

Received 19 June 2014

1. The committee has heard evidence from participants about where the responsibility for meeting the costs of different interventions might lie, such as for blister packs and the provision of therapies.

- How are you working with the NDIA and other federal agencies on the interface between health, education, disability, transport, child protection and other systems while ensuring continuity of supports?

Regarding interface issues, at the COAG meeting on 19 April 2013, all Australian Governments agreed:

- on a set of principles to be used to determine the funding and delivery responsibilities of the NDIS and other systems, including health, mental health, education, early childhood, child protection and transport.
- that the NDIS launch sites would provide the opportunity to review interactions between the NDIS and other service systems and consider any lessons arising out of the launch.
- the principles, and arrangements needed to operationalise them, would be reviewed through the process set out in Part 8 of the Intergovernmental Agreement for the NDIS Launch.
- based on this review and on the lessons from launch, the Standing Council on Disability Reform could advise COAG on amendments to the Applied Principles and 'tables of supports', in consultation with other Ministerial Councils as appropriate. The National Disability Insurance Agency (NDIA) Board could also report to the Standing Council and COAG on the operation and effectiveness of the interface with other service systems.

At its subsequent meetings on 13 December 2013 and 2 May 2014, COAG has noted progress in, and the lessons learnt, from the NDIS trials in NSW, Victoria, South Australia and Tasmania, including interface issues. At its last meeting on 2 May 2014, COAG agreed to list the NDIS as a standing agenda item for all of its meetings.

Regarding continuity of support, in general people who do not meet the NDIS access criteria but who were accessing a disability service prior to being assessed by the NDIA will continue to receive support consistent with their current arrangements, as agreed by all Governments in the Intergovernmental Agreement. The Barwon trial continuity of support arrangements are set out in Appendix E of Victoria's Bilateral Agreement with the Commonwealth.

- What specific actions have been taken with the NDIA and the Commonwealth to clarify and implement service delivery?

The Department of Human Services continues to closely work, at senior and working official levels, with the NDIA to ensure that all Victorian Government commitments, made at COAG and in the Intergovernmental and Bilateral Agreements are met.

As NDIS service delivery is the responsibility of the NDIA, this question would be more appropriately answered by the NDIA.

- What approach is taken to managing and resolving issues and conflicts regarding these responsibilities? How are the opportunities to resolve these conflicts communicated to the client? (p. 6, 7-8)

As above, this question would be more appropriately answered by the NDIA.

2. The Committee has heard examples of funding being withdrawn from services whose clients will not be eligible for the NDIS, such as the Geelong Mood Support Group.

- What specific actions is the department taking to identify those affected? What steps are being taken to ensure that funding does not cease for these organisations that are only in the trial site so as to meet the 'no-disadvantage' test embedded in the bilaterals?

Please see the response to question 1 above on continuity of support.

3. Following on from the above question, the department has acknowledged there is an argument in favour for continuing block fund to these services as they currently are (p. 6).

- What is the department's policy on Tier 2 funding both in the Barwon trial presently and upon commencement of full scheme, or alternatively?
- What measures have been taken to clarify and implement such a policy and to what timeframes?
- Have there been any formal announcements or direction provided in terms of the role of the state for the provision or funding of direct services upon commencement of full scheme? (p. 7)

Please see the responses provided to the Committee on 20 May 2014 (Question 1) and 4 June 2014 (Question 1) in relation to Tier 2 services and supports.

4. Could the department provide advice on what it is doing to address the concerns of people with individual support packages (ISP's) who have experienced delays in the transition to the NDIS and a reduction of services and flexibility compared to what was previously received?

- How has the department been working with the NDIA to remedy these problems? (p. 7)

Please see the response provided to the Committee on 4 June 2014 (Question 9) in relation to the streamlined access arrangements for the Barwon launch that apply to ISP holders.

5. People with an ISP have already been recognised by the state jurisdiction as having a considerable disability. The committee has heard some people are being subjected to a burdensome process of proving their disability again.

- Does the department have any suggestions for the way forward in ensuring the person is not required to prove their disability again in order to be accepted as a participant in the NDIS? (p. 11)

As above, please see the response provided to the Committee on 20 May 2014 (Question 9).

The committee has heard the department is taking steps to encourage a smoother process for the transition of clients from Colanda into the NDIS.

- Could the department confirm whether it is the Victorian government's current policy to close down this facility?

Please see the responses provided to the Committee on 20 May 2014 (Question 3) and 4 June 2014 (Question 3).

- What is the government doing to address the shortfall of supported accommodation in anticipation of the movement of people? Could the respond please also take into consideration the specific example of Kirrily Hayward? (Geelong hearing, 14 April, p. 21 – 23), a young woman who is currently residing in an aged care facility due to a lack of available supported accommodation (p. 9).

Please see the response provided to the Committee on 4 June 2014 (Question 4).

As Kirrily Hayward is a participant in the NDIS Barwon trial, details of her services and supports are more appropriately directed to the NDIA.

7. In addition, could the department comment on the challenges faced by families who are attempting to combine resources and establish a group home for their children, such as the intersection with workplace health and safety legislation and the requirement of an internal sprinkler system under the building regulations?

- Where can such people go for assistance with this particular issue? Will there be a change in a requirement under the legislative instruments that deal with what is a workplace and appropriate health and safety issues which may now be impacting on roll out of carers in homes and the establishment of group homes? (p 7 – 9).

Please see the response provided to the Committee on 4 June 2014 (Question 5).

8. The committee has previously written to the department requesting an update on the upgrade of the railway station, as this was a commitment undertaken by the Victorian government.

- What progress has been made towards these upgrades and when is the expected completion date? (p. 7, 11)

Please see the response provided to the Committee on 20 May 2014 (Question 4) and 4 June 2014 (Question 2).

9. Has the department undertaken any analysis of how many new providers have come into the trial site and how many existing services may have diversified into servicing they were previously not undertaking? (p. 9 – 10)

Please see the response provided to the Committee on 4 June 2014 (Question 6).

10. The committee has heard evidence that a culture was present in former DHS staff who now work with the NDIA. Participants gave evidence that several of those staff appeared to have a less person-centred approach preferring an older more prescriptive approach that was in place prior to the NDIS.

- In addition to the Services Connect program that was briefly mentioned, what is the department doing to bring about a cultural change in the mindsets of staff to adapt a more person-centred approach to its interactions with clients? (p. 10)

The weight of evidence in the Hansard for the public hearings held in Geelong on 14 and 15 April 2014 appears to support the view that the department operated a person-

centred and flexible approach to planning and decision-making. That is, several participants (or their parents/carers) told the Committee that the Department of Human Services' Individual Service Package (ISP) model was, in their experience, more person-centred and flexible than NDIS arrangements (for examples, see the statements made by Mr Stone, p.3, Ms Fear, p.6, Mr Francett, p.12 and Ms Knight, p.14 in the Hansard for the 14 April 2014 hearing).

The department has been offering individualised funding since the early 1990s, when the Victorian Government initiated major reform of the state's disability system.

The Victorian *Disability Act 2006* provides the legislative framework for the department and its funded service providers to deliver flexible support based on choice and a person's individual requirements.

Since 2002, successive *Victorian State Disability Plans* have been underpinned by the principle that people with disabilities should have choice and control over their supports and services.

In 2008, the department introduced the current form of individualised funding known as 'Individual Support Packages' or 'ISPs', which are based on a self-directed approach comprising:

- self-directed planning
- self-directed funding
- self-directed support.

Since the introduction of individualised funding models, the department has provided relevant training and support to service delivery staff on the legal, funding and operational framework, as well as the person-centred, self-directed philosophy underpinning it.

The department's *Disability Services ISP Guidelines* and accompanying *Information Sheets* and *Practice Advices* (available at <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/individual-support-package-guidelines-and-information>) are the key reference and training documents for departmental staff and disability service providers involved in the administration and delivery of ISPs.

I consider that the department has been successful in instilling within staff a culture that supports individualised and person-centred approaches. The Victorian Auditor-General concluded in his report, *Individualised Funding for Disability Services*, dated 14 September 2011 (available at <http://www.audit.vic.gov.au/publications/20110914-Disability-Funding/20110914-Disability-Funding.html#s12>) that:

Victoria is a leader in Australia in reforming disability services, with ISPs playing a prominent role. DHS is empowering people with disabilities by giving them greater control over their funds, services and providers. This promotes the dignity and independence of those in our community with disabilities.

11. Can you provide the committee with detailed information of the Victorian Government's own plans in relation to workforce training and staff development in the disability sector?

- In particular, what courses are currently available for those seeking entry to the sector and looking to update their skills? Are these courses state funded?
- What is the capacity of RTOs to provide the courses that will be needed to add to the stock of qualified staff in the State's disability sector?

- Are new training packages required? If so, how long would it take to have these operational?
- In terms of Victorian Government's negotiations with the Commonwealth Government on these matters, what federal agencies have been involved and what has been the nature of the discussions to date?
- Can you include dollar amounts set aside towards this from the state or elsewhere? (p. 13).

Please see the response provided to the Committee on 4 June 2014 (Question 8).

12. The committee has heard evidence there is a sense of inequity and inflexibility in respite options available.

- What discussions have the department had with the NDIA in improving access to respite? How is the department working in partnership with the NDIA in facilitating access to respite? (p. 10 – 11)

As the delivery of services and supports under the NDIS is the responsibility of the NDIS, this question would be more appropriately answered by the NDIA.

13. The committee has heard evidence from participants and providers about issues with the new taxi system for participants in the NDIS, many indicated that the system prior to the introduction of the NDIS worked efficiently.

- Can the department comment on why a new system was introduced for the NDIA?
- Does the department have any suggestions for improving the current arrangements in place with the NDIA to address the significant challenges mentioned? (p. 11)

Please see the response provided to the Committee on 4 June 2014 (Question 10) in relation to the Victorian Government's Multi-Purpose Taxi Program.

As above, this question is more appropriately answered by the NDIA.

Received 14 July 2014

- a) More detailed information about the Services Connect program (Ms Congleton, Committee Hansard, Geelong 15 April p. 3) currently being trialled in the Barwon area

Services Connect - overview

Services Connect is the model for integrated human services in Victoria. It is designed to connect people with the right support, address the whole range of their needs and help people to build their strengths and capabilities to improve their lives.

Services Connect reflects a move from the current program-based approaches to human services delivery to a more integrated, effective and sustainable human services system in Victoria.

Over time Services Connect aims to improve:

- How people access information and services;
- How a person's range of needs are identified;
- How support and services for people are planned; and
- How services are delivered to improve people's lives.

The Services Connect model focuses on providing integrated, coordinated support and improving outcomes in people's lives. It tailors services to the unique needs, goals and aspirations of each client and their family, with an emphasis on building their strengths and capabilities to move out of disadvantage.

Key elements of the Services Connect Client Support model include:

- One key worker who is the primary support worker and plans, coordinates and delivers services for a client and their family to meet their needs and goals;
- One needs identification where comprehensive information is collected so that people don't need to keep telling their story;
- One plan that helps people progress towards their goals and aspirations and covers all of the services they receive; and
- One client record instead of multiple records held by different services.

Since 2012, DHS has been testing the Services Connect client support model at lead sites in Geelong, South West Coast and Dandenong. New sites were established in Preston and Shepparton in 2013 and four new sites are currently being developed in Glenroy, Box Hill, Wondonga and Bendigo.

The next phase of Services Connect includes an Advertised Call for Submissions for groups of non-government service providers to form partnerships to continue testing, refining and further developing the Services Connect model. Up to eight Partnerships will be established across Victoria in 2014.

More details about Services Connect are available at www.servicesconnect.vic.gov.au.

Services Connect trial and NDIS trial in Barwon

As agreed between the Victorian and Commonwealth Governments under section 11 of the Bilateral Agreement, part of Victoria's in-kind contribution to the NDIS Barwon trial is its current *complex case management* services. This includes case management services being delivered by DHS through the Services Connect lead site in the region.

DHS and the National Disability Insurance Agency (NDIA) have agreed operational arrangements for managing DHS in-kind provision of complex case management to NDIS Barwon trial participants. In summary, the NDIA planner will (at the planning and assessment stage) determine whether the participant will require complex case management. If so, the NDIA will make an appropriate referral to DHS. The department will (usually within a week or sooner if the matter is urgent) assess the referral and decide on the participant's suitability for allocation to a Services Connect key worker or a disability case manager. This decision is then communicated by DHS to the NDIA.

- b) Details of any other Victorian government staff such as specialist case managers etc) employed to work with the NDIA in rolling out the scheme. Provide numbers and a framework for how they sit alongside the NDIA if possible.

The answer provided in a) addresses most of question b). There are approximately 11 DHS case managers and key workers providing services to NDIS participants.

- c) Does the department expect these services/arrangements to continue beyond the trial into full scheme?

Arrangements for the full scheme of the NDIS are yet to be agreed by the Commonwealth and States and Territories.