

JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME

NDIS participant experience in rural, regional and remote Australia

**Additional Information following the Public Hearing in Broome on Thursday, 18
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Work force development

Far North Community Services has adopted the following strategies to support workforce development in a remote area. We acknowledge that many service providers engage in these and similar activities to recruit and retain a competent, skilled and values driven workforce.

- Values driven recruitment followed by high levels of face to face and online training
- Entered into a contract for the Designated Area Migration Agreement (DAMA) to enable sponsorship of qualified staff who are willing to relocate to remote areas. The DAMA will enable the organisation to retain staff for a minimum of 3-5 years in areas with transient populations. This leads to consistency of service and development of trust and relationship.
- Full 13 weeks long service leave after 7 years
- Housing allowance for all staff, regardless of housing situation in recognition of additional cost of living in remote areas.
- Above award wages for all roles
- High levels of training, including comprehensive onboarding processes
- Participants / families involved in choice of support worker, focusing on relationship and trust
- The therapy team have regular team meetings with annual planning for remote travel
- Partnership with Majorlin Kimberley Centre for Remote Health, Notre Dame for placements for therapy students
- Spotters fee to attract local recruitment

- Cultural awareness / immersion training for all staff and Aboriginal Liaison Officer to support staff on an ongoing basis.
- Participating in projects such as NDS Aboriginal and Torres Strait Islander employment project
- Supervision and senior / junior structure for therapy services
- Paying for all worker screening costs for applicants to support people to enter the workforce
- Relocation costs to attract workers to the region
- Entering into corporate leases for staff housing and purchase of staff housing to rent to staff to enable place-based services in remote towns
- Creating career paths and opportunities for people, to keep good staff in the organisation as this leads to continuity of supports, trust, long term relationships with people accessing services
- Flexible work arrangement where possible and use of work from home arrangements for administrative roles that don't require face to face contact with people accessing services, enables the organisation to retain good staff.
- Partnering with local RTO's and other training providers, and tailoring training to the support needs of people we support to build the core competencies of staff and provide a quality service.
- Employee Assistance Program

Workforce development takes time, resources and good planning. An organisation needs to reach a certain economy of scale and maturity to be able to introduce many of the strategies we currently adopt. Providers need certainty of funding to develop and implement these strategies.

In remote areas increased funding and placements should be made available for certificate II work readiness programs to support people, including First Nations people enter or re-enter the workforce in the care economy. Additional placements and advertising campaigns for school based traineeships delivered through partnerships with well-established providers who demonstrate a commitment to training would lead to employment and open doors for further education and career advancement opportunities.

Remote areas often have an untapped workforce of trained Aboriginal Health workers who possess valuable skills and cultural competence. These workers can provide culturally secure support, especially for people with complex needs. Their understanding of cultural nuances and community dynamics makes them well suited to address the unique challenges faced by residents in remote towns and communities. Additionally, Aboriginal Health Workers are more likely to embrace flexible working arrangements and live in remote towns and communities.

Support coordination

The NIDS began rolling out in the Kimberley in December 2017, one year after we had trialled the WA NDIS. The immediate impact was a significant increase in the

available resources, the WA NDIS had resulted in a significant increase in the number of people however there was more fragmentation of plans and compartmentalization of peoples lives. There had not been any market stewardship to develop the particular services types and there was great confusion. The rules got in the way of what people needed and we spent a lot of time with parents who were stressed by the bureaucracy of the system, for example a mother in tears when a planner would not talk to her, as her husband was the child's nominee.

With a significant gap in support coordination providers, and no LAC in remote areas our organisation registered for support coordination partly due to a sense of responsibility to support participants until there was a supply of support coordinators. Our organisation ceased support coordination in 2023.

There was confusion about the role of support coordinators and this remains today for many participants. Support coordination is an area of high risk for participants, upholding their human rights and the integrity of the scheme. Weekly we see examples where support coordinators make decisions on behalf of participants and who their services provider will be, provide paper work for people to sign they don't understand and include provisions in the paperwork that the existing provider is not to make contact with the participant when the provider changes. As the market of providers has evolved, professional, registered and ethical support coordination providers are available in the region.

The fragmentation of support coordination provision contributes to the lack of coordinated community and regional planning that makes long lasting and positive change in people's lives. The current system creates opportunities for collusion, exploitation and gouging of plans. This is more likely to occur when a participant lives in a remote area, has English as a second or third language, does not understand the NDIS or their plan and may sign documents or agree to things that they are not sure about.

Coordinated planning for a community works best when the specialist support coordinator is known, invited and works with multiple participants in the community.

A system that has an independent navigator / support coordinator who has links / mandatory reporting to NDIS planners would add another layer of safeguarding. This would highlight trends in an area, participants at risk and enable local planning in a coordinated way. The current fragmented system with multiple support coordination providers in one region prohibits this level of market stewardship and coordination of planning and service responses.

The new system has to remove incentives for collusion and ensure that the relationship with the participant is developed over time and face to face. The support coordinators / navigators should be place based, like the remote community connectors and participants should retain choice to change support coordinators if they are not satisfied with the quality of the service.

Many people in remote areas need coordination of the other human services systems they interact with, rather than the provision of direct care. The Navigator role is suited to this need and if this was not a fragmented service delivered by multiple providers, First Nations people with disability would benefit and be able to build a trusting relationship with one person who is funded at a level commensurate with the need. The level of support required for this coordination of multiple service systems should be recognized and funded.

Planning and foundational supports

When transport or respite services are provided without coordination with other stakeholders such as housing, justice, employment and or health it can lead to short time limited responses that remain crisis driven and reactive.

NDIS funding can potentially be used to provide supports that sustain people in dysfunctional and inappropriate settings, particularly when the planning is not holistic or culturally secure. The NDIS measures plan utilisation and not outcomes, eg a person who experiences family violence, homelessness, poor health, overcrowded living, poor mental health may get respite twice a year whilst no significant change occurs to their life.

Connecting with First Nations participants

The scheme is more fragmented than the broken fragmented scheme it replaced. This fragmentation is not culturally secure as noted by many First Nations people through the DRC and NDIS Review. People do not always understand the roles of support coordinators, plan managers, different service providers and I know one example where the person has three therapists for different disciplines from 3 different providers. This results in duplication of administrative and travel costs.

Better connection with First Nations people with disability could be achieved through an increase in the number of remote community connectors. Their independence from service provision, being place based and culturally secure make this role an ideal mechanism for capacity building and supporting First Nations people to understand the NDIS and their plans and how to exercise control when negotiating with service providers.

Service providers in remote towns need base funding to enable place-based services to remain long term. It can take many years to build trust and become established. Organisations like Far North Community Services currently subsidise services in these locations from other program areas.

Participants want continuity of support and support staff, to build relationships over time, one participant recently told me that when he meets new workers he does not know their background, as an Aboriginal person this is important and it takes him time to get to know them and trust them and their background. When there is a high turnover of support staff he doesn't get time to know them and their background well.

A system where there is shared data to support planning at the regional or community level for place based services that cascades down to the individual will benefit the whole community.

Alternate Commissioning

Alternate commissioning should be available in remote towns and communities using a preferred provider model tender process. Base funding is required where there are not enough participants to support the financial viability of the provider/s. High crime in remote towns, including car theft, burglary and high levels of family and domestic violence, homelessness, poorer health outcomes, higher than national average suicide rates, higher cost of living, reduced access to specialist health and other services and remoteness and seasonal road closures and weather events results in significantly higher costs to operate services. Staff are exposed to vicarious trauma and it can take significantly longer to organize and implement services due to family and cultural obligations, tyranny of distance and differing priorities.

The preferred provider should;

- Have flexibility to respond to urgent and critical supports that will prevent some-one from entering residential aged care, or hospital
- Be required to demonstrate cultural competence with workforce strategies to employ First Nations staff
- Have facilities available to respond to emergency respite requests and / or strong partnerships and networks to support people to access other appropriate services
- Be provided funding quarterly in advance and only be able to draw down as income once allocated, using an individual planning and package allocation process, with identified goals of care
- have quarterly reporting on the services being delivered
- have to participate in quality and compliance reviews and be registered
- have links / referral pathways for people who would be eligible for the NDIS and would benefit from NDIS services
- offer a broader range of services acknowledging the high levels of intersectionality of disadvantage and include services that support ongoing connection to culture, country and community.
- Have the capacity to broker the funding to ACCO's and ACHO's to deliver the services on the ground, whilst retaining overarching accountability for governance and risk assessment and emergency planning and preparedness
- Have clear subcontracting arrangements to support place based services
- Be required to demonstrate partnerships, collaborations and increased use of generic services for people accessing the services
- Requires the staff to demonstrate cultural competence
- Be funded to deliver capacity building for people with disability and communities.