Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000210

PRIMARY DISABILITIES

Hearing: 25 June 2020 **Hansard Page:** 6

Question:

Senator GRIFF: Regarding the 453 active participants who have FASD as a secondary disability, can you say or can you table what the primary disabilities are for these participants?

Ms Johnson: Yes, I can table that. I will take it on notice.

Answer:

The table below has the primary disability categorisations for the 453 active participants, as at 31 May 2020, who have Fetal Alcohol Spectrum Disorder (FASD) as a secondary disability.

Results less than 5 are not reported as the data would be potentially identifying.

Primary disability group for participants with secondary FASD – 31 May 2020

Disability Group	Number of participants
Intellectual Disability	200
Autism	140
Psychosocial Disability	25
Global Developmental Delay	24
Acquired Brain Injury	14
Cerebral Palsy	13
Other Neurological	11
Developmental Delay	9
Hearing Impairment	5
Other Sensory/Speech	5
Other Physical	<5
Down Syndrome	<5
Visual Impairment	<5
Total	**453**

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000211

ABORIGINAL MEDICAL SERVICES

Hearing: 25 June 2020

Hansard Pages: 6, 7

Question:

Senator McCARTHY: I might just follow up on Senator Griff's questions, Mr McNaughton. I might go to you as you were speaking in relation to the functional impacts of FASD and the information that GPs provide. In relation to remote and regional areas, do you still expect that same criteria in terms of identification of FASD?

Mr McNaughton: When we get information on an access request in remote areas, we're usually working with the Aboriginal medical service in that community...

Senator McCARTHY: Okay. Mr English, you may be able to help me if I go further into that answer. If we're talking about the Northern Territory, for example, and we're talking about participants from Groote Eylandt, who would you work with there? Would that be with Miwatj or the local clinic?

Mr English: I'll have to take that on notice in terms of the specifics of Groote Eylandt...

Answer:

In Groote Eylandt, Remote Community Connector services are provided by the MJD Foundation, and Evidence, Access and Coordination of Planning services are provided by Miwatj Health Aboriginal Medical Service.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000212

FASD PARTICIPANT LOCATIONS

Hearing: 25 June 2020

Hansard Page: 7

Question:

Senator McCARTHY: Sure. Thanks, Mr English. I'm looking at your table on page 14, which I know Senator Griff was also referring to. Just in terms of primary disability—and, again, if I can be specific—I look at the Northern Territory there and it's 74. Can I have a breakdown, and by all means take this on notice if you can't answer now, of just where the 74 would be in the Northern Territory: what regions; whether it's remote or a large central regional town or, obviously, the capital city?

Ms Johnson: I can provide that for you on notice.

Answer:

The table below shows the remoteness categorisation of the 74 participants with a primary disability of Fetal Alcohol Spectrum Disorder (FASD) living in the Northern Territory, as at 31 May 2020.

Results less than 5 are not reported as the data would be potentially identifying.

Participants with a primary disability of FASD in the Northern Territory - as at 31 May 2020*

Remoteness category	Number of participants
Major cities	<5
Population > 50,000	31
Population between 15,000 and 50,000	<5
Population between 5,000 and 15,000	<5
Population less than 5,000	<5
Remote	20
Very Remote	22
Total	**74**

*This table is based on the Modified Monash Model measure of remoteness.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000213

NDIS PARTICIPANTS IN THE JUSTICE SYSTEM

Hearing: 25 June 2020 **Hansard Page:** 7

Question:

Mr McNaughton: ...We're doing a lot of work on our interface with the justice systems...We have three justice liaison officers supporting prisons in the Northern Territory...
Senator McCARTHY: Sorry, Mr McNaughton, but can I clarify: are those three justice liaison officers just in relation to the NDIA and FASD, or is that more broadly?
Mr McNaughton: They're our NDIS or NDIA justice liaison officers. They cover all participants, not just diagnosis-driven but all participants who are touched or impacted by the justice system so we can make sure we're getting the right information and planning done for those participants. It's also around educating the justice system. We know there is probably a lot of unmet need of people who should be participants of the system in and out of the justice system. So it's about getting the right referral points from justice to the agency so we can make sure we're getting the right assessments for people as well.

Senator McCARTHY: Are you able to break down the figures—again, please take it on notice—in terms of how many in the justice system would be youth and how many would be adults?

Mr McNaughton: I will take that on notice and try to get that information. We can break that down as best we can for you.

Answer:

The National Disability Insurance Agency (NDIA) does not have structured data on the number of National Disability Insurance Scheme participants entering and exiting the justice system. However, the NDIA Justice Liaison Officers (JLOs) work with existing participants that are engaged with the justice system as well as working with justice systems to identify potential participants as they exit the justice system.

The NDIA is currently working with the Department of Social Services and states and territories to develop formal data sharing arrangements to improve the experience of NDIS participants moving into and out of justice settings.

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000214

THIN MARKET MODELS

Hearing: 25 June 2020 **Hansard Pages:** 7 and 8

Question:

Senator McCARTHY: Given the limitations on the operations of the NDIS in remote areas, congress in Alice Springs has developed a fund-pooling model for children in Central Australia. We understand that congress was negotiating implementation of this model with the NDIA to facilitate early interventions and access for appropriate services. Has there been any progress? Is the NDIA supporting this initiative?

Mr English: We have a range of organisations that have expressed interest in this particular facet of our service delivery. I'm aware that there have been negotiations—I should say discussions more than negotiations—with a number of organisations around this. They are not at a stage where we would be progressing to those at the moment. We have three trial sites for early childhood services in remote WA, as articulated in the paper, and we wouldn't be in a position to extend on those at this time, but they will be evaluated to determine whether we can move forward with those at some point in the future.

Senator McCARTHY: What is your time frame, Mr English?

Mr English: We don't have a time frame at this time. We'd have to take that on notice.

Answer:

The National Disability Insurance Agency will evaluate the three current trial Remote Early Childhood Services programs after 30 June 2021 to determine the efficacy and scalability of these programs for remote communities. The review will inform the design of remote services for children under six years of age beyond July 2021.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000215

ACCESS FOR FASD PARTICIPANTS

Hearing: 25 June 2020

Hansard Page: Written

Question:

1. Regarding access to the NDIS for people with (suspected) FASD who do not have a formal diagnosis: What happens if their function is impaired but not severely? Would s24 apply to people whose function is impaired but not "substantially reduced"?

Answer:
Access decisions are made by considering evidence provided by the person against the access criteria of the *National Disability Insurance Scheme Act 2013* (NDIS Act). Once age and residence requirements are met, a person must also meet disability or early intervention requirements.

Access to the NDIS is not dependent on a diagnosis. If a person has not received a formal diagnosis of Fetal Alcohol Spectrum Disorder (FASD), the National Disability Insurance Agency (NDIA) will consider if there is evidence of a permanent disability due to an intellectual, cognitive, neurological, sensory, physical or psychiatric impairment. In order to meet disability requirements there must be evidence a person has a permanent disability, which results in significant impacts to their everyday life.

For a person to be assessed as meeting the disability access requirements (s24 of the NDIS Act), the participant must provide information that demonstrates:

- they have a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or to one or more impairments attributable to a psychiatric condition;
- that the impairment or impairments are, or are likely to be permanent;
- that the impairment results in substantially reduced functional capacity to undertake or psychosocial functioning in undertaking, one or more of the following activities: communication, social interaction, learning, mobility, self-care, self-management;
- the impairment or impairments affect the person's capacity for social and economic participation; and
- the person is likely to require support under the NDIS for their lifetime.

If evidence provided to the NDIA indicates a person with suspected FASD has a permanent disability, however does not indicate a substantially reduced functional capacity, the person will not meet the disability requirements.

If a person does not meet the disability requirements, the NDIA will consider if the person meets the early intervention requirements (s25 of the NDIS Act). In order to meet early intervention requirements there must be evidence the person has a permanent disability or developmental delay (child 0-6 years) and it is likely early intervention supports will reduce future impacts of the disability or developmental delay, and build skills and independence.

For a person to meet the Early Intervention requirements, they must provide sufficient evidence to meet all of the following criteria:

- they have a disability that is attributable to one or more intellectual, cognitive, neurological, sensory or physical impairments or to one or more impairments attributable to a psychiatric condition, or that they are a child with a developmental delay;
- that the provision of early intervention supports is likely to reduce the person’s future support needs;
- that the provision of supports will benefit the person by mitigating or alleviating the functional impact of their impairment, or prevent deterioration, or improve their functional capacity, or strengthen the sustainability of informal supports; and
- that the NDIS is the most appropriate service system to provide early intervention supports.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000216

NDIS ACCESS LISTS

Hearing: 25 June 2020 **Hansard Page:** Written

Question:

2. Can you please elaborate on why FASD is not included on the Government's List of Recognised Disabilities even though it is a permanent disability.

a. How does this affect the provision of services and access to support for people with FASD, and their carers (for example access to carer supports/payments)?
b. How are the decisions regarding what gets listed and on which list it is placed (A-E) made? (Does the NDIS draw List of Recognised Disabilities contained in the Disability Care Load Assessment (Child) Determination?)
c. Why does Fetal alcohol syndrome (FAS), which is at the more severe end, sit at List D and not List A?

Answer:

In 2013, the National Disability Insurance Agency (NDIA) developed lists of conditions to streamline the access process for people who had a diagnosed disability that met the functional impairment requirements of the *National Disability Insurance Scheme Act 2013* (NDIS Act), and to provide certainty to people with the most significant disabilities. Fetal Alcohol Spectrum Disorder (FASD) was not identified as part of that initial process given the wide variability in functional impact.

2a. Not being on a list does not preclude people from testing their eligibility, accessing the scheme and associated service provision.

Inclusion on the Government's List of Recognised Disabilities does not affect the provision of National Disability Insurance Scheme (NDIS) services and access to support for people with FASD.

A prospective NDIS participant does not need to have a disability on the List of Recognised Disabilities to satisfy access requirements for the NDIS. Access can be met by demonstrating a person has a permanent and significant disability.

Prospective participants must:
- be aged between 7 – 65;

- live in Australia and be an Australian citizen or have a Permanent or Special Category Visa;
- be able to provide evidence of their disability as part of their access request; and
- provide information on their disability, its permanence and how it impacts their life and daily functioning.

There is a separate early childhood early intervention approach for children under seven years with developmental delay or disability.

Questions regarding access to carer payments and supports are best directed to Services Australia.

2b. In 2013, the National Disability Insurance Agency (NDIA) developed lists of conditions to streamline the access process for people who had a diagnosed disability that met the functional impairment requirements of the *National Disability Insurance Scheme Act 2013*, and to provide certainty to people with the most significant disabilities.

The Lists, while continuing, have not been updated significantly since 2013 as the NDIS's focus, in accordance with the NDIS Act, has been on assessing functional capacity rather than diagnosed condition.

The NDIS does not draw on the Disability Care Load (child) determination to determine what conditions are included on Lists A-E.

2c. List A was developed to streamline access to the NDIS for people who are diagnosed with conditions that are very likely to meet the disability access requirements in the NDIS Act. List A only refers to some conditions that meet the disability access requirements for the NDIS. A person does not need to have a condition on List A to become a participant in the NDIS and access to the NDIS is not dependent on diagnosis.

List D was developed to streamline the access process for children under seven years of age who have been diagnosed with a condition/s included on the list. FAS was included on this list to streamline access for people diagnosed with FAS in recognition of the importance of early intervention for people with this disability.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000217

FASD DIAGNOSIS

Hearing: 25 June 2020 **Hansard Page:** Written

Question:

3. Regarding the statistics in your submission (p14) on the number of active participants with a FASD diagnosis, I note the vast majority are aged 18 and under. Does that reflect the difficulty of diagnosis in adulthood? Otherwise, what do you attribute that to?

Answer:

Fetal Alcohol Spectrum Disorder (FASD) is often underdiagnosed for many reasons, including limited understanding of diagnosis within the health community, confusion about diagnostic criteria, and concerns around the stigma associated with a FASD diagnosis.

The National Disability Insurance Agency (NDIA) recognises that while FASD impairments may occur in-utero, diagnosis is frequently not made until a child is preschool or school age. To support access and planning processes under the National Disability Insurance Scheme, the NDIA is working to implement Independent Functional Assessments (IFAs). IFAs use disability-neutral tools to assess levels of functional impairment in participants and prospective participants.

In situations where a person has no diagnosis or has multiple diagnoses, disability-neutral assessment tools will provide important evidence of functional impairment to support access and planning processes. The functional capacity of a person with or without a FASD diagnosis will be assessed using the same suite of assessment tools as any other person of the same age.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000218

ACCESS EVIDENCE

Hearing: 25 June 2020 **Hansard Page:** Written

Question:

4. You mention on p4: ‘Strengthening access guidance for Access Assessors, to ensure a strong focus on obtaining the right evidence in a far more flexible way has commenced for Early Intervention’. Can you expand on this (explain)?

Answer:

The National Disability Insurance Agency (NDIA) is strengthening guidance for NDIA Access Assessors to consider what is sufficient evidence for a person to meet the National Disability Insurance Scheme (NDIS) early intervention requirements, including where there is no formal diagnosis for either an adult, or a child aged 0-6 with developmental delay.

Families of children aged 0-6 years with developmental delay or disability will be initially referred to an NDIS Early Childhood (EC) Partner in their area. EC Partner organisations have appropriately qualified and experienced staff who work with families to gather information and provide supports. EC Partners ensure children receive the right level of supports for the right amount of time.

If necessary, EC Partners complete assessments to support decisions about the most suitable pathway of supports to meet a child’s needs. NDIA Access Assessors work closely with EC Partners during the assessment process to request any evidence required to make an access decision. A new Early Childhood Assessment Summary form was released last year to assist in gathering supporting evidence of developmental delay which can be completed by a suitably qualified EC Partner or educational professional. This provides increased flexibility for gathering evidence to support access for children who may be experiencing developmental delay.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000219

MAINSTREAM INTERFACE

Hearing: 25 June 2020 **Hansard Page:** Written

Question:

5. You note (p6) that there is "varying level of understanding by partners and planners of FASD in the processes of developing NDIS individual plans" and that you need to establish better connections with health and education providers to co-ordinate care plans for people with FASD". How are you intending to achieve this – what practical steps are you taking?

Answer:

The National Disability Insurance Agency (NDIA) is exploring opportunities to create holistic plan development processes for people with Fetal Alcohol Spectrum Disorder (FASD). Under a proposed process, National Disability Insurance Scheme (NDIS) funded supports would be one component of a single plan developed in collaboration with health and education.

NDIA staff, Local Area Coordinators (LACs) and Early Childhood (EC) partners work with participants to ensure the supports in their plans, including mainstream supports, are meeting their needs. This may include liaising with mainstream and community services, including health and education services.

This process supports knowledge transfer and collaboration between NDIA staff, LACs, EC Partners and mainstream services, which will support co-ordinated care plans for people with FASD. For participants with more complex needs, support coordination may be included in their plan to help them access and coordinate supports and services, including supports across different service systems.

EC partners support children and families to link with community and mainstream services such as:

- educational settings such as school, childcare, kindergarten, occasional care, family day care;
- assistance to access health services such as: GP, paediatrician, Maternal and Child Health Nurse, vision and hearing assessment services, other community health services such as dietitian, dental services;
- parenting support groups;
- arts programs/ groups such as drama, music, art classes;
- community groups;
- family support services; and
- referral to specialist supports.

LAC partners support people aged seven and over to link with community and mainstream services such as:

- educational settings such as school, occasional care and social and supporting groups;

- assistance to access health services such as: GP, paediatrician, vision and hearing assessment services, other community health services such as dietitian, dental services;
- arts programs/ groups such as drama, music, art classes;
- community groups;
- family support services; and
- referral to specialist supports.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000220

NDIA PLANNERS - FASD AWARENESS

Hearing: 25 June 2020 **Hansard Page:** Written

Question:

6. How would you classify the level of awareness of FASD among NDIS staff and NDIS planners in particular?

Answer:

The NDIA is unable to quantify an answer to this question, however NDIA and Partner staff are provided guidance and training on a number of disabilities (for further information please refer to NDIA SQ20-000221).

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000221

NDIA PLANNERS - FASD TRAINING

Hearing: 25 June 2020 **Hansard Page:** Written

Question:

7. What specific FASD training and guidance is provided to NDIA/NDIS staff and to planners?

Answer:

The National Disability Insurance Agency (NDIA) has developed a range of resources and training, providing NDIA staff and Partners with an overview of some common disability types, the likely impact of those disabilities on participants' lives, and ways NDIA and Partner staff can ensure a positive experience when people interact with the NDIA.

Key resources the NDIA is developing are Disability Snapshots, which provide general information about different disability types and can help staff prepare for interactions with participants, particularly prior to planning. The NDIA develops Disability Snapshots with disability peak organisations to ensure resources are up-to-date and informed by lived experience.

There are currently 14 Disability Snapshots for staff, including one describing the role of carers. The NDIA recently completed a project with Disability Advocacy Network Australia (DANA) to develop a further eight Disability Snapshots, including one on Fetal Alcohol Spectrum Disorder (FASD). The NDIA worked with DANA and NoFASD to develop this resource, which is expected to be published and available to all staff in August 2020.

The Disability Snapshots cover:

- diagnosis of the disability;
- common characteristics and impacts of the disability;
- correct terminology to use when referring to the disability;
- tips for communicating effectively; and
- advice on supporting participants in to develop their social and economic goals.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000222

NDIA PLANNERS - FASD AWARENESS

Hearing: 25 June 2020

Hansard Page: Written

Question:

8. Regarding the survey of parents and carers conducted by NoFASD for this inquiry (submission 40, attachment 2) in which the vast majority of respondents - more than 90% of the 29 carers who responded to this question - found NDIS planners did not have a good understanding of FASD and some comments from carers were quite scathing. What is the NDIA's response to that?

Answer:

The National Disability Insurance Agency (NDIA) takes participant feedback seriously and is committed to improving the experience of participants. The NDIA has listened to participants, their families and carers, providers, and other trusted voices in the disability community about how the NDIA can improve the NDIS. The NDIA is developing resources to support NDIA and Partner staff to better support participants with FASD. For further information please refer to NDIA SQ20-000221.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000223

NDIA PARTICIPANTS IN THE JUSTICE SYSTEM

Hearing: 25 June 2020 **Hansard Page:** Written

Question:

9. Despite the high incidence of FASD in youth in detention, NDIS assistance is not available in prison, according to the Aboriginal Legal Service of Western Australia Limited (submission 46) which says prison might be the best environment (stable, structured and substance free) to help FASD clients. Why isn't it offered to people in detention/prison - and can it be?

Answer:

People with disability are able to apply for the NDIS while in prison and NDIS participants in custody are able to access disability supports funded in their plan in some circumstances.

In accordance with legislation, custodial facilities retain universal service obligations to people with disability, including NDIS participants. In line with *National Disability Insurance Scheme (Supports for Participants) Rules 2013*, when an NDIS participant is in a custodial facility, the justice system is responsible for providing:

- reasonable adjustments
- supports to ensure people with disability have access to similar supports available to the general population
- day-to-day care and support needs of a person in custody, including supervision, personal care and general supports
- ensuring criminal justice system services are accessible for people with disability, including appropriate communication and adjustments to the physical environment
- general programs for the wider population, including programs to prevent reoffending
- the management of community corrections, including corrections-related supervision
- the operation of secure mental health facilities that are primarily clinical in nature.

In some cases a participant may have reasonable and necessary disability support needs that are the responsibility of the NDIS to fund because they exceed the reasonable adjustments for which the facility is responsible. Examples of supports which may be considered reasonable and necessary include:

- specialised assistive technology, such as prosthetic limbs or an electric wheelchair (but not fixed supports such as hoists)
- allied health and other therapy directly relating to a person's disability
- transition supports to facilitate a participant's transition from a custodial setting to the community that are reasonable and necessary and are required specifically as a result of the person's disability.

People with disability in a custodial setting also have access to support through Justice Liaison Officers (JLOs). Where a person in a justice setting might be eligible for the NDIS, JLOs support justice staff to assist the individual to apply for the NDIS.

For existing participants, JLOs work closely with state and territory justice systems to ensure appropriate NDIS supports are provided within justice settings. When a participant is scheduled to exit the justice setting, JLOs liaise with the justice system and the NDIS to ensure participants have appropriate supports in place for their transition. JLOs also work with justice staff to improve their understanding of NDIA operational processes and streamline pathways for prisoners with a disability into the NDIS. There are currently 17 JLOs in place across all jurisdictions.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000224

NDIS WEBSITE

Hearing: 25 June 2020

Hansard Page: Written

Question:

10. Why are there no results for “FASD” (aside from a definition for the acronym) or “fetal alcohol spectrum disorder” on the NDIS website?

Answer:

The National Disability Insurance Agency is constantly reviewing and updating the National Disability Insurance Scheme (NDIS) website with information and resources. This feedback is noted and will be considered as part of regular updates of the resources on the NDIS website.

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000225

FASD ADVISORY GROUP

Hearing: 25 June 2020 **Hansard Page:** Written

Question:

11. Gilbert+Tobin (submission 63) recommended that the NDIA establish and fund an NDIS FASD Advisory Group (similar to the existing NDIS Autism Advisory Group) which consists of experts, service providers and people experienced in FASD to advocate on behalf of people with FASD and support access to services under the NDIS. What is your view of that?

Answer:

The National Disability Insurance Agency (NDIA) does not support the formation of a FASD Advisory Group. The NDIA will liaise directly with Department of Health on the progress and findings of the FASD National Working and Consultative Group.

The NDIA also draws on the expertise and advice of the Independent Advisory Council. The Council was established to bring the views of people with disability, carers and sector experts to the heart of the National Disability Insurance Scheme, providing independent advice to the Board of the NDIA on the delivery of the Scheme.

Senate Community Affairs References Committee
Answer to Question on Notice

Inquiry into effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

Reference No: SQ20-000226

THIN MARKET MODELS

Hearing: 25 June 2020 **Hansard Page:** Written

Question:

12. The Central Australian Aboriginal Congress (submission 59) recommended that the NDIA:

a. commit to ongoing funding for central coordination and logistical support for the effective delivery of visiting NDIS-funded services to remote and regional Aboriginal communities, in recognition of the failure of market-driven approaches in these areas of Australia, and
b. implement population-level funds-pooling for Aboriginal children aged 0-6 in remote and regional areas, to provide universally accessible, evidence-informed and culturally adapted, early childhood programs (the submission says this has already been discussed with NDIA)

What is your view on those?

Answer:

a. At its December 2019 meeting, the former Council of Australian Governments Disability Reform Council agreed to use a more flexible approach to addressing market challenges in the NDIS. The NDIA is implementing trial projects in consultation with the Department of Social Services and state and territory governments. The trials aim to address specific market issues that may be impacting on participants' ability to access disability supports and inform a broader NDIS roll out approach to support emerging markets. Please refer to SQ20-000214 for further information about three current thin market trial projects.

b. The NDIS has Early Childhood Partners in metropolitan and regional areas throughout Australia. Early Childhood Partners are not located in remote and very remote areas, however the NDIA continues to work with state and territory governments, and health and educational services to support children with developmental delay or disability and their families to access the services and supports they need under the NDIS. The NDIA also continues to invest in services, such as Remote Early Childhood Services (RECS), Remote Community Connectors (RCC) and Evidence, Access and Coordination of Planning (EACP) to further support remote communities to engage with the Scheme. The RECS staff collaborate with RCCs and EACPs to approach, engage and provide access to early intervention supports for children under seven years living with development delay or disability.

The NDIA is continuing to develop an Early Childhood Services approach for Remote and Very Remote participants, working closely with state and territory governments and health and education services. This approach will inform how the Agency delivers early childhood services in Remote and Very Remote areas across Australia.