

Disability Council NSW and NSW Carers Advisory Council

Submission to

Joint Standing Committee on the National
Disability Insurance Scheme (NDIS) Inquiry into
market readiness for the NDIS.

February 2018

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Disability Council NSW and NSW Carers Advisory Council

The Disability Council NSW was established under the Community Welfare Act 1987, and was transferred under the Disability Inclusion Act 2014 (The Act) on 3 December 2014. The Disability Inclusion Act 2014 provides a rights-based legislation framework for the Council.

The Council's main responsibilities under the Disability Inclusion Act 2014 are to:

- **Monitor** the implementation of Government policy;
- **Advise** the Minister on emerging issues relating to people with disability, and about the content and implementation of the State Disability Inclusion Plan and disability inclusion action plans;
- **Advise** public authorities about the content and implementation of disability inclusion action plans (public authorities include Government Departments and local councils and some other bodies listed in reg. 5 Disability Inclusion Regulation 2014 such as the State Library);
- **Promote** the inclusion of people with disability in the community and promote community awareness of matters concerning the interests of people with disability and their families;
- **Consult** with similar councils and bodies, and people with disability; and
- **Conduct** research about matters relating to people with disability.

The NSW Carers Advisory Council was established under the *Carers (Recognition) Act* 2010 to advance the interests of carers. It provides advice to the government on legislation, policy and other matters relating to carers.

The majority of Council members have current or previous experience of acting as carers. Members have diverse backgrounds and expertise and come from a range of metropolitan and regional areas across NSW. More information is [available online](#).

Introduction

The Disability Council NSW and NSW Carers Advisory Council welcome the opportunity to make a submission to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) Inquiry into market readiness for the NDIS.

A fundamental difference between the existing disability service system in Australia and the NDIS is that the NDIS aims to empower people with disability to have choice and control over the services and supports they need to improve their quality of life and achieve greater independence.

The Councils have considered a number of factors associated with the market readiness to provide services under the NDIS. Recommendations for each market readiness term of reference have been provided in this submission. They outline possible options to improve the NDIS in relation to service provision, and its ability to enhance independence, choice and control for people with disability and their carers.

Underscoring the recommendations made in this submission is the essential need to design and implement solutions that give people with disability and their carers choice and control over the quality and efficiency of service received from disability support workers and potential service providers.

The Councils look forward to a world where people with disability have the support they need to live independently and have access to support that is appropriate for their locational, design, social and cultural needs and preferences.

Market Readiness Terms of Reference

A. The transition to a market based system for service providers

Observations:

A1) For mainstream service providers, the transition from block funding to the NDIA market based environment appears to be confusing, tedious and difficult for service providers, despite the availability of a comprehensive 'Provider Toolkit'.

Recommendation A1): The development of a portal whereby potential providers are able to register/apply with a username and password. The registration process and steps should be instructive and provide users with existing information regarding the toolkit. Ideally each application question should appear on a new page, provide 'yes' and 'no' answer options, and allow users to save the application progress.

A2) Organisations often hold differing and conflicting opinions regarding how to make the transition, indicating confusion and a lack of clarification regarding implementation.

Recommendation A2): Provide a model example of the processes undertaken by successfully transitioned services.

A3) The cost of third-party verification may become a barrier for mainstream services to register.

Recommendation A3): Working within the minimum standards outlined in a quality and safeguards framework, potential providers could submit evidence required at a minimum level, collaborating with third-party verification bodies to review applications. NDIA would pay third-party verification parties a standardised rate for each category of service provider, e.g. set cost for sole traders, set costs for SME etc.

A4) The billing process and calculation method for supports sometimes were arbitrarily defined by individuals within an organisation. There also seems to be a lack of consistency across organisations regarding how individual transport costs are decided.

Recommendation A4): Provide billing guidelines for organisations where there is potential for discrepancy. Government or state bodies should implement state based policing systems to monitor feedback and ensure protection is provided for welfare and safety.

B. Participant readiness to navigate new markets

Observations:

B1) Meetings with various carers and recipients revealed that there is a lack of understanding around the fundamental principle of the NDIS (i.e. to assist people

with disabilities to achieve more independence, improve quality of life and to lessen the burden of carers) and NDIS possibilities. Many interviews have been done over the phone, resulting in poorly resourced information and unsatisfactory plans. There is also confusion around the meaning of the term “reasonable and necessary”. For some groups who have limited English and literacy skills such as older carers and those from CALD backgrounds, the process can be even more challenging.

Recommendation B1): More community-level communication is required around what ‘reasonable and necessary’ means and also what to do once participants and carers have a plan, the role of service providers and what participants and carers can do if they are not happy with the service provided. The NDIA needs to clearly communicate what its role is and what it will and will not be involved in. The communication needs to be in a user friendly and easy to read format. The entire support process must be continuous and creative as the market and services will change. There is also a need for translated materials and translators for face to face meetings.

B2) Pre-planning tools created by existing disability service providers can create great administrative costs. Due to participants participating in more than one preplanning process, the process can become cumbersome for stakeholders.

Recommendation B2): Accept only one standardised process for preplanning, developed by the NDIA, based on the minimum requirements for information needed by NDIA planners and best practice evidence-based standards for a holistic approach to planning. To enable individualisation, an ‘Other’ section can be provided.

B3) People with poor self-advocacy skills or who do not have a skilled independent advocate are at risk of not receiving equal and holistic supports required to flourish within the promises of the NDIS.

Recommendation B3): Ensure continued funding of independent advocacy services, prompting access to their services, particularly for use by people who do not have a minimum level of representation in the NDIS planning process.

C. The development of the disability workforce to support the emerging market

Observations:

C1) It appears this area has been neglected particularly in remote and regional communities where there is a shortage of direct support workers.

Recommendation C1): Increase the workforce particularly in regional and remote areas. Tap into employment pools not currently taken advantage of, for instance: people with disability, work for the dole participants or school leavers. Upskill NDIA staff and ensure training is updated and continuous amongst workers. The Commonwealth Government could provide low or no cost training through registered training organisations and TAFEs to support workers achieve base line Certificate III or IV qualifications. This has been done previously with the early childhood education and care sector with the introduction of national quality standards and minimum qualification requirements.

D. The impact of pricing on the development of the market

Observations:

D1) The new processes and pricing has had an impact on the quality of services. Pricing of services also does not consider the different service provision in capital cities such as Sydney and Melbourne where pricing differs.

Recommendation D1): Provide billing guidelines for organisations where there is potential for discrepancy. Government needs to ensure pricing is monitored as the market will react to the price, and adequate funding to staff and services is provided to ensure quality service is achieved.

D2) Organisations do not have sufficient funding to cover administrative and capacity building costs, potentially reducing the quality of service and increasing risks to providers and participants. For example:

- > Safety risks increased as staff are not allocated sufficient time to complete and review individualised support and risk profiles;

- > Staff do not receive an induction or continued professional development opportunities traditionally subsumed by organisations such as induction shifts, in-house training or supervision sessions. If these are provided, the cost burden to the organisation is not sustainable. This is a particular concern for staff matching platforms such as <https://hireup.com.au/>

Recommendation D2): Professionalise the industry e.g. review the Certificate III Individual Support (Disability) via consultation with the industry who can provide information on the minimum mandatory training they would usually provide to new employees. Another recommendation is for disability support professionals to hold membership of an accrediting body such as the National Disability Practitioners body. While this may not be a necessary requirement of industry workers, customers should have the option of choosing between accredited and non-accredited supports. Membership of the accrediting body should include minimum supervision and continued professional development points.

E. The role of the NDIA as a market steward

Observations:

E1) The NDIA has been invisible in performing its role as a market steward.

Recommendation E1): While it is understood that the NDIA performs an overarching role, the NDIA needs to become more visible in informing NDIS participants and their carers that they may contact the NDIA for assistance during and after the transition process.

F. Market intervention options to address thin markets, including in remote Indigenous communities

Observations:

F1) The NDIA needs to be considerate of the different remote communities and their challenges which can complicate service delivery. For example, in rural areas costs for different services are greater than in metro areas. Further, more consideration should be given to ensuring NDIS participants do not need to travel long distances to access these services.

Recommendation F1): Consideration should be given towards compensating NDIS participants who reside in remote or rural communities for the cost of travelling to and accessing those services.

F2) The provision of advocacy and information services is not certain in the new market. Advocacy is an essential service and goes beyond a participant's relationship with the NDIS as support is often needed across a range of issues including access to Health, Education and Centrelink. NDIS plans do not provide this essential support.

Recommendation F2): The funding and provision of advocacy services for NDIS participants and carers needs to be maintained after the NDIS is fully rolled out.

G. The provision of housing options for people with disability, with particular reference to the impact of Specialist Disability Accommodation (SDA) supports on the disability housing market

Observations:

G1) There is a lack of understanding among NDIS participants and their carers as to the full scope of housing options that are available to them. Additionally, the market is currently not flexible enough to adequately meet the needs of people with disability.

G2) More information needs to be made available to NDIS participants and their carers in relation to their housing options and pricing. It may be useful to document and promote best/new practice accommodation options to help inform participants of the range of options available. For example, one option could be the development of a flatmate finder platform for people with disability.

H. The impact of the Quality and Safeguarding Framework on the development of the market

Observations:

H1) An aspiration documented within the framework aims to remove restrictive practices altogether. This is unrealistic, given that there will always be a need for a restrictive practice for some people on the basis of their safety or that of others.

Recommendation H1): Instead, the aspiration within the framework should be to work towards ensuring that, at all times, the least restrictive option for the NDIS participant is recommended, with due consideration given to their safety and that of others. Such options should be implemented as directed by the RPA Panel, with evidence of compliance documented and monitored by the process of the quality and safeguards framework.

A mechanism which captures feedback and opinions from NDIS participants and carers throughout the monitoring and review process is also recommended. Overall safeguarding should be regularly updated and adapted to take into account market shifts.

I. Provider of last resort arrangements, including for crisis accommodation

Observations:

I1) There is a lack of knowledge and information regarding last resort arrangements within the NDIS community, particularly concerning crisis accommodation.

Recommendation I1): More information needs to be provided on last resort arrangements. In addition, earlier investment including better education and training for participants and their carers has the potential to prevent last resort arrangements from being needed in the first place. Monitoring changes within the market can also allow governments to be better prepared and able to plan ahead.

J. Any other related matters

J1) Greater emphasis should be given to highlighting the positive stories from the NDIS.

J2) Ongoing education including forums, awareness campaigns with written and visual material should be provided and organised by the NDIA.

J3) The approval time frame regarding facility repairs needs to be faster and more efficient. Providing clients with updates and clarification around the repairs process is needed.