



# **Submission to the Joint Standing Committee on the National Disability Insurance Scheme – Inquiry into NDIS participant experience in rural, regional and remote Australia**

**February 2024**

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Uniting WA respectfully acknowledges the Noongar people as the Traditional Custodians of the land on which we provide our services. We recognise their unique and spiritual connection to Country and waters. We value the oldest continuing culture in the world and pay our respects to Elders past and present.



## About Uniting WA

Uniting WA is pleased to make the following submission to the inquiry into NDIS participant experience in rural, regional and remote Australia.

Uniting WA (Uniting) is part of the UnitingCare Australia network, the country's largest community service provider network, which employs over 50,000 staff, supported by more than 30,000 volunteers.

Uniting's programs span the areas of disability and mental health support, homelessness and crisis accommodation services, family and children's services, as well as financial wellbeing and reintegration services.

We're also a registered Tier 2 Community Housing Provider.

In WA, Uniting has extensive experience and a strong track record of persisting to create tangible positive impacts for vulnerable Western Australians. We deliver essential community services with respect and compassion, and we work with the government to build a strong foundation for positive change, supporting policy implementation that address social issues.

Of relevance to this Inquiry, Uniting is a registered NDIS service provider and delivers services in the Great Southern region of Western Australia. The Great Southern has an area of 39,007 square kilometres and a population of approximately 57,000. The major population centres in the Great Southern region are the towns of Albany, Katanning, Denmark, Mt Barker (Plantagenet), Kojonup and Gnowangerup.<sup>1</sup>

Our Great Southern services include –

- **Community Access Services** - support structured around participants needs and what they want to achieve. Uniting WA supports the people we work with to identify activities that will help them achieve their goals e.g. going to the gym to increase health and fitness, engaging in volunteer work, attending appointments, accessing community programs and events, etc.
- **Supported Independent Living (SIL)** – support provided to people living in shared accommodation. Uniting WA designs 24/7 rostered support around the combined funding of the participants we support. As with our Community Access Services, Uniting WA engages in person-centred planning upon intake to identify the goals of the people we support.

In 2022/23, Uniting supported 165 participants with NDIS services, totalling 134,000 hours of support. In the Great Southern region, Uniting supports 35 participants.

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<sup>1</sup> Great Southern Regional Profile, Government of Western Australia (WA Country Health Service), <https://www.wacountry.health.wa.gov.au/Our-services/Great-Southern/Great-Southern-regional-profile>



## Introduction

When discussing the challenges of the NDIS and the broader disability and mental health support landscape in Australia, an oft-repeated descriptor is that the scheme has become the “only lifeboat in the ocean.” While this is an apt metaphor, in rural, regional and remote communities, the NDIS is not only the “only lifeboat in the ocean” but the support offered by that lifeboat has been frequently compromised by inaccessibility, inequity and pace of reform.

Many of the challenges faced by rural, regional and remote NDIS participants have already been unpacked through the process of the NDIS Review and the Disability Royal Commission. Both the Review and the Final Report of the Commission offer important insights and recommendations. Uniting WA welcomes this work.

The Joint Standing Committee on the National Disability Insurance Scheme plays a key role in maintaining momentum around reform and addressing areas of the Scheme that require significant attention and action. Nowhere is this more necessary than in rural, regional and remote Australia, where participants experience some of the most significant barriers to access including lack of local services, long waiting lists, lengthy travel times and transport issues.

Analysis from the Department of Social Services in October 2023 found that for all participants living in remote communities who had been in the scheme for at least one year, around two in five participants were not getting daily activity supports and one in three participants could not access therapy services.<sup>2</sup>

These statistics must change.

Uniting WA’s recommendations in this submission are shaped by our organisation’s experience supporting people with disability in the Great Southern region of Western Australia. We are proud to provide NDIS services and hope for a future where accessibility and positive experience within the scheme is not impacted by postcode.

Our submission details the need to simplify access to the NDIS, increase plan flexibility and continue to reform pricing arrangements, as well as improve interfacing between the NDIS and other agencies, address workforce issues in rural, regional and remote areas and consider the NDIA’s current approach to working with First Nations communities.

A summary of Uniting’s recommendations is provided below.

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<sup>2</sup> Department of Social Services, *Analysis of NDIS market using NDIS monthly datasets as at 30 June 2023*, unpublished, October 2023.

## Summary of Recommendations

**Recommendation 1:** Simplify access to the NDIS and increase face-to-face engagement with rural, regional and remote communities.

**Recommendation 2:** Continue to reform NDIS pricing arrangements in rural, regional and remote communities.

**Recommendation 3:** Address persistent interface issues between NDIA and other support systems.

**Recommendation 4:** Explore incentives and new approaches to attract workers to rural, regional and remote areas.

**Recommendation 5:** Ensure NDIS services are culturally appropriate for First Nations people with disability.

## Recommendations

### 1. Simplify access to the NDIS and increase face-to-face engagement with rural, regional and remote communities.

Despite numerous calls for change, progress in addressing the complexity of the NDIS has been slow, and the associated challenges are compounded for rural, regional and remote participants who have reduced touchpoints to help them navigate the scheme.

NDIS participants want to tell their stories and explain their individual support needs, however, participants in rural, regional and remote areas are less likely to have a consistent point of contact, increasing the need to repeat their story multiple times and engage through non-preferred methods like phone or email. This serves to dehumanise participants and make them feel like a number on a casefile rather than a person with expert knowledge and insight into their own needs.

A considerable shift has been noted by Uniting's Great Southern team since Western Australia transitioned to the federally administered Scheme. Before transition, state-funded Local Area Coordinators had deep links into the rural, regional and remote communities they worked within, begetting high levels of understanding of the unique features of these local communities and relationships with key stakeholders like local governments, relevant disability and mental health service providers and other complementary community service providers. Most importantly, state-funded Local Area Coordinators had close relationships with the participants they worked with.

Now, participants in rural, regional and remote communities typically report being contacted by support coordinators in different states to theirs who lack understanding of local services available and distinctive challenges faced in particular regions.



Uniting understands that the recent NDIS Review has proposed a phased replacement of Support Coordinators and Local Area Coordinators with Navigators. Funded and commissioned by the NDIA, these Navigators are intended to operate independently from other services, with local community presence but nationally consistent governance and training.

Uniting welcomes this shift and believes this model has the capacity to significantly streamline contact and improve access to the scheme, better serving rural, regional and remote participants.

**Uniting urges the NDIA to give precedence to the requirements of rural, regional, and remote communities during the transition to a Navigator model. This shift presents a pivotal chance to ensure that the needs of these communities are effectively addressed.**

Uniting believes that introduction of Specialist Navigators dedicated to serving rural, regional and remote populations would go a significant way to address current accessibility and engagement issues.

## **2. Continue to reform NDIS pricing arrangements in rural, regional and remote communities.**

Currently, NDIS price limits are 40% higher in Remote areas and 50% higher in Very Remote areas. There is, however, no additional loading applied for supports in Regional Centres or Regional Areas. This does not acknowledge the reality that service providers are often based in regional centres, providing outreach to rural locations.

With the settings, travel can be paid from a NDIS plan to enable a provider to reach a participant. This works when services are relatively close to participants, however, as disability service providers become larger, more centralised and more willing to travel greater distances, long distance travel is being invoiced to participants due to thin markets. This means the participant uses more funding for travel, reducing their support times.

In practice, while a participant's plan may include a specific number of hours of support (e.g. 25 hours of self-care support worker assistance), when the cost of travel is factored the hours of support that is able to be provided is dramatically reduced.

As a result, there remains a disconnect between the actual costs of services in these areas compared with how much is funded in a plan.

The NDIA's approach to pricing and payments needs to match the reality of the market in rural, regional and remote areas. The NDIA has taken welcome steps through Isolated Towns Modification, meaning shifting the grade of the Modified Monash Model (MMM) classification of some locations according to their distinct geographical features. However, more needs to be done to address the issues presented by adopting a 'one-size-fits-all' approach. New avenues should be explored to enable the NDIA to better evaluate market conditions in particular geographical areas since currently, "existing mechanisms to solve



thin markets rely on participant complaints to the NDIA and/or NDIA monitoring of participant utilisation.”<sup>3</sup>

Specific pain points identified by the Uniting team in the Great Southern region are limited supply of allied health and home maintenance services. Participants often have the requisite funding in their plans but are unable to engage the services as they either do not exist, feature long wait times or result in services needing to be purchased from metro areas which include the added cost of travel expenses that are not reflected in the plans of rural, regional and remote participants.

### **3. Address persistent interface issues between NDIA and other support systems.**

Uniting’s Great Southern team has identified persistent issues stemming from the lack of communication between the NDIA and other support systems, namely State Government Departments. As highlighted in the NDIS Review, many of the issues raised consistently by people with disability stem from the failure of government agencies to agree on shared responsibilities and working arrangements.

Government agencies often assume people with disability will be supported by NDIS, when in reality, multiple systems need to be involved in their care for safety and efficacy, underscoring the need for better communication and collaboration between these systems.

Interface issues are particularly persistent between the NDIS and state housing, justice, and hospital settings.

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<sup>3</sup> Queensland Productivity Commission Inquiry into the NDIS Market in Queensland (2021), p.256



## Case Study – Kylie\*

Uniting's Great Southern team has worked with NDIS participant Kylie\* for 18 months.

Kylie has a background of family and domestic violence, she has fetal alcohol spectrum disorder (FASD), an intellectual disability, complex trauma, mental health challenges and is a dependent drug user. Kylie has a child in care and has been previously incarcerated.

Uniting assists Kylie with five hours of support each day, 5-6 days a week to help her navigate her local community, maintain her home and remain safe and secure.

Recently, Kylie became pregnant for a second time. Uniting worked with her to get her to a stable place to care for her child, however a number of strategies explored, including rehabilitation, were denied by other systems.

After giving birth, Kylie's child was taken into care. This was a frustrating result for her NDIS Support Workers and Kylie as they felt she could have been better supported through this period. From a systemic level, there is comparable cost to the State (NDIS support vs. child protection costs) but there is a significant cost to the child, having been removed from their mother, disconnected from their traditional lands and family.

This action amplified Kylie's vulnerability, mental health challenges, loss of hope and escalated her drug dependence, resulting in her returning to prison.

Uniting believes that with greater collaboration and communication between systems, Kylie could have maintained her stability and received support to care and connect with her child.

In addition, Uniting Great Southern was not afforded access to work with Kylie in prison, despite her having a NDIS plan. Uniting believes a shift in policy allowing NDIS providers to engage with people with disabilities in prison would make a significant positive impact, assisting with smoother transitions from prison settings and better long-term outcomes for individuals, their families and the State.

**\*name has been changed to protect privacy**

The NDIA must establish robust relationships with mainstream agencies at both a policy and case management level. There should be a departure from a mindset of ownership delineation, characterised by statements like "This is not mine, it's yours" or "It's your agency's responsibility, not mine," in favour of a more integrated and cooperative approach.



#### **4. Explore incentives and new approaches to attract workers to rural, regional and remote areas.**

Despite considerable workforce growth since the NDIS began, persistent shortages still limit access to support for certain participants and strain current workers, especially in rural, regional and remote areas and among specific demographics.

To attract team members to the Great Southern, Uniting is proud to offer accommodation options and opportunities to work on a fly-in, fly-out basis. Provisions are made for Uniting's Great Southern team to regularly visit Perth headquarters for meetings and events, including learning and development sessions, leadership forums and conferences.

In terms of recruitment, staff from Uniting's Albany office often attend local expos such as the recent Great Southern Ability Festival to promote work in the NFP sector.

However, without coordinated, supply-side government investment, rural, regional and remote workforce growth issues will continue.

Considerations for government to address these workforce challenges include the targeted skilled migration programs to fill market supply gaps in rural, regional and remote areas and investing in new approaches to NDIS workforce development.

#### **5. Ensure NDIS services are culturally appropriate for First Nations people with disability.**

There is currently limited access to culturally appropriate support for First Nations NDIS participants. This issue is not limited to First Nations peoples experience of the NDIS in rural, regional and remote areas of Australia, though the proportion of the total First Nations population increases with remoteness from 1.8% in Major cities, to 32% in remote and very remote areas based on estimated Indigenous population projections from 2021.

As expressed by Kim McCrea in a public hearing of the NDIS Review, there is "a narrow focus on the individual, without an understanding of the importance of family and community" and "to help the individual, you often have to support and build the capacity of the family and community... if the NDIS continues to operate without any flexibility to work with families, the scheme will limit individual choice and control."

This speaks to Uniting's Great Southern teams experience supporting First Nations people with disability, where there is a greater incidence of family members being involved in a NDIS participant's care. To support these culturally appropriate models of care, there must be more recognition of family supports and clarity around the funding of kinship and family care. This is particularly relevant in smaller townships.

Uniting WA supports the alternative commissioning cycle approach suggested by the NDIS Review which first seeks to understand community needs, then explores and designs solutions, then implements and evaluates.

Ongoing on-the-ground partnerships with First Nations representatives, communities and participants is key. First Nations participants should not be forced to choose between supports that are not culturally safe or not getting funded supports at all.





## Conclusion

With the Disability Royal Commission and the NDIS Review complete, the NDIS is set to enter a new period of intense change and reform. This presents an exciting opportunity to get things right for rural, regional and remote participants and the Joint Standing Committee on the National Disability Insurance Scheme will play a crucial role in stewarding this reform.

The insights shared with the Joint Standing Committee within this submission and by other sector stakeholders will help triage reform and provide new insight into the lived experience of people with disability in rural, regional and remote communities.

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