including them in the planning process.

We are very concerned at Carers NSW about carers of people who will be ineligible for a package but still have support needs. We feel that, in fact, the workload may actually increase for some of those carers. We have been consistently told by the NDIA that those sorts of needs will be addressed under the ILC, which we now have the framework for and we are a little disappointed to see that carers are not addressed as significantly as we thought they would be.

Lastly, for us we are concerned that much of our funding is in scope for the NDIS. However, we do not provide services to people with disabilities. We provide really important services to carers and carers will not be participants of the NDIS and will not be able to purchase those supports back again.

One of the projects that is in scope runs here in Newcastle. It is the Mental Health Respite: Carer Support program. Essentially it provides services, supports, social outings and access for carers, and currently that program is under scope to be rolled up, and we are not sure how we can replace that going forward. I think that is all I have to say. Thank you for the opportunity to speak.

Ms HALL: I would just add that they are issues that have been raised me locally.

CHAIR: Before you hand over, Katherine, we are just curious to know where the idea that carers will somehow be superfluous to need once the NDIS is rolled out came from. I have not heard that before—in fact, I was surprised when you said that. Can you just explain to us where that sort of feedback came from?

Ms Stone: Yes. It was very early in the rollout of the NDIS and we were very often at consultation forums et cetera and it happened in personal discussions with staff. We have had staff from the NDIA come and speak at some of our conferences. So it is probably not minuted anywhere, but we have certainly had it in informal feedback.

CHAIR: Thank you. We will go to the gentleman with the handsome tie.

Dr Hungerford: I wanted to say thank you to the committee. My name is Jim Hungerford. I am the CEO of the Shepherd Centre. We are an early intervention service that helps children who are deaf or have a hearing loss, and we make it possible for them to be able to speak and to end up speaking as well as any other child when they go to school. I have provided a submission to the committee today as well, but because of time I wanted to focus on just one specific aspect of that submission. The NDIS, just last week, published the paper *NDIS early childhood early intervention (ECEI) approach* about the protocol that should be in place for children with needs early in their life, and unfortunately that is going to put at significant risk the outcomes for the children that we support because when a child has a hearing loss it is absolutely critical that they get support very, very rapidly, and a delay of even a couple of months can make a major difference in their communication ability, and unfortunately the new protocol brings in a new service that has to be introduced before a child gets assessed and before a child gets the opportunity to reach our service. So we are very concerned.

Ms MACKLIN: Can you explain that a bit more?

Dr Hungerford: Yes. In the paper there is a diagram, and if you have a look at that you can see that there is a whole bunch of steps that have been recently introduced. I believe the intent of those steps is to screen out children who do not need early intervention and to provide them with generalised service that will support them. However, in our case we know from all of the data that children with hearing loss do need specialised intervention within the first few months of life. So that is of specific concern to us.

Approximately 10 per cent of our children, out of the 450 or so that we have, are in the NDIS at the moment, and that has enabled improved outcomes for those children. The bulk of those kids are down in Canberra and those children are actually achieving better spoken language outcomes, both in clarity and in their language itself, than children without any hearing loss. So the intensity of service that the NDIS is able to provide is making a real difference to those children. So that is the main thrust of my discussion points. Thank you.

CHAIR: Thanks, Jim. I appreciate that. Ma'am—in the front row. Be mindful that we are a bit over time, so if we could keep them short so that everyone gets an opportunity that would be helpful.

Ms Farrell: Good morning, Senators. Thank you for the opportunity. I am here with a couple of colleagues. I am Deborah Farrell from Multiple Sclerosis. The NDIS is an enabler in improving the lives of people with multiple sclerosis, and disability, obviously, and we are receiving very consistently good feedback about the scheme. We know ourselves of 270 people in the Hunter trial who are under 65 and living with multiple sclerosis, and 43 per cent of those people have an approved NDIS plan. For many of these people, the NDIS is the first time that they have received supports. The outcomes that are being achieved are very wonderful, in fact, and are changing lives, in terms of people being able to remain in their own home or return to home from hospital, where maybe they have not been able to before. We have got people remaining in work that may have not been able to cope with being in the community and staying in work. These are outcomes that are very much aligned to the scheme principles.

After nearly three years of trial, and from our experience as a registered service provider for support connection and support coordination in multiple trial areas, we would like to see the adoption of and the implementation of consistent processes and documents. We want the trial sites to share their learnings across the sites and we need more sector integration. Therefore, we want to see the NDIS itself be internally integrated.

Ms MACKLIN: What do you mean by that?

Ms Farrell: I mean that we need all the service sectors to be integrated. At the current time the NDIS is operating very much in a state based way, so we need the national agency and all the trial sites to be working together, taking those learnings and adopting processes consistently nationally. When these documents and processes are used—and we see this working well in the Barwon trial site—we see greater efficiency, we see good practices and we see a stronger relationship being built with the agency. For example, we do see the employment of the request for service document, the reporting templates, the time frames for reporting and the inclusion of the request for review form improving efficiency. We see them assisting the sustainability of the NDIA. The code of conduct does support providers to deliver value for money and it is a staple NDIS ethos and it assists to strengthen and build capacity of people with disability, which is also part of that ethos.

Our organisation is promoting the significance of the necessary reform. We are strengthening individuals' capacity and we are trying to build their confidence to consider the relevance of the scheme and the opportunity it provides and to support potential participants to prepare for their planning conversation. We want the best out of the scheme but we do have some reservations about the forward implementation of such a large cohort from 1 July and the reliance on the LACs to understand the diversity of disability.

In relation to MS, the regular dependencies on health and other service sectors often require these service sectors to work together to minimise and mitigate the risks and thus contribute to the sustainability of the scheme. For example, people with MS do miss out on the right supports when invisible symptoms are not recognised and the functional impact on individuals' day-to-day life is not understood. This is particularly relevant where agency planners do not understand the cognitive issues that are presented before them and the limitations on people's ability to initiate and be motivated around explaining how, functionally, their life is not working for them.

Senator GALLACHER: We took some evidence from a participant with MS in another state. Her evidence was that, when she went to buy a service and mentioned NDIS or NDIA, it was like purchasing a wedding cake in that the price went up. So she actually went back and discharged that request and just did it as a private citizen and it was much cheaper. Is that the experience up here?

Ms Farrell: Not that I am aware of. I am not aware of that sort of example, sorry.

Senator GALLACHER: She wanted to do some renovations. She wanted access to her back garden. When she mentioned to her local council and to the provider, it was quite an expensive exercise so she discarded the proposal and then quietly went about it and did it in a private way. It was much cheaper and much more effective with the council and also the person that built the structure.

Ms Farrell: I have heard of some situations like that, but I would probably give you a different example, and that is the relationship with health. When people with MS, unfortunately, have a relapse and go into hospital or go into hospital for whatever reason, they know that they are an NDIS participant. Discharges are somewhat risky and the health interface is somewhat wanting. It is a real concern and we are seeing as a consequence of that sort of situation, young people entering residential aged care.

Senator REYNOLDS: Thank you very much, Deborah. That was very interesting. I wanted to pick up your comment about an over-reliance on LACs for plans. I wonder if you could expand that further? That is something that we have heard across many different disabilities, that there is not enough subject matter expertise about a particular disability when putting together a plan and then reviewing it. We heard that from Andrew in a different way this morning. Can you expand on that a bit further, please.

Ms Farrell: We have been fortunate enough in some of the trial areas to be able to provide quite a bit of education to the agency. That is not something that we have been able to do here. We have tried to offer that support and not in a commercial way, but in an informative way, and to help support the planners as well. From our experience, many of the people with multiple sclerosis have not necessarily always seen a LAC.

One of the things that we have done a lot of work on, as I said is helping people prepare for their planning. We have tended to do that as part of their being connected to the multiple sclerosis community. We even find that when the agency sends out the planning book, people ring us quite feeling concerned and quite overwhelmed. We have created our own resource to assist people to identify the sorts of barriers to building a network. It is not to say that we want to necessarily be responsible for that. We would like to be but we would also be very open: we would like to be able to support that LAC function to ensure that people do not fall through the cracks.

Senator REYNOLDS: Seeing how the NDIS is now rolling out over the trial sites, if you had your wish, given what you have just said, how would you recommend that advisory and advocacy role is undertaken?

Ms Farrell: In a way, I think it needs to be some joint working together, particularly around some people who have more complex need. There is a case I suppose for subcontracting to organisations or specialist organisations to do some of that planning preparation. I am not sure how they are going to recruit the number of staff they need to actually do that planning or preparation in a timely manner.

CHAIR: Thank you very much, Deborah.

Ms Hughes: I work for Mind the Gap: Disability Matters. We are proudly an independent provider of plan management services and support coordination. That is all we do, so I think we are in a fairly unique position in this area. I think we are one of the only providers in the Hunter that does this—that is, we are an independent provider of plan management. I just want to say that we are really concerned about people self-directing their support. That is our mission: people are in charge of their support and they are able to live their lives as an active and valued citizen. Plan management, as well self management, enables people to have the freedom and flexibility to do that. We assist people who are self managing as well, and we teach people who want to learn how to self manage how to it as well so that they can get the flexibility. The thing about it is that this enables you to use your plans in a way which is outside of the box and is outside of perhaps traditional services. It is cost effective; it is much more cost-effective in many cases, creative and tailored to the person with a disability.

We are part of a network of independent people and organisations as well, and we are growing. We are organisations that once again are concerned with self-direction. We are called a self-directed collaborative network. CDAH, my colleagues beside me, are also part of that network. We are values-based organisations that work with people with disabilities and families so that they are in charge of their support and in charge of their lies. I can leave it there, if you like.

CHAIR: Do you get involved in the prospects of a care plan review? Do you say to your clients, 'Hey, it looks like we're tracking off in this direction. As we talk, you seem to be heading in that direction.' Is that part of what you are doing?

Ms Hughes: In terms of the NDIS plan reviews, yes. We assist people with their planning and plan reviews. I really like to sit down and talk to people about having a vision for a positive life, a typical life and a good life. We start there, rather than saying, 'I need this; I need that.' It is actually thinking about what a good life in the heart of the community, as an active and valued citizen, looks like. Then we work our goals and aspirations from that and take them along to the NDIS. Really, the good stuff in life is relationships based; often that is not paid support, that is relationships you have with the people—they are freely given relationships. I think that is another place where there is sometimes not enough emphasis in the NDIS.

Ms Rock: I am from Response Employment and Training services. We are actually an RTO. I am going to talk to you about some training issues as well. We have had incredible growth under the NDIS, which has been very exciting. We moved into a space that we never anticipated we would be in with our strategic plan. It was not on the agenda, but it is as a direct result of customers of our service coming in saying, 'We want you to have a look at the accommodations base.' I hate that term, so we call it shared living. We have had some really, really exciting results. We have put on 50 extra staff, but with that comes training issues. It was at least 50; it was properly even more. I am not good at keeping data, as is everybody in this sector!

Ms HALL: We did not hear that!

Ms Rock: What actually happened is that last year, as part of what we did, we were involved with NDIS, the National Disability Services and the now-defunct Community Services and Health Industry Skills Council to deliver a national workforce development project. That national workforce development project did go across Australia, and it looked at workforce issues and helped people develop a national workforce plan.

I would like to draw the committee's attention to a couple of things. Access to funding and restrictions on people's eligibility for funding is state based. It is somewhat difficult at times to get a consistent approach to be able to get the funds that are so desperately needed to train this sector in what I believe to be the most significant reform since Medicare. I was around in the eighties, when we built up training packages. In 1996, we looked at the Disability Services Act coming down under Brian Howe. It was a wonderful thing that happened, but training was there and we make sure that this reform went through Australia. It is now time to drive this reform again and training has a role to play.

There is a lack of trainers and assessors currently able to deliver the training that we need. How can they be current when the currency sits in the launch sites and no dollars have been spent to train the sector up? We have a real lack of people. A lot of the expertise sits in this room, sits here now. If there is one place where people with disability can get employment and get jobs, it is in the area of training. It is time to support them and to give them a real voice in the training side of things. We have a lack of mentors as well in the sector because the current knowledge of the NDIS is sitting very locally and nothing has been done to really grow this whole area. We talk about it, but nothing is actually happening. Sorry, I am taking over my two minutes.

There is a need for innovation in the way we deliver training. People cannot get time off the floor; they are delivering services and they are providing the much-needed support that is out there. Some of the dollars that are being spent on training are to get people, who are perhaps unemployed and seen as a statistic, to come off unemployment and go into this sector. They are not often the people that the sector needs. However, the people who are there sit in the caring roles, when we know from the National Carers' Strategy that some people might want to access employment. Yet if you try to get these people into training, you are told that they cannot access dollars because they are seen as unpaid workers. It is a nonsense. People with disability, as I said, who know they are the experts in the field, let's do something about putting together an innovative program where people with disability can become the trainers and the experts that they need to be and give the expert advice that they should be giving.

I will just finished now with the current qualifications that came down before the NDIS reform had finished. I did try to feed into that, but as a lone voice you do not get very far. We have a new Certificate III in Individual Support (Disability) that came down last year. It misses the mark. It misses the mark badly in delivering the meaningful inclusion and social change that this reform wants. It is not helping to support the values that need to come to the sector under training. There are a large number of commercially available resources that are out there. I have looked at a great range of them in my capacity as the RTO training manager, and in most instances they are woeful. They are only reflecting the practices of the past, not moving into the future in the way things need to go.

Having said that, I believe that there is a real need to invest in training and to look at innovation. Malcolm Turnbull, where are you? This is one space where we have a wonderful VET system, but let's start to invest in it, let's look at some innovation and let's see how we can recognise the actual skills that sit in a sector. Thank you. I am sorry I took over my two minutes.

CHAIR: Kerry does 'rock', doesn't she! Lots of head nods. Our signers are exhausted from that, but thank you.

Ms Rock: I am so sorry, interpreters.

Ms Mahony: I am from Community Disability Alliance Hunter. I will try to keep it brief. We are a very small, user-led disability support organisation. Kerry has given me a fantastic segue into the importance of not only investing in training, as Kerry was talking about, but investing in funding for user-led organisations. We are all about peer support. It is at the heart of what we do. Last week, we just had almost 40 peer mentors graduate. They are going to be able to offer really authentic, deep connections with people with disability on the ground, helping them make the most of the NDIS and get a really clear sense what it can be.

We are all about giving people opportunities to do things in a less traditional way. We think that is really important, but the Productivity Commission recommended and highlighted the importance of DSOs—disability support organisations. We are quite concerned that that has not happened and is not coming into fruition. We are here to ask for financial investment and resources to be put into disability support organisations, because we believe that we have the capacity to positively influence all aspects of the NDIS and of the way the that people with disability can live the life that they choose and get the support they need to do that.

We are also concerned—and you will probably hear more about some of this from People with Disability Australia—on a local level about some of the ways that we are not reaching the vision of the NDIS and we are not reaching the legislation's promises that we were all so excited by and want to keep working to make happen. Particularly, there is still a lot of confusion and anxiety for people around most aspects, from preplanning to plan activation. We are quite concerned about that. We are concerned particularly about the reviews being done over the phone, because that is really difficult for people with intellectual disability, who are something like 60 or 70 per cent of people going through the scheme. I think for all of us it is hard enough to go and talk about your life and its challenges. As for having to do that over the phone, we are quite concerned that that is a long way from the promise of having an ongoing relationship with the planner. They are just a few of the things. But, please, can we have some funding.

CHAIR: I thank you all for your contribution in this first session. We are going to have a superquick break, and then we will be back with NDIS participants, nominees and carers. To all of you who have participated this morning thus far, thank you very much for your generous insights.

**Proceedings suspended from 11:31 to 11:46**

CUNEO, Mrs Wendy, Private Capacity

CURLEY, Ms Patricia Ann, Private capacity

DALEY, Ms Caroline, Private capacity

DAVEY, Ms Gloria, Private capacity

GELZINNIS, Ms Hilary Erica (Erika), Private capacity

HAMMOND, Mrs Sheree Anne, Private capacity

HORNE, Miss Natalie, Private Capacity

PETERSON, Mr Frank, Private capacity, through Australian Sign Language interpreter

RAE, Ms Yiota, Private capacity

SPIERS, Mrs Dana Lee, Augmentative and Alternative Communication Communities Coordinator, AGOSCI Inc.

STEFFAN, Mrs Margaret Anne, Private capacity

WYBURN, Mr Mark William, Secretary and Regional Representative, Parents of Deaf Children; and Member, Aussie Deaf Kids

CHAIR: Ladies and gentlemen, for this second session I welcome NDIS participants, nominees and carers of participants in the Hunter trial site. For those who were not here at the beginning of today's proceedings, these are formal proceedings of the parliament. We invite you to identify yourselves before making a contribution. I remind you that there are matters which may be subject to contempt proceedings of the parliament. I will not go into all the gory details, but we would be very grateful to you all for being full and frank and, when giving evidence, being mindful that evidence is protected by parliamentary privilege and that it is unlawful for anyone to threaten or disadvantage a witness on account of the evidence that they provide. My parliamentary colleagues are all here. Who would like to open proceedings? It will certainly help that our Auslan interpreters are assisting with contributions. Thank you very much.

Mr Peterson: I would like to thank the committee for allowing me to speak at this NDIS parliamentary committee. Ladies and gentlemen, sir and madam, welcome to Newcastle City Hall on 7 March 2016. As a disabled person, I am here to represent myself as well as other profoundly deaf people. I appreciate the opportunity to be here today. I have presented here before on 5 May 2014. Unfortunately, my application to become a participant of the NDIS was at once rejected by the NDIS Charlestown office due to my age. At that time I was 67 years of age, and it was heartbreaking. I believe that the previous Labor governments discriminated against people with a disability who are also of an older age bracket. The rejection of my NDIS application was essentially discrimination based on my age. The NDIS wanted me to join the disability support pension. I chose, however, to remain in the workforce.

Once the word 'disability' was removed from legislation, which was created during the Fraser and Howard government era, and since the creation of the NDIS—again, a Labor initiative—we see that people over the age of 65 are ineligible to make an application. To me that does not indicate a quality of life for people who have a disability and are over the age of 65. My belief is that the procedure is unjust. I also believe that all people who have a disability, regardless of their age, should receive the same quality and benefits that the NDIS can offer. The NDIS should be made available to all people who live with a disability, regardless of their age.

There should be equity for all Australians living with a disability. Unfortunately, this has not occurred. I, therefore, welcome your consideration of my comments on this matter. This is an incredibly important issue to me, which has been outstanding since 5 May 2014. I believe other teething issues exist. Some attention is required to be focused on some barriers that exist—for example, my application being immediately rejected by the Charlestown NDIS office. It did not assist me in seeking any alternatives.

The trial of the NDIS has already created a situation where NAATI—the National Accreditation Authority for Translators and Interpreters—need to ensure that their code of ethics is working well with the NDIS and its objectives. My third point is that I received a one-off payment of $250 to cover the cost of an interpreting service, which I had to cancel because I was not allowed, under the NDIS, to make that claim or access that service. My fourth point is that there is a free interpreting service for all deaf Australians who need to attend a medical appointment. However, at the end of June 2016 this service will be discontinued and will no longer be available for deaf people, again, over the age of 65.

My fifth point is that, generally, for example, at conferences, forums, other events and functions, or funerals where deaf people need to be in attendance, those—again—over the age of 65 will not be able to receive the benefit of an interpreter because the NDIS will not allow that service. Overall, and finally, at the recent People with Disability Australia AGM I made an announcement of sorts about the discrimination based on the age of a person with a disability. I have raised this matter with them. I would like to say again that I appreciate the opportunity to speak with you all today. I beg your pardon if I failed to mention it before. My name is Frank Peterson. Thank you.

CHAIR: Thank you, Frank, for your contribution today. In relation to the Deaf Australia support for medical appointments and the like: are you able to share with us whether that advice has been communicated formally? That is not something I have heard of before, in terms of the service no longer being available to deaf Australians over 65.

Mr Peterson: My concern is: how can people over the age of 65 access services if the NDIS continues to refuse or reject their applications? If services like this discontinue, what will happen?

CHAIR: We will need to follow that up, Frank, because that is new material that we had not heard of before.

Mr Peterson: I am of the belief that it is going to happen.

CHAIR: We will chase that up. The issues around eligibility and 65-year-olds have been debated for some time, and I thank you for your contribution to that. The issue about how the NDIS intersects with other services, such as the Deaf Australia interpreting service, is certainly something we can take up on your behalf. We will inquire whether, in fact, it is the case that that service will cease from June 2016.

Mr Peterson: Very good. Thank you.

CHAIR: Over here on our right.

Mr Wyburn: Hi. My name is Mark Wyburn. I am appearing here as a parent of a deaf child with additional disabilities and also as the secretary of Parents of Deaf Children and as a member of Aussie Deaf Kids. We have put a submission in to the committee for your review. I would, firstly, like to say thank you for the NDIS. It has taken a tremendous financial strain off our family. We self-funded for 4½ years, so it has been quite life-changing for our son, for us and for our other two children. I would also like to thank Jenny Macklin, personally, for her involvement. Thank you.

Our submission highlights the issues and risks regarding the future delivery of hearing services for deaf and hard-of-hearing children in association with the planned transition of the community service obligation to the NDIS, contestability in this area and the potential change in Australian Hearing ownership. We do not have the confidence that all the risks have been recognised, completely understood or focused on through the current government processes or that adequate safeguards and controls are in place. Our request is that a suitably qualified, independent panel investigate the risks associated with these changes and evaluate the proposed safeguards and controls, benchmarking these against the existing arrangements and the systems in the UK, USA and Canada. These are the views from parents of deaf children and Aussie Deaf Kids, which represents parents of deaf and hard-of-hearing children. Our groups are run by parents with a lived experience of raising a child with a hearing loss, and we are confident that these issues speak for the wider community—national, regional, remote, and culturally and linguistically diverse—and represent a wide range of socioeconomic backgrounds.

I would also like to say we do not have live captioning here, which makes it very difficult for hearing impaired people who do not sign, and no assistance for signing people either. That is something that we probably should think about at future committee meetings.

CHAIR: Thanks, Mark—good observations there. We are technologically challenged with lifts, audio and that, so that is a valued insight. You are anxious, though, that with the NDIS rollout some of the support infrastructure might not continue to be part of the life that you found positive for you and your family?

Mr Wyburn: We have a very stable system at the moment with Australian Hearing in place. The system has been built around Australian Hearing; it is sort of like the hub. When we go to an open market with choice as part of the NDIS principles, people need informed choice. When you have a newborn child, you know the least about that disability, as with any disability. At that stage, you are asked to make a choice, and that choice needs to be informed. With a lot of new service providers coming in, you need to have confidence they are going to deliver those services in an appropriate manner and we do not go backwards with the current safeguards we have. We know Australian Hearing is the sole service provider for paediatric service delivery for hearing impaired children. You know that you are getting a quality service through them. With choice, you will have to have safeguards and controls in place so that other service providers have the same quality, safeguards and unbiased information. It is very important that parents get that information. Support groups are not getting any funding. We are doing all of this after we finish our normal jobs, whilst caring for our families and our children with disabilities. To add advocacy to the mix is a very large burden. We are happy to work with NDIS, but we cannot do that on the smell of an oily rag. There need to be formal systems in place.

CHAIR: Thank, mate.

Ms MACKLIN: As you would know, there is a formal evaluation going on as part of the first stage of the National Disability Insurance Scheme. I would be interested to know from you, any other participants or parent groups—those of you who have been so actively involved at the start—how you are contributing, or if you are contributing, to that formal evaluation.

Mr Wyburn: I am not actually involved in evaluation of the NDIS, but I am assisting as a representative on a committee that is looking at practitioner standards for audiologists and audiometrists. We are trying to get as involved as we can, but we probably do not get asked our opinion enough. That is part of our submission; we feel the consumer viewpoint is being missed in light of a more business focused outcome. It should be consumer outcomes focused.

Ms MACKLIN: It might be helpful for people if somebody from the agency could describe what the evaluation process is. Of course, it is being done totally independently, as it should be, but it might be helpful if people actually know what that is.

Ms Daley: Do you mind if I jump in on that?

Ms HALL: Not at all.

Ms Daley: My experience is with the evaluation of my daughter, who is 15. We participated in an earlier round of information that was requested. In the last 2½ months we have received numerous phone calls and have missed calls at really inappropriate times like dinnertime, Sunday afternoons—when it just does not work. When we did connect with someone, they offered to send an email so that I could do it online but it never turned up. Our process of participating in that evaluation just has not worked for us.

CHAIR: Mark, according to the UK models, they have got a more structured client experience evaluation process. Is that the kind of thing that you are alluding to?

Mr Wyburn: I think we need to benchmark against our existing service first, because our existing service is world-leading. I do not work in the sector—there are other people or academics who would have a lot more experience in service delivery for early intervention audiology. I know the US has a very poor record, because they have got a large loss to follow up. Children get diagnosed and then miss out on early intervention and have lives that are not as good as they should be because their social situation and earning capacity is much reduced. The basis of the NDIS is: we spend money now so that in the future our kids are not on the NDIS. The happiest day of our lives will be when our son is not on the NDIS. Whether that happens or not is another question.

Ms HALL: Correct me if I am wrong but what you are arguing fairly strongly is the need for Australian Hearing to be maintained so that you get that consistency that you have had in the past and the liaison between AH and the NDIS and the way it has worked previously rather than moving to a more fragmented system like they have in the US—or am I getting this all wrong?

Mark: When the issue of privatisation of Australian Hearing came up, our first point was not to change it, obviously. We recognise that NDIS is about choice, but choice has got to have safeguards and quality services in place to allow that to happen. It has also got to be informed. Yes, we would love Australian Hearing to stay in government hands. That would be really simple and it would also allow diversity. We are worried about diversity of early intervention services, if you have a vertically integrated model. There could be a situation where that model is so big that no other services get a chance to provide them, because you have got a provider that catches everybody. The model of NDIS of more choice actually becomes less choice, which is a great risk as things roll out and business models evolve and people lose business because previous service providers cannot run a business well even though their hearts are in the right place. People enter the business who have business as their main goal rather than the needs of clients, so the social balance changes on what you are trying to achieve.

We self-fund as well—the question was asked before—and we get a lot of bang for our buck out of our support plan. We manage it ourselves, which again takes up our time.

CHAIR: Thanks, Mark. I appreciate your contribution.

Mrs Steffan: I am representing my daughter Catherine Hawker who attends community programs at Endeavour Group in Maitland four days a week. Many others in this region will be affected adversely regarding transport costs under the NDIS, particularly people in this regional area. In our case, disabled clients unable to travel independently are transported from home in the morning to programs at the centre and return in the afternoon. Endeavour Group, our service provider, has block funding through ADHC to cover their staffing costs with the client's mobility allowance covering costs as well.

With the NDIS, service providers will now only receive funds to cover the hourly costs required for their clients' programs, with no funds provided to them to cover the extra staffing costs of transporting them to and fro. The clients' mobility allowances are not enough. In our case, it is $94 a fortnight, or $2,400-odd per annum. I understand there are three tiers of transport under the NDIS: local, rural and remote. In our case, we would probably fall into the second level, which will be approximately the same as her existing mobility allowance and replaces that allowance. In our case, Catherine is totally unable to take public transport herself, so I am asking, with no other alternatives except for me to drive 120-kilometre round trip each day—30 to drop her off, 30 to come home and then a repeat in the afternoon—how do we get her to that service? It is a great service that the NDIS and the provider give to us. It has been mooted that providers or others can charge up to 70c per kilometre. In our case, it is 120 kilometres a day and, for the 200 days in the year that she attends, it equates to $24,000 just in transport costs that, at the moment, are covered in her ADHC package, because that goes to the provider. Other advice is that service providers and participants and their families come up with a solution themselves, such as forming transport co-ops, which means that they group their buses and coordinate routes, and I am not sure how the funding for that would work anyway—probably at the expense of the participants.

This means that Catherine and others like her in our regional area have great funding for a great service which enriches their lives and allows them to make a social contribution but without a way to get there. So I feel that, as long as existing services, which are so important to them, remain, all is well, but removing safe transport for people with disabilities is a big negative. Not all people with a disability have the capability for independent travel, and the NDIS does not allow for that fact. The difficulty for these disabled clients finding their own transport from non-public-transport routes, even if they were capable of doing it themselves, is totally unreasonable, and often unwell or ageing parents are unable to travel hours per day transporting their child. It could be said that the current argument by providers for transport costs to be funded suits their agenda. However, behind the providers are the disabled and their families, whose lives will genuinely be changed for the worse.

A key principle underpinning the design of the NDIS is to give Australians with a disability a greater choice and control over the supports and services they receive to achieve their goals, become as independent as possible, develop skills for day-to-day living and participate in the community. In practice, this means providing support, as and if required, in areas including mobility and, among other things, learning social and economic participation. It also says, in developing an individual NDIS plan, to consider all day-to-day activities and aids, equipment and/or support that would life easier, whether currently provided or not, as long as it is reasonable and necessary to achieve their life goals and aspirations, and participate in the community to the fullest extent possible. Surely, allowing transport costs to be included in NDIS packages for individuals unable to travel independently fulfils the key principle. I feel we should at least be able to include the staffing costs involved in the transport to be paid from the NDIS packages. Even if it was one hour in the morning and one hour in the afternoon, it is not an unreasonable request when it is in fact able to be covered under our existing ADHC packages.

CHAIR: An excellent contribution, Margaret—well done. Going by the head nods in the room, either people are nodding off or they thought it was brilliant, and I am sure it was the latter! No-one was nodding off; they were listening to what you were saying. In terms of bringing into operation your thinking, are you suggesting that, if it were not the per kilometre rate, some cost-effectiveness test be applied? At the moment transport is bundled in with the service that your daughter receives. Should we continue that unless there is some reason not to?

Mrs Steffan: Not really. It is a support. It is not required for everybody—some people can be trained and have a level of independence, but some people do not have that. If it is something that is provided to them at present in their packages then that should be allowed to be paid to the service provider as part of their support for the day. My daughter gets picked up at 8.30 in the morning and she is delivered home at three in the afternoon. I have a lot of care before she even leaves the door.

CHAIR: Yes. It is a big day.

Mrs Steffan: Then for me it is driving half an hour to drop her off and then driving back and then doing the same in the afternoon and then I have the same care in the afternoon. The providers are not the enemy. They really add to our children's lives but the support they give by providing that transport is invaluable. We are not looking at extra mileage or anything. In a lot of cases there are four or five people on that run. We pay $5 each way, and that works out to be her mobility allowance, and so do the other people on the bus. That is a few. We are really only asking for their staff wages so that they can collect them and take them back.

Another thing I discovered recently is that, if they take them on an activity or something during the day now—if they have to drive them to the movies or somewhere—it is not included. It will be money that we will have to pay now. At the moment these are things that are all covered under their community participation packages.

CHAIR: The Endeavour Group there has a number of vehicles operating?

Mrs Steffan: They do, yes. They travel to Branxton and they drive from Maitland to Clarence Town to pick people up. They are not going to be able to make it in to attend their groups or it is going to add pressure. Some parents still try to live a normal life and work. If you have your child picked up in the morning, you can go and do your business and have a life. The other thing is that it is safe transport. A lot of these children have physical disabilities—my daughter is epileptic and she can have seizures in the bus—and other young adults have behavioural troubles. The staff who pick them up and drop them off are trained to deal with this. It is not the same as putting them in a taxi or even me picking up someone on the way. I am not trained to deal with someone else's child who has a behavioural problem. It puts a lot of responsibility onto someone forming a co-op. It just has not been considered.

Ms MACKLIN: Thanks very much, Margaret. I am not sure if you were here this morning when David gave us a long list of very similar concerns. Almost everyone in the room put their hand up and said that transport is a huge problem. If there is one focus we are going to have this afternoon, I think it will be on transport. Plainly, there are a range of major issues that have to be addressed.

Mrs Steffan: It is. It is so beneficial to a lot of people. The NDIS is enhancing lives but—

Ms MACKLIN: You have got to get there.

Mrs Steffan: There is no transport included at the moment. It is just, 'Don't even ask for it.' This regional area is not quite the same as metropolitan Sydney or somewhere else. It is a little far-flung, so it really affects us a lot. We are rolling out now in Maitland. Cessnock will be a bit later down the track. But people are not finding out about it until they are actually going to do their plan.

Ms MACKLIN: That is a good point.

CHAIR: Thank you, Margaret.

Ms Gelzinnis: I have a psychosocial disability and I am in my third year of having a plan. Thank you for the opportunity to speak today, because having a voice in the process has been really difficult. I have had to fight—literally fight—to be heard. Just in terms of speaking to the NDIS, there has been no problem with being given a plan, but it has been the implementation of the plan that has really failed and has led to extreme distress for me and my family. I live with my youngest son but during this time have lived with two of my other sons.

When I first got the plan, I was filled with hope. I could not believe that suddenly I was being given an opportunity to step outside my limited life. I felt like the NDIS—I still believe this—is a huge opportunity to, for the first time, dream about having a better life and dream about looking past just the basic survival skills of day-to-day living. Unfortunately, six months into the plan, I had a coordinator and that coordinator had not coordinated any staff. When asked by the NDIA why this was the case, their answer, which I was not cc'd into, was that they felt maybe I just did not really want to be helped—so somehow it was my fault. It took me over 12 months to fight again to be heard by that organisation and to gain an apology. I had to go as far as the Ombudsman. They have agreed to relook at their policies. In the meantime, two of my sons have become mental health consumers due to the stress of trying to fill the gap that was left there.

The second year of my plan, I was given more funding. Again, at the end of the plan, there was 70 per cent, I believe, unspent. For the last four months of last year, I had no coordinator and I had no supports in place. By then, my life had disintegrated so much that I was looking for things like somebody to take me for a weekly grocery shop, somebody to help me become able to catch buses again. By then I was not driving at all. Last year I think I was in hospital eight times. The year before I think it was four times. During that time, I think a couple of times I tried to take my life.

I approached, through coordinators or by myself, at least six providers in those years who told me they did not have capacity to take me. They did not explain what that meant and they did not offer me a waiting list, or I was told, 'I'm sorry, we don't have any staff skilled enough to look after you.' I was devastated to find that I was still fitting into that out-of-the-box gap, that the public mental health system that I have been a part of for over 20 years could not handle me either.

So, at the end of last year, I think I had absolutely given up hope. In the meantime, I had created a good relationship with the NDIA, after going to extreme lengths to be heard involving many, many emails and eventually me handing a 17-page handwritten submission to somebody at state level at a conference. The system in place for complaint was not working for me. They just did not want to hear me.

Now I am on my fourth planner, and the planner actually helps to keep me going in terms of meeting with me regularly and just helping me to basically give me more options to try. But, again, they were failing. I think this year, for the first time—I got my plan at the end of January—I have been shopping twice, I have a support worker who enabled me to come here today. I have met another support worker, and they have not done anything scary and damaging. They treat me with respect and I am listened to. My sons are able to step back a bit. I even managed to have a quick game of Scrabble with my son, which is something we have not done for years because it has just been total drama.

I think the massive difference has been that, before, I was given specialist coordination support, and the support he has provided is not specialised. It is something that these other support coordinators should have been able to give me. It is basically reflecting on what we discuss, listening to me, putting together a safety plan so workers know what they are walking into.

I have limited my life, down. I have given up work. I have had to give up work; during those two years I was running an inclusive creative arts business. And terrible things have happened with unskilled workers. An example is I was resident artist in a school for six months and had a wonderful relationship with the school. A service provider turned up for their first visit, to take me to the GP after work, and decided that I was unwell and they needed to call an ambulance and the police to the school. This happened at home time. The police in the end, once I had talked to them and the school had talked to them, apologised to me. I am still waiting for an apology from that service provider. Unfortunately, I have been too embarrassed to go back to the school. That is where I used to run my business, and I am still kind of working out how to get back into work.

I think that there is no accountability and there does not seem to be any understanding that, when we open our lives up to these people, we are actually putting ourselves at great risk and that they have this responsibility not to fix our problems but just to treat us decently and, when things do not work, not to blame us and drop us. I can only imagine that the reason that I am unacceptable to a number of services is the fact that I have started speaking out.

So I hope that there is more specialised coordination available to everybody, not just people with complex mental health issues, and that there is also a system of accountability and more peer support. I have recently done a peer-mentoring course, so I am hoping to contribute to that. Over those two years, my family and I really needed assistance, and it was not there. Thank you.

CHAIR: Thanks, Erika.

Senator REYNOLDS: Thank you very much, Erika, for sharing your story. It was very comprehensive and very moving, so thank you. There are a whole range of issues to unpack there that you mentioned, but I would like to go to two in particular. One is in relation to the LAC, just having that turnover. You said you have had four planners in the last, what, three years?

Ms Gelzinnis: Yes.

Senator REYNOLDS: From feedback I have had elsewhere, it seems to be a common issue—and I am seeing a few heads nod here. The turnover in planners has caused issues. Can I just get a show of hands from anybody else who has had that turnover and problems? Okay. There are a number of hands going up. Do you think that, when you initially went in there, if you had had someone there who understood your particular illness, it might have been a very different three years for you?

Ms Gelzinnis: Absolutely—and I need to clarify that I requested the different planners because I did not feel able to communicate with the planners that I was given. I did go in with a coordinator from a mental health service that deals with people with complex mental health issues. I felt that I was supported but, looking back, I should have gone in with somebody to advocate for me. But, once again, the plan is not the problem. I have been given really generous and appropriate plans. It is the delivery by service providers that has been the problem.

Senator REYNOLDS: In what sense? Can you expand on that a bit further?

Ms Gelzinnis: It can be anything from workers not turning up for shifts to workers who turn up and do not behave appropriately in terms of truly informed care, like blocking me in a corner and standing over me and things that make it really hard for me to be able to function with a stranger. My coordinator has met with workers and we have all sat and discussed this, and there is now a plan to follow. So I have been supported to have support. I think there are a lot of unskilled workers, service providers, with very little training who are just being sent out, and they just do not know how to react to somebody like me who looks normal and sounds normal and is quite fragile. I am very reasonable, and I am unable to work with diverse people in my area of work, but for some reason the anomaly of how I look and how I behave just seems to freak workers out.

Senator REYNOLDS: Based on your own personal experience over the last three years, what advice would you give the NDIA in terms of how to avoid a repeat of your circumstances?

Ms Gelzinnis: I think the NDIA needs to get real about what services are out there. I have been directed towards services and they have been very positive, but there is no protection for me. I have gone to every appointment and taken up every opportunity I have been offered. The NDIA should really step up as being a bit of a parent body, overlooking—not my case in particular—really gross dysfunction and things that have gone wrong. They have the power and they have the money, and when services continue to do a bad job, they seem to side with the services and they do not really take responsibility.

Senator REYNOLDS: So they assume that the blame is on your end automatically?

Ms Gelzinnis: Absolutely.

CHAIR: Thank you for your contribution, Erika, and thank you to your support worker. He is probably gearing up for the Boxing Day sales with the shopping improvements. Again, thank you. We appreciate your contribution. We will now go to Mrs Hammond.

Mrs Hammond: My name is Sheree Hammond. My daughter, Ella Hammond, is on the NDIS. She is three. At six weeks of age she was diagnosed with a syndrome called neonatal marfan, which is a connective tissue disorder. She has compromised heart and lungs and she cannot walk at the moment because her muscles are quite relaxed. We have been on the NDIS for two years, and it has been a godsend. It has been fantastic. It has provided my family with some normality. It has allowed us to function as a family. I also have a six-year-old daughter and I am a single mum. The NDIS has allowed me to choose Ella's supports, in a sense—her physiotherapist, her occupational therapist, her speech and feeding specialists—and there is also help with in-home care, because of her medical needs. She needs 24-hours-a-day care seven days a week. The NDIS has given me flexibility. I have been able to pick Ella's supports and they have been able to come into the house to provide Ella her care. My daughter cannot travel. She aspirates in the car, so travelling with my daughter in the car is extremely difficult. I have to have a carer in the back, because otherwise she will aspirate and can choke in the car. So transporting Ella is extremely difficult, but we manage to do it.

My experience with the NDIS has been 100 per cent positive. It is amazing. I did not realise that there was a program like this out until my daughter was about one, when someone said, 'Do you know there is help out there in the form of the NDIS?' Up until then, it was extremely hard to look after my daughter on my own, so the NDIS has been able to provide me with the ability, the tools and the providers to give her the best care. She is at optimum health at the moment, which is our main goal with Ella, because she has two major operations ahead of her this year: she has severe scoliosis, for which she will have spinal surgery in about two months, and at the end of the year she will also have major cardiac surgery again. The in-home providers have allowed us, basically, to keep my daughter alive. She is the only one under five alive in Australia with this condition, so she is extremely rare and extremely special. In the pictures I provided you, that is who we are talking about; that is my little girl. Thank you very much.

Ms HALL: Have you connected with Rare Voices Australia?

Mrs Hammond: This is the first time I have publicly spoken about my daughter.

Ms HALL: Maybe, if you could give me your details, I will give you some information and you can connect to them as well, because they might give you a little extra support. It is lovely to hear that the NDIS has been so great for you.

Mrs Hammond: Yes. It has taken a long time for us as a family to be able to venture out with my daughter's condition. It has been extremely difficult. Today is the first day I have come out to talk about her.

Ms MACKLIN: Thanks very much, Sheree. I just want to ask you something. It is great to hear that you have been able to come out today and that it has all worked for you. Congratulations to you too.

Mrs Hammond: Thank you.

Ms MACKLIN: One of the things that you might be able to shed a bit of light on is how it is working combining the care she is getting in the hospital system with the support—obviously great support—she is getting from the NDIS.

Mrs Hammond: It is a balance between Health and NDIS, because they are two totally different systems. It is great. Her occupational therapist is part of Health, and I have been able to keep her. She has known my daughter since she was born. So we have been able to keep that side of her continuing—people who she is used to. Health works with us and NDIS. I do not know. My experience, I guess, is that I have surrounded myself with extremely good providers and doctors. My daughter has a list of doctors as long as your arm, but everyone seems to work together. It is balancing, but we all seem to do it. Everyone just has my daughter's best interests at heart. I guess that is where the focus has to be: on the individual, my daughter or people with disabilities. The most important thing is to keep the focus on them, not everybody else.

Ms MACKLIN: That is great to hear.

CHAIR: Sheree, before you go, there are just two quick things. First, how did you go in your capacity to navigate all of these things? Second, there is a significant milestone coming up in Ella's life, and this is where you are moving into early childhood education, preschool and the like. How is that all going?

Mrs Hammond: We have just had our plan review for coming into the next 12 months, and one of our goals is getting Ella ready for prep and for kindergarten. I want her to go to the same school as her sister and be able to function, I guess, as normal: going to school and doing all the normal things her sister does. So one of the goals in our plan is to get her ready for that. Since being on the NDIS we have hit all our goals for Ella: keeping her at optimum health. One of our goals is to see if we can get her to walk. That is a major goal for us with her service providers—her physiotherapist and OT.

CHAIR: With the schooling bit, how is that going? Is the education system working well?

Mrs Hammond: We have only just started with the education system, in a sense, because she is only three. She will go into prep in 2018. They are great. I have gone up to the school and had our first meeting. We will have an assessment of the school and what needs to be implemented into the school for Ella to be able to go to that school. If she is in a wheelchair when she starts school she will need ramps and stuff like that. Through the NDIS and one of her providers we are getting an educator in the NDIS plan. We are implementing an educator, who will work with me over the next two years on getting Ella into school.

CHAIR: Well done and congratulations on your contribution today, Sheree. We now have Dana, from earlier in the day. You are going to get me into trouble, Dana. You have already had a go.

Mrs Spiers: I am glad I am going now because I am talking about my 14-year-old daughter, a beautiful young lady, who has multiple disabilities. They include mobility, communication, dietary, fine motor, gross motor and also intellectual disabilities. However, she does walk with the aid, thanks to NDIA, of inside and outside walkers. She has a wheelchair, which has been upgraded because she has grown. The NDIA in that way has been amazing.

The main thing I wanted to bring up today is that in September last year my daughter had to have major leg surgery. I wanted to talk about our experience with the Health/NDIA journey and how it has not been as successful as I had hoped.

Basically, she had to have surgery on both legs. They found out that her legs were rotated, so she had to have them pinned back into place. She has also had to have her right foot corrected, as it was turning inwards. She was in hospital for a week and off school for eight weeks. It was a very traumatic time and then afterwards it got a little bit worse.

Before she had her surgery everything was great. We had her OT and physio as well as the health department's OT and physio and everyone all turn up to the pre-op meetings and try to organise what was going to happen, so I felt quite confident that afterwards it would all work out. Unfortunately, she had her operation and the hospital stay was not great. We got through that and then we got home and had our first appointment with the physio about her splints. They have to get leg splints to keep it in the correct spot. She was meant to have night splints and day splints. That did not happen. I ended up having to fight and basically get to crisis mode before anything actually got done. The argument was over who was expected to pay for it.

Unfortunately, the way it worked before NDIA was that it was a part of the surgery. What normally happened was that on the day of the surgery, after they had operated, they would take castings, which would get sent away and she would have her splints within a week. This time we were looking at a month later. I turned up and nothing had been done. I had been chasing up appointments and they were saying it was on my plan but the splints on my plan were related to something else. So then no-one was going to do it. I basically just had to cry. I did not know what to do. She had had this operation, it had turned our family upside down and no-one wanted to help. We were up to nearly two months in which she should have been wearing these splints. My worry was whether it was just going to start deforming again and we would have to go through the whole process again.

Part of it was that no-one really knew who was responsible for what. We also had to hire a bed for her to live downstairs. Originally Health paid for six weeks of that. That was not explained to us till afterwards. Then they said they were coming to pick up the equipment that we had had to borrow. I said, 'But we still need it,' and they have gone, 'Well, now you'll need to apply through NDIA.' For my part, that would have been nice to know from the get-go so that we could have had all that in place. Luckily they were generous and let us keep it, and then NDIA took over the payments, but at that stage it was just because I said, 'I can't do this without it.'

The other problem we had was that Caitlin has had a physiotherapist for 13 years, and she is a unique and unusual case—as a lot of people with disabilities are—and she is expected to have the operation and then have someone who has never even seen her before take it over for six weeks. Basically we are meant to do six weeks of OT, physio and rehab, and then it gets handed over to your NDIA OT and physio. That does not really work. We had a few of those kinds of issues.

The NDIA in part has been fantastic, but just that NDIA health and who is doing what and who is responsible for what was quite distressing and not very good to be part of the initial process of it. That was the one thing that I wanted to get out of that process—to make everyone aware that it just needs to be a lot clearer in how everything works. That is probably the main thing I wanted to come out of today.

CHAIR: Thank you. How is the recuperation going?

Mrs Spiers: Her recuperation is going very well—lots of rehab every day. It is still very draining on us all but we are supported. It is ongoing. It is over 12 months of rehab. We are getting there.

Senator REYNOLDS: Just to clarify: if your daughter had not been covered under the NDIS, the hospital would have covered all of that?

Mrs Spiers: Yes. She would have gone in and they would have done the casting for the splints there and then on the operation table. She would have gone away and, within a week, she probably would have had those splints.

CHAIR: We have seen a little bit of that in other areas of health, where you get one tablet for the day and then go. It sounds like a road that we may have some familiarity with. Thank you very much for that data. The lady in green?

Mrs Davey: I have a son who is 52 years old and he lives in a group home. I have been involved for 46 years in all the committees and everything, from all these other committee things that have been rolled out. Now, from the hearing this morning, I am concerned about the transport, plan reviews, staff training, advocates for people with no parents, plans for better training and the NGOs not having enough money to supply all the services that they are supposed to do. Also, with the NGOs the outings seemed very good, but how can our clients afford them when they are paying 75 per cent of their pension to the carers and to the group homes that they are living in?

My son is living in a group home at the moment out at Belmont. He has a kind of unit. It is a fairly new system, where it is in a square, where there are eight clients. He has a bathroom, a bedroom, a laundry, a lounge room and a kitchen. He is so very happy there. It has taken me 46 years to get him there. I do not know whether he is going to stay there. How am I going to find that out? Nobody seems to know. I have no plan yet. I want to know what NGO is going to take it over. Are they going to shift them? He would not now live in a unit with three or four people. Also, when are the NGOs for the service going to be decided? Are any parents going to be on that committee to look at the NGOs and what they are going to do for the client? I have been on a committee before, the last time we did that. I went to Sydney and went through all the submissions that the NGOs put in. I would like to see parents on that committee. If the houses are to be given or sold to the NGOs, I would like to be at the point of sale—or the point of who is going to get it—and have my say. Thank you.

CHAIR: Thanks very much, Gloria. Very good points. The Belmont facility is currently run by the state government?

Mrs Davey: It is run by ADHC.

CHAIR: And that transition is quite unclear for you?

Mrs Davey: Yes.

CHAIR: Thank you very much—very good observations.

Ms Daley: I am here on behalf of my daughter Siobhan, who is 15. Siobhan has been a participant of the NDIS since the very beginning, so close to 2½ to three years. We have been completely self-managing her plan from day one. I have got four key points that I would like to raise. The first is around self-management and the lack of support that has been provided by the agency to assist people to do that. I am involved with a few different committees and organisations and, through that, I get to meet quite a few people who are interested in that. There just is not enough support, so I actually provide some of that one-on-one training on claims back through the agency and how to get things started—all of those sorts of things. Most of the people that I speak to who are getting really good results out of the NDIS and how they use their packages are self-managing. They have been able to go outside of that traditional service provider model and get things that work really well within their family, which we spoke about earlier this morning as well.

The second point is around how the plans are actually coming out at the moment. Siobhan has just done her third formal plan review. Taking into account the fact that we have needed equipment at different times, we have probably had at least four or five different plans in place. With this latest one, we know what we went in and asked for in terms of hours worth of support. We have been given a bucket of dollars, and there is no easy way for me to actually work out what that equates to and how close it was to what we actually requested in the first place. I probably need to sit down and spend a considerable amount of time pulling that apart again.

The third point—and it was already raised earlier this morning—is around access to peer support and other people with disability who have that lived experience and know how it works. Siobhan, through her sport, gets to meet quite a lot of people who have a wealth of experience. I would love to be able to pay them to sit down and guide her through some of those things. and really value their expertise on what has happened in their life. Where peer support is currently tied up in the NDIA plans, Siobhan has no access to that particular cluster, which means that, even if there were a system in place, she would not be able to utilise that, and that should be a crucial part that everybody can access.

The fourth point: Siobhan is actually involved in one of the NDIA videos—the little promo videos that followed her life one year on and two years on. In the video she talks about how she does not want to do self-management and all the stuff that I do but wants to go into plan management instead. Nothing in that space inspires me at the moment. There is a real lack of values. It is all very much service provider driven—very much that old model. I cannot see anywhere where she would be able to continue doing what we have been doing under that plan management stuff as it currently sits.

CHAIR: Caroline, that is brilliant. Thank you. You are welcome any time—even bullet points. This is fantastic.

Ms Daley: I thought it would be easier.

CHAIR: So Siobhan is going well? You are saying her optimism about her capacity to manage her requirements is encouraging, but you are not confident that all the moving parts are there to make that a reality for her?

Ms Daley: I guess if I were to step out, when I do step out—and she has made it very clear that she is moving out of home in six years time, so I have a finite time frame for this—there is no way that the current system allows for someone to step in and do what I have been doing to give her that flexibility, particularly around directly employing staff and employing contractors and that sort of thing.

CHAIR: Thank you.

Ms Curley: Good afternoon. Thank you very much for the opportunity to be here. I am a participant of NDIA. I am currently in the middle of my third review. I have had two extremely bad planning sessions where nothing really worked out. I have a paper I would like to table. It is only a part of a draft at this stage, but within a week I will send you some more detail and put the recommendations on the end as well. The person next to me is Shelly. She is my first support worker and she is going to prompt me with the topic headings as I go through the issues. I just wanted to say that when I started with NDIA I had never had services. I did not have any understanding of what was involved in getting involved in wanting services.

My first topic is NDIS legislation and 'reasonable and necessary'. There are a couple of issues that I think are a problem when you use 'reasonable' as the primary or prominent way of making a decision process. That is in the area of assistive technology and direct support needed to assist people with daily living, personal care and things like that. It should be turned around to 'necessary', still looking at how you can best be cost-effective. They need to be seen as necessary.

Next is planning and the planning process. In my first plan I got a gentleman who was brand new to the idea of disability. I went in, as someone said earlier, with great expectations of the opportunity of speaking about my aspirations and goals, only to have the gentleman say one by one, 'No, they don't fit the plan.' I actually walked out on my first plan and was going to walk away from NDIA. My second planner came to my home. She was a lady. Things had progressed along the process line. She came in with a booklet and wanted that booklet filled in. In my home, in a very disrespectful way, she went through the plan and sort of badgered me for answers and responses to her questions. When she had finished I just asked her to leave. Funny as it may seem, I have been extremely lucky. She is my planner again this year. She has actually apologised, which I find to be remarkable. The other issue is that when I went for my plan review I was told that I had to have it on the phone because I was not bedridden. That was because the planners now have a number of quotas they have to meet in a set time frame. So there was not the person-centred approach that allows us to speak about something that is very private. It is about our personal ideas, trying to put on a piece of paper what we want to do for a year—only on this occasion now it is two years—and speaking about the things that are important to us and the things we want to do. By taking our opportunity to speak with the planners they are going to try to dehumanise us through the processes.

Outcomes: there is a new process going on whereby the NDIA is planning to put together an outcome package. When you talk about outcomes they are particularly individual to the person who is the participant. If processes become driven the way the planning process now is, people are going to be lost within that process. We need to be a part of the planning of this. People with disabilities are not just people to be here—to be the participants. We actually have ideas and thoughts, and we have a lot of skills and abilities. We need to be part of not only the training packages, but also of looking at putting together the processes that we will have to live by.

Procedures: NDIA has too many procedures. The procedures are putting a distance between us and the personnel that we can speak with. They are also putting a distance between anybody we can begin to get information from or form the opportunity of being able to have a relationship with. These are the untouchable areas of life. People with disabilities are not just people that need supports. We are human beings like anybody else. As Maslow's hierarchy of need talks about, everybody has the need for shelter, a sense of wellbeing, food, clothes, education and a sense of belonging and worth.

The way NDIA operates between the areas of the department or public housing, between health and itself, between transport and itself and the other areas under the untouchables, they leave us in a gap where we do not get a full range of services. If our health is not okay, no matter what you do, no matter how much education you offer, it is not going to change. If you do not help us to find a way to be employed and to get out of poverty, then that is not going to be a help as well.

My experience of service providers is from predominantly a part of last year and very recently. The person sitting next to me is very positive. The person behind me—Rebecca—is also another positive. But, with my previous ones, the service providers did not want to work, because I only have an hour of this or an hour and a half of that. It is not enough money for them. They do not want to take it on. Service provider after service provider never really turned up. It was never enough time, never enough money for them. So it ended up leaving me in a very stressful situation in my home circumstances.

Transport: you have heard a lot about transport. How about we start devising some innovative transport opportunities here in Newcastle and stop trying to meet expectations of being able to pay set amounts that are not within our ability? We still live below the poverty line. I have said enough about poverty. We all live in poverty if we are people with disabilities unless we have family, and that is still not changing.

Earlier today we spoke about what is happening with the DES programs. For people who do not know, DES is Disability Employment Services, and also the services for the sheltered workshops. Each of these programs do not actually really work for people with disability; they work for the organisations that set them up. There has never been a real push in Australia to have people be given dignified work with dignified wages.

This one is for NDIA: access to the portal. I am visually impaired. I cannot access the portal, and there is no consistency in being able to access it at all.

This one is to the senators. The advisory board of NDIA is changing. Unless people with disabilities are going to be on that board, you are not going to hear our voices; you are not going to get an understanding of our lived experience or the experience of how we are able to really enjoy something that is really special about NDIA. I have never been able to do a spontaneous thing. I always have to organise transport or organise money or organise somebody to do it. Just a little bit before Christmas—three months ago—I was out with the first worker I have ever had and they saw a sign about records. I got to stop what we were doing, which was getting rid of my clutter happening around my home, and go to a record shop, on the spur of the moment, and actually purchase something, which I have never done, ever.

Dissemination of information: I am here today only because I got the information. Information about what is happening, what reviews are being done, what discussion papers are out et cetera is very hard to come by.

The other thing is: with the situation today and the way it is set up, we have to have the ability and the strength to actually speak before you and to know how to prepare things. I have had to bring—where are the 10 copies of that paper?

CHAIR: I know I have one. We have snaffled a couple.

Ms Curley: That is fine; I do not have a problem with that. But do you realise that we do not have those facilities? I have had to go around and around to ask people for help.

CHAIR: Where did you access these tools from? Was that a friend?

Ms Curley: For the printing?

CHAIR: Yes.

Ms Curley: I went to Officeworks and paid for it. I had to, yesterday, organise to go into Officeworks this morning, because you have got to get in a queue et cetera.

CHAIR: It has been very worthwhile. It is an extensive contribution. So thank you very much for that. Thank you, Patricia.

Ms Rae: My name is Yiota Rae and I advocate for my sister who is 58 years old. She is in an ADHC group home and she has been with ADHC, or whatever incarnation they were in previous years, since she was 12. I cannot say we were always happy with her service but we really are now. We have had ups and downs, and I guess that is just a normal thing that happens. However, I am concerned about the future. I do not know what will happen when ADHC shuts its doors. Who will be the provider of last resort? That is a question that bothers me a lot.

What happens to people with challenging behaviours? My sister has had challenging behaviours in the past and ADHC has dealt with her behaviours. If she is with a private provider who does not handle her well, where does she go then? And I am concerned about the transition from ADHC to a private provider because I think that, no matter how many meetings we have had and how much food they have laid out, we still have not got answers. So we have had meetings where no information has been given, really; they have been trying to get information from us. That is an issue that concerns me because I do not know how the NDIA will manage that because ADHC will pass it over to you guys and I do not know how you are going to handle that.

Moving on from that question, Helen's service provision has not really changed dramatically. She is with the NDIA and we are up to her first review. However, her accommodation and all the other services have essentially stayed the same, with the exception of some weekend support where she has gone out one-to-one with somebody on the weekend, and I think she would not have noticed anything different. The only person who has is me, and I am the one who is suffering for it, and I will tell you why: accessing your portal! I think you need to employ some computer programmers. You need to sharpen it up in a big way—it is as blunt as. You cannot search adequately for a provider. I can search for someone who I absolutely know offers a service in an area under that postcode, and whose service my sister goes to, and they do not come up—I absolutely know a particular provider is there but it will not show up on the portal. So that needs to be sharpened up in a big way.

As to the claims area in your portal: there have been providers who have claimed amounts that are not the right amount and your portal has allowed them to do it. So say, hypothetically, under line item 123, which has a certain rate attached to it, the providers charge $73 an hour when the rate is $70 an hour; your computer program, or your software, allows them to do it. So that needs to be sharpened up in a big way. And there are people taking advantage of it.

Another thing that concerns me is the role of the service support coordinator. My sister does have one but I am not sure what she does. Other than by being a matchmaking service—and that is absolutely all it is—I am not really sure that she is earning her money. If your portal worked better, she would be totally redundant because I would be able to find the services I want. She can match the service I want with what is available because she has inside information, but we should not be relying on inside information. I should be able to find someone on that portal in that postcode, and I cannot.

There is no auditing provision. No-one seems to audit how people are claiming on your portal. So someone can over-claim or someone can claim that they are providing a service that they are not. Someone has to be on the ball, and that is why I said the person suffering here is me, because I am the one who has to keep track of all this. A service provider can get in touch with someone else who is their buddy and charge a service or organise to provide a service, and the authorising person, who in my case is me, does not even know it happened. In fact, that happened in my sister's case. I am not quite sure who initiated what, but a service provider contacted the coordinator. They organised an OT to deliver a service. We had no idea my sister needed an OT, and the first I heard the service had been delivered was when the OT rang me up, not realising that this had all been cooked up between the providers, and gave me a report. I said: 'Excuse me. What's this report all about? I didn't know there was a problem to start with.'

In one instance when it came to the provision of an OT and my sister had six hours on her plan, service providers were claiming for six hours including a number of hours for research of equipment—except my sister does not have any equipment. I had to say: 'No, I am sorry. You took one hour to do that and one hour to do that, and that is all I am letting you have. You can't have another couple of hours for researching equipment that my sister (a) does not need, (b) you don't recommend and (c) is totally irrelevant.' There is a lot of that sort of thing going on, from my experience. Services are being overcharged.

Some service providers are telling you that they can provide a service that they cannot. You sign up and they say, 'Look, if you sign up here, we will provide this service.' Then they do not have staff or they are just not set up for it and you go, 'When am I getting such and such,' and it does not happen, and then you have to go and shop around. One service provider, who was promising to take my sister out on the weekend for one to one, would not supply an after-hours phone number. This was for a Saturday. If something were to have happened to her, we would have had no contact. The answer to the request for a phone number was, 'We can't give you the phone number of the carer because that is an invasion of their privacy.' And you go, 'Excuse me. You have just taken my severely intellectually disabled sister down the street somewhere, and that is not an invasion of her privacy. We can't know your number so we can't contact you.'

It seems to me that there is a lot of shopping around that you have to do. That is actually a good thing. My sister was in the old Stockton facility when she was 12. You handed her over at the door. You had no idea what her bed looked like. You had no idea where she slept. Now I know what colour her underwear is. That is a good thing, because I know what is going on, my family knows what is going on and we can make decisions. But we have to shop around. If service provider A is not providing what we need or not doing it properly, we need to go somewhere else. That is where your site comes in again. You need to have a TripAdvisor. You need to set up a TripAdvisor, so that people like me, who do not know who is who and what is what, do not have to ask 50 friends, 'How did you get on with so and so? How did you get on with such and such?' I can look it up and I can say, 'Well, provider A did not work for five people, but provider B did,' and, therefore, I can make an informed decision. I think that is all I have to say right now.

CHAIR: That is a good effort. Well done. Congratulations. Thank you very much. Frank, in the front row?

Mr Peterson: I refer to previous comments about what happens after age 65. There was a submission from somebody over to my right talking about transport. I cannot claim certain transport items. My wife has a vision impairment and has special requirements. We need to hire cars to take us certain places. We cannot catch buses for her. The same issue in regard to being over 65 and not accessing transport is related to what other people have said previously.

Miss Horne: My name is Natalie Horne. Generally I have had pretty good experience personally with the NDIA until recently. This is my third year. I go through Lake Macquarie. I will also be speaking quickly on behalf of one of my other friends who goes through Newcastle. My mother works for an agency that provides carer help, called Care For You.

Personally I have had great positive experiences, but that is because my needs are so few. I am mostly quite independent, so usually I just need a bit of home care assistance to help clean around the house once a fortnight—a bit of lawn maintenance, that sort of thing. That is all that is really covering me. I drive, I study, I lead a pretty independent life.

This year, though, I had difficulty getting some funding sorted out. I had a really good planner, but there seemed to be miscommunication and misunderstanding with the finance department at Charlestown whether it was okay for the funding to be used that way. There seemed to be miscommunication as to what their role is for the finance department between the planners.

CHAIR: Just on that, Natalie, is it that the finance department were interpreting what was on the plan in a different way from what the planners believed?

Miss Horne: Yes. It was just lucky I had emails and everything—supporting documentation from my planner—because they were telling me I would have to go and have an appointment with him all over again. Luckily he eventually came out from another meeting and was able to sort it out very quickly, but I was there for about two hours trying to get that sorted.

That has been sorted, but I am just a bit concerned about this miscommunication over what is allowed to be funded and what is not is causing issues. That is similar to the case of my friend. She is not as well off as me physically. She has a rare genetic muscle disease that is genetic. Her muscles have not developed and she has put on a lot of weight, so she needs assistance with mobility support. She has a hoist, a special bed and bathroom equipment. That is all set up. The strange thing is that the NDIA will cover all of that, but she also has a breathing machine at night, which the NDIA has said they will not cover. Under ADHC, they have covered it, but not under the NDIA. Apparently breathing is optional.

Ms MACKLIN: Obviously not. Are they saying that it is a health cost? Is that the argument?

Miss Horne: The reason that was given to her was that it is not a mobility issue.

Ms MACKLIN: Who are they saying should be responsible for funding that? Are they saying it should be Health?

Miss Horne: They have not given her anyone to deal with.

Ms MACKLIN: They do not say anything.

Miss Horne: She only needs it at night because her disease means that when her muscles relax she cannot breathe naturally on her own. She is a She has also encountered a lot of difficulty being able to organise her own transport or anything like that. When she was on ADHC, she was involved in community outings and various group activities. Since she has been on the NDIS she has been housebound.

Ms MACKLIN: Where is your friend living?

Miss Horne: Beresfield. I can give you her name if you like. It is Bianca Lawrence. She gave me permission to speak on her behalf today. She is only a year older than I am. I am 30.

As for my mother, she has had a distressing experience in the past few months, just before Christmas. She works as a carer. She has various qualifications. She works as part of an agency called Care For You. They provide relief for group homes when they need to fill a position quickly at short notice. She was at a group home and one of the clients there got upset with her and physically strangled her. This is not the first time it had happened. It turns out that this is how he deals with staff that he does not like. He decides that if he does not like you he gets up, strangles you and then you do not come back again. Of course, there are no consequences because it is disability, it is behavioural, it is intellectual. I totally understand that and my mum understands that, too. But what is happening now is that often staff are not even being told to be wary of him, so they are being put into situations where they are not aware that they need to protect themselves. This resident is a terror to other residents as well, so he is really not suited to that group home environment. My concern is that that is not a very uncommon story. My mum has seen this happen at several group homes: there is one resident is terrorising everyone else, and the rest of the residents just hide in their rooms.

My mum has since been diagnosed with PTSD and is having lots of fun jumping through the hoops of Workcover at the moment. She is trying to find other work now because she has anxiety attacks after being physically attacked at work. There is not a system in place to deal with what happens if you are attacked at work in that group home environment. There needs to be some way to have special training or some sort of service to help deal with these special clients, because they are not going to be suited to the group home environment in the long run. That is the gist of what I have to say.

CHAIR: Thank you very much.

Mrs Cuneo: Just a couple of points that have been raised this morning. One of the gentlemen that was sitting here this morning, Andrew, was saying that he is not trying to do the hard sell and talk people into buying devices, et cetera. But one of the big problems that we have across the board is that we do not have a shopfront in Australia to show people with disabilities all the types of facilities that are available to them. Unless they have the ability to access the internet, they do not even know half of the communication devices that are available, for instance. While it is true that we do not want anybody doing a hard sell, we do need people to be able to access those. Even if it were another website that showed all the different facilities, that would be useful.

The other point was that it has been mentioned a couple of times about how difficult it is to get service providers to do the sorts of things that they need to do for the people with disabilities. I suppose in one sense you could call it training, but part of that is that people do not have the imagination to visualise what can make the life of a person with a severe or profound intellectual disability life better. Driving down to watch the boats go out while you have hot chips is not improving their quality of life. There are a lot of carers that are doing things like that. Another point is that we have had some incidents over the last few months that were reported in the paper which could have been quite catastrophic—service providers sending staff to take someone out that they do not know and do not understand. In one case a few weeks ago I witnessed a carer with a resident from our Hunter residences who is not non-verbal—he can talk—but the carer sat there and read a book while we ordered our lunch and ate it. That is being taken care of, but that is an example of what is happening. We really need more consideration of what we are putting funding into. If it is not going to change their quality of life, then we really need to look at something else.

CHAIR: Thank you.

Ms Mahony: I will be brief. I seem to be finishing each session. I will try and summarise. From what we have heard in both sessions, I think there is a great need for capacity building to continue, particularly for people with disability and their families. That is going to be an ongoing need for quite some time to come, and we need to keep thinking about how we can resource it. There are things like coordination of support. We are hearing the plan is that you have some and then that continues to decrease. That is not realistic for lots of people. We cannot just see it as a sunset clause in the scheme. For service providers it is about keeping people with disability at the centre of all that they are doing. Are we on your boards? Are we part of governance processes and your decision making? We have also heard that there is a need for the other systems—health, education and justice—to continue to work with the NDIA in that collaborative partnership, so that we are ready for rollout of the full scheme.

CHAIR: That is a great distillation, Catherine, thank you. There is one further point just behind you.

Unidentified speaker: To follow-up on Catherine's idea about capacity building, why are we not allowed to put together a range of courses for capacity building for people with disabilities and get them accredited. Then they have something to put in their resume that has a value and a worth.

*Members of the audience interjecting—*

CHAIR: At the risk of being cheeky, since you are speaking amongst yourselves now, we will adjourn the hearing, grab a bite to eat and be back shortly. Thank you to everyone who has made a contribution. We are very grateful for your time, your insights and your wisdom. For those who are leaving us, we wish you a happy day.

**Proceedings suspended from 13:28 to 14:19**

CALLAGHAN, Ms Christine, Executive Officer, Support Services, St Vincent de Paul Society

LUCAS, Ms Denise, Executive Officer, Newcastle-Maitland Diocese, St Vincent de Paul Society

McDAID, Ms Belinda, Special Works Manager, St Vincent de Paul Society

CHAIR: In reopening this hearing, I remind people that these are public proceedings, although the committee may determine or agree to a request to have evidence heard in camera should such a request arise. I remind all witnesses that, in giving evidence to the committee, they are protected by parliamentary privilege. It is unlawful for anyone to threaten or disadvantage a witness on account of evidence given to this committee, and such action may be treated as contempt of the parliament. It is also a contempt to give false or misleading evidence. If witnesses object to answering a question, please let us know on what grounds, and we can work out whether to proceed with that line of questioning. Please be mindful that divulging confidential or personal information is not encouraged. If we can avoid that, that would be great for everyone concerned. If something like that arises, please let the secretariat know. I invite you to make a short introductory statement.

Ms Callaghan: I would like to thank you for the opportunity to present today. I do have a brief opening to give you a bit of background to Ability Links and what it has been doing since July 2013, when it first started. As you will know, we are contracted by the New South Wales government, through FACS, to provide the Ability Links services. We provide them here in the trial site, as well as at other LGAs in Hunter, but also in south-west Sydney, south-east Sydney, Sydney and the Central Coast. It is broader than here in the trial site. FACS has now funded Ability Links across the entire state. This is a service and a support that is available now to everybody. Going back to the scheme itself, Ability Links is for people aged eight to 65. There is also an Early Links program that supports families and children aged nought to eight. It covers the entire age range up to 65. Very importantly, when Ability Links was set up, it was very much seen as how to address the big issue about the exclusion and isolation that people with disability face. We heard today that it is all very well having access to a package of disability supports, but, if you cannot get work and are not able to contribute in society, those things can be very limiting. Time and time again, people who live with disability find that the only people that may be in contact with them are paid employees—workers paid to spend time with them.

The St Vincent de Paul Society is very much a human rights based organisation and is about social justice and inclusion. We are not a major disability provider. A large part of our focus is working with people who experience disadvantage and poverty. For us, Ability Links, this is a hugely exciting opportunity. As I say, it is not largely focused on participants of the scheme. We do have participants of the scheme who do come to us. I think there will be more and more of that. We have an agreement with the NDIA and an e-referral process, so that people who have a package but also want to live part of their life outside of that disability support system and to access community based and mainstream supports, can come to us very quickly. I think the most important thing is to stress that it is about people's connections to community.

One of things that is probably most striking for me about this program is the assumptions that we all make about accessibility. I think every day we see new examples where things are not as accessible as you might imagine. In the trial sites, we have linked over 1,500 people. That is a broad range of things. It might be about linking to employment, to education, to TAFE, to study or to voluntary work. It might be about linking to ordinary community-based groups. A large part of the work is also working with the community to build relationships—things like the chamber of commerce, things like local recreational centres, all those things—so that you can build that inclusive society we all want so much. I think it is very easy to see that that is where the difference will be made to both the lives of people with disability and also the success of the NDIA—so A.L. is a really pivotal part of that system.

I will give you a couple of examples. When we talk about the linkages that we make, one example that comes to mind is the opportunity where a person presented who had had experience of a Women's Shed in another area. Coming here, there was no such opportunity, so the linker, hearing that, was able to put this person in touch with the Men's Shed Association, which then led to discussions and the decision to hold a public meeting and get some people together who might be interested. At that very first meeting, 25 people came along. There are now two Women's Sheds in operation that would not have been, one in Kurri Kurri and the other in Cessnock. The thing is that, yes, that has opened the door for that one individual, but it is all of the other individuals who will now benefit from that into the future. That is going to build people's skills and confidence. Certainly, very much coming out of this is that this work is actually brave work. It is brave work for the people with disability, who are really stretching themselves and taking risks in terms of what they are going to experience. It is brave work for the linkers because they are there speaking out, wanting and, in some cases, demanding those conversations about accessibility—and having really great results. The 15 linkers who cover the trial site are really doing incredible things and seeing great results already.

CHAIR: I notice in the material that there is a strong network of linkers, particularly those who identified as of an Indigenous background. You touched more broadly, though, not just on the personal needs of a person but what you are doing out in the broader community to be more engaging and more welcoming. Do you have a feel for what kind of balance of the work is case related versus the work that is contextually focused on supporting the kinds of interactions you are describing?

Ms Callaghan: It is probably about 60 per cent case related, just from a broad perspective, and then 40 per cent broader community development work. It is a very important part of the work.

CHAIR: And an embedded part of the contract you have is to do that contextual work as well as the case management work?

Ms Callaghan: That is right.

CHAIR: A lot of the material that has come to us—and I know my colleagues have focused on this—concerns the clunkiness at times between the NDIA activity and services and broader community program and service availability and delivery. Regarding the ambitions of clients, whether it is economic independence—you touched on employment—or ambitions for further studies and training and the like, can you talk us through how you are making those connections work. It is an area that seems to be underdone, judging by the feedback we are getting and in the data that we are seeing.

Ms Callaghan: I think there are a whole range of ways, and it can be very much dependent on the individual, so it depends on what their needs are and what they are actually looking for. It can be as simple as somebody who has had previous work, may have lost their role and may want an opportunity around training for something else. There are some very practical, real examples, including where somebody has been linked into doing TAFE qualifications and has been supported in getting ready to link into, I think, a nursery for some employment there, and volunteer work—a whole range of things.

Ms MACKLIN: As you know, one of the concerns that people with disability have about this big change is that it not be just an expansion of more of the same. Yes, people want more services, but they do not want the lack of choice and the control that went with the old way of doing things. Some of the responses we have heard from people this morning have suggested that there are not as many new services and activities emerging as we might have hoped. Can you suggest ways in which you and the organisation could help facilitate that—how we might go about making sure that there are new ways of doing things that better respond to people's aspirations?

Ms Callaghan: It is a very interesting point, and I think sometimes, when people think about that, they are thinking about access to disability supports. There are such a huge range of opportunities out there in the community now that people are excluded from accessing. So a lot of what Ability Links is doing is tapping into what is already there and making it accessible. There was the example about the women's sheds. There are examples about pool accessibility. For example, here, very locally, there was a situation where there was no pool hoist at Muswellbrook. If you have a physical disability or you need assistance getting into the pool, you cannot get there. So the facility is now there. There is a very similar example in Sydney, where a person who was visually impaired—

Ms MACKLIN: Take the example you just used of the pool. What do you do to make that happen?

Ms Callaghan: Obviously, the first thing was the person identifying that it was something they wanted to do, and then the hoist was needed. There were several aspects—and we can probably get you some more detail from the people who were directly involved—but I think, largely, it was about the negotiation with the aquatic centre itself but also about then supporting that through fundraising for a hoist.

Ms MACKLIN: Right. So you would not get involved to that degree?

Ms Callaghan: We do not do it. We support others as to how they can do that.

Ms MACKLIN: That is great.

Ms Callaghan: It is very important that it is not a case management service. It is walking alongside people. It is not doing case management. It is about empowering the person.

Ms MACKLIN: That is great.

Ms HALL: I apologise for being out when you are giving your presentation, or most of it. If I ask you anything you have already said, please tell me to read it in the *Hansard*. I apologise in advance. How do people connect to your organisation? That is my first question.

Ms Callaghan: Denise, you might want to say something, or Belinda. I think the most important thing about the way people connect is that it is not a formal process. There is not an assessment process where you have to go through a stringent control to get into Ability Links or to get access to Ability Links. So people come from a range of directions. Twenty-seven per cent also self-refer; a large proportion self-refer in. Through the work that their staff are already doing out there in the community, they come across people. There are community forums. There are lots of ways that people learn about the scheme and they come through. We have lots of referrals from the non-government sector itself, as well as from government. But primarily it comes from people just making contact—picking up the phone, seeing people and making connections. And that soft entry is really important, because that is what is actually getting people to come to the service.

For us, one of the successes is that the majority of referrals we have had are people with mental health issues, when we know that, traditionally, they will not necessarily be proactive about engaging with services, or wanting to. That has been seen as such an important part of it. Also important is the number of Aboriginal people that are coming to us as a non-Aboriginal provider. Obviously, we can link up with the Aboriginal Ability Links service, and we do do that where the person wants that. But, quite often, they want to stay in touch with our organisation because it is about linking them into the broader community.

Ms HALL: Right. So, if somebody contacts your organisation and inquires about services, what is the process? This is for a self-referral.

Ms McDaid: I am happy to speak to that. Within two days, we contact the person directly and we arrange an appointment to meet them within five days. We go out and meet them where they are located in the community or, if they have access to transport, they can come to see us. But generally we go out and we meet people at their homes or a local facility that is close to them. It is about having a conversation and about sitting down and asking, 'What are the priorities you'd like to achieve and what can we do to assist that process?' I think the advantage we have at this stage in the development of the organisation is that, initially, the first couple of years were really around publicity and being out at every sort of forum. We were in libraries. We were basically very, very proactive about being in the community and being seen in community areas where people could advocate for us. Librarians and people like that would say, 'Look, Ability Links are here next week, if you want.' We did a lot a work around networking with family groups and schools and that type of stuff to begin with, and we turned up at festivals. We would turn up anywhere really. We did not do it the way that most services would formally do it. We embedded ourselves very much into local communities and with—

Ms HALL: That is a good approach, to embed into the local community. If somebody contacts your office and your service, do you ever decide at the point of contact that you will not offer them service and you will not get back to them?

Ms McDaid: No.

Ms HALL: If I received information from somebody that they had done that and you had not recontacted them—

Ms McDaid: That would be a worry to us. It would be of concern if we did not get back to them.

Ms HALL: I have had that reported to me, so I should see what I can do to facilitate that being corrected.

Ms McDaid: Absolutely.

Ms HALL: I am sure that you are totally committed. You have got that philosophy of empowerment and looking after the people that are accessing the NDIS through the NDIA, so I will see what I can do to help that person reconnect.

Ms Callaghan: Thank you. That is really important to us.

Senator GALLACHER: Ms Callaghan, I note you were in the media saying that there are better economic outcomes as a result of the implementation of NDIS packages here. Is there any indication that people are taking the next step of accessing mainstream community activities and, perhaps, public transport and then even scoring a goal and getting a job and feeling that sort of empowerment?

Ms Callaghan: I am sorry, I did not quite hear that last bit.

Senator GALLACHER: Have any of the participants actually secured employment as a result of a better package: wider community involvement, accessing public transport, more confidence? Are people moving on to employment?

Ms Callaghan: Yes, they have been. Across the state there have been all sorts of examples where that has happened and, in fact—

Senator GALLACHER: Can you tell us about a couple?

Ms Callaghan: FACS has commissioned an evaluation through Urbis which is looking at all aspects of the outcome of the Ability Links program. The most recent report, which I think was around about April, actually talked about an economic evaluation, just as you are suggesting. Globally, they have looked at all of the different kinds of economic outcomes as well as social impact outcomes for people participating, and based on the information that they have collated from all the way across the state they have seen that certainly by the first couple of years there will be in, economic terms alone, a break-even point. It will be cost neutral in two years from an economic outcomes perspective alone, and then you add in all of the social impact benefits—and, for me, when you are thinking about social impact, it is down the track that is what is going to actually make a difference in terms of sustainability of the NDIS. So it is great that there are some economic outcomes and there are people in employment as well, but I think the social outcomes are key. The other part to that Urbis evaluation was based on the work that they have done so far that shows that for every dollar you invest in this type of activity you will see a $1.5 return. I do not know whether you want to talk about any specific examples from the trial. I cannot say whether there were trial examples of employment.

Ms McDaid: There have been examples of employment within Ability Links so far. Employment is the biggest challenge area for the project, there is no doubt about it. I think it is interesting from a few different levels. We are currently involved in doing a project around accessible businesses. It is about talking to business about how you actually attract accessibility into your framework around business improvement. It is not just about saying there is a dollar value if you have more customers coming in your door. It is also about saying: what is the next step? And the next step is about how you actually fulfil an experience that is about fulltime employment for people. Interestingly enough, if we had had that conversation with businesses two years ago I do not think they would have been as open to having it, whereas now we have started a project within Newcastle with Newcastle NOW and we are looking at a test site around Nobbys. We got funding through Surf Life Saving Australia, and now people—restaurant and businesses—are approaching us and saying they want to participate in it even though they are not in the area. They are asking us what kinds of ideas we can suggest. We have developed some tools that will assist that conversation to go a bit further. It is definitely an area where a lot more work could be done, for sure.

Senator GALLACHER: It is excellent to hear that there are employment opportunities being created. There is nothing more powerful than that first pay cheque and the independence it brings.

Ms McDaid: Absolutely.

CHAIR: Within your own organisation, how has your recruitment gone? The workforce issues have come up quite regularly in the evidence presented to the committee. I am curious about your own journey and to what extent you have the able to draw from the client pool—people with disabilities—to come and be a linker, bringing their authentic and firsthand experiences to that role.

Ms Callaghan: With recruitment, we have used our own processes that we have at St Vincent de Paul Society. As you would expect, going through the usual processes around position descriptions and recruitment, in a lot of different places it is word of mouth. In the early days of this program it was more difficult because it was new and people did not know what it was. Now, people are hearing about it. Certainly, in Sydney, we have seen a large uptake of people with disability or lived experience of disability wanting to work in these roles. That is something that is very exciting to hear.

The other thing that has been really valuable as part of that recruitment is the Community Disability Alliance Hunter—and I would like to acknowledge Catherine Mahony, who spoke earlier. They have been very supportive and have worked with us on interview panels. Having a person with disability involved in that process has really helped influence the decisions we have made, in terms of the people that come in.

As with any role like this, it is actually a challenging role. There is a lot to it. You are stretching the boundaries, and I think that is what is really important about the program. We are not coming at it from a disability perspective, so our recruitment has been fairly broad. We are looking for people who have, perhaps, some qualifications in either human services or community development, but experience in that area is as powerful to us. Bearing in mind we are recruiting from society as a whole, we really want people who look at people through eyes of strength, eyes of potential and eyes of opportunity, because that is what will make the difference. The difficulty is making sure people do not think there they are going to be helping a person with a disability. It is about empowering that person. They are not there to case manage and do that kind of work.

From our perspective, we are getting more and more success with recruitment. The overall number of jobs in the disability sector is growing and we are starting to compete for staff. We have cases where we have great staff and we do fantastic training within our organisation. There is an Ability Links module—the person who spoke earlier talked about support from a trauma informed care perspective. We are training all of our staff at St Vincent de Paul Society in trauma informed care. We know that people with disability, whether it is mental health, intellectual or physical disability, quite often have a background of trauma and certainly that history of isolation. For us, that is a really important part of what we do. We skill up our staff really well and they then become quite attractive to other organisations.

CHAIR: All the training you do is in house?

Ms Callaghan: Not all of it is in house; some of it is in house. There is a whole range. We get access to mental health training and drug and alcohol training—whatever it might be that people need to work alongside.

CHAIR: We heard earlier about a request for a portfolio approach within the agency so that there is a depth of expertise, knowledge and insight. Is this something you are developing as well across your linkers? Are there people with particularly deep insight and knowledge of particular kinds of client needs? Is that happening or are you finding more of a well-informed, generalist approach is working?

Ms Callaghan: It is really interesting because something to think about is how that happens. What we really want to do is make sure we are linked up with like-minded people and people who will get along well and understand each other. For us, it is about making sure that you do not necessarily have a specialist knowledge around cerebral palsy but that you are of the same age group and have some ability to work with the person because you have more in common. So you are not sending somebody who is 60 to go and have a conversation with an 18-year-old about their lives, what they are hoping to achieve and what is normal for an 18-year-old.

That is primarily what we have been doing. I do not know whether there is anything more to say in terms of the portfolio. I think the danger with a portfolio approach is that you obviously would not want to take, say, everybody living in a certain type of accommodation and say they should all have the same linker—it is about matching that. But, of course, if somebody has some specialist understanding around mental health, they have had the training and they are comfortable in knowing about trauma informed care and all of those things—that would probably be their preference for work.

CHAIR: You have a linker and a care planning process. We have heard, also from Katherine, about capacity building and being mindful of the world of possibilities that is out there. Can you just talk me through how that works to make sure that that planning process is as rich and as well informed as it can be, where your role starts and stops and where other actors in the disability rollout commence. I would just be interested to know how that works.

Ms Callaghan: I think what is really clear from that is that the ability linker role was very much set up around nonparticipants. We have looked at people coming to us, and, as I said, about four per cent of our referrals have come directly from NDIA, so almost 60 people would have a plan as well. We do not expect to see the plan; we do not ask to see the plan. Sometimes they might want to share their plan, but that is not something we need. If they are coming to us about how they can take part in ordinary community life, that is not something that is funded through their plan. That is something that is provided through the Ability Links service. I do not know whether that helps clarify that. It is quite separate to the provision of disability supports.

As I said earlier, one of the new initiatives is an agreement with NDIA, which is supporting their staff to get clearer about the fact that there will be some people who want to have a mixture of formal supports and informal supports. That encourages them to use that e-referral process, which is just basic information about the person so that we can follow through and work with that person.

Ms HALL: I was going to ask about jobs, but not to worry. I know there was recently an article in the *Newcastle Herald* which referred to the fact that there would be 600, I think, new jobs brought to the area through your agency and the NDIS. I was wondering if you wanted to add a little bit to that.

Ms Callaghan: You are talking about the local area coordination?

Ms HALL: Yes.

Ms Callaghan: Yes, the St Vincent de Paul Society has recently entered into a contract with NDIA as one of two providers that will initially be working on a contract for local area coordination. That is a very large program and the St Vincent de Paul Society will have an additional 600 staff over a couple of years. This contract is for 2½ years. It will actually be for Hunter New England, the Central Coast and also for south-west Sydney in year 1. Then, in year 2, it will include, for us as the St Vincent de Paul Society, south-east Sydney and Sydney.

Ms HALL: So that 600 includes Sydney? Okay.

Ms Callaghan: It is a number of staff and it is important because that is really going to focus on the very large number of people who currently already access disability support, which are either ADHC provided or ADHC funded. There are a significant number of people who will require support to be NDIS ready. I think we have heard today quite a bit about the importance of that preparation, so obviously we are taking that on board in how we work with people to get them as ready as they possibly can be in what is a very short space of time for a very large number of people.

CHAIR: Thank you, St Vincent de Paul Society, for your evidence today. We are grateful for your input. If anything else crosses your mind that you feel would be of interest to us, please stay in touch.

LONGLEY, Mr Jim, Deputy Secretary, Department of Family and Community Services, New South Wales

NEW, Mrs Marie, District Director Hunter New England, Department of Family and Community Services, New South Wales

SCHORER, Ms Janet, Executive Director, Department of Premier and Cabinet, New South Wales

TAYLOR, Mrs Samantha, Executive Director, NDIS Implementation, Department of Family and Community Services, New South Wales

[14:49]

CHAIR: Welcome. I take this opportunity to remind the officials that the Senate has resolved that an officer of a department of the Commonwealth or of a state or territory shall not be asked to give opinions on a matter of policy and shall be given a reasonable opportunity to refer questions asked of the officer to superior officers or to the minister. This resolution of the Senate prohibits only questions asking for an opinion on matters of policy and does not preclude questions being asked as an explanation of policy or factual questions. I invite you to make a brief opening statement, if that is your wish.

Mr Longley: We will forego the opportunity to make an opening statement so the committee has more time to indulge in questions.

CHAIR: Did you catch any of the evidence earlier in the day?

Mr Longley: Yes.

CHAIR: Terrific. There was quite a conversation around a few key recurring themes. You might have picked up quite a lot of interest in transport. We would be keen to draw out your understanding of what is happening and the intersection between the NDIA and state services. We will come to housing and a few other things after that. On transport, there is a clear sense of some anxiety about gaps in what was available and what might be available. Do you have some insights or observations on that?

Mr Longley: I will ask Sam Taylor to make some comments about the transport question.

Mrs Taylor: In New South Wales, we fund quite a substantial program around community transport operations. That is under the former Home and Community Care program. We fund community transport service provision in the New South Wales program. Also, through our direct funding arrangements with people with disability, we do some provisioning around transport as a component of someone's individualised package. In our programs around community access for people with disability there is provisioning in the funding for providers to deliver not only the supports but the transport to and from the venues that those supports are offered in. That is not a transport funding arrangement per se; it is about community access provisioning and it affords those providers the ability to enable transport to and from their services.

Ms MACKLIN: This goes to one of the mothers at the back. This seems to be where the difficulty arises. As you know, the agreement between the Commonwealth and the states is that, overall, nobody is going to be worse off. Given the situation you have just described, which is as all people in the room understand it to be, how do you understand that is being translated in the services that are now being delivered to people who are already in the NDIS in Newcastle?

Mrs Taylor: There is a need for us to work more deeply with providers to support them in providing quotes or descriptions for people about what will be included in what they provide.

Ms MACKLIN: We really need to get to the nub of this. You have an expectation that, when the provider puts in a bid to the NDIA to deliver a particular day service, for example, they will include transport to and from as part of the bid? Is that what you are saying?

Mrs Taylor: That is how our funding arrangements operate—yes.

Ms MACKLIN: We will obviously follow this up with the agency. That is how you would expect the no-disadvantage test to be met?

Mrs Taylor: Fundamentally, we would expect that the kinds of arrangements that are in place around people being able to access services as they have within the state programs would be translated in transition into those services. We would not consider the elements that we are talking about here in terms of getting to and from a service delivery arrangement to actually be a separate transport matter. We would fund other elements of transport like carer subsidies and people's general access to transport over and above public transport access as a separate matter, if that makes sense.

Ms MACKLIN: I accept that, but the problem that people keep raising is that they have got access to transport now in the way that you have just described. They have just said to us here this morning that that is not the case under the new NDIA arrangements—that their packages are not inclusive of getting people to those day services, for example. Is that your understanding of the problem?

Mrs Taylor: That certainly seems to be the problem.

Ms MACKLIN: Are you sitting down and sorting that out?

Mrs Taylor: I have to say that this is the first time that we have heard directly about that particular issue and we will be talking to the NDIA about how to resolve it, because it does seem to be an emerging issue that needs to be solved before we hit full scheme.

Ms MACKLIN: Maybe I should ask this to you, Jim: could you write back to the committee about how that gets resolved? Because it seems to be something that, let's just say, is not working.

Mr Longley: Certainly we are happy to commence discussions with the NDIA around that.

Ms MACKLIN: But could you get back to us about that?

Mr Longley: And obviously advise the committee.

Ms MACKLIN: Let us know how it has been sorted out, because it is very clear in the agreement that people are not to be worse off. We cannot have a situation where people cannot get to the services that they are entitled to.

CHAIR: And could you please describe the community access provisions that were in place, how you understand they are being translated to the NDIS framework? The way people are coming at transport and the way it is funded is quite different, so that translation of the old community access provision that the new paradigm seems to be, as Jenny is describing, not working for many people.

Mr Longley: Yes. We tend to take a more holistic view rather than this aggregated view. But certainly we will pursue that and advise the committee.

Ms HALL: Could I add to that as a member of parliament who is working in this area? Overwhelmingly, the biggest issue or complaint I have about the scheme from numerous people—and it is not just emerging, it has been around for quite a while—is around transport. I think it is really important that it is sorted out between yourselves and the NDIA. It is not emerging, it is a long-term problem.

Mrs Taylor: I absolutely agree.

CHAIR: Have you finished with the opening statement? We are just very enthusiastic about questioning you, and I am making sure that we have not cut that short.

Mr Longley: No, we are happy to forgo our opening statement, thank you.

CHAIR: Thank you. That was my understanding.

Ms MACKLIN: They know the committee gets very irritated, don't you?

Mr Longley: We have them here, ready.

Senator GALLACHER: Mrs Taylor, do not take this personally, but whenever we raise an issue from the trial sites that have been held previously at various levels in the department, we often get that same response. That is the first time I have heard about it. Is there a problem there, that people are not—

Mrs Taylor: We are well aware that there have been issues with transport and pricing within the scheme. That has been a representation that has been made to New South Wales throughout the trial period. The translation of our community access program arrangements and the interpretation of transport within that context is something that we need to explore with the agency.

Senator GALLACHER: So what did you say in terms of it being 'the first time it has been brought to my attention?'

Mrs Taylor: This is about the translation of our community access program into the scheme.

Senator GALLACHER: I will not make any comment on the rightness or wrongness of any of that, but when we—after consultation—go and speak to various levels of bureaucrats, it is quite often the case that they say, 'That's the first time that it's been brought to my attention.' When that happens repeatedly—this is not about you; this is about the way we are going around asking people what the issues are and then, when we go to the appropriate levels of bureaucracy to find out about the answers, quite commonly getting the answer that you have just said. I am just wondering: how do people feed information to you, particularly at your level? Is there someone who listens and reports to you?

Mrs Taylor: Yes, we have a team within the Hunter that works in Maree's area that feeds information about particular issues—it can be an individual circumstance or a more systemic issue in the trial site—and that gets fed into our governance and through my team for local resolution and, in the case of matters that are systemic, up through the governance so that we can solve those issues.

Senator GALLACHER: And you swap that information with the NDIS, do you?

Mrs Taylor: Yes, that is right.

Senator GALLACHER: Thank you.

Mrs Taylor: We have a joint implementation steering committee that feeds up locally a range of issues that could be about anything from an individual matter through to a policy issue. We triage those through our respective organisations.

CHAIR: So, Samantha, you would sense that there is good situational awareness at a state level about how the rollout is being operationalised and the issues that are emerging, and the process for which they can be then canvassed or interrogated with the NDIA—how is that working? Is there receptiveness to that situational awareness that you feel you have good handle on?

Mrs Taylor: Yes, I think there is a receptiveness. We are talking about a number of factors in how we resolve issues. We are talking about a trial site, so the distinction between what occurs in the trial site and how the agency, through its central office and its set up of the full scheme, manages issues can be quite different. That is not a criticism; it is simply that the trial site is highly localised and only looking, as you know, at a very small part of this local community relatively. A lot of the issues that come up in the trial site can point to issues of practice and things that we think we would not like to see in full scheme transition, and we then draw those into discussions with the agency centrally about how we design our planning for full scheme implementation.

Senator REYNOLDS: Thank you very much for appearing today and for your evidence. Mr Longley, I have a particular interest in younger people with disabilities in aged care. I had a look at the bilateral agreement with the Commonwealth. One of the things that struck me was that you have identified that there are about 2,200 younger Australians in New South Wales living in aged care, but by 2017-18 you have the amount as zero. I am wondering where these people, given the shortage of suitable supported accommodation and alternative housing—it is less than a year and a half away—will go. Where is it assumed that these people are going to be living?

Mr Longley: The hallmark strength of the NDIS is that it is very individualised. Each of those young people in residential aged care will have their package and, in fact, will be able to then make their own choices and work through that. I would make two key points. Firstly, the state government has had the YPIRAC—Younger People in Residential Aged Care—program, and that has been quite small but quite successful to date in working through a number of those issues.

Secondly, and your question is leading into the broader housing question: it does underline the importance of the user cost of capital. To elicit a housing provider market response, it is very important that that number and process be known, and known as soon as possible, because that is the vehicle that will in fact be able to generate a specialist housing provider response. But we do need to be careful, in making that overarching comment, to bear in mind, as I said initially, that we are talking about the individuals. Whilst those individuals might now be in residential aged care, we would certainly not see an institutional setting as being, in any way, appropriate. The housing model that would be appropriate will be much more individually tailored. That is why I am a bit reluctant for us to say, 'Here is a big blanket market response', when what we want is something like the user cost of capital, with the knowledge of the individual packages that these people have. They can then explore what housing and accommodation is best and appropriate for them. That is the thing that will actually generate that.

Senator REYNOLDS: I accept all that you are saying in theory, and, over the long term, I think that is right. But for next 18 months or so your expectation, in terms of your funding arrangements, is that there will be zero left in residential aged care, which is clearly not the case. Most of the people are there because there is nowhere else for them to go. So, while the market might catch up, it is still an awfully long time for somebody to be left in residential aged care not getting the health and mental health support and other rehabilitation that they need.

Mr Longley: You have separated out two issues there. One is about service provision—

Senator REYNOLDS: That is the bit I am coming to next. But on the housing and supported accommodation issue: when you made that agreement, why did you assume it was only going to be two years and everybody would be out in alternative accommodation.

Mr Longley: Sam has some comments.

Mrs Taylor: They are phasing arrangements. Those numbers that are taking us to zero refer to the movement of funding from the Commonwealth cost into the NDIS for those individuals. It reflects their participation in the scheme, not their exit from aged care.

Senator REYNOLDS: Just going to the point you raised then: it is bit of a circular argument. A lot of people have ended up in residential aged care because they come out of hospitals or there is absolutely nowhere else for them to get the rehabilitation and other service support they need, and so the Commonwealth ends up picking up the tab. We have heard today different instances of cost-shifting between the Commonwealth and the state. This is a classic case.

Moving on from the housing: even if, mysteriously, 2,200 new places are going to appear, where is the rehabilitation support, the mental health and all the other services needed for those who are not getting it in residential aged care at the moment going to come from? Is the NDIS going to be responsible for finding that here in New South Wales? New South Wales has not been able to provide it. Do you see what I am saying? It seems like a bit of a circular argument.

Mr Longley: Again, if I can make two comments. You are quite correct that the market response will not be instantaneous. Nobody has ever conceived that that would be the case. To locate 2,000-plus unique pieces of accommodation is clearly not going to happen overnight. We need to understand that the NDIS is an enormous step forward for Australia, but it will not happen overnight. Even though a person will transition on a given date, the response of providers will not be able to happen instantaneously on that date. But what is important is that everything that can be done to stimulate and help provide a response is done. New South Wales has, over the last several years, invested significantly in an industry development fund precisely to stimulate the provider market to look at this. We also have a transition fund to, again, encourage providers to work—

Senator REYNOLDS: Rehabilitation?

Mr Longley: This is across the board. This is whatever is needed in terms of bringing accommodation or services on board. When we talk about accommodation, again, it is very important that we distinguish, for the purposes of the NDIS, that which is specialist disability accommodation from that which is general accommodation—it might be social housing, affordable housing or general housing—because we need to be careful not to pigeonhole young people in residential aged care. They may well be across the spectrum of what is needed, so we do need to be careful that the provider response is not: this is the one type that fits all.

Senator REYNOLDS: If this was your 25-year-old son or daughter with an acquired brain injury who had been in aged care without getting the rehabilitation and other services they needed, and they just heard what you have just said, what do you think they would make of it? What would they want to hear? I am going to spend another two, three or four years while the market forces catch up to me before I get rehabilitation? What would you expect me to say, or what would you say, to your daughter or the children of anybody here today? What do you think they want to hear?

Mr Longley: I would hope that, with the advent of the NDIS, people would be able to have confidence that they will be receiving a package and that the sooner they know what the content of that package is the sooner they will then be able to go out and speak to people and say: this is what I will be receiving; what is the best I can have out of that? That is also where, as I said, the importance of the provision of the user cost of capital is very important. If, for that particular individual there is a requirement for specialist disability accommodation, then the user cost of capital is an absolutely pivotal element. That individual on their own, with other people, with other providers and with a whole range of other people who might be out there who are interested or who have been supported to do this work would then be able to say: this is not the block institutional approach; this is not a standardised approach; what are the sorts of things we need? You might be able to go into accommodation that is down the street that fits you well but with some minor modification, or even some significant modification. That is the message I hope people will be able to take away. I hope that people have not received the message that the NDIS is going to solve all problems instantly. Will it be an enormous step forward? Yes. Will it solve all problems immediately? No.

Senator REYNOLDS: With the greatest respect, Mr Longley, I think that was a very comprehensive departmental answer. If it was my child who was in aged care because the state rehabilitation and health system had let them down and there was nowhere else for them to go—and the Commonwealth ended up having to pick up the tab—and they were left there indefinitely, as so many of these young people are, and I was listening to what you just said, I would be mortified. They have been there three years; their health is going backwards; their mental health is going backwards; they no longer see their friends—and you are telling me now, because of market forces or whatever, that I have to wait another two or three years. They want to know what you and the state health system are going to do to support them until they transition to the NDIS. It is going to be a lot longer in some other states than here in New South Wales. So, with respect, I am not really happy with that answer and—you got a sea of nods here—it is not a good enough answer for the individuals here in the room. I am sorry.

CHAIR: Nods are okay, but, out of respect for those that are presenting, let's not have too much cheering and the like.

Ms MACKLIN: Just to follow Linda's point, particularly around this difficult question that you have raised about the user cost of capital: as I understand it, the difficulty is that there is no agreement between the Commonwealth and the state around the identification of how much money will be made available for the user cost of capital. Is that correct? Is that as you understand it?

Mr Longley: As I understand it, that is under discussion.

Ms MACKLIN: I think the difficulty, and why we are probably all very frustrated, is that that still has not been identified and agreed to and—maybe as a comment—why it is so important that it gets resolved. To be fair to these people, it is not in their court.

What is in your court—just to go on to a separate issue—is that a number of the parents here today have asked us questions, which we are really not in a position to answer. I am not sure how the NDIA will answer them either. We will ask them these questions. The mothers behind you particularly want to know what is going to happen with the transfer of group homes or housing currently owned by the New South Wales government into the non-government sector. How are those individual people with disability going to know whether or not they will be able to stay in the house they are in, if they like it? Will there be a guarantee that they will be able to stay there? Is there some way in which that person and their family can get that guarantee? If you could explain the process to us and to them, that is the first thing.

The second thing may be related to some cases that have been raised with us today. What is the housing of last resort? In a way, it is the other end of the questions thatLindaasked. In some cases nursing homes have become the housing of last resort for some groups of people, but I do not think that is who these mothers have in mind. I think they have particularly got in mind people with very difficult behavioural problems who have ended up in state-run homes of various descriptions over the years, and people do not really know who will provide that service. Obviously, it will have to be funded by the NDIA in some way—I understand that—but I think what would help everyone is if you could explain to us your vision of who will provide that service and how you will be able to reassure those parents that their sons or daughters are going to be properly accommodated.

CHAIR: At the risk of adding to an already long question, part of that story was about security of tenure as well. So there is the transition and the last resort but also the anxiety around security of tenure and whether those moving parts you touched on earlier might see a housing provider think that some other tenant might be better, more suited and a better business proposition, perhaps, than a loved one who has found it a stable and supportive environment and does not care to move.

Mr Longley: If I could deal with the second part of your questions with regard to last resort. As a general proposition—and this goes some way to the misunderstanding by Senator Reynolds of where we are at this moment—the state disability system is a resource constrained system from the top down.

Ms MACKLIN: I understand.

Mr Longley: You understand eminently, but a lot of people, generally, do not understand how significant that is. Moving from a system which is resource constrained from the top down to a system which is actually centred on and developed around an individual's needs means that, for instance, in New South Wales, the estimated level of funding approximately doubles. That means the accommodation response to Senator Reynolds's question is, for the first time, able to be done. It has not been able to be done properly in New South Wales until now, because of these top-down resource constraints. States have said, 'This is how much money we can afford to spend on disability services, and that's it.' That means some people who need a lot of support actually get less than they need, and a lot of people who only need a small amount of support get nothing. Moving to the NDIS overcomes that. It does not happen instantaneously, but it can and will happen. That is the first thing.

Another implication of moving from a resource-constrained system to the individual-based system in terms of the provider of last resort issue is that, for the first time, the sheer quantum of that issue should shrink dramatically because a large driver of the demand for provider of last resort services or accommodation has essentially been driven around the cost. If a state government says to an NGO or to someone else, 'This individual needs these services and we the state are prepared to pay X dollars' the NGO might then say, 'It is actually going to cost us more than X. Therefore, we will not look after that person.' Hence that person comes back to the state. So the state plays a role as provider of last resort. That driver of the demand for provider of last resort no longer applies under the NDIS because, for the first time, you have the resources that are needed for that individual being fully and properly provided.

CHAIR: The point that was being made was that that might be theoretically correct, but if you have a certain capability within your organisation—let's cut to the car chase. You have a group home and you have certain funding to cover its operations. Then there is a person with particularly high, challenging needs, and that might have all sorts of ramifications throughout that property and then the range of revenue coming in is varied. I think the temptation Jenny is alluding to is that it might get too hard. It might be a perfectly rational choice, but not the choice that provides the support that we are aspiring to under the scheme. What are the safeguards against that, notwithstanding the theoretical context you put out there, but the reality of what may well happen on the ground?

Mr Longley: Again, I think there are two key points driving that. Firstly, a provider, the individual with disability, their guardian or carer and their support person will in no circumstances be saying to the NDIA, 'The costs of providing services to this individual are in fact Y amount, not X amount.' That is where, for the first time, we will actually have a proper, full response. The NGO providing the services will not have the incentive to say, 'I'm not going to do this, because I can't afford it.' For the first time, you will actually have a proper matching. Up until now we have not had that proper matching. That is a big driver.

Ms MACKLIN: I take your point on the money side of things. But I think the fear of parents is not just about the money; it is that traditionally the state has come in where no-one else would provide.

Mr Longley: That is driving to the second point. However, a large part of that element you have talked about is actually driven by an NGO not having the resources to look after that individual.

If I can now go to those circumstances which you have just raised, the state has in fact over the years developed an expertise because it has been the default provider of last resort. These are used particularly, if you like, in emergency situations or where some behavioural incident or something else happens in an emergency fashion. We are very aware and cognisant of that because that is very significant. There is that body of expertise. I should note, however, that of course a lot of clients with complex needs and so on are already being accommodated and appropriately serviced in the NGO sector. We are not talking about an either/or situation; it is both/and. In terms of the skills and capabilities within ageing, disability and home care, it is particularly valuable. We have been doing a significant amount of work over the last 18 months and more to make sure that the skill base and the networks that go around that are in fact transitioned into the new NDIS world. We have had discussions with the NDIA about doing that. We are having quite close conversations with NGOs and with our own highly expert people as well as with people at universities who have developed centres of expertise around this. So the point you are making is absolutely correct. It is something that we identified quite some time ago. In fact, we might even have made reference to it in a previous hearing. It is absolutely critical. We are working to make sure that that skill base is transitioned into the new world, because we do not want it to be lost. It is a particularly valuable resource.

Ms MACKLIN: Is there some way of us assisting by providing information to these groups of parents that those highly skilled people are actually transitioning and that there are NGOs that are willing to take on that role? Is there some information you could provide to us that actually shows that is happening? I think the more that sort of information is available to people, if that is the case, that would be very helpful.

Mr Longley: I would be more than happy for us to provide you with information on the work that we are doing and, in fact, the significant role that NGOs are already playing in providing services to people with complex needs.

Ms MACKLIN: I think that would be great.

CHAIR: Could you touch on transitioning of your own stock, how the NGO identification process is going, parental and client engagement in management arrangements and the like?

Ms MACKLIN: And if you want to stay in the house you are in that you are going to be able to.

Mr Longley: The process around that has required a significant amount of work. Again, it is important to distinguish transfer of services from the transfer of, if you like, the assets—the homes, accommodation and so on. Decisions by the government are still in process. So I cannot give you the final definitive position, because the government of New South Wales are still in that process. We are developing advice for them and that is still partway through the decision process. However, it is very useful to note, for instance, that we have just recently transferred the Home Care Service of NSW to Australian Unity. That involved a large number of clients and a large number of staff. They were an NGO. They were identified through a fully appropriate process and so on. What was significant was that the No. 1 criterion in that transfer process was continuity of service to clients. That was even accepted by the Treasury, and that has absolutely been and will remain our No. 1 criterion both for the transfer of services and in all other activities we take in this space.

Continuity of service to clients is absolutely pivotal, and that is why in the discussions and negotiations that the government had with United Voice, they consulted their members. Their members were overwhelmingly supportive of the transition arrangement which ensured that there would be that continuity of service. We would be working towards that and are very hopeful the same will occur with, for instance, group homes but of course our other services as well, so that any given client and any given resident of a group home should notice that the staff are the same, the house is the same and the services are the same—other than to the extent that, via the NDIA, they now want to open up those services and so on. That is really critical.

Ms MACKLIN: Why is that not clear here in Newcastle already? I can understand that you might not have worked out across the rest of New South Wales whether somebody can stay in the house they are in, because the transition is still some time off. But here in Newcastle if a person is coming into the NDIS now, why has that not been sorted out?

Ms HALL: I would just add to Jenny's question. If a person is living in a group home now and has been there for some time, why can they not be given a guarantee that they can stay there after the transition? This is creating a great deal of angst for the families of people and for the people themselves.

Mr Longley: The transition of clients from being clients of ADHC to being clients of the NDIA is happening in parallel with the transfer of services and so on. In some areas, particularly the two trial sites, transition of clients has obviously happened well before any transfer of services. It is possible, given the 1 July 2016 and the 1 July 2017 transition dates, that in some parts of the state the opposite will be the case. So, the two happen quite separately, because one is driven by a federal timetable, per the bilaterals, and the other is a matter of, 'Okay, how does the state arrange these in the best way possible?' That is why, from late last year and continuing, we have been having meetings with people with disability in group homes, their families and carers and guardians and relevant people right across the state. We are continuing to do that. It is precisely around, 'What are those things that the person with disability or the families or carers consider important in terms of the selection of providers of those services?'—and likewise with the accommodation and so on.

CHAIR: Is it facility by facility, or is that region by region, or state by state?

Ms MACKLIN: When is this region happening?

Mr Longley: The consultation process is actually being done across the state—

CHAIR: Not at a facility-by-facility level—you are saying that there is a generic consultative process that is state wide that sets up parameters for the selection of the NGOs but not in an immediate facility-specific, family-specific, residence-specific sense?

Mr Longley: That would be correct. Even though it is generic, obviously it is done so that people can go to those different places across the state, but it is being done overall so that we can have a good understanding: 'Okay, what are the key issues, what are the key drivers that people want to see in terms of that selection process?'

Ms MACKLIN: So when is it happening here? When is the transfer happening in Newcastle?

Mr Longley: The decision around transfer is, as I said, one that is still to be made by government. We are gathering that information from all of these consultation processes so that we can actually feed that information into the advice to government.

Ms MACKLIN: Right, so the government does not have a timetable yet for when different parts of New South Wales—this is on the housing front; am I right?

Mr Longley: In terms of both service provision and accommodation, yes.

Ms MACKLIN: So that is still not clear?

Mr Longley: Well, the accommodation one is actually pivotally dependent upon the UCC. So, the state is in a situation whereby in the absence of a UCC it becomes very difficult for the—

Ms MACKLIN: User cost of capital?

Mr Longley: Yes, user cost of capital. It becomes very difficult for a state to make a decision around the accommodation.

Ms MACKLIN: So, the people behind us are not going to know for a little while.

Ms HALL: That is pretty disturbing.

Ms MACKLIN: To be fair, we cannot have a go at the people in front of us.

Ms HALL: People need certainty, and that would be a message to take back. I want to link into the last time you gave evidence to the committee. I believe John Ryan was with you at the time, and you were talking about the amount of money that was set aside for housing and that there would be a whole lot of new housing that would be made available. I was wondering whether you could report on the progress that has been since the last time you addressed this committee in that area, particularly in this trial site area.

Mr Longley: We have certainly acquired a large number of properties; 51 properties have been purchased for the redevelopment of the Hunter residences—Stockton, Kanangra and Tomaree. And there have been obviously extensive consultations with people with disability, residents and families. With regard to the families here in the Hunter, our first 10 houses are under construction and all going well.

Ms HALL: If I could just interrupt you there: so far there have been no new houses in that period of time? You have bought some, but they have not been redeveloped as yet—is that correct?

Mr Longley: No, these are vacant. These are generally vacant blocks of land. We have acquired the land, then we have to go through the design and DBA process and then the actual building process. So, as I said, the first 10 houses are under construction, and we are hopeful that we might see the first 50 people moving into those by the end of this year, all going well.

Ms HALL: And who will own them?

Mr Longley: The properties have been purchased by the state government, so they are owned at the state government level. But then there is also a parallel process happening with regard to the construction process, and we are going through an EOI process at the moment.

Ms HALL: I have noted that it has been reported that the state government has announced that Stockton is closing. I was wondering whether you could give us a report on the process of moving people from Stockton into the community housing, given that you said there are 10 houses under construction. I would like to know where things are up to and what progress has been made in that space.

Mr Longley: That is the progress. The consultations have been extensive, and there have been a number of times of meetings with each of the 440 people who live in the three centres here in the Hunter. Those discussions are ongoing in terms of location, in terms of appropriate style of housing and accommodation and so on, and the purchasing process and then the building process flows out of that, and that is the current state we are at.

Ms HALL: How many people will be accommodated in those 10 properties?

Ms MACKLIN: Fifty.

Mr Longley: Yes, up to 50.

Ms HALL: So, you still have a long way to go, if there are 440 people who have to be relocated?

Mr Longley: This is no small project.

Ms HALL: So, it is not going to happen quickly.

Mr Longley: It depends on your definition of 'quickly', but, at the end of the day, I reiterate that people's best interests and outcomes will always come first. We will not rush that. We want to make sure it is done well.

Ms MACKLIN: Has the state government provided the funding to build new accommodation for the entire 440 people?

Mr Longley: That is part of the process that we are going through in terms of developing that information, in terms of the user cost of capital equation, in terms of the expression of interest process that we are working through at the moment.

Ms MACKLIN: But isn't that a state government responsibility, separate from—

Mr Longley: Our requirement is that we find this community accommodation for those people, and that is the process we are working through, and, as I said, the government has committed that—in fact we have already purchased that—land. And we are in the process of commencing the construction. But we have to do that linked with the consultation with the residents and people with disability.

Ms MACKLIN: So, is the answer that the state has not yet provided all the capital needed to build all of those places?

Mr Longley: It is a stepped process.

Ms MACKLIN: What is the answer—yes or no? Have they provided the money, or not?

Mr Longley: Well, being a stepped process, the money is provided at the stage that it is required.

Ms HALL: Sure, but has it been allocated?

Ms MACKLIN: The state has decided to shut the institutions, which I support, but have they provided the funding to provide the alternative accommodation?

Mr Longley: The government has committed to making sure that that accommodation is provided, and—

Ms MACKLIN: I understand that, but have they allocated the funding to build the alternative accommodation?

Mr Longley: Until you know the model that is being used—

Ms MACKLIN: So, the answer is no.

Mr Longley: Until you know the model, the allocation process is—

Ms MACKLIN: But really, it would be good if you could answer. Honestly, Jim, we are trying to meet you halfway. But has the state provided the funding? You have an idea of what it costs. You are building places for 50 people. You have to build enough for 450. Is the money provided in the budget or not?

Mr Longley: The user cost of capital answers that question.

CHAIR: Jim, maybe I could help. I think you are being asked about the state government decision to relocate and find appropriate community accommodation. Are they doing that under their own steam to conclude that transition, or are they awaiting the activation of the NDIS machinery to achieve a public policy goal they said they were going to do themselves? I think that it is essentially what we are trying to work out here.

Mr Longley: At this stage, the process is around dependence on the user cost of capital, which means it is integrated into the NDIS process.

CHAIR: The state government is looking to the NDIS process to help facilitate the transition that they are committed to seeing concluded?

Mr Longley: Yes.

CHAIR: Right. It is not all their own money.

Mr Longley: But they have committed to making sure that there is alternative accommodation.

CHAIR: I think we have got as far as we are going to get on that line of questioning.

Ms HALL: I have not finished.

CHAIR: Sorry—I was just hoping to go to Alex. Get going, Jill! Knock yourself out!

Ms HALL: I have not asked many questions. Mr Longley, I will take it that the money has not been allocated at this stage. The other thing is: what is happening in New South Wales around tier 2? What commitments are the state government making towards ensuring the people who do not qualify for the NDIS will get some sort of support?

Mr Longley: I think Sam Taylor is probably best qualified to answer that.

Mrs Taylor: Our agreement requires that people who are in receipt of state services and who may ultimately be found ineligible under the NDIS are supported through ILC services to receive the same outcomes that they were receiving through the services that were funded by us. At the moment, we are trialling a model of how that might work in the Hunter with an organisation that is working alongside people who have been in receipt of supports. The people are still getting those supports, but we are looking for a more sustainable ongoing arrangement for those individuals.

Ms MACKLIN: What is that called?

Mrs Taylor: I think the organisation is Outcare. We can certainly provide you with some information about that. It is a model that has been designed by New South Wales but is funded by the Commonwealth. We can give you information about the numbers of individuals and so forth. I think it is fair to say, though, that when you delve into it, the number of people who have been in receipt of state supports, have an ongoing need for them and have been found ineligible is actually rather low. There will be individuals who, for example, we may have identified as being in receipt of a service at a given point of time. It may have been something like a home modification service, where a repeat is not necessarily required. There are a number of people in this category who are what we would call episodic users of supports. Compared to the rest of the population that we support, they have relatively very low support needs. You have heard from St Vincent Paul, for example, that there are lots of opportunities through Ability Links for those individuals to be supported.

Ms HALL: What happens to people newly diagnosed with a disability who are not accepted by the NDIA as a client? Do you still provide that same support?

Mrs Taylor: The NDIS is obviously not a diagnosis driven system. It depends on the—

Ms HALL: No. I am asking whether the state will be offering any support to people who are not offered a package by the NDIA, or who are deemed ineligible for the NDIS, but still have a significant disability?

Mrs Taylor: I am not aware of any cases relating to someone with a significant level of support. Initially, we did have some issues with some individuals who had higher levels of support and were deemed ineligible. Together with the NDIA, we have done case reviews of every single ineligible client, and those decisions were reversed for people who had a significant disability. We are talking now about a number of individuals who, generally speaking, had been receiving supports under the former HACC program. That being said, in the trial site there are issues around Australian residency. Those issues are being resolved in our bilateral agreement for the full scheme so that people will enter the scheme regardless of their residency.

Ms MACKLIN: I think Jill is talking about new people—so, people who have not previously been clients of yours—

Mrs Taylor: We will also get data from the NDIA about people who are in the new—we see information about all the ineligible people because we want to make sure that people who would otherwise come into our service system are not disadvantaged by not being able to enter the scheme as well.

Ms MACKLIN: Jill's question relates to people who previously had not been getting anything from the state, and who will not be eligible for the NDIS. Will there continue to be state based services for people like that? That is the question.

Mrs Taylor: They would only be ineligible for the NDIS if their functional support needs—

Ms MACKLIN: Correct.

Mrs Taylor: That would signify a relatively low level of disability. I could use the example of someone who has been newly diagnosed with multiple sclerosis but does not have any current signs of that disease. Our expectation is that they would be drawn into the scheme, on the understanding that those support needs are likely to increase over time.

Ms MACKLIN: That is true, but there are other people who do not have significant and permanent disabilities who are never going to get into the NDIS, who, up until now, may have been eligible for lesser state-based support services. The question is: will the state provide lower-level supports to people with mental illness in the community, for example? Will people with other forms of lower-level support needs get anything from the state? They are not eligible for the NDIS. They are never going to be. They do not have a worsening disability. They have a low-level need for support. Will the state provide any form of support for those sorts of people?

Mrs Taylor: Community mental health services in the state context will continue to be provided, for example. Other health services that support people with disability at a lower—

Ms MACKLIN: It will only be through health, effectively?

Mrs Taylor: There is a range of programs that people with—

Ms MACKLIN: There will be no disability support services.

Mrs Taylor: In our heads of agreement in our bilateral it has been clear from the beginning that there will be no residual service delivery for people requiring specialist disability supports or lower basic community care. That has been in our agreement since 2012.

Senator GALLACHER: We took some very inspiring evidence this morning—and I hope everybody reads the transcript when it is available. Basically someone was in an aged-care facility and, through their own strength of character, the NDIS envelope and their husband's tremendous support, they were able to get in—they forgot to tell the landlord that one of them was in a wheelchair, so they rented a property. I can imagine that that is not an uncommon story, where all those three things are together. But where you do not have that strength of character, or there is an intellectual disability, and there is no parental or family support, then the only thing that is left is that NDIS envelope. Where are those people going to go? From listening to this discussion that has been going on for half an hour, I am not sure. What happens to those people? There is funding for them. They cannot articulate what they need. They are bereft of any partner, parental or family support. And all there is is funding. So what is going to happen there? Where are they going to go if your facilities are no longer available?

Mr Longley: Sam may want to make some additional comments there. My understanding would be: if that individual, and you said—and I do not recollect that specific testimony this morning—

Senator GALLACHER: It was taken at the start this morning because they could not get up in the lift.

Mr Longley: My apologies—

Senator GALLACHER: It will be on the *Hansard*.

Mr Longley: If a person with disability has an inability to manage their package and so on then there is, as I understand it, within the NDIS a funding line that enables that person to have someone come on to do that task. You might be able to ask the NDIA if that is correct.

Senator GALLACHER: What facility will they be in? Where will they be accommodated if you are closing facilities down? There are no new facilities readily available. Where will they go?

Mr Longley: There is the provider market—and there is other accommodation, and you gave that example. There is other accommodation and, over time, there will be that fuller response. If you are talking about an emergency situation, it goes to the sort of discussion which we had earlier, which is very significant in terms of providing, in a fairly small number of circumstances—quite small on an annual basis—

Senator GALLACHER: So they basically stay in aged-care facilities until the market catches up; is that what you are saying?

Mr Longley: You gave an example of where that was not the case. The market will not instantly respond. We know that.

Senator GALLACHER: If people have no family to take care of them and they do not have the intellectual capacity to do it, they will stay in an aged-care facility.

Mr Longley: That goes to the other answer I was talking about.

CHAIR: I think that was a comment. Because of the earlier discussions we have had, we have run out of time. Thank you. We are grateful for you making some time available and appearing before the committee. Good luck with the enterprise of rolling out well.

DUNCOMBE, Ms Lee, Trial Site Manager, Hunter, National Disability Insurance Agency

PUNSHON, Ms Suzanne, Director, Stakeholder and Engagement, Hunter Trial Site, National Disability Insurance Agency

RUNDLE, Ms Vicki, General Manager, Operations, National Disability Insurance Agency

[15:50]

CHAIR: I now welcome officials from the National Disability Insurance Agency. I am obliged to draw your attention to the Senate resolution once again. I remind officials that the Senate has resolved that an officer of a department of the Commonwealth or of a state or territory shall not be asked to give opinions on matters of policy and shall be given reasonable opportunity to refer questions of the officer to superior officers or to the minister. This resolution prohibits only questions asking for opinions on matters of policy and does not preclude questions about explanations of policies or factual questions about when and how policies were adopted. I invite you to make an opening statement.

Ms Rundle: Thank you very much. It is the other end of the day and no-one has welcomed you as a committee to the Hunter trial site. We thought that, being the Hunter trial site, we should do that. The other thing we observed was that a number of things were raised this morning. A number were individual concerns of participants—and we will be very happy to take those up individually with people—and there were a number of thematic issues. Would you like us to start tackling those now or leave it for you to ask us questions?

CHAIR: Transport is an issue and the way it is being operated and funded. Having services available and being able to connect with them in a timely way seemed to be a recurring theme. Your reflections and observations would be valued and appreciated.

Ms Rundle: We are wondering whether we should firstly tackle this from a national perspective or consider the local transport issues.

CHAIR: Let us get the national account and then drill down into what is happening in operation.

Ms Rundle: We do have a national policy in relation to the support that we give people for transport. The examples Ms Duncombe will cover will probably explain it better than I can from a bureaucratic perspective. There are three tiers that people can access depending on what they do in the community and the activities that they participate in.

A number of things came up this morning in relation to pricing reviews. Housing pricing is on our list for review. We are currently reviewing a range of other prices so we will be in a position to be able to roll those in by 1 July. Transport pricing is something we will look at after July. We know it is important but we are trying to tackle each one as a priority. It is very important. We are going to be looking at it later this year. In the meantime, our housing policy that we do use is I think reasonably flexible.

Ms Duncombe: As Vicki said, we have three tiers of funding for transport. We would expect that most of our planners would be making decisions in accordance with the guidelines around that. They are, though, able to step outside the guidelines for particular exceptional circumstances but they need to justify their decision about why they would be funding outside of the usual three tiers. The three tiers are established consistent with the mobility allowance, which is a Commonwealth-funded program which shuts off behind our participants as they come into the scheme. The funding that you access in your plan is in accordance with your community and your social and your employment participation. It cascades up or down according to what your participation level is. For the purposes of simplicity, I expect that most planners are making a simple decision in accordance with the tiers without taking into account, in all cases, the complexities associated with the person's disability. I should also say that the funding provided for transport is not to replace a person's total needs for transport but to contribute to the cost of transport associated with the impact of the disability.

Ms MACKLIN: This is to the problem that you would have heard raised this morning, and that we have just asked the state officials about, where people have traditionally, as part of their ADHIC funding, had transport included in their, I think they called it, community access. So, if a person goes to a day service and, as part of the funding of the day service, getting there and back is all bundled in. I understand the desire of the NDIS is unbundle things and to make sure that people are getting what they specifically need, but I think in this case, where it is clear that the person wants to go to this day services, there does seem to be a problem with making sure that there is adequate funding included in their package to make sure that they can get there and back, particularly for people not living in the metropolitan area or outside of Newcastle.

Ms Duncombe: When we fund supports for someone to go to a day program, for example, we would negotiate or calculate the amount of support that is required based on from the moment they get picked up to the moment they get dropped off. It would not take into account additional transport costs but it certainly is funding the supports associated with that transport to and from and the care that is provided to them during the course of their day program.

Ms MACKLIN: For some reason where they are going to go to the same day program that they have been going to and they like that day program, whoever the provider is has traditionally provided the transport to and fro—is there some reason why that still cannot be considered part of the cost? That is what people are looking for frankly.

Ms Duncombe: In some cases that is exactly what participants negotiate with that provider.

Ms MACKLIN: So it is possible for that to be negotiated?

Ms Duncombe: It is possible.

Ms MACKLIN: There is a mother sitting right behind you shaking her head. Could she come to the NDIA and say, 'That is what I want for my daughter,' and get that negotiated? Is that correct?

Ms Duncombe: I would think that the negotiation that I am talking about is the negotiation between the participant and the provider of the service about what is actually going to be provided as part of their suite of supports associated with attendance at the day program for example.

Ms MACKLIN: The relationship is between the participant and the NDIA and then the provider gets paid from the participant—that is the relationship isn't it?

Ms Duncombe: We would think that the relationship is between the participant and the provider.

Ms MACKLIN: That is correct, but it is also between the participant and the NDIA. So, the NDIA gives the participant money and if the participant says, 'I want to go to this day program run by Endeavour,' I happen to know that is who it is, and they provide the transport, can they get the transport wrapped into the total cost of the program so they do not have to do this run-around that we seem to have a problem with.

Ms Duncombe: I would think that we would certainly consider that but I go back to the point I made first, which is that the relationship between the provider and the participant is one of negotiating what is actually going to be included in what I am going to pay you for.

CHAIR: There is nothing in your procedures that would impede what Jenny is describing. I think you used the words 'simple decisions on transport', which to me sounded like there is that distance to go at 73c a kilometre, and there you go. It sounded to me like you were saying we can step outside that where it makes sense, so, if the provider said to the client and their primary carers or even their advocate, 'Don't do this 3c every kilometre thing; let's get a $4,000 contribution'—

Ms MACKLIN: or a package deal.

CHAIR: or a package deal which has the supervised or—I cannot remember the term, but independent transport was not an option, so let's get all that bundled in. They brought that to you and said, 'Here's a better outcome, and it saves you 18,000 bucks.' There is an appetite within the agency to work that into the plan.

Ms Duncombe: One of the reasons that we try to stick with the three tiers is that is gives a lump sum. You will recall that we have had several iterations of a transport policy. One was very complicated and used the 73c. It was so complicated that no-one understood it. It was very simplified, and we now have the three tiers. But we can step outside the three tiers if there are additional impacts of a person's disability which mean that they need additional funding for their transport. At the same time, a participant can negotiate with their provider so that it is wrapped into their hourly rate or their supports that are paid to attend a day program. So there is plenty of flexibility within the budgets provided.

Ms MACKLIN: We heard from them today. They do not seem to think that. What is the answer?

Ms Duncombe: In August this year the agency changed the way plans are constructed to give much more flexibility to participants in relation to how they spend their funding. That was in response to what the agencies heard since we opened the doors. Participants do not want us to prescribe how many kilometres per week they can travel. So it is now quite flexible. Participants and providers really have to shape up to each other to negotiate what is actually going to be provided as a service. People who have not come into that planning space with us since August are still working prescriptively: 'Thou shalt only have five kilometres or 25 kilometres per week.' I am quite confident that what we are actually seeing with our new plans is much more flexibility in the way that people can use their funds.

CHAIR: Suzanne, would you like to add anything before we go to Jill?

Ms Punshon: I agree with Lee. We did a lot of training with providers around the change to the catalogue of supports and around the flexibilities of an individual's plan because we are also trying to achieve talking about different activities, not same old, same old. We may have gone to a day program from nine to three five days a week. Does it have to look that way? If someone wants to do an activity that involves going out and about and involves transport, they certainly may. We want and encourage them to negotiate with the service provider in two ways: how can you do that for me, and what does it look like? We hold regular forums with providers. We have run transport workshops.

CHAIR: And there are half a dozen people happy to help you with that.

Ms Punshon: I think it is getting people and providers out of the traditional mould and thinking this is different. This is block funding but it is about talking about what they can do, understanding their business and the costs and negotiating with the individual or their family member what the supports can look like now that includes transport. They absolutely can use their hours to include transport. David Bowen spoke to that in November here in Newcastle.

Ms HALL: Probably the No. 1 issue that comes through my office is the transport issue and how the changes have impacted on people. Some people were affected by the mobility allowance being removed. These are things outside your area of responsibility. There are also the three tiers, how that impacts on people and the fact that some people just do not quite fit into any of those categories. People are maybe given so many hours per week and have a variety of activities they are doing. I am thinking of one young girl who does scrapbooking and is looking at doing volunteer work for a vet. She does some other volunteer work as well plus she has a carer who takes her out to do her shopping and to do other things. She has to choose between getting to those activities or relying on somebody to provide her with a volunteer service, which does not happen, because she is in a chair. It is impacting on her ability to do the program. I can reel off a number of examples where a person has actually had their programs curtailed a little because of the fact that the three tiers of transport does seem to be rigidly implemented.

Ms Punshon: We can certainly take that back. If there are any individuals, we are more than happy to look at that individual case. We usually get resolution. Some of the committee members may not know, but recently in New South Wales the cap for taxi vouchers has been doubled to $60, not $30, and there is now funding for taxi drivers to modify vehicles for wheelchairs. That is very positive to assist people in that transport space. I think we need to communicate more. I promise I will do more work with the providers and the community around the utilisation and the implementation of the plans. We are also funding coordination of support for people to implement those plans with providers who actually sit down and help them unpack their plan, talking about what they want to achieve and what that might look like and helping them work with providers to get better bang for their buck and develop service agreements. I think that is going to make a difference

Every month since November we have run capacity-building workshops for providers delivering coordination of support. It is the third Friday of every month, and we have a good roll-up. In fact they are different every month. It is not a one-on-one going back to basics; it is actually building on each level. The next one is about the health-mainstream interface.

Ms HALL: I know that at the transport forum on 4 November one of the ideas that was tossed about was coordination of sharing of transport. I am wondering if anything had happened at a local level, because that could decrease the cost of transport.

Ms Punshon: I introduced Maurice to the providers at a shared supported accommodation workshop. We run a large number of workshops for providers. He then went to that forum. We have certainly put Maurice in touch with people if they have wanted that. I have not had a recent update, so I apologise; I should have done that for this. But I will go away, do that follow-up and let you know.

CHAIR: I have two questions similarly linked around pricing. You mentioned pricing review. We have received evidence that even the way of calculating transport will not cover renewals of the assets. I am interested in your observation on that. Second, a respite-care provider suggested that the hourly rate that is set does not even cover the award wages, let alone infrastructure, utilities and those sorts of things. Are you getting that feedback as well that there is a lack of, for want of a better word, reality about some of the price settings when you actually look at the expenses required in producing that service or support?

Ms Duncombe: Quite regularly in our interactions with providers the issue of pricing comes up. It is something that we refer to national office. I know that Vicki is able to comment on the national office approach.

Ms Rundle: There was something earlier I was going to pick up on before I go to that: shared transport. That is an issue that has been coming up through some of our other trial sites as well as Hunter. In our pricing review, that is one of the things that we will be looking at as well. We are learning as we go and adapting. That is something that a pricing review will also look at.

The last question was about national pricing. I think there are two aspects of this. We do need to be mindful of whether or not our pricing covers all of the sorts of things that people incur in delivering the cost, such as indexation of wages and things like that, and our prices are indexed. I do know that some of the pricing we are currently reviewing is not sufficient, because people are giving us feedback. It is also fair to say, looking at the other side, that there is work for providers to do to think about their new business model. If I take the capital outlay for turning over a fleet as an example, it is something that a provider will need to do. They will need to start thinking about how to free up and build up some capital so that they are able to turn over their fleet in a business model sense in the same way that a commercial fleet owner may do. I am not saying that lightly. I recognise that it is quite an issue and those things are likely to be looked at as well as we do the pricing review.

CHAIR: The participants were providing evidence about just how user unfriendly the portal is. In a capacity building sense, having visibility and knowledge about what is available and what might be helpful as a component of a plan, that is made more difficult because search functionality in the portal is pretty clunky. It does not always give you a spatial or locational reference point and there is not really—TripAdvisor was the analogy—a clearinghouse of feedback where people can actually get others' reflections on the experience they have had. Is that something that is on the radar screen at national office?

Ms Rundle: It definitely is. We recognise that people actually do have variable experiences with our provider portal, it is fair to say. I am sure that both Lee and Suzie could give us examples of people who negotiate it quite well but we do freely acknowledge that the portable does need to be made more user-friendly. We have a plan for developing the user portal and it is linked to the upgrades that we are currently working on with Department of Human Services, because we are obviously on their IT platform now. There is a two-stage project. In the first stage we have got what we call a minimum viable product—it is just the terminology to describe the minimum that we would require to make the portal usable for both participants and providers. Then there is a second stage where we are aiming to make the portal a whole lot more sophisticated. I could give you an example. For providers working their way through to be able to register as a provider, we know that currently that can be quite difficult for people and we are working through that now. In New South Wales, for example, we are currently working on people who are currently registered with New South Wales ADHC to work out how we can transfer those people more easily rather than people who enter the market from fresh. Obviously that is a different proposition and we will need to assure ourselves about that market provider in a different way.

One of the difficulties with payments to providers is that we are going to become part of a whole-of-government solution for payment to providers with DHS. We are currently just trying to make our portal work as well as it can and are working at a local level with providers to try and assist people to use the portal to access payments. We heard this morning about finding out when they make a payment that there is no money there to make the payment. I think that while that occasionally occurs it is are not that frequent and I think that is our experience at each of the site levels. I guess what we are saying is that it is not perfect at the moment; we recognise that. We will work with people at a local level at the same time as we are building a much better national portal.

CHAIR: There was a link between the portal, its functionality and I suppose the broader quality assurance architecture/client feedback/validation of service being provided, some awareness about who is doing well and why, not having claims submitted for services that well exceed the parameters of the plan. It was a good observation about how that system could really make a contribution right across the scheme rollout.

Ms Rundle: Definitely so. And in our phase 2 we are adding a rating function—similar to TripAdvisor. There will be much better searchability to be able to search for providers in your region. Eventually we would like to add in their prices. In a way, it is our e-market strategy. We are hoping that, by 1 July, we all have one part of that in place; and then, over the next two years, we will be building a lot more sophistication into that e-market strategy. People will be able to go on there and buy and advertise. They will be able to see the prices. The participants will be a lot more informed as purchasers.

CHAIR: An indelicate question: it has been suggested that people have heard a lot of this before and that the feedback loop is 'a semi-permeable membrane'—all sorts of goodwill is put in and no-one ever sees anything come out the other side. What is happening with that kind of feedback? We get a little bit of it on the committee—'Yeah, we'll come back to you on that'. But that does not always happen, and sometimes the quality of the response is not that flash. We got a bit of evidence saying that it can sometimes be the client experience as well or the provider experience—you cannot talk to anybody, it is too hard to find a human, there is a lack of relevant expertise in areas where some expertise, or even portfolio knowledge, might be quite useful. A few years in, what can we do to build greater confidence and surefootedness in that feedback loop that will actually amount to some new insight or change in behaviour? What assurances can you give the committee about that.

Ms Punshon: One of the things I instigated quite some time ago was a local engagement NSW inbox for providers, specifically for the escalation of any issues if they cannot seek assistance. A lot of providers do know about that—that inbox is inundated. But I will do a distribution email to all providers—because we do get new ones all the time—to let them know about that inbox. It is monitored daily, it has a whole team and we escalate out to the relevant areas.

CHAIR: Does anyone else see that though? Is it traffic in—

Ms Punshon: Yes, we do reports on trends, on what we are seeing through that. I feed that nationally. We have six-weekly meetings of directors. We feed that back through all the sectors. We feed that back to Lee. It goes in our reports. To be fair, the issues around searching for providers in that space are, as Vicky said, linked to the IT system and it is not an easy fix. I say to providers, 'Where people do go is your website, so make sure you're marketing yourself as well because that is really important.' But we do also help providers with a local response. When they have trouble with provider support, or if they are having trouble claiming, they come to the engagement inbox locally and we put it through to finance. Only last week, there were four claiming issues resolved because of that process. So we do have that, but I will make a commitment to get that inbox out.

Ms Duncombe: I acknowledge that phone contact has been a difficulty for us. In recent months we have had quite a lot of calls that have not come through to us because we have not had enough personnel on the phones. But in recent weeks we have actually had our leadership group rostered onto the phones—and, I tell you, that resolves a lot of problems really quickly. I had a couple of calls come through to me. One of them said, Oh Lee, I didn't want to talk to you!' So it is nice to have the leadership group actively involved in fielding phone calls, and it has helped us to resolve quite a number of local operational issues in recent weeks.

Ms Rundle: From a national perspective, there are a range of engagement activities that we engage in—for example, the national peaks and the CEO forum. The Independent Advisory Council obviously plays a really important role. There are other specialist groups who provide us with advice. And all of those people, one would hope, would represent the views, needs and aspirations of that particular cohort that they represent.

We are doing a formal evaluation of the NDIS implementation. This was raised this morning. Ms Macklin said you might raise it this afternoon and ask us to speak about. The national evaluation, which is being run by Flinders University, is talking to participants, providers, employer groups, families, carers and the NDIA staff to try and get a picture of how it is working across a number of regions.

Senator GALLACHER: How would you characterise progress at the trial site—successful?

Ms Duncombe: I would characterise progress at the trial site as very successful, in that we are reaching all of our phasing participants. We have identified about 95 per cent of the people who are due to phase into the scheme at this point in time and, over the next few months, we will work with whoever is not in the scheme to get them into the scheme before the trial ceases. We have extended our reach into the community to find new and additional participants—people out there who are not aware of the scheme. We have certainly made that a target in the last five or six months. And I think we have been quite successful, in that about 60 per cent of our current incoming participants are new people—those who have not been accessing disability services in the past. On that score, I believe that we are very successful.

Senator GALLACHER: I am happy to hear that. What challenges have been solved and what challenges are still outstanding? You do not have to go into great detail. We have heard about a few challenges here today. What is your organisational view?

Ms Duncombe: One of the key things we took away from the first couple of years of trial was around the ability to use your funds flexibly. I think we are solving that problem. I do not think we are right across the line at this stage, but I think we are solving the problem; and I'm confident that, in the future, participants will be much more satisfied in that regard.

We heard this morning about inconsistent decision-making amongst planners. I agree that that is an area of work on which we need to try harder. We had a number of internal initiatives for us to help achieve greater consistency. And part of the explanation—certainly not an excuse—is that we have a growing number of staff. When we first came to the PJSC we had about 40 per cent of the staff that we have now. So with a rapidly expanding site, and with increasing personnel, ensuring consistency of decision making was always going to be a challenge. Suzie, would you like to speak as well?

Ms Punshon: Yes. I think where we have had a great learning—and I do not think it was just the Hunter trial site—is with the problem of plan implementation for participants. That is where we have brought in increased coordination of support for participants. They actually have someone we fund appropriately, based on individual need—that is, around the complexity of their plan. We provide funding for a provider to actually help them understand the plan, implement it, find providers, understand their budget and how they can spend. That has been a very successful change that is really helping with the implementation moving forward.

We have done a lot of learnings from day one. We had consent forms and paperwork. We have now reduced that access request for people phasing in who are under a program that is considered 'defined'. The CEO is confident that, if anyone is in that program funded by the state, they meet our eligibility criteria. That now is an assumed eligibility and it is a phone conversation. So there have been a lot of things trialled. We have certainly always been open, especially locally. We say, 'Tell us, warts and all.' We do not want the pollyanna stories. We love to hear good news, but we need to know about what is not working. That is really important. We try and respond wherever we can. If it is not a local issue, we push it up nationally. It is important that we work as a national scheme. It is a national scheme, and we do not want to be a silo here at the Hunter trial site. So I think we have done quite a few things really well.

Ms Duncombe: We are also able to learn from other trial sites. This morning I heard quite a lot about the approach to complex participants. Certainly the Barwon site has been trialling some specific initiatives in the management of complex participants within the scheme. We have been able to talk with them about the successes that they have had and we will be implementing some of the strategies that they have been using, because they have been so successful. It has been a very interesting trial period where they have had a different model, in some respects, to ours. We have seen the successes that they have had, and conversely they ask us about the successes that we have had. That has been a wonderful learning for us.

Senator GALLACHER: I think the Barwon trial is running at a lower cost than this trial.

Ms Duncombe: The Barwon trial site has lower average plan costs. There are a couple of reasonable explanations for that around the number of people in the Hunter trial site who are in shared accommodation, in particular large residential centres. That boosts the average cost. That is probably the biggest factor that we can identify so far.

Ms Rundle: It is fair to say that they are still lower than the Hunter. That is a piece of work that the scheme actuary is doing, and we are doing with them, right across all of the trial sites, not just at Hunter. We are trying to understand the difference in the variation of average package costs for similar participant groups.

The other thing I thought I might add to Lee's and Susie's descriptions of nationally consistent approaches is that, as we scale up to a national system from trial site experience, the point that you are making about needing national consistency is absolutely key. We have been doing quite a lot of work in national office, assisted by people in the trial sites who have got experience in this, to work out in which of the areas we need to be particularly keen to take very similar approaches right across the country. We are resourcing quite a bit of extra work in national office to try to position us for the July rollout.

Ms HALL: The last witnesses from the state talked a lot about housing. We have parents sitting behind you, as you know, who are very concerned about their children who are in a group home now. They are worrying about security of tenure. There are others who have been in group homes and have not had that security of tenure. There are also issues around whether there will be sufficient housing, given the fact that Stockton is destined to close and people will have to move out into housing in the community. From the NDIA's perspective, do you think housing availability in the housing market will be able to meet the needs of people who require it? What words of encouragement can you give families who are worried about the changeover and the security of tenure of their children or relatives who are in group homes now? Will you be working with those young people to ensure that they get that security of tenure?

Ms Rundle: I might comment first and then hand over to our local experts. Obviously, we are not allowed to speculate on policy.

Ms HALL: I was trying to word it so you would not need to.

Ms Rundle: So it would not be possible for us to speculate on the likelihood of the market being able to respond. But it is fair to say that we will do whatever we can—

Ms HALL: Is the housing stock currently available? Maybe I could put it like that.

Ms Rundle: That is perhaps something that both Suzie and Lee will talk about for you in a moment, specifically in relation to the Hunter. We are very alive to the whole area of housing and supported accommodation and, as you know, we are doing our pricing review at the moment. We have just done a series of national consultations and we are in the middle of trying to finalise those so that we can be ready to be implemented by 1 July. I think the way to answer your question well—

Ms HALL: And security of tenure too.

Ms Rundle: Yes, that is right. That is another key issue—tenancy arrangements for participants, and so on. Some of those things are part of the review. To answer the question best, the thing that has really given me confidence in how we find solutions for people are the sorts of stories that I keep hearing. In Barwon, for example, a story that I heard in the last three months was about a couple of young women with intellectual disability. Because we are working a lot with the real estate agent market there, and the parents and the support coordinators worked with us, they were able to identify suitable commercial rental accommodation. In putting these two young women into this, which they chose, we could put the supports around them. So this is partly about the market just being willing to be a bit more innovative and being assured that, when they do express an interest in being more, if you like, interested in looking after participants with high support needs, supports will be put around those people in their properties. That, I think, was a really good example. I have heard some wonderful stories.

Ms HALL: It is a shame that you do not have another good example locally.

Ms Punshon: That is what I was going to speak to, Jill. Steff and Di were here but had to leave before they could speak to you. I think they have put a paper forward. But they are the same. They brought together three families for their sons to meet. It is on our video as well. They did a commercial rental, and they found the real estate agency extremely helpful.

Ms HALL: And the girls you talked about have bought their own house—

Ms Punshon: The two girls bought their own house, yes.

Ms HALL: the first two girls with intellectual disability in Australia to do so.

Ms Punshon: That is right. There are a lot of things out there. Is there a market? I think it is still early days. We are funding people to go and live independently. You met Tanya this morning. Tanya was in a nursing home for 3½ years and, through funded supports and coordination of support—Tanya could not go home because it was not accessible—the provider assisted Tanya and her family to source a local property, and she is actually going into a Summer Foundation unit later on this year. So we have worked closely with the Summer Foundation as well.

I think there is some very good work happening, very positive, around the LRCs and the housing stock. That is the New South Wales government driving that arm of the properties, as you know, with John Ryan—so I cannot comment on that.

Ms HALL: I really am concerned about the young people who are in group homes now. They are very happy there in those purpose-built group homes, but I just do not know what is going to happen to them. I suppose that is out of your hands. I just put it on the record.

Ms Rundle: I did hear Lee with a participant's parent earlier and I think a really good way of at least trying to give some assurance, as much as possible, is to say that, where accommodation and supports are currently working, we cannot see how those things could not be maintained for most participants. I hope that is not too much of a stretch.

Ms MACKLIN: No.

Ms HALL: Talk to the state authorities, please. I know that some parents will be eternally grateful if you can help them resolve that issue, because they are so worried about their kids.

Ms Punshon: Apart from the housing stock, I can say that we are very much in the space of joint planning, where we can, for people who are moving out of Stockton. We have a handful who have already made that transition, and there are five more that we are currently planning jointly with the New South Wales government about what supports they need in order to be successful in their transition to the community. Some of those stories are fantastic. We have a young man, one of our participants, who now has his own Opal card and catches public transport, and he is reconnecting with family in Tasmania and all of those things. So there are some fabulous stories, and we are very happy to be actively engaged in that space. But, as for bricks and mortar, we have limited say but we are happy to support good sense.

Ms HALL: Yes. This morning, session planning was brought up, including things like preplanning, planning activation, times for reviewing plans—probably a little bit of the issue around reviewing plans is that people do not know they can ask for a review at any time; I will tell people that if they come and see me—and poor implementation of plans, turnover of planners and lack of flexibility in plans. Would you like to comment on those things that were raised this morning?

Ms Duncombe: We heard quite a bit about people's concern about the expertise of planners and wanting us to consider a portfolio approach. I would like to say that a very high proportion of our planners have an allied health practitioner degree and are quite experienced as practitioners themselves in that area. We have a number of special interest groups that operate within the site—mental health, employment, home modification. So people with particular interests and expertise come together in those interest groups to provide additional resources to our planners for their decision making.

Whilst we have a generalist approach, we have an expert in every team that comes together. That has been quite useful, particularly in the mental health space. I believe we have made some really good inroads in mental health locally. We have a really strong connection with the community and I think we are really serving our mental health participants quite well.

We also talked about decision making. We have a cascading hierarchy of decisions, so there are a number of very high level decisions that are made at the trial site manager level. For example, I see all plans over the cost of $150,000, and I am required to make an active decision based on my expertise and my questioning of the planner about their decision. We have three directors who sit at the next level down, who are all occupational therapists, who heavily scrutinise the decisions made by planners, particularly in relation to the level of supports around behaviour and assistive technology.

Ms HALL: That was something that was raised this morning—occupational therapists. I am sure the committee will feel reassured that occupational therapists are involved in the decision-making process.

Ms Duncombe: We also rely quite heavily, in the occupational therapy space, upon our prescribers. We have been doing some work over the past year with our OT or our equipment prescribers, such as some forums to help them to be more familiar with our decision-making processes so that they know the evidence that we are looking for in order to justify a decision.

We rely quite heavily on equipment prescribers to inform us about the latest trends in technology—what is cutting edge and what suits participants really well. We rely upon our prescribers to do the liaison work and the sourcing work with the suppliers so that they are in harmony.

I heard this morning about a supplier who wanted to us to pay rather more attention to that part of the market. We would be more inclined to say that we are relying on the prescribers' opinion and prescription in relation to the equipment rather than on the supplier's. I also heard a couple of suppliers saying this morning that they would like to be able to provide education and training for our planning staff. We are resistant to having a funded support provider come in and provide education, because, as soon as we say yes to one, all of the other providers in that space will want to be included as well, and we need to be equitable in that market. So we rely on organisations like, for example, the Hunter brain injury unit talking to us about managing and working with people with brain injury, and what would be reasonably expected to be supports for them. We rely upon the OT association and we have had some dealings with them, as well as Speech Pathology Australia to help us educate our planners.

Ms HALL: I think the committee would accept that that is an arms-length approach.

CHAIR: The reviews came up for quite a discussion.

Ms Duncombe: Yes, I am coming to that. That was the next thing I was going to talk about. I heard this morning about telephone reviews. We are trying a number of different things in Hunter. We are the largest trial site and we need to be able to trial a number of different things that might help us to have a streamlined approach, and doing a review by phone is one of those. That was born out of feedback from a number of our participants who said they really did not have the time to come in to have a face-to-face and if we could do it over the phone. They also said, 'Things aren't going to change much for me over the next 12 months; can we do the plan for longer?' So we are testing that as well.

Ms HALL: Are the participants offered the alternative of coming in for an interview or are they led to believe that the phone interview is the only review they can have?

Ms Duncombe: We are keen to do a phone review because it helps us to reduce our time as well. They are able to have both, or have either.

Ms HALL: Are they offered both?

Ms Duncombe: I cannot guarantee that in every circumstance, Jill, they are offered on both, but I am happy to take that back. That is about our messaging to our participants about the options that they have. We would be keen to do a phone interview, but can I say that only about 30 per cent of our reviews are being done by phone. We try to reach as many people as we can by phone review, but only 30 per cent is the uptake rate.

Ms HALL: The other question I wanted to raise was around the portal. There was a little bit of discussion around that this morning: it is difficult to search for providers; claims area not working; providers can change over—I am not sure what that was; no auditing function; and that it is hard for somebody with a visual impairment to access. I am going from notes that were taken this morning, but I have actually had a few people mention to me that the portal is quite difficult to navigate.

Ms Duncombe: I think that Vicky certainly talked to that, and the improvements that we are expecting to see with the enhancements of our ICT system.

Ms HALL: And you think that will fix it?

Ms Duncombe: It should fix it.

Ms HALL: Okay—fingers crossed! I will leave that one, then. I suppose this will go to your IT system too: looking at the accounting system that is in place. The fact was raised this morning that there was a clunkiness or that it was cumbersome—I think was the word that was used—that the system was cumbersome and that that related to the accounting system.

Ms Punshon: We have not had that feedback. In fact, I have had the opposite—to say that, certainly in the early days—

Ms HALL: That is important for us to hear, too.

Ms Punshon: Good grief, yes! We certainly have evolved, and the majority of providers do not have a problem claiming—they can upload a bulk claim of up to 1,000 claims as well. As I said, there are glitches from time to time, or it may be that the plan has been built in a way that does not assist with what they are trying to claim, and we resolve those as a local issue. I have not had that recently, in the last 12 months, but if anyone does, we are happy to deal with that locally rather than having to go to provider support. We have provided some assistance to organisations that are just unfamiliar—to teach them and help them step through how to do that claim. We have a lot of documents that assist them with that as well.

CHAIR: We had some differing accounts of how the schemes interacting with, say, more mainstream government services. We had a good account about a young person and their transition to schooling that was very encouraging and quite collegiate and collaborative; then we had an interesting example where post-operative care seemed to be a bit of the old cost shifting—like, 'this would ordinarily be part of a recuperative effort for an operation, but no, now that you are in the NDIS we will give you this much and then you are back to the agency.' What are your observations around that and the scheme's interaction with those other mainstream avenues of support for families?

Ms HALL: Particularly with health and education; I think that is where you have had a few issues, isn't it?

Ms Duncombe: I am happy to speak to that. The interface between the NDIS and other mainstream agencies has always been a grey area. We have the applied principles that were published when the scheme came into being, and they have just been revised and republished. Those are the principles that inform the interface between us and other jurisdictions, but they are not specific enough for us to make a clear decision in every case. So it becomes a matter of working it through with our partners in other interfaces.

We have a number of operational working groups where other agencies participate to help us to work through issues. Issues that are not able to be resolved are escalated to the steering committee level, which is intergovernmental level, and we have our local counterparts where we have quite frequent contact. In fact, I would say that almost every day there is contact between us and the New South Wales government in one form or another to try to be clear with each other about the interface. There are still some gaps that continue to emerge—things that we have not had to deal with before—but we certainly have a cooperative partnership approach in helping to reach a conclusion. Hopefully in all cases the conclusion is the correct one and then is applied consistently. One of our biggest challenges is to apply it consistently.

CHAIR: So there is no systemic problem there in your eyes—they are more situational challenges you need to work through?

Ms Duncombe: Yes, and I think of the strong working relationship as an example. As I have said, I run workshops with providers and the officer from Education came along to the early childhood workshop because there were issues about therapists accessing children in schools. They come along and join us at the hip in these presentations. This month we have coordination of support—again, the monthly capacity building—and it is on health, the mainstream interface, and a representative from Health is going to come and talk to coordinated support about these black and white and grey areas collectively. We try as much as possible to work through what may be sometimes situational but to pre-empt as well and then what we do with those learnings is to say let's bring it into the provider space because they are going to be at the coalface as well and they need to know how to work within the mainstream interfaces. One thing they are charged with as coordination of support is that if they do find gaps, if they do find difficulties, they bring that back to us to take to our operational working group or escalate further.

CHAIR: In terms of economic ambitions, we have heard evidence that that may not be as bright on the radar screen as some other considerations—gaining employment, additional income to alleviate concerns about poverty, even going on to post-secondary education. We have had some evidence from Adelaide that there has not been quite the step up that people were looking for, that very much it has been around care and services and those kinds of requirements, not those self-actualisation opportunities, if I can use the Maslow phrase that someone mentioned earlier. What is your take on that? Is that the next phase or is that something that is working up? Can you give us a sense of what is happening there?

Ms Rundle: Employment is obviously one of the biggest tests of how well we are doing—that we can help get as many people with disability into employment and participating in some way and realising their aspirations. That is very important to us. We are doing some thinking and some work around that and thinking about what more from a national perspective do we need to do, including interacting with other government departments that are also in this area. At a local level, which I am sure Lee will describe now, there are, again, lots of good examples of where we are helping people to get into employment, and in a couple of other jurisdictions—in the ACT and Tasmania—we are running a few trials at the moment, which have been absolutely fantastic, showing how we can get young people with intellectual disability into employment straight from school. We have transition between school and work projects and some other projects that we are trialling, which are looking very promising. I think all of those things will extrapolate into the national space over the coming year or two.

Ms Duncombe: In New South Wales we have been working in the transition to work space—and that is part of the local landscape—and the Tasmanian trial has implemented a program based on transition to work. That has been quite good for us as well. We have very much a focus on employment but it is not the highest profile we have within the scheme, certainly locally. We have also had some wonderful stories including stories about participants—carers and family members being able to return to work as a result of the support that that family member now has, so that frees them up to resume the role that they previously had. We welcomed the changes between DES and ADEs earlier, because that then enables our participants to have a couple of different options—say working in one program whilst exploring their options in another. We are in the process of recruiting a couple of staff members, under the special measures program, with intellectual disability. That is a couple of our beginning staff members, and they will be fully-fledged members of the Australian Public Service. That is one of the contributions that we are making locally to employment. Suzie, would you like to add to that?

Ms Punshon: We also encourage providers here to be employers of people with disability and to capacity-build in preparation. Just because you may be a provider delivering community access, for example, does not mean it is just about going to an activity. It is around finding out what that person's strengths are and where their interests are and talking about volunteering and talking about: 'How can we help you connect and think about employment?' I do agree there needs to be a greater focus, but I think we have got to remember it is only 2½ years into this scheme, and one of the great learnings that we have had is that people needed some time to get used to the scheme and the difference and absolutely how it is empowering. They are straddling the two worlds still, and we just need to work on those and chip away. But we certainly meet regularly also with our Australian Disability Enterprise providers around what they do. They are expanding their programs. The majority now, as soon as they have finished with the phasing, have no capping, which was the old system—they could only take so many people. So that has also increased. I think there is a lot of opportunity and I think there is more work to be done in that space, and we will do that nationally as well as locally.

Ms HALL: The only other thing that I think we probably need to raise is the issues around carers. They were mentioned during contributions earlier today. I was wondering if you would like to comment on carer statements and the role that carers play and funding. I have had parents and carers say that they have been advised that it is not about them, when they are looking at organising respite and things, but it is about the participant. Maybe you would like to make a comment on the carer issue, because that has been raised this morning and in many different forums.

Ms Duncombe: I do not believe that we use the carer statement as frequently as we might. I think that is something that I will take back to the team—that we need to do it more frequently and more consciously. I regularly have conversations with people who are older carers, in particular, who are quite fearful for the future of their family member, and, when I talk with teams, they too are acutely aware of those concerns and the need to construct a suite of supports that helps family members who are caring, who have been caring for a number of years, to take a step back but to feel confident that their family member is safe and well in that space. That is not always something that happens in the first plan. It happens over the course of several plans, as people become more comfortable with how their family member is making their way in the world, so to speak. Something that we work on continuously and something that I regularly have conversations with people about is reminding them about the role of carers. We have very much a focus, in planning these days, on the importance of informal supports. When we first started, we were very focused on funded supports. These days we are very focused on the three avenues—informal, mainstream and then funded—and the absolute importance of family and carers in a person's life.

Ms Rundle: Absolutely, and I might add that, from a national perspective, we have been talking a lot about the participant statement. As we roll out the national system, we try to be more structured in the way that we approach the planning process so that there will be a number of things that we will expect that people will ask, and one of them is to ask about not just the participant statement but the carer statement.

CHAIR: I think that concludes our day. I thank you for appearing before the committee and generously giving your evidence. I thank all the people in the audience that have contributed, either directly in evidence or in non-verbal reactions to the conversations. It has been a useful guide for us as well, to check what your lived experience in the field is, alongside some of the evidence we have been provided with. I am very grateful for your time. This will all be captured in a transcript, so, if there is any language or phraseology that we might not quite have right, someone will come back to you. I thank you all for your efforts in this shared national endeavour of rolling out the NDIS in keeping with the bold ambition and the great value and virtue of the scheme. Thank you for today. I declare the hearing closed and thank colleagues for their contribution and availability.

**Committee adjourned at 16:55**