



# Joint Standing Committee on the National Disability Insurance Scheme

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Progress report on the implementation and administration  
of the National Disability Insurance Scheme

November 2015

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# MEMBERSHIP OF THE COMMITTEE

## 44<sup>th</sup> Parliament

### Committee Members

The Hon Mal Brough MP, Chair (until 23 September 2015)	QLD, LP
The Hon Bruce Billson MP, Chair (from 13 October 2015)	VIC, LP
Senator Alex Gallacher, Deputy Chair	SA, ALP
Senator Matthew Canavan (until 15 June)	QLD, NATS
Senator Linda Reynolds	WA, LP
Senator Rachel Siewert	WA, AG
Senator Zed Seselja	ACT, LP
Senator Anne Urquhart	TAS, ALP
Dr David Gillespie MP	NSW, NATS
Ms Jill Hall MP	NSW, ALP
Mr Steve Irons MP (until 23 September 2015)	WA, LP
Ms Joanna Lindgren (from 15 June)	QLD, LNP
The Hon Jenny Macklin MP	VIC, ALP
Mr Russell Matheson MP (from 13 October 2015)	NSW, LP
The Hon Amanda Rishworth MP	SA, ALP

### Secretariat

Mr Mark Fitt, Committee Secretary
Mr Gerry McInally, Principal Research Officer
Ms Natasha Rusjakovski, Acting Principal Research Officer
Ms Fiona Gardner, Senior Research Officer
Ms Ruth Edwards, Administrative Officer
Mr Simon Jones, Administrative Officer
Ms Sarah Batts, Administrative Officer
Ms Hannah Dunn, Administrative Officer
Ms Louise Kelly, Administrative Officer



# TERMS OF REFERENCE

The Joint Standing Committee on the National Disability Insurance Scheme (NDIS) was established on 2 December 2013 when the Senate agreed to a resolution from the House of Representatives, passed on 21 November 2013. The committee is composed of six Members and six Senators.

The committee is tasked with:

- a. reviewing the implementation of the NDIS;
- b. reviewing the administration and expenditure of the NDIS;
- c. reviewing any matter in relation to the NDIS referred to the committee by a resolution of either House of the Parliament;

The committee's focus is therefore on the **implementation** and **administration** of the scheme. Unless otherwise stated, the committee will only accept submissions and correspondence that are directly and principally related to the implementation and administration of the NDIS.

The committee has **not** been established to inquire into the case for having the NDIS. These issues have already been addressed by the Community Affairs Legislation Committee as part of its inquiry into the NDIS Bill 2012.

The committee does not have the ability to examine, advise on, or advocate for individual cases. People with concerns about these matters should contact the National Disability Advocacy Program.

After 30 June each year, the committee has been asked to present an annual report to the Parliament on the activities of the committee during the year. The report should include reference to the National Disability Insurance Scheme Board quarterly and annual reports provided by the Standing Council on Disability Reform.



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# ABBREVIATIONS

AAT	Administrative Appeals Tribunal
ABI	Acquired Brain Injury
ADE	Australian Disability Enterprises
ADHC	Ageing, Disabilities and Home Care (NSW Government)
Capability Report	<i>Review of the capabilities of the National Disability Insurance Agency (January 2014)</i>
CDAH	Community Disability Alliance Hunter
COAG	Council of Australian Governments
CSDA	Commonwealth State Disability Agreement
CSTDA	Commonwealth State/Territory Disability Agreement
DAAT	Disability Advisory Assessment Team
DCSI	Department for Communities and Social Inclusion (SA)
DES	Disability Employment Services
DHHS	Tasmanian Department of Health and Human Services
DHS	Department of Human Services (Victoria)
DOCS	Department of Community Services
DSO	Disability Support Organisation
DSP	Disability Support Pension
DSR	Disability Support Register
DSS	Department of Social Services
ECIS	Early Childhood Intervention Services
ESS	Employment Support Services
FPDN	First Peoples Disability Network

HCWA	Helping Children with Autism
ICA	Insurance Council of Australia
ICT	Information Communication Technology
IGA	Intergovernmental Agreement
ISP	Individualised Support Package
IT	Information Technology
KPMG Interim Report	<i>Interim Report: Review of the optimal approach to transition to the full NDIS</i>
KPI	Key performance indicator
LAC	Local Area Coordinator
MPTP	Multi-Purpose Taxi Program
NGO	Non-government organisation; not-for-profit sector
NDA	National Disability Agreement
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDS	National Disability Strategy
NDSV	National Disability Services (Victoria)
PC	Productivity Commission
PDRSS	Psychiatric Disability Rehabilitation and Support Service
SACS	Social and Community Services
SAF	Supported accommodation fund
STAR	Supported Tenancy Accommodation and Respite
SWEP	State-Wide Equipment Program
TD package	Trans-disciplinary package
VALID	Victorian Advocacy League for Individuals with Disability
YPIRAC	Young People in Residential Aged Care Program

# RECOMMENDATIONS

## **Recommendation 1**

3.67 The committee recommends that National Disability Insurance Agency work with stakeholders to ensure that pre-planning information for potential participants adequately provides all information required for people to make well-informed decisions about their disability care and supports.

## **Recommendation 2**

3.70 The committee recommends that risk management practices around the flexibility of supports within plans are underpinned by the principle of choice and control for participants.

## **Recommendation 3**

3.72 The committee recommends that the status of guidance for plan reviews is clarified and communicated consistently across National Disability Insurance Agency publications.

## **Recommendation 4**

3.75 The committee recommends that the National Disability Insurance Agency and NDIS My Way provide access to training and technical support to those participants who want to self-manage some or all of their plans.

## **Recommendation 5**

3.78 The committee recommends that the National Disability Insurance Agency and the Department of Social Services carry out more in-depth research to assess the viability of various Local Area Coordination delivery models before any commitment is made.

## **Recommendation 6**

4.107 The committee recommends that Department for Social Services work with the National Disability Insurance Agency, and state and territory governments to ensure that sector development funding and assistance measures are flexibly designed to support organisations transition into the NDIS and become sustainable service providers.

## **Recommendation 7**

4.109 The committee recommends the National Disability Insurance Agency facilitates information and knowledge sharing from other trial sites across the disability and community sectors in Queensland.

## **Recommendation 8**

4.111 The committee recommends that the roles and responsibilities of each party in relation to the interface between the Scheme and mainstream services are clearly set out in bilateral agreements between the commonwealth and state and territory governments.

## **Recommendation 9**

4.113 The committee recommends that all options to develop a market that provides choice and control for participants in rural and remote areas be explored, and that any additional funding for disability in the Northern Territory to any provider is conditional on measurable increases in service provision.

## **Recommendation 10**

4.115 The committee recommends the Commonwealth government provides funding for research to establish robust data on the scale and nature of disabilities in Indigenous communities.

## **Recommendation 11**

5.13 The committee recommends that the Government, through the Disability Reform Council, make all haste with the finalisation all of the bilateral agreements for the transition phase of the National Disability Insurance Scheme.

## **Recommendation 12**

5.23 The committee recommends that the Government, through the Disability Reform Council, agree effective roles and responsibilities including funding regarding Information, Linkages and Capacity building (Formerly Tier 2 supports) and access to Mainstream services.

## **Committee Chair**

On 23 September 2015, the committee Chair, the Hon Mal Brough MP, tendered his resignation with his promotion to the Special Minister for State and Minister for Defence Materiel and Science.

On 13 October 2015, the President of the Senate received confirmation from the Speaker of the House of Representatives that the Hon Bruce Billson MP had been appointed to the committee.

At its 14 October 2015 regular meeting, the committee unanimously agreed to appoint the Hon Bruce Billson MP as the committee's new Chair.





# Chapter 1

## Introduction

1.1 The Parliamentary Joint Standing Committee on the National Disability Insurance Scheme ('the committee') was established on 2 December 2013 following the passing of a resolution in the Senate and the House of Representatives. The committee, composed of six Members and six Senators, is tasked with reviewing the implementation, administration and expenditure of the National Disability Insurance Scheme (NDIS).

1.2 The committee's establishing resolutions require the committee to present an annual report to the Parliament after 30 June each year on its activities during the year. The resolutions direct the committee to include in its report reference to the National Disability Insurance Agency (NDIA) Board's quarterly reports to the Ministerial Council and the Board's Annual Report to the Standing Council on Disability Reform.

1.3 This is the second report from the committee examining the implementation of the NDIS. The first report, published in July 2014, found that the initial four trial sites were developing and, as expected from such a momentous undertaking, were 'works in progress'. Nevertheless, the value cannot be understated in the accounts that the committee heard from people with disabilities and their families as to the positive effects the Scheme is making on their lives.

1.4 Many participants, carers, family members, providers and officials across governments provided evidence to the committee on the benefits and challenges facing the Scheme in its first year of operation. This report follows its predecessor in examining the implementation and administration of the Scheme and the preparations being undertaken in readiness for the transition phase of the Scheme commencing from 1 July 2016.

1.5 The committee notes that both NSW and Victoria have now agreed on new bilateral plans for the transition period to full Scheme. The committee welcomes these developments and encourages all concerned to quickly finalise the remaining bilateral agreements to ensure adequate time for an effective roll-out of the Scheme.

### **Structure of this report**

1.6 This year's report is divided in the following five chapters that cover the committee's work activities over the past year and includes observations, analysis and recommendations for the ongoing implementation and administration of the NDIS.

- Chapter One provides an introduction to this year's report, notes the Australian Government's response to the committee's 2014-15 report and briefly highlights key aspects of the NDIA's inaugural annual report. This chapter also provides an overview of the committee's forthcoming work priorities for 2015-2016.

- Chapter Two notes the progress of the original four trial sites that began operation in July 2013 and examines the three new trial sites that commenced on 1 July 2014.
- Chapter Three explores some of the specific challenges facing participants, particularly in regard to the planning process.
- Chapter Four examines issues from a providers' perspective. Specifically market readiness and initiatives being progressed to assist providers and development of the market.
- Chapter Five discusses issues relating to the governance of the Scheme and some of the broader systemic issues confronting the Scheme, Australian governments and the Agency. The chapter will conclude with the committee's reflections, future work priorities and recommendations.

### ***The Committee's first report***

1.7 Following visits to the first four NDIS trial sites—the Hunter in New South Wales, the Barwon region in Victoria, Tasmania and South Australia—and numerous meetings with a range of stakeholders across the disability spectrum, the committee prepared and tabled its inaugural annual progress report into the implementation and administration of the NDIS on 29 July 2014.

1.8 The report noted that the committee heard many positive stories from participants, family members and carers of how the NDIS had changed their lives for the better and were extremely grateful for the Scheme and the bipartisan support it has across the political landscape.

1.9 The report emphasised that success is not guaranteed and that there are numerous challenges and opportunities that need to be worked through to ensure that people with disabilities get the support that they so desperately deserve. The committee stressed that key to this success was the assurance of sufficient flexibility in the Scheme to adapt to the multitude of individual disability needs across Australia.

1.10 Importantly in this earlier stage, the committee noted the need for a smooth transition from the former fragmented ad-hoc supports to an all-encompassing national scheme based on individual aspiration and choice.

1.11 The committee acknowledged the role and cooperation of all governments being pivotal to the success of the Scheme, noting that it was important that all future bilateral negotiations and amendments to transitional arrangements are finalised and publicised well in advance of commencement dates to ensure and provide confidence and certainty for all stakeholders.

1.12 The committee's report made a total of 17 recommendations to the Australian Government, the NDIA, the NDIS Independent Advisory Council and the Council of Australian Governments (COAG) to assist in addressing areas of concern that the committee identified and felt required attention.

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### *The Australian Government response*

1.13 The Government provided its response ('The Response') to the report and the recommendations on 19 February 2015 (see Attachment A).

1.14 In the Response's accompanying letter to the Chair of the committee, the Assistant Minister for Disability, Senator the Hon Mitch Fifield welcomed the report and the recommendations, acknowledging 'that the committee had identified a number of areas where implementation, communication and administration needs improvement'. The Minister agreed that the committee's report 'highlighted that when implemented and delivered successfully, the NDIS will deliver economic benefits and acknowledged that it is a significant complex reform'.<sup>1</sup>

1.15 The Response recognised 'the important and ongoing work of the committee in reviewing the implementation and administration of the NDIS' and affirms that 'the Government is committed to the full, nationwide rollout of the NDIS within its current scheduled timeframe. The Government Response also stated that it agrees, or agrees in-principle, to all of the 17 recommendations made in the committee's first report to Government.

1.16 The Response listed those responsible for carriage of each recommendation and described what actions they are progressing or propose to progress against each recommendation. Further advice on actions regarding the recommendations was provided to the committee by the Government in an updated "Action Plan" on 4 June 2015.<sup>2</sup>

1.17 The committee commends the Government and the Agency on its positive response to the committee's first report. The commitment to actions by the Government and the Agency in relation to the recommendations should give participants, carers, their family members and providers reassurance of the sincerity the Government has to ensure the success and sustainability of the Scheme. Over the next 12 months the committee will continue in its role to examine and assess the implementation and administration of the Scheme and the trials. The committee has found the regular interaction with Government and Agency officials and representatives from peak organisations very useful and looks forward to further updates and opportunities to discuss issues as they arise.

1.18 Also central to the committee's understanding of the nature of the implementation has been its engagement through the public hearings with participants, their carers and family and providers. Without this interaction, the committee's

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1 Australian Government response to the Joint Standing Committee on the National Disability Insurance Scheme report: Progress Report on the implementation and administration of the National Disability Insurance Scheme, p. 2.  
[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme/Correspondence\\_received](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/Correspondence_received)

2 NDIA Action Plan on progress report:  
[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme/Correspondence\\_received](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/Correspondence_received)

comprehension would be significantly curtailed—for this the committee thanks all those involved with the hearings.

### ***NDIA's first Annual Report***

1.19 As required under Section 172 of the *National Disability Insurance Scheme Act 2013* ('the Act'),<sup>3</sup> the NDIA Board published its inaugural Annual Report in October 2014 for the financial year 2013-2014. During this period, the report noted that four trial sites commenced operations—the Hunter in New South Wales, the Barwon region in Victoria, Tasmania and South Australia.

1.20 As of 30 June 2013, the Annual Report highlighted that the NDIA identified 8 585 people with disabilities eligible for NDIS support and had approved **7 316 plans** providing access to the reasonable and necessary support they require to lead an ordinary life.

1.21 Over \$130.9 million was provided to participants with an **average individual annualised NDIS package cost of \$38 200** (when including the Stockton residence in NSW) which closely aligns to the original Productivity Commission (PC) estimate of \$35 000 per plan.

1.22 Over **1 350 providers** became registered with the NDIA across the four trial sites and the NDIA expended **\$4.5 million of the Sector Development Fund (SDF)** on programmes and activities to assist individuals and organisations transition from federal and state-based supports to the NDIS.<sup>4</sup>

1.23 In establishing its new operational headquarters in Geelong in April 2014 the NDIS workforce expanded to 516 staff across all its operations. The NDIA Board also reported that it established its governance procedures and implemented an extensive risk management system. During the year the Board also oversaw four separate reviews of elements of its operations:

- Operational review to monitor average annualised package costs.
- Capability review to assess NDIA processes, systems and the expertise of its people to deliver the NDIS roll out.
- KPMG review of the optimal transition to full scheme.
- Boston Consulting Group review of business capabilities to assess what of the NDIA's functions can be outsourced to private and non-government providers.

1.24 The committee notes that the Board has identified a range of actions and strategies for the 2014-15 fiscal year. Areas of focus include:

- a. Bundling supports; (p. 51)

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3 Section 172 of the National Disability Insurance Scheme Act 2013 sets out the requirement for the Board to provide an Annual Report on the NDIA's activities to the Minister and the Ministerial Council. Section 174 of the Act requires the NDIA Board to prepare a report on the operations of the NDIA for each period of three months.

4 National Disability Insurance Agency, *2013-2014 Annual Report*, p. iv.

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- b. Working with Indigenous and CALD participants and their communities—NDIA is currently developing both an Indigenous and Rural and Remote Service Delivery Strategy and a CALD Strategy; (p. 51)
  - c. Trialling new operating models—the WA, NT and ACT trial sites will trial combining planner and LAC roles; (p. 51)
  - d. Building a scalable operating model—transitioning to the full Scheme; (p. 60)
  - e. Improving the Agency's ICT system; (p. 60)
  - f. Developing a comprehensive disability services and supports Market Design Strategy (possibly supported by the SDF); (p. 54)
  - g. Developing an outcomes framework which measures individual participant outcomes; (p. 67)
  - h. Designing a lifetime cost estimator tool—to assist planners to develop innovative ways of providing funded supports; (p. 67)
  - i. Arrangements for people who do not need funded supports; (p. 67) and
  - j. Mental health—develop strategies for supporting individuals with a mental illness eligible for the Scheme. Work to be supported by the Independent Advisory Council (p. 67).

1.25 The committee welcomed this forward looking agenda and noted the advancement in these initiatives throughout the year.

1.26 The committee commends the NDIA and the Department of Social Services on the achievements over the last two years in implementing this important work. In particular, the committee welcomes the progress on the committee's recommendations in improving its website and feedback processes and appreciates receiving the reports on *Gaps in Service* and the *Agency Service Charter*.

1.27 The committee looks forward to receiving the results of ongoing work including a number reviews yet to be completed and the release of the second NDIS Annual Report 2014-2015, due to be released in the coming months.

### **The committee's focus**

1.28 In preparing this report, and in conducting its activities, the committee is mindful of what it is tasked to do and the responsibilities of those who administer and implement the Scheme.

1.29 In considering how the Scheme is progressing and the current issues, the committee has decided that this second report will concentrate on the following:

- the implementation of the three newest trial sites in terms of the transitional arrangements at each location;
- the Agency's processes in developing the operational arrangements to administer the Scheme and assist the planners;
- the planning process; and

- the associated issues that impact on the individual experiences of participants, carers, families and service providers.

1.30 The committee's future work plan will focus on a range of key issues that are integral to the successful rollout of the NDIS. These may include, but are not limited to: workforce capacity; contestable market sector; training of individuals to work in the disability sector, such as allied health workers and training of people who live with a disability to participate in the workforce; supply of adequate and appropriate accommodation; the supply of specialist equipment; managing complex, episodic and high needs; the provision of Information, Linkages and Capacity Building (ILC) services; the provision of mainstream services, such as health and education; and community capacity building.

1.31 Accommodation continues to be a key concern for all Australians. Like all Australians, people living with a disability also aspire to control and improve their own environment. There is a lack of safe, secure, affordable and appropriate accommodation for people with disabilities. A lack of adequate accommodation can limit people's ability to fully participate in society and live an ordinary life like any other Australian. If the matter of accommodation remains unresolved, it could significantly impinge on people's ability to fully exercise their individual choice and control, impacting on their ability to improve their quality of life and care.

1.32 As accommodation has been repeatedly raised by all stakeholders, the committee has sought advice from the relevant government agencies on this issue. The committee notes that the Department of Social Services is currently undertaking work of its own work on accommodation, including funding and supporting innovative housing pilot programs for people with disabilities. The committee also notes that other committees have conducted inquiries and tabled reports on housing, accommodation or related issues.<sup>5</sup>

1.33 Given this is a major issue the committee intends not to address it in this report but a separate report. The committee has conducted a roundtable in the second half of 2015 followed by a submissions process and hearings, with a final report and recommendations to be tabled in the first half of 2016.

### **The committee's activities**

1.34 Since the last committee report there has been a considerable amount of activity to report progress on.

1.35 The committee met 17 times over the period 1 August 2014 to 31 July 2015. Of these, 12 were private meetings held each Wednesday of the joint parliamentary sitting weeks. While the details of these proceedings are confidential,<sup>6</sup> the committee can report that it conducted numerous private briefings over the period

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5 Community Affairs References Committee report on young people in aged residential care [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Young\\_people\\_in\\_aged\\_care/Report](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Young_people_in_aged_care/Report) (accessed 8 July 2015).

6 The Senate, *Standing Orders and other orders of the Senate*, November 2009, SO 37.

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July 2014–July 2015. The committee held sessions with the NDIA and its Board as well as with representatives from the Department of Social Services and the Treasury, state government officials and key stakeholders. The committee extends its thanks to all those who attended these briefings.

1.36 The committee has been active visiting the four NDIS trial sites established since 1 July 2014. The Scheme is now also operating in the Australian Capital Territory (ACT), the Northern Territory (NT) and at two sites in Western Australia (WA).

1.37 The committee heard from NDIS service providers, participants, families and carers. The committee has also discussed operational matters with the NDIA, the NDIA Board, the NDIS Independent Advisory Council, both Scheme Actuaries and the relevant State and Federal government officials.

1.38 The committee notes that in the last 12 months the NDIA Board has published four quarterly reports to the Ministerial Disability Reform Council (DRC) presenting data on these trial sites, and is due to present their final quarterly report for the 2014–2015 as well as its second annual progress report to the Minister and the MDRC in September.

#### *NDIS public hearings and trial site visits*

1.39 The committee has conducted the following public hearings since its first report:

- 13 March in Brisbane on sector readiness and advocacy;
- 27 March in Canberra on the ACT trial site and advocacy;
- 8 April in Busselton, WA on the WA NDIS My Way trial site;
- 9 April in Perth Hills, WA on the WA NDIS trial site and the WA NDIS My Way trial site;
- 5 June in Canberra, on the implementation and administration of the NDIS;
- 19 June in Canberra, on the implementation and administration of the NDIS;
- The Chair and Ms Macklin also visited Tennant Creek, in the Barkly trial site, on 20 July 2015. During this visit, they spoke to participants and Indigenous community groups about their experiences with the Scheme and the challenges of delivering services in remote locations.
- 21 July in Darwin, on the NT trial site and the NDIS rollout in the Territory.

1.40 A list of those who gave evidence at these hearings is at Appendix 1. The transcripts of evidence from the hearings are available on the committee's website.<sup>7</sup> The evidence taken at the hearings allowed the committee to gain a broader picture of how the trial sites and the Scheme is progressing, the improvements that have been made and lessons that have been learnt.

1.41 The committee advertised its intention to conduct hearings at each trial site through the national and relevant local media. The Parliamentary website also provided further advertising of the hearings and provided access for a registration process that was managed by the committee secretariat.

1.42 In addition, the committee has received numerous submissions and items of correspondence relating to the NDIS, the trial sites and the rollout. A list of correspondence received can be found in Appendix 3. The documents can also be found on the committee's website.<sup>8</sup>



# Chapter Two

## Trial sites

2.1 This chapter provides an update on the progress of the National Disability Insurance Scheme (NDIS) trial sites. It collates data and outcomes from both the National Disability Insurance Agency (NDIA) and the Western Australian Disability Services Commission (DSC) managed trial sites.

### Highlights of the trial sites

2.2 As of 30 June 2015, both the above organisations managing NDIS trial sites, reported that 22 936 requests for access had been lodged by people with disabilities to become participants in the NDIS.<sup>1</sup> Of these people, 20 322 were found to be eligible, which equates to approximately 90 per cent of all access requests, and 1674 were found ineligible. In addition, 17 991 participant plans were approved across the trial sites.<sup>2</sup> This approval rate represents a 90 per cent achievement against the 30 June 2015 cumulative bilateral target for participants with approved plans.

2.3 Furthermore, NDIA managed a 94 per cent achievement against the bilateral agreements for its trial sites with 17 303 active participants receiving approved plans.

2.4 The NDIA reports that 'the most common funded supports in dollar terms in its plans are daily tasks in shared living arrangements, community participation, and assistance with personal activities. The most commonly funded support in South Australia, however, is early childhood support.'<sup>3</sup>

2.5 The NDIA notes that 'overall, \$952.8 million has been committed for participant support costs'. From these funds NSW and Victoria received the lion's share at \$343.6 million for NSW and \$295.5 for Victoria. South Australia received \$111 million, Tasmania \$93 million, ACT \$64.6 million, Perth Hills \$41.2 million and \$3 million went to the Northern Territory. The My Way trial reported committing \$17.9 million in plan supports for the financial year for participants in the Lower South West trial site.

2.6 The average annualised package cost across for NDIA managed trial sites is \$33 600 once the large residential centres of Stockton and Colanda are excluded. Not to be compared, the WA My Way cost was \$26 014 (funded and no funding requested) noting that the WA government provides some services at no cost.<sup>4</sup>

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1 An access request is a formal request by an individual for a determination of eligibility to access the scheme. This includes all requests and is not unique to single participants.

2 National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, pp 16, 19.

3 National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, pp 16, 19.

4 Disability Services Commission, *Quarterly Report to the Commonwealth Government*, 1 April 2015 to 30 June 2015 (fourth quarterly report), p. 6.

## The planned roll-out

2.7 The 17 April 2015 COAG communiqué originally envisaged that the new round of bilateral agreements for the transition to the full scheme would be agreed in July-August 2015.<sup>5</sup> However, as the Assistant Minister for Social Services, Senator the Hon Mitch Fifield informed the Senate on 18 August 2015, he was still in negotiations with the states and territories on the bilateral agreements.

2.8 The first four trial sites that began operations from 1 July 2013— the Hunter in New South Wales, the Barwon region in Victoria, Tasmania and South Australia, (as listed in Table 2.1)—continued to grow and thrive throughout 2014–15. Since 1 July 2014 three more trial sites commenced operations.

2.9 As of 1 July 2014, four more sites commenced operations. The Australian Capital Territory (ACT), which is a full territory-wide operation across all age groups—so is effectively already progressing through transition, the Barkly trial site in Northern Territory, while expansive geographically—is centred on the Tennant Creek area, and in Western Australia there are two sites—the NDIA-run NDIS Perth Hills trial site and the WA Disability Services Commission run NDIS My Way trial site in the Lower South West region of the state.

2.10 The planned roll-out of the NDIS is shown in Table 2.1. From 1 July 2016 most trials sites will progress into the 'general transition period' before full scheme.

**Table 2.1: Planned NDIS roll-out**

	Trial Period			General Transition Period			Full Scheme	
	July 2013	July 2014	July 2015	July 2016	July 2017	July 2018	July 2019	July 2020
ACT	TRIAL PERIOD			FULL NDIS				
NSW	TRIAL PERIOD			ROLL-OUT PERIOD			FULL NDIS	
NT	TRIAL PERIOD			ROLL-OUT PERIOD			FULL NDIS	
QLD	TRIAL PERIOD			ROLL-OUT PERIOD			FULL NDIS	
SA	TRIAL PERIOD			ROLL-OUT PERIOD			FULL NDIS	
TAS	TRIAL PERIOD			ROLL-OUT PERIOD			FULL NDIS	
WA	NDIS TRIAL PERIOD MYWAY TRIAL PERIOD			NO AGREEMENT ON FULL ROLL-OUT				
VIC	TRIAL PERIOD			ROLL-OUT PERIOD			FULL NDIS	

## The trial sites

2.11 The trial sites now number eight in total—the locations are:

- The Hunter trial site – Newcastle, Lake Macquarie, and Maitland Local Government Areas (LGAs) in New South Wales.
- The Barwon trial site – Greater Geelong, Surf Coast, Queenscliff and Colac-Otway LGAs in Victoria.
- The South Australian trial site – 0-14 year olds.
- The Tasmanian trial site – 15-24 year olds.
- The Australian Capital Territory site.

5 COAG communiqué, 17 April 2015, p. 4.

- Busselton, Lower South West Region of Western Australia.
- The Perth Hills trial site - Swan, Kalamunda and Mundaring LGAs in Western Australia.
- The Barkly region trial site in the Northern Territory.

### ***Additional trial sites***

2.12 Throughout the year there have been discussions at the Council of Australian Governments (COAG) about additional trial sites. The 17 April 2015 COAG communiqué stated that both Queensland and the Northern Territory had agreed with the Commonwealth to discuss new trial sites.<sup>6</sup> The NDIA had previously noted that the NDIS would eventually support 97 000 Queenslanders once it is roll out across Queensland over a three-year period from 1 July 2016.<sup>7</sup>

2.13 On 25 September 2015, the Prime Minister, the Hon Malcom Turnbull MP and the Queensland Premier, the Hon Anastacia Palaszczuk MP jointly announced a Queensland trial for young people under 18 in Townsville, Charters Towers and Palm Island commencing in early 2016.<sup>8</sup>

2.14 The committee also notes that the Commonwealth Government allocated additional funding in the 2015-16 Budget to start delivering early intervention services for up to 2 000 children under the age of 18 in Western Sydney from 1 July 2015.<sup>9</sup>

2.15 Hon. John Ajaka MLC, NSW Minister for Disability Services announced the launch of Western Sydney trial site on 1 July 2015 for the Nepean, Blue Mountains and Hawkesbury region.<sup>10</sup> The second part of the WA NDIS My Way trial commenced in the Cockburn-Kwinana region south of Perth from 1 July 2015.

### ***Committee visits and public hearings***

2.16 Since the establishment of NDIS trial sites, the committee has endeavoured to visit all trials sites. During the last twelve months the committee visited, and in most cases undertook hearings, in each of the new trials sites that commenced operations from 1 July 2014, as well as Queensland. The committee held visits or hearings in:

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6 COAG communiqué, 17 April 2015, p. 5.

7 National Disability Insurance Agency, website: <http://www.ndis.gov.au/about-us/our-sites/gld> (accessed 9 September 2015).

8 Prime Minister of Australia, The Hon Malcolm Turnbull MP media release: NDIS Set To Improve Lives Of Northern Queenslanders, <https://www.pm.gov.au/media/2015-09-25/ndis-set-improve-lives-northern-queenslanders>.

9 Australian Government, Budget 2015-16, *Budget Measures, Budget Paper No.2, 2015-16*, p. 164.

10 Media Release from The Assistant Minister for Social Services, Senator the Hon Mitch Fifield, 1 July 2015. <http://www.mitchfifield.com/Media/MediaReleases/tabid/70/articleType/ArticleView/articleId/958/FifieldAjaka--Joint-Media-Release--NDIS-EARLY-ROLL-OUT-KICKS-OFF--1-July-2015.aspx>, (accessed 9 September 2015).

- Brisbane on 13 March;
- Canberra on 27 March;
- Busselton, Western Australia on 8 April;
- Perth Hills, Western Australia on 9 April;
- Visited the Tennant Creek community in the Northern Territory; and
- Darwin, Northern Territory on 21 July.

2.17 Early in the year the committee undertook a hearing in Brisbane to take evidence from service providers regarding their readiness to transition into the Scheme. In March 2015, the Committee held a hearing into the ACT trial site where it heard from participants, family members, carers, service providers and the ACT Government and NDIA officials. In the afternoon, the committee conducted a roundtable hearing into advocacy from the following organisations:

- Disability Advocacy Network of Australia (DANA);
- A.C.T. Disability, Aged and Carer Advocacy Service (ADACAS);
- Disability Advocacy NSW;
- Advocacy Tasmania Inc;
- JFA Purpleorange (South Australia);
- Disability Advocacy and Information Service Inc;
- Our Voice (Inclusion Australia); and
- Australian Cross Disability Alliance (ACDA). ACDA organisations members are:
  - Children with Disability Australia (CDA)
  - First Peoples Disability Network Australia (FPDN)
  - National Ethnic Disability Alliance (NEDA)
  - People with Disability Australia (PWDA)
  - Women With Disabilities Australia (WWDA)

2.18 In April 2015, the committee visited both Western Australian trials sites undertaking hearings at each. And finally, in July 2015, members of the committee visited Tennant Creek and the NDIA Barkly trial site office where they met with participants, family members and carers, and the local NDIA staff. The committee members also met with representatives of the Anyinginyi Health Aboriginal Corporation and the Julalikari Council Aboriginal Corporation.

2.19 The committee found these meeting extremely useful and would like to extend its thanks and appreciation to all those it met during its visit to Tennant Creek.

2.20 The following day, 21 July 2015, the committee met in Darwin and undertook a hearing to take evidence on the Barkley trial site from service providers and community organisations. The committee also took evidence from the Northern Territory Minister for Disability Services, the Hon John Elferink MLA.

2.21 The committee would like to thank all those who attended the hearings.

## Progress in the trial sites

2.22 The committee understands that all trial sites are progressing well with participant satisfaction rates high to very high in NDIA run trial sites. Encouragingly, the transition of participants is advancing well and in many cases meeting bilateral targets for 30 June 2015. Indicative average individual package costs, when large residential facilities are taken out of the cost calculation show that the average annualised package cost is remaining generally under the bilateral target price. The range of supports is developing, especially as market opportunities arise with more providers registering. The Agency's capacity and ability has also improved, providing more assistance for participants transitioning into the scheme.

### *Participant satisfaction*

2.23 The committee notes that the NDIA's survey methodology was the subject of recommendation nine in last year's report. The process described in the eighth quarterly report<sup>11</sup> provides greater confidence in the satisfaction rating as the survey results are now collected after the planning process by someone other than the planner. The NDIA annual report notes that 'Participant satisfaction remains high':

Of the 1644 participants satisfaction with the Agency has remained very high in recent months. Satisfaction is reported on a scale of very poor (-2) to very good (+2), with neutral being 0. The participant satisfaction level is currently 1.63, consistent with the March results.<sup>12</sup>

2.24 The WA NDIS My Way scheme quarterly report, mentions a number of independent surveys it has undertaken and has apparently found high levels of satisfaction with the My Way service and the My Way Coordinator role:

[A]n external consultant (Patterson's Research Group) conducted an independent consumer satisfaction survey to gain insight into how the WA NDIS My Way model is working for people with disability, their families and carers. Again, the survey results indicate high satisfaction levels across fundamental areas including the planning process, My Way Coordinator role, access to supports and services and inclusion in the general community.<sup>13</sup>

### *Participants—numbers and access*

2.25 The committee notes that presently, there are a total of 19 885 active and inactive participants in both the NDIA-run trials sites and the WA NDIS My Way sites. Of these, 17 991 participants have received an approved plan. The NDIA note that of its 17 303 approved plans, 4 per cent are Aboriginal or Torres Strait Islanders (ATSI) and another 4 per cent come from Culturally and Linguistically Diverse

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11 Disability Services Commission, *Quarterly Report to the Commonwealth Government*, 1 April 2015 to 30 June 2015 (fourth quarterly report), p. 44.

12 National Disability Insurance Agency, *Report on the sustainability of the Scheme*, 1 July 2013 to 30 June 2015, prepared by the Scheme Actuary, p. 27.

13 Disability Services Commission, *Quarterly Report to the Commonwealth Government*, 1 April 2015 to 30 June 2015 (fourth quarterly report), data extracted on 30 June 2015, p. 25.

(CALD) backgrounds. However, the number of Indigenous participants is fewer than expected overall. The NDIA surmise that this is due to under reporting of Indigenous status in the NDIA's early application records.<sup>14</sup>

**Table 2.2: Key statistics of all NDIS trial sites – as of 30 June 2015**

Measure	Hunter (NSW)	SA	Tas	Barwon (Vic)	ACT	Barkly (NT)	Perth Hills	MyWay (WA)	Total
Average annualised cost of packages for Q4 2014-15 (\$)	38,973	18,234	56,940	35,317	45,361	50,327	34,894	26,014	306,060
Number of participants in bilateral agreement	5,030	4,688	960	4,521	1,537	103	1,642	1,404	19,885
Access requests	5,965	6,068	1,175	5,386	2,314	79	1,576	373 <sup>^</sup>	22,936
Accepted as eligible	4,829	5,506	1,053	4,656	2,037	68	1,396	777	20,322
<i>Percentage deemed eligible compared with expected</i>	<i>99%</i>	<i>118%</i>	<i>119%</i>	<i>105%</i>	<i>133%</i>	<i>45%</i>	<i>85%</i>	<i>55%</i>	<i>102%</i>
Number of participants with approved plans	4,605	4,660	959	4,392	1,427	61	1,199	688	17,991
<i>Percentage with approved plans compared to expected</i>	<i>92%</i>	<i>99%</i>	<i>106%</i>	<i>97%</i>	<i>93%</i>	<i>41%</i>	<i>73%</i>	<i>49%</i>	<i>90%</i>
Ineligible	670	349	43	350	143	6	106	7	1,674
Other	466	213	79	380	134	5	74	n/a	1,351
Average days from access request to plan approval <sup>+</sup>	89	128	115	90	58	36	31	53	n/a
Review of decisions (internal)	77	50	4	129	31	0	11	0	302
Participants accessing mainstream services	81%	88%	73%	86%	87%	82%	66%	n/a <sup>*</sup>	n/a

Source: National Disability Insurance Agency, *Report on the sustainability of the scheme*, 1 July 2013 – 30 June 2015, July 2015, p. 3. Disability Services Commission, *Quarterly Report to the Commonwealth Government*, 1 April 2015 to 30 June 2015 (fourth quarterly report), p. 6. <sup>\*</sup>Participants access to mainstream services does not appear as a disaggregated measure in the WA My Way quarterly reports. <sup>^</sup>MyWay transferred individuals directly into the scheme on 1 July 2014; this figure represents those who have requested access since the scheme began, p. 22 of the DSC 30 June 2015 Quarterly Report. <sup>+</sup>The data for *Average days from access request to plan approval* is from the 31 March 2015 NDIA quarterly report; this data was not provided in the 30 June 2015 quarterly report.

2.26 WA My Way has a similar participation rate of ATSI as the NDIA, while its CALD representation is only just above 1 per cent.<sup>15</sup>

2.27 Table 2.2 also presents the participant statistics across all trial sites at 30 June 2015. It shows the bilateral numbers agreed between the Commonwealth and

14 National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, p 18.

15 Disability Services Commission, *Quarterly Report to the Commonwealth Government*, 1 April 2015 to 30 June 2015 (fourth quarterly report), data extracted on 30 June 2015, p. 15.

the respective governments for the anticipated number of participants entering the Scheme and the number of participants that actually receive an approved plan.

2.28 The table shows the cumulative percentile measure of *Percentage with approved plans compared to expected* that indicates a 90 per cent achievement for plans approved against the cumulative [NDIA and My Way trial sites] bilateral agreement number of 19 885 at this point in time. Individually, the NDIA managed 94 per cent against its collective target—a commendable achievement for the Agency.

2.29 On these measures, the Tasmanian trial site recorded the highest percentile intake exceeding its bilateral target of participants with approved plans by reaching 106 per cent. These results were followed by South Australia at 99 per cent and then Barwon, Victoria on 97 per cent.

2.30 The committee notes that while most of the sites are on track to reach their bilateral targets of *'Number of participants with approved plans'*, a number have actually exceeded the other bilateral measure of *'Percentage deemed eligible compared with expected'*. This measure captures the number of participants that have been assessed as being eligible to enter the Scheme. For example, the ACT has assessed and found over 133 per cent of participants eligible against the point in-time bilateral agreed intake, likewise Tasmania is at 119 per cent and South Australia at 118 per cent. Though in both the South Australian and Tasmanian data, it is evident that while participants are processed as 'eligible' quickly, the data shows that they have the long wait times of 115-128 days until an approved plan is finalised.

2.31 Other prominent issues include: 1) the Western Australia trial sites lower than expected results in approving plans or eligibility—Perth Hills at 73 per cent of its bilateral target and My Way at 49 per cent of its target; and 2) The Northern Territory's low number of plan approvals at 41 per cent highlights the significant challenge of trying to deliver such a significant social reform across Australia particularly in rural and remote locations.

### ***Participant outcomes***

2.32 This section provides some of the information on participant plans against a primary disability in both the NDIA-run trial sites and the WA My Way site.

2.33 The top four primary disabilities listed in a total of 17 303 NDIA approved plans are: Autism (5 387 plans at 31 per cent), Intellectual disability (2 736 plans at 16 per cent), Other Neurological (1 401 plans at 8 per cent) and Developmental delay (1 395 at 8 per cent).

2.34 Table 2.3 provides plan numbers by state and territory. In terms of the spread of particular disabilities across jurisdiction, South Australia has the highest proportion of participants with autism and related disorders; it also has a high proportion with developmental and global developmental delay (23 per cent combined). While autism and developmental delay dominate the disabilities overall, the Northern Territory disabilities focus on Other Neurological (21 per cent), Other Physical (18 per cent) and Intellectual Disability (18 per cent).

**Table 2.3. NDIA – Participant plans by primary disability support category**

Primary Disability (%)	NSW	SA	TAS	VIC	ACT	NT	WA	Total	#Plans
Autism and Related Disorders	23	49	30	22	25	3	40	31	5,397
Cerebral Palsy	5	3	7	4	6	11	6	5	793
Deafness/Hearing Loss	3	3	0	1	2	0	1	2	358
Developmental Delay	4	13	2	7	19	3	1	8	1,395
Down Syndrome	4	2	7	4	4	3	5	4	666
Global Developmental Delay	3	10	2	3	5	5	6	5	853
Intellectual Disability	20	2	36	22	14	18	17	16	2,736
Multiple Sclerosis	2	0	0	3	2	2	3	2	285
Schizophrenia	6	0	1	6	1	5	1	3	558
Other Intellectual/learning	5	4	6	5	5	5	6	5	869
Other Neurological	13	2	5	10	6	21	8	8	1,401
Other Physical	4	2	2	3	5	18	4	3	566
Other Psychiatric	3	0	1	8	2	0	0	3	532
Other Sensory/Speech	5	9	1	3	5	5	3	5	894
<b>Total</b>	<b>4,605</b>	<b>4,660</b>	<b>959</b>	<b>4,392</b>	<b>1,427</b>	<b>61</b>	<b>1,199</b>	<b>100%</b>	<b>17,303</b>

Source: National Disability Insurance Agency, *Report on the sustainability of the scheme*, 1 July 2013 – 30 June 2015, July 2015, p.29, p. 51.

**Table 2.4. My Way – Participant plans by primary disability support category**

Primary disability	%	#Plans	CALD	ATSI	Male	Female
Acquired brain injury*	3%	26	0	0	16	10
Autism	19%	151	3	6	120	31
Deaf/blind	0%	3	0	0	0	3
Developmental delay	3%	22	1	1	16	6
Hearing	1%	7	0	0	4	3
Intellectual disability	34%	268	3	15	155	113
Neurological	10%	75	2	2	30	45
Other	0%	1	0	0	0	1
Physical	14%	108	0	4	53	55
Psychiatric/psychosocial disorders	12%	92	1	1	38	54
Learning/attention deficit disorder	0%	1	0	0	1	0
Vision	3%	23	0	0	10	13
<b>Total</b>	<b>100%</b>	<b>777</b>	<b>10</b>	<b>29</b>	<b>443</b>	<b>334</b>

Source: Disability Services Commission, *Quarterly Report to the Commonwealth Government*, 1 April 2015 to 30 June 2015 (fourth quarterly report), p. 6, p.15. \* Comparable data on acquired brain injury is not published in NDIA reports.

2.35 In Table 2.4, of the 777 approved plans in the WA My Way site, the top four primary disabilities listed are: Intellectual disability (268 plans at 34 per cent), Autism (151 plans at 19 per cent), Physical (108 plans at 14 per cent) and Psychiatric/psychosocial disorders (92 at 12 per cent).



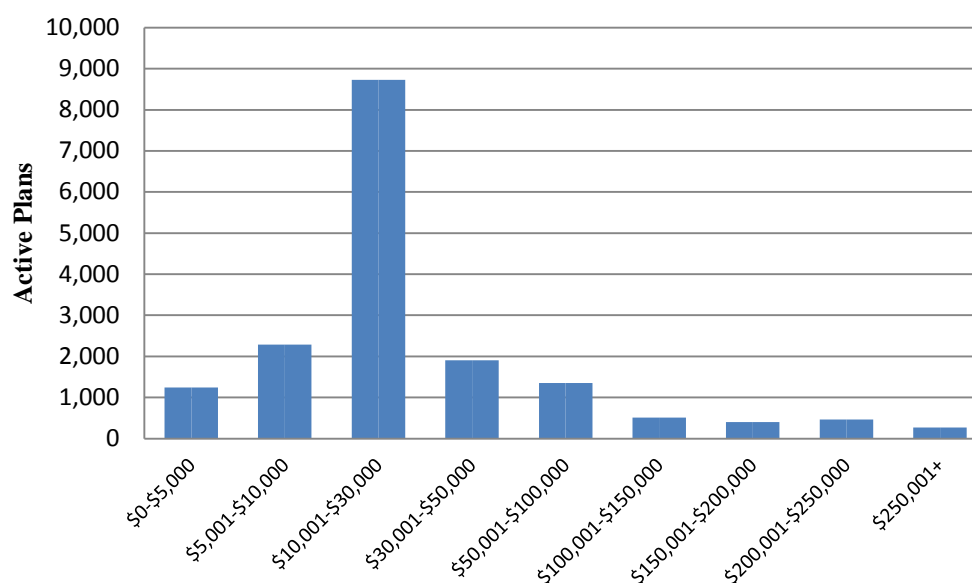
### *Committed supports*

2.36 Overall, \$952.8 million has been committed for participant support costs. The NDIA Scheme Actuary notes that these 'support costs are mostly allocated to a small proportion of high-cost participants'. This group consists of more than 1600 participants representing just 10 per cent of total participant numbers that have plans worth more than \$100 000. These participants' plans account for 47 per cent of the total committed supports—\$148.2 million.<sup>16</sup>

2.37 The NDIA's quarterly report notes a slightly higher percentile for those with plans over \$100 000:

...the majority of participants have annualised package costs of between \$5,001 and \$30,000 (64%) and few participants have high cost plans of over \$100,000 (10%). Of the 17,155 active participants with approved plans, 71% have an annualised package cost of less than \$30,000. This group accounts for only 26% of annualised committed funding. Conversely, 10% of participants have an annualised package cost over \$100,000 and these participants account for 49% of total committed supports.<sup>17</sup>

**Figure 2.1: Distribution of annualised support costs**



2.38 Figure 2.1 displays the distribution of the active plans in the NDIA run sites. The committee notes that even with the significant skew, as mentioned above in term of concentration of funds, the average annualised package cost across all trial sites is approximately \$38 400. The NDIA goes on to note that if the large residential centres, Stockton and Colanda, are excluded from this calculation, then the average annualised package cost comes down to \$33 600.

16 National Disability Insurance Agency, *Report on the sustainability of the Scheme*, 1 July 2013 to 30 June 2015, prepared by the Scheme Actuary. p. 16.

17 National Disability Insurance Agency, *Report on the sustainability of the Scheme*, 1 July 2013 to 30 June 2015, July 2015, p. 46.

2.39 The NDIA eighth quarterly report indicated that despite average package costs being higher than expected, the overall cost of the scheme is in line with expectations. The NDIA state that the higher costs are due to the lower number of low cost participants entering the scheme. However, the number of higher cost participants and medium cost participants are in line with expectations.<sup>18</sup>

2.40 The quarterly report also stated that actual package costs differ from expected package costs:

The distribution of the cost of support packages differs from expected across all trial sites. In particular, a higher proportion of low cost participants were expected compared with actual experience, and there are a higher proportion of participants receiving mid-range packages than expected.<sup>19</sup>

### **Trial sites commenced 1 July 2014**

2.41 This section presents an overview of each of three trial sites—ACT, Western Australia and the Barkley—that all commenced operations on 1 July 2014.

#### ***The ACT trial site***

2.42 The committee held public hearings at Parliament House in Canberra on 27 March 2015. The committee took evidence from 17 participants and carers and 11 individuals representing service providers. In the afternoon, the committee heard from the ACT Government's Disability ACT and ACT NDIA officials. After the main hearing the committee held an Advocacy roundtable taking evidence from nine organisations.

2.43 The ACT will be the first jurisdiction as a whole to roll out the NDIS. Other jurisdictions are entering by designated areas and/or selected categories. For the ACT this transition will involve approximately 5000 people.

#### ***Transition arrangements***

2.44 People with disability in the ACT will gradually transition to the Scheme over a two year period. Table 2.5 on the following page provides a schematic of the transition arrangements for the ACT trial site. The intake for the trial site was agreed to be in 'ages and stages', which involves transitioning clients by 'specific age cohorts determined by date of birth or by academic year for children and young people of school age concurrently'.<sup>20</sup>

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18 National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, p. 23.

19 National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 31 March 2015, p. 24.

20 Bilateral Agreement for NDIS Launch between the Commonwealth and Australian Capital Territory, Appendix C, p. 10.

**Table 2.5: Transition arrangements in the ACT trial site for 2014-15**

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
<b>Age Based</b> Those born:	1 July 1949 to 30 June 1950	1 July 1950 to 30 June 1951	1 July 1951 to 30 June 1954	1 July 1954 to 30 June 1955
<b>School Aged and Infants</b> Those born:	1 July 2012 to 30 June 2014 and 2008–2014 School Leavers	1 July 2010 to 30 June 2012, School Leavers, and any children not expected to commence school in 2015–16	School years: 7 to 12	School years: Kindergarten to 6
<b>Group Home Accommodation</b> Youngest resident born:	1 July 1992 or later	23 August 1989 to 30 June 1992	24 October 1983 to 22 August 1989	29 October 1981 to 23 October 1983

Source: Bilateral Agreement between the Commonwealth and Australian Capital Territory, Appendix C, p. 12.

2.45 The intakes for 2015-16 and 2016-17 follow a similar progressive pattern to transition all eligible people into the scheme. All participants are scheduled to transition into the scheme by the end of the first quarter of 2016-17.<sup>21</sup>

2.46 The committee is aware of the opportunities, benefits and challenges of a geographically and demographically smaller trial site and of transitioning an entire jurisdiction into the scheme during the trial period.

**Table 2.6: Key statistics of the new trial sites (after 1 year)**

	ACT	Barkly (NT)	Perth Hills	MyWay (WA)
Average annualised committed cost of individual packages (\$)	45,361	50,327	34,894	26,014
Number of participants in bilateral agreement, 30 June 2015	1,537	103	1,642	1,404
Number of participants with approved plans, 30 June 2015	1,427	61	1,199	688
Access requests	2,314	79	1,576	n/a
Accepted as eligible	2,037	68	1,396	777
Ineligible	143	6	106	n/a
Other	134	5	74	n/a
Average days from access request to plan approval in 2014-15	58	36	31	53
Review of decisions (internal)	31	0	11	0
Appeals to the Administrative Appeal Tribunal (AAT)	2	0	2	n/a
Participants accessing mainstream services (% of total)	87	82	66	n/a

Source: National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, pp 28, 40, 41, 49 and 55. WA Disability Services Commission, *Quarterly Report to the Commonwealth Government*, 30 June 2015, pp 6 and 23.

21 Bilateral Agreement for NDIS Launch between the Commonwealth and Australian Capital Territory, Appendix C, p. 13.

### ***Transition progress in the ACT trial site***<sup>22</sup>

2.47 As of 30 June 2015, 1427 people have approved individualised support plans. The NDIA report that the average package cost is \$45 361. Of these plans 48 per cent are managed by the NDIA, 41 per cent are managed as a combination between the Agency and the individual or services provider(s), and importantly, 11 per cent are entirely self-managed. The total cost of committed supports for participants to 30 June 2015 at the ACT trial site was \$64 670 395.

2.48 There are 169 registered service providers in the ACT providing a range of services that can be accessed through the NDIA's 'Find registered service providers' web portal.<sup>23</sup>

### ***The Western Australian trial sites***

2.49 Western Australia is conducting two trials to assess the NDIS and MyWay models in providing disability support—both commenced on 1 July 2014.

2.50 The NDIS trial site, located in the Perth Hills area, is managed by the NDIA. It encompasses the Swan, Kalamunda and Mundaring local government areas.

2.51 While the WA NDIS MyWay trial site is managed by the WA Disability Services Commission (DSC) and is located in the Lower South West area. The Cockburn and Kwinana trial site joined the My Way trial on 1 July 2015.

2.52 The committee held a public hearing in Busselton on 8 April 2015. The committee took evidence from 12 participants and carers and 16 individuals representing service providers in Busselton.

2.53 On 9 April 2015, the committee held a public hearing in the Perth Hills taking evidence from 7 participants and carers and 13 individuals representing service providers.

### ***Transition arrangements***

2.54 This section provides brief details of the My Way transition arrangements.

**Table 2.7: WA NDIS My Way estimated participant population**<sup>24</sup>

<b>Year</b>	<b>2014-15</b>	<b>2015-16</b>
Estimated Lower South West participant population	1,404	1,418
Estimated Cockburn/Kwinana participant population	0	2,715
Estimated total participant population	1,404	4,133

22 National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, pp 28, 40, 41, 49 and 55.

23 National Disability Insurance Agency, <http://www.ndis.gov.au/document/finding-and-engaging-providers/find-registered-service-providers>, (accessed 9 November 2015).

24 National Partnership Agreement on trial of My Way sites, *An agreement between the Commonwealth of Australia and Western Australia*, March 2014, p. 12.

2.55 The WA NDIS MyWay trial is governed by the National Partnership Agreement on trial of My Way sites, an agreement between the Commonwealth and Western Australian Governments. Table 2.7 above shows the estimated participant population covered by the two initial NDIS MyWay trial sites once both are up and running.

**Table 2.8: Key statistics of the new trial sites (after 1 year)**

	ACT	Barkly (NT)	Perth Hills	MyWay <sup>25</sup> (WA)
Average annualised committed cost of individual packages (\$)	45,361	50,327	34,894	26,014
Number of participants in bilateral agreement, 30 June 2015	1,537	103	1,642	1,404
Number of participants with approved plans, 30 June 2015	1,427	61	1,199	688
Access requests	2,314	79	1,576	n/a
Accepted as eligible	2,037	68	1,396	777
Ineligible	143	6	106	n/a
Other	134	5	74	n/a
Average days from access request to plan approval in 2014-15	58	36	31	64
Review of decisions (internal)	31	0	11	0
Appeals to the Administrative Appeal Tribunal (AAT)	2	0	2	n/a
Participants accessing mainstream services (% of total)	87	82	66	n/a

Source: National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, and WA Disability Services Commission, *Quarterly Report to the Commonwealth Government*, 30 June 2015.

### ***Transition progress in the WA trial sites<sup>26</sup>***

2.56 An independent evaluation of both WA trial site models will take place through the trial period. The evaluation will be overseen by the joint steering committee managed out of the Department of the Prime Minister and Cabinet and will provide an interim report in October 2015 and a final report in August 2016.<sup>27</sup>

2.57 The committee acknowledges that it is difficult to compare the two WA sites and as such no direct comparison will be undertaken in this report other than reporting the two sites key statistics and transition rates.

2.58 The Perth Hills trial site covers a smaller geographic area, is metropolitan, and has a larger number of participants than the WA NDIS My Way trial site. The Lower South West My Way trial site is building on an existing system of local area coordinators, which in effect is a 'business as usual' arrangement that links in with a state run system that has been in operation for over twenty years.

25 National Partnership Agreement on trial of My Way sites, *Schedule C: Participant Intake*, May 2014, pp 1-2. The figures vary from the National Partnership Agreement signed in March 2014 to reflect the numbers of additional people found to be eligible for DSC funded support.

26 National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015.

27 WA DSC, WA independent evaluation, <http://www.disability.wa.gov.au/wa-ndis-my-way/wa-ndis-my-way/the-trial/wa-independent-evaluation/> (accessed 18 June 2015).

2.59 As of 30 June 2015, the Perth Hills site had approved 1199 people for an individualised support plan. The average package cost in the Perth Hills trial site is \$34 894.

2.60 Of these plans, 60 per cent are managed by the NDIA, 31 per cent are managed as a combination between the Agency and the individual or services provider(s), and 9 per cent are entirely self-managed.

2.61 The NDIA quarterly report does not provide a breakdown of the number of service providers registered by state and territory so no details can be provided.

2.62 The total cost of committed supports for participants to 30 June 2015 at NDIA Perth Hills trial site was \$41 220 779.

**Table 2.9: 2014-15 My Way participation figures and associated data**

WA NDIS My Way trial	Total
Total committed plan costs	\$17.9 million
Total number of individuals eligible for support	777
Total number of individuals with current plans (funded and no funding requested)	688
Total number of current plans (with funding)	643
Total number of current plans (with no funding requested)	45
Total year to date payments for the period	\$14 million
Average costs for total current plans (funded and no funding requested)	\$26,014
Average costs for current plans (with funding)	\$27,834
Number of service providers operating in the trial site	36

Source: WA Disability Services Commission, *Quarterly Report to the Commonwealth Government*, 30 June 2015, p. 6.

2.63 The average length of time for a plan to be approved has been 64 days with an average package cost of \$26 014 for (643 funded and 45 no funding requested).

2.64 It was expected that DSC clients would phase into NDIS My Way from 1 July 2014 in the Lower South West trial site. According to the latest DSC My Way quarterly report, a total of 688 individuals have now received plans. Of these, 374 have requested access since the scheme began, the rest were transferred directly into the scheme on 1 July 2014. Other participants will be phased in on a quarterly basis as outlined in Table 2.7.

2.65 Of these plans, 29 per cent are managed by a service provider, 36 per cent are managed by a combination of the DSC and the individual or services provider(s), and 35 per cent are entirely self-managed.

2.66 There are 36 registered service providers registered in the My Way trial site; 72 per cent of registered providers in the trial site are operating in the state only, with 28 per cent having a national presence. The total cost of NDIS funded supports to 30 June 2015 was \$17.9 million.

2.67 Table 2.9 shows among other key findings that the actual numbers are below the anticipated National Partnership Agreement participant numbers.

2.68 At the end of the fourth quarter the 688 participant numbers in the WA NDIS My Way trial are considerably lower than the expected at 1404—see Table 2.8 for expected bilateral numbers.

2.69 While noting that the forecasts were in their very early stages, Mr Greenway, one of the representatives from the WA NDIS My Way Scheme Actuary TaylorFry, told the committee in June that:

We will be revisiting the forecasts soon...We are also undertaking some in-depth analysis to look into why the numbers of participants are lower than were expected.<sup>28</sup>

2.70 Mr Greenway had previously provided greater detail to the above comments in the WA NDIS My Way fourth quarterly report:

As at 30 June 2015, there are 35% fewer individuals in the trial than expected. The disparity with expectations is due partly to the slow emergence of individuals with psychosocial disability and individuals that qualify for early intervention. We anticipate that participation will move closer to expectations with the continued emergence of these individuals, but we do not anticipate that the ultimate number of individuals will reach initial expectations for the Lower South West.<sup>29</sup>

2.71 However, Mr Greenway did state to the committee that:

Using the forecasts as a basis for sustainability, if the forecasts are what was expected and if that is the level of sustainability that you need, then certainly this trial is on track in terms of sustainability.<sup>30</sup>

2.72 A lower than expected figure is also a feature of the NDIA run Perth Hills trial site where transition numbers against the agreed bilateral numbers are also low at approximately 73 per cent completion.

2.73 The committee notes the experiences of participants and providers at both trial sites, and the long history of the My Way model which effectively began in 1988. At its hearings in WA, the committee heard many positive stories of how both trials were striving and succeeding in changing people's lives.

### ***The Barkly trial site***

2.74 Members of the committee visited the Barkly trial site headquarters at Tennant Creek on 20 July 2015 and met with 11 local participants, carers and the staff of the NDIA office, more detail is at paragraph 2.19. The committee held a public hearing in Darwin on 21 July 2015, where it took evidence from 10 individuals representing service providers in the Northern Territory.

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28 Mr Alan Greenfield, *Committee Hansard*, 5 June 2015, p. 9.

29 Disability Services Commission, *Quarterly Report to the Commonwealth Government*, 1 April 2015 to 30 June 2015 (fourth quarterly report), data extracted on 30 June 2015, p. 5.

30 Mr Alan Greenfield, *Committee Hansard*, 5 June 2015, p. 9.

2.75 The Barkly trial site encompasses the Barkly Regional Council local government area of the Northern Territory. It is the largest trial site covering approximately 323 514 km—the region is very sparsely populated.<sup>2</sup> The estimated population of Barkly is 8056, which includes a population of 3,560 in Tennant Creek—the largest concentration of residents. This equates to two people per 100 square kilometres.<sup>31</sup>

### ***Transition arrangements***

2.76 Residents under the age of 65 years with permanent and significant disability who meet the access requirements are gradually entering the Scheme which commenced from 1 July 2014. Existing service users and new participants will enter the Scheme progressively on a community by community basis as NDIA staff visit towns and remote communities. The Barkly NDIA office is located in Tennant Creek.

**Table 2.10: Key statistics of the new trial sites (after 1 year)**

	ACT	Barkly (NT)	Perth Hills	MyWay (WA)
Average annualised committed cost of individual packages (\$)	45,361	50,327	34,894	26,014
Number of participants in bilateral agreement, 30 June 2015	1,537	103	1,642	1,404
Number of participants with approved plans, 30 June 2015	1,427	61	1,199	688
Access requests	2,314	79	1,576	n/a
Accepted as eligible	2,037	68	1,396	777
Ineligible	143	6	106	n/a
Other	134	5	74	n/a
Average days from access request to plan approval in 2014-15	58	36	31	53
Review of decisions (internal)	31	0	11	0
Appeals to the Administrative Appeal Tribunal (AAT)	2	0	2	n/a
Participants accessing mainstream services (% of total)	87	82	66	n/a

Source: National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, and the WA Disability Services Commission, *Quarterly Report to the Commonwealth Government*, 30 June 2015,

2.77 The bilateral agreement notes that the order in which specific communities will be assisted and the timing of assistance to Tennant Creek participants will be settled in discussions between the NT Government and the NDIA. Table 2.11 shows the bilateral agreement estimates of participant population covered by the Barkly trial site. Table 2.12 shows the estimated total cost of NDIS funded supports in line with the agreed participation population as shown in Table 2.11.

2.78 The bilateral planned intake of participants states that:

- (b) by 30 September 2014 current disability and mental health clients receiving NT or Commonwealth services will be assisted to access the Scheme on a community by community basis; and
- (c) new clients not currently receiving services will be assisted to access the Scheme as their community phases in.<sup>32</sup>

31 Barkly Regional Council, <http://barkly.nt.gov.au/region/demographics> (accessed 18 June 2015).

32 Northern Territory bilateral agreement, Appendix B, p. 12.



2.79 All participants are scheduled to transition into the scheme by July 2019.

**Table 2.11 Northern Territory NDIS bilateral agreement participant numbers**

Year:	2014-15	2015-16
Estimated Northern Territory participant population	103	104

**Table 2.12 Cost of Northern Territory NDIS supports**

Year:	2014-15	2015-16
Estimated total cost of NDIS funded supports	\$3.3 million	\$4.0 million

***Transition progress in the Barkly trial site***<sup>33</sup>

2.80 As of 30 June 2015, 61 people in the NT have approved individualised support plans. The average package cost in the Barkly trial site is \$50 327.

2.81 Of these plans, 93 per cent are managed by the NDIA, the remainder are managed in a combination of both the agency and the participant. No plans are self-managed.

2.82 The NDIA quarterly report does not provide a breakdown of the number of service providers registered by state and territory so no details can be provided.

2.83 The total cost of committed supports for participants to 30 June 2015 at the Barkly trial site was \$3 061 377.

***Challenges in the Barkly trial site***

2.84 As outlined earlier, it is anticipated that the Barkly trial will provide valuable experience and understanding in delivering the NDIS in remote areas, which will inform the roll-out across the rest of the NT and other remote parts of Australia. Apart from dealing with the direct challenge of the high rate of disability among Indigenous Australians compared to the general Australian population, the implementation of the Barkly trial presents a number of specific challenges:

- low numbers of Indigenous Australians with disability accessing the disability service system—a contributing factor is the reluctance of Indigenous people with disability to identify as a person with disability. This presents a significant barrier to the successful implementation of the NDIS in this region;
- experience of Indigenous Australians when using services—a lack of confidence in dealing with, and a mistrust of, government agencies and service providers;

33 National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, pp 28, 40, 41, 49 and 55.

- differences in cultural backgrounds and understanding between service providers and Indigenous Australians—this can form an impediment to effective delivery of support services; and
- access to services—lack of available and appropriate services due to the remote location.

2.85 The fundamental principle of the NDIS is individual choice and control. Enabling Indigenous Australians to exercise such choice and control may be difficult where the absence of service providers in remote areas precludes meaningful choice.

2.86 The evidence that the committee heard in Darwin regarding the Barkly trial confirms the incredible difficulty in delivering high quality services to regional and remote areas of Australia and as such represents one of the biggest challenges to the Scheme.

### **Committee view**

2.87 This chapter has outlined the progress of the trial sites in 2014-15. Issues raised in the trial site hearings will be discussed in later chapters. This includes issues for participants, providers and market development and assistance which were raised during hearings in multiple trial sites.

2.88 The committee thanks all who have contributed to the committee's work. The committee appreciates the time and effort that people have put in to making submissions and giving evidence at public hearings.

2.89 The committee acknowledges the importance of trial sites in showing where the Scheme works well and how it could be improved. The committee notes that the trial sites are not all identical and have varying issues that are impacted by factors including the geographic and demographic size of the trial site, the cohort in transition and the length of the trial period so far.

2.90 The committee continues to find trial site visits an informative and valuable undertaking. Accordingly, the committee intends to conduct further visits to both the existing and new trial sites in the coming year noting that the full roll out of the Scheme will commence in mid-2016.

# Chapter 3

## Participants and planning

### Background

3.1 People with disability are at the centre of the NDIS. This chapter concentrates on the stories, accounts and experiences the committee heard in each of the separate sessions of its public hearings in 2015. The majority of the evidence related to how people entered the system and navigated the planning process.

3.2 Of the projected 460 000 National Disability Insurance Scheme (NDIS) participants, there are currently 19 817 active and inactive<sup>1</sup> participants in the existing NDIA managed trial sites.<sup>2</sup> 17 303 of these have now received an approved plan.<sup>3</sup>

3.3 The central tenet of the Scheme is to support a person with a disability to lead an 'ordinary life'. The NDIS Independent Advisory Council (IAC) provided the committee advice on what factors they consider make up an 'ordinary life', and what barriers people with disability face in trying to reach that goal. The IAC recommend that the NDIS should provide people with disabilities reasonable and necessary supports to facilitate the enablers of an ordinary life:

- positive relationships;
- a sense of belonging;
- individual autonomy;
- active involvement in decision-making;
- active engagement in community;
- using one's unique strengths in ways that provide a challenge; and
- making a contribution.<sup>4</sup>

3.4 Barriers such as negative attitudes that view disability as a tragedy; service models that congregate people and segregate them from their communities; individualised support that acts as a paid friend rather than as a life facilitator; and risk

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1 Active participants are those who are currently eligible, are not deceased and have a client status of "Active". Inactive participants are all other participants, including participants who are now deceased or have chosen to exit the scheme, as well as participants who have had their eligibility revoked.

2 There are a further 688 participants in the WA NDIS MyWay site. (WA NDIS MyWay quarterly report – June 2015).

3 National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, p. 18.

4 NDIS Independent Advisory Council, *Reasonable and Necessary Support across the Lifespan: An Ordinary Life for People with Disability*, NDIS Independent Advisory Council Advice 2014, Attachment A1, p. 4.

management approaches that deprive people of ordinary opportunities, were all identified by IAC as things could prevent people reaching their potential.<sup>5</sup>

3.5 The practical challenge for the NDIA is how to structure the support to enable an ordinary life to be achieved. The committee notes that the Agency does this through the provision of 'reasonable and necessary' supports that help a participant live an ordinary life. These supports are provided under ten 'life domains' which are intended to encapsulate all of the supports that may be required for a person to reach their goals and aspirations and enable social and economic participation. The ten domains are:

- Learning and applying knowledge (e.g. understanding and remembering information, learning new things, practicing and using new skills and ideas),
- General tasks and demands (e.g. doing daily tasks, managing daily routine, handling problems, making decisions),
- Communication (e.g. being understood and understanding other people),
- Mobility (e.g. getting in or out of bed or a chair and moving around in your home and community),
- Self-care and special health care needs (e.g. showering/bathing, dressing, eating, toileting),
- Domestic life activities (e.g. preparing meals, cleaning, housekeeping and home maintenance),
- Interpersonal interactions and relationships (e.g. making and keeping friends and relationships, coping with feelings and emotions),
- Community, social and civic life (e.g. community activities, recreation and leisure),
- Education and training, and
- Employment.<sup>6</sup>

3.6 The philosophical approach that addresses barriers and aims to facilitate a person's inclusion in society, rather than focussing on their disability is one of the key principles underpinning the Scheme. The committee agrees with this approach and notes the evolution of this principle through to the provision of supports that are having a dramatic and empowering effect on the lives of people with disability. The committee met with and listened to substantial numbers of participants in trial sites across the country, and heard overwhelmingly positive accounts of these impacts.

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5 NDIS Independent Advisory Council, *Reasonable and Necessary Support across the Lifespan: An Ordinary Life for People with Disability*, NDIS Independent Advisory Council Advice 2014, Attachment A1, p. 4.

6 National Disability Insurance Scheme, *Operational Guideline – Planning and Assessment – Assessment of Participants' Needs (v2.0)*, 16 January 2014, p. 2.

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Nevertheless, there were some recurring issues common across the country that will require ongoing efforts to resolve. Many of these, the committee notes, were in the planning process.

### **The planning process**

3.7 After eligibility for a person with disability is determined they enter the planning process and begin to design their package of supports. The person begins the process through a planning and assessment conversation where they are required to complete a Participant Statement setting out their current situation in terms of their living arrangements, daily routine, relationships and supports from others. The Statement should also include the person's goals and how they wish to achieve them.<sup>7</sup> The Statement is discussed at the planning and assessment conversation.

#### ***Pre-planning process***

3.8 Before people with disability are in a position to apply to become participants in the Scheme, many require support at the pre-planning stage to assist them to engage fully with the Agency. The support provided by advocates is crucial to participants at this stage, and the committee anticipates that the role and funding of advocates will be explored in the forthcoming Information, Linkages and Capacity Building framework.

3.9 The ability of the participant to fully understand and engage in the planning process was discussed frequently at the committee's public hearings. The pre-planning process to prepare a person for the formal planning process was raised by participants and providers as an area that could often confuse and overwhelm participants. The ACT Disability and Aged and Carer Advocacy Service recounted conversations they had with concerned families who had been to information sessions in preparation for the Scheme:

We are certainly meeting families who say, 'We went to the pre-planning information sessions and it's all too much. It's all so confusing. I can see I'm going to need help to go through this process.'<sup>8</sup>

3.10 People with Disabilities Australia (PWDA) also cited an example of a client they were working with who had no pre-planning or preparation prior to the planning process so were left at a distinct disadvantage:

There has been an example of where it does not work well: we heard via a boarding house owner that, when the launch site started in the Hunter, she on her own took her residents and started their entry into the scheme. There was no pre-planning. There was no process or involvement of others, so an individual ended up in a planning process without any knowledge of the

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7 National Disability Insurance Scheme, *Planning and assessment fact sheet*, 22 July 2014, p. 1. Available at: [http://www.ndis.gov.au/sites/default/files/documents/assessment\\_and\\_planning\\_factsheet.pdf](http://www.ndis.gov.au/sites/default/files/documents/assessment_and_planning_factsheet.pdf).

8 Mrs Fiona May, ACT Disability and Aged and Carer Advocacy Service, *Committee Hansard*, 27 March 2015, p. 26.

current level of services that they were already receiving that are funded by the state and what else they could think about in their lives.<sup>9</sup>

3.11 PWDA continued that a lack of preparation, or an individual not having all the resources and assistance they require before entering the planning process can have a significant impact on the outcomes of the planning process, and their subsequent care needs:

One gentleman put forward that he would actually quite like to play tennis, so he got \$1,600 a year to play tennis. Because he moved into the NDIS on that plan, he lost all of his other services—or potentially did—because they had not been mentioned. They had not been factored into the planning process. He lost his transport mobility allowance, so he was going to end up with some funds to go and play tennis but nobody supported him to do that.<sup>10</sup>

3.12 While this situation was rectified, it does illustrate the potential dangers of allowing plans to be made for people without full cognisance of all the factors involved.

3.13 The importance of pre-planning support is also amplified in certain groups. Amparo Advocacy highlighted the resources required to equip a person from the CALD community with enough information to make informed decisions about their own situation:

In the Barwon region they decided that, even in trial sites, many people from CALD backgrounds are unaware of the NDIS, and it is taking significant resources to assist those individuals and their families negotiate the system. They cite one settlement worker providing 50 hours of support just to support one person to negotiate finding out, getting a diagnosis, being able to participate and understanding the planning process.<sup>11</sup>

3.14 ACT Disability and Aged and Carer Advocacy Service submitted that the NDIA pre-planning sessions are welcome, but many people need more one-to-one assistance to apply the information to their own situation. This is creating a burden on organisations within the sector:

They are finding that they are really needing that one on one information support, rather than the information they might get at preplanning sessions, ...which provide generic information which is too high level for them to actually apply to their own situation...People are telling us that those preplanning sessions are not meeting their needs and that the volume of information, if they just try to search for information—for instance, on the website—is overwhelming and confusing. So we are finding that we are getting more and more calls and requests to provide small information

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9 Ms Sue Barnes, People with Disability Australia, *Committee Hansard*, 27 March 2015, p. 68.

10 Ms Sue Barnes, People with Disability Australia, *Committee Hansard*, 27 March 2015, p. 68.

11 Ms Maureen Fordyce, Amparo Advocacy, *Committee Hansard*, 9 April 2015, p. 6.

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sessions to groups of parents, for instance, or those kinds of things, to provide that information.<sup>12</sup>

3.15 According to witnesses, provision of support around pre-planning is also not routinely covered in funding packages for an individual, whether through the NDIS or block funding arrangements. Therapy Focus in WA commented that pre-planning falls between the cracks because the person is not yet a participant of the Scheme:

There is a lot of work gone into pre-planning, and it is not funded necessarily...But the block funding does not cover the pre-planning work that we do and, because it is not yet covered by a plan, it is also not covered by the NDIA.<sup>13</sup>

3.16 Focus ACT said that some of their clients were confused with the terminology when initially entering the planning process:

[M]any others say they are dismayed and confused when confronted with a new approach and new language such as 'clusters', 'line items', 'core capacity' and 'bundling' in relation to themselves or a family member.<sup>14</sup>

3.17 ACT Disability and Aged and Carer Advocacy Service also discussed how they had to 'translate' the terminology of line items into what the supports will be and what aspects of a person's life they will cover:

The plans themselves are actually very difficult for someone to understand. To translate a series of line items and amounts into something that is meaningful in terms of what a week, month or year will look like is quite complex when there are a lot of services in a plan. We are doing that work with our clients. It is taking our advocates many, many hours to do that translation.<sup>15</sup>

3.18 The committee also heard a number of positive accounts of the planning process more generally. Those participants who were already in a state or territory disability system spoke of a smooth transition into the NDIS:

The actual access was very straightforward. My children had gone through special needs schooling. They were in the system for many years. They were expected. We had a very short planning period. We had three meetings for each child. That went smoothly. It was very professional. I have been back to my planner a number of times since, with things that have not quite been right—item numbers that have not quite fitted, things to help me get the service agreements up and running—and I have found them to be flexible, which is great.<sup>16</sup>

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12 Mrs Fiona May, ACT Disability and Aged and Carer Advocacy Service, *Committee Hansard*, 27 March 2015, p. 26.

13 Mr Matthew Burrows, Therapy Focus, *Committee Hansard*, 9 April 2015, p. 26.

14 Mrs Tina Siver, Focus ACT, *Committee Hansard*, 27 March 2015, p. 1.

15 Mrs Fiona May, ACT Disability and Aged and Carer Advocacy Service, *Committee Hansard*, 27 March 2015, p. 28.

16 Ms Leslea Geary, *Committee Hansard*, 27 March 2015, p. 29.

3.19 Community Connections in Canberra also described the planning process in general as a very positive experience for their clients. While flagging some issues around the implementation of the plan and the choice of providers, they were supportive of the efforts the NDIA have been making to ensure the process is as supportive as possible:

Just generally around the planning process, Community Connections has found this to be a really positive thing. It has been our experience that all plans have been conducted in a pretty open and collaborative manner with the NDIA. It is our experience that the people who have been through the intake process have informed us that they have generally been happy with the packages they have been allocated, and there is a general feeling that the supports they have received are reasonable and fair. And people generally have a sense of trust in the organisation.<sup>17</sup>

3.20 Ms Richards, a parent of a 29 year old man with disabilities was also very positive in her experience of the process. Despite her apprehension at the start of the process, she described the process and those involved in it in as being extremely helpful, professional and compassionate:

I am the parent of a 29-year-old man who has profound total disability and needs 24-hour support and assistance with every single area of his life at all times. He went through the NDIS process at the end of last year. My story is very positive. I think what often happens in forums like this is you tend to get the negative stories and the problems, which is as it should be because they need to be addressed, but my story is 100 per cent positive. I talk to a lot of families. The families that I know who have been through the NDIS all have really positive stories, and I think you need to know that. There are many, many ecstatic families out there.<sup>18</sup>

### ***Plan flexibility***

3.21 Taking a holistic approach to the formation of a plan that matches the supports with the goals and aspirations of the person was deemed crucial by all stakeholders. Flexibility and the evolution from rigid line items to describe items and supports were also cited as important factors in building a plan. However, the committee heard contrasting evidence about how widespread this flexible and holistic approach actually is.

3.22 Mr Gregory Mahony, the parent of a 15 year old boy with autism, described his frustration with over use of bureaucratic terminology such as 'line items' and 'number of hours' to describe elements of his son's plan. Mr Mahony stated that 'goals are referred to as that number of hours, not the goal', he suggested that the cultural change required to allow more flexibility in plans still needed to be realised:

The culture and structure of Disability ACT and Therapy ACT, I am afraid, are still alive and well. That is my concern. I know there is a lot of goodwill at the same time, but it is a battle against that...our strategy as a

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17 Mr Ian Ross, Community Connections, *Committee Hansard*, 27 March 2015, p. 18.

18 Ms Sally Richards, *Committee Hansard*, 27 March 2015, p. 38.



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family has been to have him out everywhere in every possible environment and to explore how things work out. But you say that to a NDIA spreadsheet and they want a line item for that support, that service, that activity. That is the cultural change I am talking about.<sup>19</sup>

3.23 The NDIA responded that they are trying to move away from rigid line items by introducing clusters and bundles of supports that can be ascribed to a broader goal. However, they pointed out that not all supports are able to be bundled, such as those provided 'in-kind', but insisted the work they are doing to reduce line items into four categories of support types will increase flexibility in the implementation of the plans:

The bundles are used wherever possible in order to create the best flexibility amongst plans. Some things are line items where it might be a capital purchase—such as when people were talking about continence before. Also there are some particular restrictions around where a service might be provided in kind...

There is work being undertaken at the moment around reducing those line items for participants. There is an aim to move to just the four separate support types and being able to make sure that people have more flexibility within that, so that work is being undertaken at the moment.<sup>20</sup>

3.24 The committee also heard from WA Disability Services Commission (DSC) Executive Director, Dr Ron Chalmers on flexibility in NDIS My Way plans. While accepting that flexibility within a plan is a legitimate aspiration, Dr Chalmers emphasised the need for the integrity of the plan to be maintained, and for funding designed for specific purposes to be used as intended. If a person wanted to amend their plan substantially they would have to return to the My Way coordinator to revisit it. Dr Chalmers described a scenario where people would query how they could use their funding:

During the planning process, if someone says, 'I need support with daily assistance, showering, and what have you, I need support with recreations' and if it is clearly identified in the plan, can the individual just shake that all up and say, 'I'm going to spend it all on just one area and I can ignore what is in the plan'? No, because there has to be integrity in the plan, otherwise it becomes, 'I'll spend all that money on the overseas trip that I want to make.'<sup>21</sup>

### ***Consistency of supports***

3.25 Consistency in the plans, and the types of supports included in a plan were raised across the trial sites. The NDIA in the ACT trial site reported a 'high level of consistency' from a study undertaken by an independent consultant.<sup>22</sup> The Scheme Actuary also informed the committee of her role in ensuring consistency across the

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19 Mr Gregory Mahony, *Committee Hansard*, 27 March 2015, p. 37.

20 National Disability Insurance Agency, *Committee Hansard*, 27 March 2015, p. 48.

21 WA Government, Disability Services Commission, *Committee Hansard*, 9 April 2015, p. 8.

22 National Disability Insurance Agency, *Committee Hansard*, 27 March 2015, p. 55.

trial sites, and Mr Bonyhady, the Chair of the NDIA Board expressed his optimism that with an increasing quantum of data they 'are very confident that over time, through the actuarial team working with the operational team, we will get the national consistency that people expected and wished for when this scheme was introduced.'<sup>23</sup> However, the committee heard of variations in the types of supports provided in a plan for people in ostensibly similar circumstances.

3.26 The Autism Association in Perth suggested that there needs to be further work done with planners to improve their level of knowledge and thereby produce more consistent assessments of need:

I think there maybe needs to be more training of the planners around how to make an assessment of the level of need when allocating those transdisciplinary packages. It is very inconsistent. We will see children who have got level 1 transdisciplinary packages but, when we do our assessment, we find they definitely have a higher level of need; and then we will have other children that come through that require less support in relation to therapy services but are getting a higher level of funding. So I think there needs to be more work done on the consistency in the allocation of transdisciplinary packages.<sup>24</sup>

3.27 Valued Lives, a peer-to-peer support organisation found that some of their clients were receiving varying levels of funding for support coordination which makes it difficult to deliver a consistent service:

As a model, to deliver that is very difficult because the number of support-coordination hours that need to be picked up to deliver one consistent face-to-face person is going to be very difficult. So we have a lot of inconsistencies coming in with the support coordination. We have some with reasonable amounts, we have others with none—that we would consider in our My Way role to have definitely required ongoing support—and then we have a mix and match in between.<sup>25</sup>

3.28 Just Better Care who operate in the ACT and south-east New South Wales shared their experience of clients that have had very different outcomes from the planning process. Mr Nelson, the Chief Executive discussed plan outcomes in the context of how well supported the participant was in understanding the process prior to beginning discussions:

Some of it is the degree of advocacy that those people can present when they are presenting their plan. But in other cases we have had people who have been in the system who are very good advocates and who have come out with relatively poor results and other people who have gone in virtually

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23 Mr Bruce Bonyhady, National Disability Insurance Agency, *Committee Hansard*, 5 June 2015, p. 27.

24 Ms Tasha Alach, Autism Association, *Committee Hansard*, 9 April 2015, p. 17.

25 Ms Bronia Holyoak, Valued Lives, *Committee Hansard*, 9 April 2015, p. 34.

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stone cold and have come out with much better results as far as those things go.<sup>26</sup>

### *Plan reviews*

3.29 There is opportunity for participants to review their plans and make amendments either due to changes in their circumstance, or because they have developed their thinking around the plan. The committee heard in some cases people have revisited their plans on numerous occasions, and the NDIA or My Way have been happy to facilitate that. However, the committee also heard instances where participants' opportunities have been limited.

3.30 The committee heard of an instance in the My Way trial site where the planning process for one participant had not been satisfactory, and while they did have the opportunity for it to be reviewed, the process, and the relationship between the participant and the agency had suffered:

We have had issues with one coordinator. In relation to that coordinator, in terms of this person's plan leading up to 1 July, they wanted it reviewed three months after that date, and we asked them what the issues were and said, 'We can get the coordinator back in and engage with them,' and they said, 'No; we don't want to talk to that coordinator anymore because we were not happy.' So that conversation sort of developed, and they said that they felt it was a rushed process. And the words that this person used were, 'I felt bullied into developing my plan.'...That was an issue with one My Way coordinator.<sup>27</sup>

3.31 The committee also heard of a three-month period whereby a participant could request an internal review of their plan. MIDLAS, a disability advocacy in Perth suggested that people had limited options as a result of exceeding that period:

There have been quite a high number of clients who have sought assistance from MIDLAS after their plan has been implemented. These clients are often passed their three-month internal review date, which does reduce their scope for appealing decisions made by the agency.<sup>28</sup>

3.32 MIDLAS also argued that if people were more informed and had a greater understanding of the plan, and the items therein, the need for formal internal reviews would be reduced. Despite her comments, Ms Butt from MIDLAS stated that she had been 'really impressed...with the internal review process.'<sup>29</sup>

3.33 Just Better Care reported circumstances where their clients had their plans reviewed on a number of occasions, without a satisfactory resolution being achieved:

We have had a number of people who have gone through the process in that planning stage up to three times—I think with a couple of them it has been

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26 Mr Fergus Nelson, Just Better Care, *Committee Hansard*, 27 March 2015, p. 12.

27 Mr Peter Seaward, Strive Warren Blackwood, *Committee Hansard*, 8 April 2015, p. 12.

28 Ms Megan Butt, MIDLAS, *Committee Hansard*, 9 April 2015, p. 30.

29 Ms Megan Butt, MIDLAS, *Committee Hansard*, 9 April 2015, p. 31.

four times—and in the end it has been: 'This is the plan, and that's it.' A couple of those are going to take that further to their appeal process.<sup>30</sup>

3.34 The committee heard that there was considerable ambiguity around what was understood by the three month review period for a plan. The committee heard evidence in Perth that suggested that the three month limit on changing a plan was not set in stone, with some witnesses reporting a high degree of flexibility if the participant was not satisfied with their plan. Therapy Focus informed the committee that their experience was very positive when requesting a plan be revisited:

We have 180 or more participants in the NDIS hills trial site area, and that has not been our experience with interactions with the NDIA; it has actually been very positive. We have had interaction back and forth regarding plans. If there are issues with plans, if we feel that what is in the plan does not meet the person's needs, then they are more than happy to talk to us and are very responsive along those lines, much as what you have described.<sup>31</sup>

3.35 There is formal guidance published by the Agency that sets out the steps a participant can take to review their plan. This includes some indicative timeframes in which reviews can take place depending on who is requesting the review and for what purpose. One of the stipulations is that a plan will not be reviewed in the first six months (or three months) unless circumstances have changed:

[R]equests for a review of your plan will generally not be approved within six months of the plan being approved (or within three months where the plan is for a shorter period) unless you can demonstrate that your circumstances have changed, or there is new information which is likely to affect our assessment of your need for funded supports.<sup>32</sup>

3.36 However this does not seem to explain the impression that some witnesses have that a plan can only be reviewed in the first three months.

### ***Self-management of plans***

3.37 The flexibility of supports within plans is substantially increased if a person with disabilities, or their family and carers, manage the plan themselves. The committee heard a number of accounts of people self-managing some aspects of their plan. The number of people totally self-managing in the NDIA Scheme is still low at around six per cent,<sup>33</sup> however many witnesses expressed a desire to eventually go down that route. In the My Way Scheme the figure for people in the 'self-managed domain' is higher at approximately 30 per cent.<sup>34</sup> Although the overall figure for total self-management in WA is 9 per cent as displayed in Table 3.1 on the following page.

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30 Mr Fergus Nelson, Just Better Care, *Committee Hansard*, 27 March 2015, p. 13.

31 Mr Evan Williams, Therapy Focus, *Committee Hansard*, 9 April 2015, p. 6.

32 National Disability Insurance Scheme, *Reviewing your plan*, 6 January 2014, p. 1.

33 Dr Ken Baker, NDIA Independent Advisory Council, *Committee Hansard*, 5 June 2015, p. 7.

34 WA government, Disability Services Commission, *Committee Hansard*, 9 April 2015, p. 1.

3.38 Table 3.1 displays the current distribution of trends in plan management for NDIA managed trial sites. It is worth pointing out that NDIA notes that a participant who is receiving any 'in-kind' support [essentially state-based support/contribution] cannot solely manage their plan. The NDIA also note that 'the management of the plan in this instance refers to the financial management of the plan. Participants can self-direct their supports whilst the agency manages the financial side of the plan.'<sup>35</sup>

**Table 3.1: Trends in plan management**

State	Agency Managed	Combination	Self-Managed
NSW	52%	46%	1%
SA	68%	20%	12%
TAS	50%	46%	4%
VIC	72%	28%	0%
ACT	48%	41%	11%
NT	93%	7%	0%
WA	60%	31%	9%
<b>Total</b>	<b>62%</b>	<b>33%</b>	<b>6%</b>

Source: NDIA, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, p. 39.

3.39 Table 3.2 displays the situation in the WA NDIS My Way site:

**Table 3.2: WA NDIS My Way trends in plan management**

Region	Totals			Plan Management Options					
	Total current plans	Number of unfunded plans	Number of funded plans	Service-provider managed <sup>1</sup>	%	Self-managed <sup>2</sup>	%	Combination managed <sup>3</sup>	%
Lower South West	688	45	643 <sup>5</sup>	188 <sup>4</sup>	29	223	35	232	36

Source: WA NDIS My Way, Quarterly Report, June 2015, p. 12.

3.40 The committee notes that the NDIA and WA NDIS My Way use different definitions of self-managing, especially around the issue of in-kind support.

3.41 Dr Ken Baker, appearing in his capacity as a member of the NDIA Independent Advisory Council (IAC), postulated that one of the reasons that people are not self-managing their plan is down to the administrative burden involved, and that this was something being explored through innovative approaches across the country:

I think one of the reasons that has been low is that people do not want to take on the administrative burden of managing their own funding. There are schemes around Australia where there is an intermediary organisation that

35 National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June 2015, p. 39.

manages that administrative burden for individuals. I think that is what most individuals would want. That is something we can learn from.<sup>36</sup>

3.42 Division 3 of the *NDIS Act 2013* and the *National Disability Insurance Scheme (Registered Providers of Supports) Rules 2013* provide for the management of funding for supports under participants' plans. According to Dr Baker these provisions are framed too narrowly, and are preventing organisations registering as plan management providers.<sup>37</sup>

3.43 The support and confidence required to self-manage was highlighted by Queenslanders with Disability Network. Mr Webb from the Network echoed many of the sentiments of witnesses in saying that he wanted to get to a position where he would be able to manage his own plan:

I am very interested in self-direction. I want to be able to self-manage and self-direct my package. As soon as I can get my head around some of that stuff, I want to be able to do it... It should be encouraged by the agency.<sup>38</sup>

3.44 The administrative burden as a reason for people not self-managing their plans resonates with the committee as it concurs with accounts of witnesses across the country. Ms Nicole Avery, a parent to two boys with Autism, recounted her story of self-managing her sons' plan. Ms Avery described the flexibility that came with self-managing, but also the challenges the process presented:

[F]or our first year of the plan we chose to self-manage. We spent a year trying to find support workers. We were knocked back by 10 different support workers because they saw on paper two teenage boys with autism—Oh, my God!—and they decided that we were a little bit too difficult to work with.

I was then diagnosed with whooping cough in May of last year. We had everything go to pot. We spoke with our My Way coordinator, who re-purposed some of our funding, and we were able to employ our next-door neighbour to supervise the boys while I was ill.

It came time to write the two new plans in October, and we had learnt a lot. We changed things around a lot more. We chose to employ a support worker to supervise the boys while they were home-schooling via distance education so that I could work as well. We were able to find two support workers we employ. I manage through Xero. I have the same financial manager. My husband is an accountant.<sup>39</sup>

3.45 Mrs Kerry Carroll, a parent of a woman with disabilities in the NDIS My Way Scheme also provided valuable insight into the complexities of self-management, and the expertise required. Mrs Carroll espoused the benefits of self-managing and the

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36 Dr Ken Baker, NDIA Independent Advisory Council, 5 June 2015, p. 7.

37 Dr Ken Baker, NDIA Independent Advisory Council, 5 June 2015, p. 7.

38 Mr Nigel Webb, Queenslanders with Disability Network, *Committee Hansard*, 13 March 2015, p. 30.

39 Ms Nicole Avery, *Committee Hansard*, 8 April 2015, p. 37.

difference it had made to her daughter's life. As a family, they also utilise the 'Xero' bookkeeping application to manage the financial aspects of the plan and recommended that the Agency provide guidelines, training and support for those willing to explore self-management:

There were no set guidelines to help us set up as a self-manager, and I really think there should be. There are no templates for forms, timesheets, programs advice, accounting packages for money control and reporting advice to the My Way group. All these had to be created by me. The pressure of this was very intense for the first six months. Luckily I have a financial background being a licensed conveyancer. This prepared me for the need for accountability in relation to the funds provided by the My Way from NDIS. Not everyone would have this background. I think that some form of education in relation to this should be provided to first-time self-managing families to avoid self-management imploding and ultimately failure for all, which would be a crime for disabled folk. The threat of losing the funds, if they are not used each year, is quite daunting considering that Leah's health is fragile and sometimes requires hospitalisation, which then creates a problem with funds being used. There needs to be more flexibility in this area.<sup>40</sup>

3.46 Dr Chalmers from the WA DSC promoted the activities of an organisation established in WA that specialises in self-management. Individualised Services provides materials to support participants on various aspects of self-management such as taxation, insurance, superannuation, risk management, and recruitment of staff.<sup>41</sup>

### ***Transition issues in the psychosocial/mental illness sector***

3.47 One of the more contentious issues currently arising is how those with psycho-social or mental illness will transition into the Scheme. The committee heard from witnesses in Brisbane who work in the Commonwealth Government's Partners in Recovery Initiative (PIR)<sup>42</sup> that supports people with severe and persistent mental illness with complex needs, and their carers and families. Ms Michelle McAllister, representing the PIR National Organisation Reference Group, proposed a number of recommendations around how people with psycho-social and mental illness who are currently under the auspices of PIR should be transitioned into the NDIS:

The first is that the Queensland state managers group and the national PIR Organisation Reference Group be considered as a point of reference for psychosocial disability. The second is that the PIR's infrastructure, skills and experience is considered around the bulk purchasing for either an ILC pilot, in particular for information referrals and linkages. The third is that the flexible funding expenditure in PIR be used to better understand how the needs of psychosocial disability can be supported, and that there be further exploration of how the PIR assessment, coordination and planning

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40 Mrs Kerry Carroll, *Committee Hansard*, 8 April 2015, p. 26.

41 WA Government, Disability Services Commission, *Committee Hansard*, 9 April 2015, p. 10.

42 For further information see about the PIR Initiative see <http://www.pirinitiative.com.au/about/overview.php>.

functions in NDIS trial sites interface with NDIA to inform readiness and transition.<sup>43</sup>

3.48 Ms Coffey from the same group also highlighted the difficulties the PIR initiative has had in engaging those with mental illness. Ms Coffey stated that if the NDIA is to ensure equity in access to the Scheme, then it will have to adopt similar measures to engage with these potential participants. Such measures include outreach services to capture those not currently in the system, or at least not in on a continual basis:

We have learnt through the process since 1 October, from over 860 participants who our support facilitators have been working with, that in order to think about any sort of transition from community-based mental health to an NDIS environment there needs to be some outreach facility and some outreach capacity. Outreach is really crucial for people who are isolated, who are perhaps not in contact with mental health services but are in contact with other areas of the community, whether they be a neighbourhood centre or a housing provider for the homeless.<sup>44</sup>

3.49 The committee did hear some very positive evidence about the impact that support through the NDIS can have on people with psychosocial disabilities. Ms Jennifer Adams, who spoke at the ACT trial site hearing, recounted her experience as a person with a psychosocial disability and as a carer of someone who is also a participant:

It has been life changing for both my son and me...The really huge thing for me as a carer, who is also a client, is that I do not have to do everything anymore. The NDIA, when I said I did not feel up to going into their office, said, 'We'll come to you', and that means so much. They have come to me three times now, and a cab brought me here today. They listened.<sup>45</sup>

3.50 However, this is a message that does not seem to be getting through in the Northern Territory. CatholicCare in told the committee in Darwin that they could not see how the NDIS was going to improve the circumstances of people in their care with mental illness:

Our interest is from a mental health perspective, not the traditional disability. I think, for us, we have found the whole thing quite difficult. It feels to us that mental health and our inclusion was very much an afterthought. We are really struggling to see how, from a mental health perspective, things are going to be better for people with a mental health issue in Barkly. From what we see there are going to be fewer services available to them once the trial comes to a full realisation.<sup>46</sup>

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43 Ms Michelle McAllister, PIR National Organisation Reference Group, *Committee Hansard*, 13 March 2015, p. 44.

44 Ms Pauline Coffey, PIR National Organisation Reference Group, *Committee Hansard*, 13 March 2015, p. 46.

45 Ms Jennifer Adams, *Committee Hansard*, 27 March 2015, p. 39.

46 Ms Jane Lloyd, CatholicCare NT, *Committee Hansard*, 21 July 2015, p. 14.



3.51 The Mental Illness Fellowship of Australia in NT was also concerned about the impact on current services when the NDIS rolls out. The Fellowship cited a number of Commonwealth programs and state services they believed would be sacrificed to fund the NDIS:

Our concern is that the NDIS is not going to be independently funded and that the scheme is being implemented at the expense of the current services that are operating well. We know that the DSS funded PHaMs and carer respite programs, as well as DoHA's day to day living program and the ATAPS programs and Partners in Recovery are all in scope to fund the NDIS. We are also concerned that the NT government, which currently spends \$88 million on disability services, will be forced into the NDIS agreement at a cost of \$96 million, leaving our state funded services, such as our own My Place, unfunded.<sup>47</sup>

3.52 The committee heard of the importance of continuing the Personal Helpers and Mentors scheme (PHaMs) in particular to assist the transition to the NDIS for people with psychosocial illness. ACT Health supported the Commonwealth's decision to continue block funding for PHaMs, which they said would assist in the continuity of service:

With the Personal Helpers and Mentors scheme, which is one of the Commonwealth components of the transition, the Commonwealth was a very well aware of the potential risks if they simply stopped their contractual arrangements with organisations such as Rainbow prior to the phasing in of clients. So they were very responsive to those concerns. The Commonwealth has announced that they will continue that block funding so that we do not have that problem of services stopping before individuals transition in.<sup>48</sup>

### **Local Area Coordination (LAC)**

3.53 One of the general principles under the *NDIS Act 2013* ("the Act") is that 'People with disability should be supported to receive supports outside the National Disability Insurance Scheme, and be assisted to coordinate these supports with the supports provided under the National Disability Insurance Scheme.'<sup>49</sup>

3.54 Since 2013, the NDIA have been experimenting across various trial sites with the LAC models with a view to take a preferred model forward nationally. According to the Agency's last annual report (2013-14) they had looked at various options, including whether LACs would be a core NDIS function or be outsourced:

During the first 12 months of operation, several LAC models have been trialled, including LAC services being outsourced to community organisations, and the Agency directly employing all LACs. In the Hunter

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47 Mrs Lorraine Davies, Mental Illness Fellowship of Australia in NT, *Committee Hansard*, 21 July 2015, p. 21.

48 ACT Government, *Committee Hansard*, 27 March 2015, p. 45.

49 *National Disability Insurance Scheme 2013*, s. 4(14).

trial site, some LAC functions are provided through a NSW Government contract with a non-government organisation (Ability Links). The Ability Links LACs perform community linkage functions and largely work with those who are not eligible for the NDIS. In Tasmania, LAC services are contracted through the Gateway service, operated by Mission Australia and Baptcare and in Barwon and South Australia, the NDIA is responsible for directly employing all LACs.<sup>50</sup>

3.55 The committee heard in Queensland in March 2015 that the NDIA seem to have settled with a model informed by the WA LAC program. The Agency also told the committee that LACs would develop within the Information, Linkages and Capacity Building (ILC) framework. The committee was given the impression that LAC would be a core function whereby the LAC coordinators would be employed by the Agency, or in some cases, by states and territories.

[W]e will be applying an NDIA approach, which is largely informed by the Western Australian model to local area coordination...

We are currently trying to work through some of the issues we have been hearing about...around whether we have got it right in terms of our business processes, and what are the points at which we should be communicating with people, and how much of our staffing profile would be better placed to be the local area coordination profile, both the local area coordination funded under the information linkages and capacity building, and also from agency operating...<sup>51</sup>

3.56 The WA LAC program has been operating since 1988 and is based on flexible, person-centred approaches aimed at placing choice and control in the hands of people with disability, their families and carers. It also focuses on building partnerships between the government and the community sector and maintaining connections with mainstream supports and services.<sup>52</sup>

3.57 However, at the committee's hearing in Canberra in June 2015, the Agency informed the committee that they were hoping to outsource local area coordination to community organisations, and had conducted market testing to gauge the viability. The Chief Executive also referred to Tasmanian and New South Wales versions of LACs as possible models:

[T]he sourcing of the local area coordination. We have done quite a lot of work on that. We have developed a lot of details about how that will work and we are market testing, noting that it is all very aspirational to say, 'We will source it out,' and there will be all these community organisations there who may be able to deliver it; we are market testing that at the moment.

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50 National Disability Insurance Agency, *Annual Report 2013-14*, 15 October 2014, p. 55.

51 National Disability Insurance Agency, *Committee Hansard*, 13 March 2015, p. 64.

52 Disability Services Commission, *WA NDIS My Way, Frequently asked questions*, <http://www.disability.wa.gov.au/wa-ndis-my-way/wa-ndis-my-way/frequently-asked-questions/> (accessed 9 September 2014).

We have literally just finished the first round of that market testing, and the level of interest is very high. Of course, we have been operating multiple different versions of local coordination. Already in Tasmania we have Mission and Baptcare as outsourced Tasmanian government service providers. In New South Wales we have Ability Links run by St Vincent de Paul from New South Wales. It is not an unknown proposition here.

3.58 The Agency provided further information on the market testing exercise in a response to a question on notice. According to the Agency the exercise comprised a 'series of conversations' with representative organisations from the 'insurance, human services and disability support sectors to discuss views on the values and skills that would be required from the market place.'<sup>53</sup>

3.59 One of the drivers for outsourcing LACs is the levels of savings it would provide to the Agency. In March 2015 the committee was told that they would need around 9000 staff nationally.<sup>54</sup> In contrast, the Agency's evidence in June 2015 was that they had revised that figure down to 2700 staff.<sup>55</sup>

3.60 One of the potential pitfalls of outsourcing LAC services is that they would presumably be outsourced to service providers. Having providers do both was raised as a potential conflict interest. In WA, Activ Foundation accepted that there was a potential for a conflict to arise, but they argued that this is premised on the idea that providers will consider the organisation before the person. Activ suggested that this is easily negotiated by ensuring the organisation's ethos reflects the principles of the Scheme:

I think it is part of it in the sense of understanding that the potential for conflict of interest can exist. How do we deal with it? We have lots of internal discussions around where our priority lies. A part of our internal discussions is: Activ provides a lot of services around the state, and so we have breadth of service and we have breadth of spread, if you like, in terms of scope. However, we do not see ourselves as having a right or an entitlement to be the organisation that people come to, and our discussion internally—particularly in terms of choice and freedom, or choice and control, which is the underpinning principle of the NDIS...<sup>56</sup>

3.61 The MS Society, also in WA, promoted the advantages of a provider being involved in the planning as utilising the expertise and experience a provider may bring:

It is not about us as the MS Society wanting to provide everything for everybody; it is about us recognising that our staff often have a long-term relationship through health and other services that we are providing with that individual. We know about issues such as cognitive impairment, their

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53 National Disability Insurance Agency, answer to question on notice, 5 June 2015, (received 23 July 2015).

54 National Disability Insurance Agency, *Committee Hansard*, 13 March 2015, p. 64.

55 National Disability Insurance Agency, *Committee Hansard*, 5 June 2015, p. 21.

56 Mr Tony Vis, Activ Foundation, *Committee Hansard*, 8 April 2015, p. 3.

denial of their condition and the impact of that condition on their health and social relationships et cetera. We actually want to bring that expertise to the table to help inform that planning process to get the best outcome for the individual.<sup>57</sup>

### **Committee view**

3.62 The predominant sentiment and experience of the NDIS by participants to date has been positive. The committee heard a number of highly personal accounts from people about how the NDIS has transformed their lives, and the lives of those they care for. In sites where the transition is further developed, like the ACT, or where some infrastructure was already in place such as the WA NDIS My Way site, the difference in the lives of most participants has been what the committee hoped it would be.

3.63 The focus of achieving an 'ordinary life' for a person with disability is supported by stakeholders. The term represents recognition of the broad spectrum of supports that a person with disabilities needs to allow them to reach their full potential as active participants in society. As the architects of the Scheme envisaged, the approach taken is one that concentrates on how the Scheme can facilitate a person's goals, rather than an approach which concentrates on the disability. The committee continues to wholeheartedly support this principle.

3.64 The provision of reasonable and necessary supports under *ten life domains* appears well thought through, and should facilitate a holistic support infrastructure that concentrates on the barriers to an ordinary life. Likewise the recognition of the enablers of an ordinary life.

3.65 Notwithstanding the positive direction the Scheme is taking, there are implementation aspects of the Scheme that need to be improved. The overall planning process is certainly improving, but the committee found inconsistencies in the assessment and application of supports and funding across the trial sites.

3.66 The information and support required by participants in the pre-planning stage is an issue to be resolved. While the committee accepts that the role and funding of advocacy will be further defined in the context of the ILC framework, there is currently a structural gap in the support available to people before they enter the Scheme, or in the early stages of the planning process. As the Scheme enters transition there is a sharp rise in people accessing the Scheme, people being unprepared and requiring longer to complete a plan because of their unpreparedness will only exacerbate pressure on the Agency.

### **Recommendation 1**

**3.67 The committee recommends that National Disability Insurance Agency work with stakeholders to ensure that pre-planning information for potential**

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57 Ms Susan Shapland, Multiple Sclerosis Society of Western Australia, *Committee Hansard*, 9 April 2015, p. 3.

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**participants adequately provides all information required for people to make well-informed decisions about their disability care and supports.**

3.68 The committee also heard of cases where participants were unable to easily translate the description of supports and services in their plan into what they will actually look like in their lives. The terminology and bureaucratic processes such as the use of 'line items' can sometimes appear rigid and devoid of the holistic ethos of helping a person achieve the goal of leading an ordinary life.

3.69 The committee understands that progress is being made whereby supports are bundled together, and are aggregated in a way to allow for flexibility within the plans. However, this is still limited to a relatively rigid structure of support types. The committee supports greater flexibility within the plans and while it accepts that maintaining the integrity of plans is important, it would like to see a culture develop within the Agency where decisions are based on the actions of the overwhelming majority, rather than the risk that a small number would act inappropriately.

## **Recommendation 2**

**3.70 The committee recommends that risk management practices around the flexibility of supports within plans are underpinned by the principle of choice and control for participants.**

3.71 Getting the plan correct the first time reduces the burden on the Agency and allows the participant and their family and carers to activate all aspects of the plan as quickly as possible. The committee understands this will not always be possible and was pleased to hear that people are generally experiencing flexibility when it comes to amending or altering different aspects of their plan. However, there were some witnesses who said they had been told that there was a three month time limit to a review period, and after this the plan could not be altered. While there are some time limits set out in various guidance documents, and a time limit is legislated by the Act with regard to a formal request for a plan review, there is obviously some misunderstanding around this issue that needs to be clarified and communicated to the sector.

## **Recommendation 3**

**3.72 The committee recommends that the status of guidance for plan reviews is clarified and communicated consistently across National Disability Insurance Agency publications.**

3.73 The aspiration of all stakeholders in the Scheme is that participants will eventually manage their own plans to some degree. Currently the proportion of those self-managing is low at around 6 per cent in NDIA managed trial sites. The committee is hopeful that as the Scheme evolves, the confidence of participants to self-manage also increases.

3.74 The higher proportion of people self-managing in WA with My Way is indicative of a more mature system whereby people have already been in receipt of individualised care packages and this experience and knowledge has assisted them in navigating the system. That said, there were those in the NDIS My Way site who

argued for much more training and support to be able to self-manage, which may include specific assistance in IT, staff management and procurement practices.

#### **Recommendation 4**

**3.75 The committee recommends that the National Disability Insurance Agency and NDIS My Way provide access to training and technical support to those participants who want to self-manage some or all of their plans.**

3.76 The rollout of a consistent Local Area Coordination model across the country is critical in making the Scheme operate in the interests of the participant, providing an essential link between them and the service providers. There is a mature model operating in WA which has been adapted from a long term program, and the benefits of this continuity are apparent. The committee acknowledges that the WA situation is unique and therefore cannot be replicated wholesale in other states and territories, but there are specific elements of the WA LAC system that the NDIA suggested could underpin LAC models in other areas.

3.77 The committee welcomes the NDIA's flexible approach to the design of LAC models across the country. The models utilised in NSW and Tasmania where community organisations have been contracted to provide the services appears to have been successful in those areas. This approach is being further explored by the NDIA, who are looking at outsourcing LAC services to community organisations once the Scheme rolls out nationally. The NDIA informed the committee that they had conducted a market testing exercise to assess the potential and capacity of the community sector to provide LAC services. While the committee supports exploring various options for delivering these services, it recommends caution in making decisions regarding a model of service delivery on a national scale until further market testing is undertaken and the evidence base broadened.

#### **Recommendation 5**

**3.78 The committee recommends that the National Disability Insurance Agency and the Department of Social Services carry out more in-depth research to assess the viability of various Local Area Coordination delivery models before any commitment is made.**

3.79 The committee notes that certain data is not available on a regular basis in the NDIA quarterly reports. Data such as the number of providers and what service they provide by state – whether they are new providers in the sector or existing sector providers. This information helps inform the market and participants of whom, what and where services are being delivered enabling informed choices to be made by all.

# Chapter 4

## Provider issues

4.1 A particular focus for the committee in this report is the preparedness of providers to transition into a fee-for-service market. This chapter presents the committee's evidence from current and potential National Disability Insurance Scheme (NDIS) registered providers regarding the challenges and achievements they have had to date with the Scheme. The chapter commences by exploring government initiatives being progressed by the Commonwealth, National Disability Insurance Agency (NDIA) and states and territories to support sector development and targeted support. It then discusses the evidence from committee hearings and concludes with issues related to quality, safeguarding and price setting.

**Table 4.1: Current NDIS service provider characteristics and market profile**

Footprint	Allied Health	Disability Support	Disability Equipment	Plan Management	Total
National	62	69	55	34	76
State	1405	1256	1237	209	1881
Provider Type					
Australian Private Company	352	288	355	39	510
Australian Public Company	111	116	83	59	141
Family or Other trust	120	96	123	16	160
Incorporated Entity	256	289	122	100	307
Individual/Sole Trader	514	423	514	10	679
Other Private	23	25	16	8	32
Other Public	30	32	25	8	36
Partnership	61	56	54	3	92
<b>Total</b>	<b>1467</b>	<b>1325</b>	<b>1292</b>	<b>243</b>	<b>1957</b>

Source: National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 30 June March 2015, Table 1.2.5 p. 37.

4.2 The above table displays the characteristics and market profile of the current NDIS registered service providers. While the NDIS website does allow participants to find which providers operate in their area, and what services they provide, the NDIA quarterly report does not include provider numbers by state and territory.

4.3 The NDIA's eighth quarterly report notes that 96 per cent of registered providers operate in one state of territory only. Interestingly, the most common provider type is an individual or sole-traders presently at 35 per cent, followed by private companies at 28 per cent. This might suggest an increasing number of practitioners and carers opting to become providers in the Scheme. In addition, the NDIA notes that the majority of providers (84 per cent) are new in that they were not previously registered with DSS for other programs.

## Background

4.4 The challenge disability support providers face to adapt their business models to embrace the opportunities presented by the NDIS is significant. To optimise the benefits available, registered providers will need to evolve their business practices to incorporate fee-for-service market-based systems. The gradual move away from state or federal block funding will cause many organisations to rethink their service delivery models to ensure their own sustainability. Some providers will opt to remain servicing their local community with little change. While elsewhere, the sector will grow significantly to incorporate the influx of new providers to meet the demand generated by the Scheme's ethos of choice and control.

4.5 Throughout 2014 and 2015 the committee heard evidence from across the trial sites, and through submissions, that the sector is not prepared and is struggling to meet the increased demand that will materialise as the Scheme rolls out nationally. While many issues and concerns raised by providers were often unique to their particular trial site, there were also considerable commonalities identified across sites.

4.6 The unequivocal message that the committee heard from providers was of a prevailing sense of uncertainty and unease when contemplating the seismic shift required providing services sustainably under the new system.

### Sector readiness – strategic direction

4.7 In June this year the Disability Reform Council (DRC)<sup>1</sup> published its strategic vision of 'what a robust and mature NDIS market will look like and how it will function'. The *Integrated Market, Sector and Workforce Strategy* ("The Strategy") is the key framework designed to provide guidance to the NDIA, the Commonwealth and state and territory governments in implementing the NDIS.

4.8 The Strategy provides the overarching framework via a number of action plans to enable participants to exercise their choice and control to access quality supports and for providers to be able to adapt their business to innovate and provide these services.<sup>2</sup>

4.9 The disability sector has traditionally been supported, and funded through state and federal block funding arrangements which have underpinned service delivery and sector development. With the transition from these arrangements to the

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1 The Disability Reform Council oversees the trial and implementation of the NDIS and makes recommendations to Council of Australian Governments (COAG) on the transition to NDIS full scheme. Further information on the DRC is available at: <https://www.dss.gov.au/our-responsibilities/disability-and-carers/programmes-services/government-international/disability-reform-council>

2 Disability Reform Council, *Integrated Market, Sector and Workforce Strategy*, June 2015, available at: [https://www.dss.gov.au/sites/default/files/documents/07\\_2015/ndis\\_integrated\\_market\\_sector\\_and\\_workforce\\_strategy\\_june\\_2015.pdf](https://www.dss.gov.au/sites/default/files/documents/07_2015/ndis_integrated_market_sector_and_workforce_strategy_june_2015.pdf) (accessed on 28 July 2015).



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fee-for-service model, submitters expressed concern that this model alone may not be sufficient to support the sector as a whole to transition to full scheme.<sup>3</sup>

4.10 This sentiment was echoed by the Assistant Minister for Social Services, Senator the Hon Mitch Fifield when he spoke with the committee at the Canberra hearing in June, noting that there will need to be flexibility in how support is provided across the sector:

When the NDIS was first conceived by the Productivity Commission everything was spoken about in terms of individual funding, which I think the scheme should always have as its prime delivery mechanism. But there has been a bit of an evolution over time as to where and when it might be appropriate for the agency to make a contribution in another way than through an individual...I do think that we need to keep an open mind, particularly in remote areas and areas with a high Indigenous population, such as the Barkly, as to what might be better or different delivery models. A model that might work in metropolitan areas might not necessarily work in those areas. I think it is important for governments and for the agency to keep an open mind about what we might do, what flexibility there might be, in different areas.<sup>4</sup>

4.11 In preparation for the NDIS, the Council of Australian Governments (COAG) agreed to four high level principles for the NDIS. Principle 3 outlines the overarching ideals for governance arrangements and notes at 3b that in pursuing a market-based system, awareness needs to be maintained regarding variations in support for different locations and client groups while maintaining choice.<sup>5</sup>

[Governance arrangements should] maximise the benefits of a market-based approach to disability support services, including consideration of a costing structure that fosters competition and choice, and supports an individualised and localised approach and takes account of legitimate cost variations for different locations and client groups.

4.12 The Strategy is designed to outline the national policy position on the future structure of the market, the sector and its workforce, noting that achieving the twin

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3 See for example, Just Better Care, *Committee Hansard*, 27 March 2015, p. 15; DUO Services, *Committee Hansard*, 27 March 2015, p. 16; ACT Government, *Committee Hansard*, 27 March 2015, p. 45.

4 Assistant Minister for Social Services, Senator the Hon Mitch Fifield, *Committee Hansard*, 19 June 2015, p. 2.

5 Council of Australian Governments, High-level Principles for a National Disability Insurance Scheme, p. 3, available at: [https://www.coag.gov.au/sites/default/files/NDIS\\_high\\_level\\_principles.pdf](https://www.coag.gov.au/sites/default/files/NDIS_high_level_principles.pdf) (accessed 5 September 2015).

aims of consumer choice and sustainability, as outlined in Principle 3b, will be influenced by the future market structure.<sup>6</sup>

4.13 Purposefully, the Strategy seeks to support the development of the market by focussing on three key actors; consumers, suppliers and the workforce to achieve its vision and subsequently will progress efforts to:

1. enable people with disability to plan and develop goals for a life they value and to exercise choice and control over their supports
2. develop a diverse and sustainable range of suppliers
3. ensure there is a diverse and flexible workforce supply to support people with disability into the future.<sup>7</sup>

4.14 The Strategy proposes that these action plans will be advised by Industry Advisory Groups whose role will include providing:

- feedback on particular topical issues or strategies
- consultation with organisations or groups on specific issues and potential actions
- strategic advice on issues associated with the achievement of actions set out in this strategy
- guidance on how suppliers can foster innovation and collaboration and build workforce capacity and supply
- advice on effective consumer advice mechanisms to give consumers, including families and carers, a voice and meet the needs of particular groups such as Indigenous people with disability and people with mental health conditions.<sup>8</sup>

4.15 The Strategy acknowledges and hopes to leverage off the existing work of states and territories in assisting the sector prepare for full scheme.<sup>9</sup>

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- 6 Disability Reform Council, *Integrated Market, Sector and Workforce Strategy*, June 2015, p. 7, available at: [https://www.dss.gov.au/sites/default/files/documents/07\\_2015/ndis\\_integrated\\_market\\_sector\\_and\\_workforce\\_strategy\\_june\\_2015.pdf](https://www.dss.gov.au/sites/default/files/documents/07_2015/ndis_integrated_market_sector_and_workforce_strategy_june_2015.pdf) (accessed on 28 July 2015).
- 7 Disability Reform Council, *Integrated Market, Sector and Workforce Strategy*, June 2015, p. 6, available at: [https://www.dss.gov.au/sites/default/files/documents/07\\_2015/ndis\\_integrated\\_market\\_sector\\_and\\_workforce\\_strategy\\_june\\_2015.pdf](https://www.dss.gov.au/sites/default/files/documents/07_2015/ndis_integrated_market_sector_and_workforce_strategy_june_2015.pdf) (accessed on 28 July 2015).
- 8 Disability Reform Council, *Integrated Market, Sector and Workforce Strategy*, June 2015, p. 6, available at: [https://www.dss.gov.au/sites/default/files/documents/07\\_2015/ndis\\_integrated\\_market\\_sector\\_and\\_workforce\\_strategy\\_june\\_2015.pdf](https://www.dss.gov.au/sites/default/files/documents/07_2015/ndis_integrated_market_sector_and_workforce_strategy_june_2015.pdf) (accessed on 28 July 2015).
- 9 Disability Reform Council, *Integrated Market, Sector and Workforce Strategy*, June 2015, p. 16, available at: [https://www.dss.gov.au/sites/default/files/documents/07\\_2015/ndis\\_integrated\\_market\\_sector\\_and\\_workforce\\_strategy\\_june\\_2015.pdf](https://www.dss.gov.au/sites/default/files/documents/07_2015/ndis_integrated_market_sector_and_workforce_strategy_june_2015.pdf) (accessed on 28 July 2015).

4.16 The key areas of action outlined in the Strategy will be managed mostly by the NDIA on the ground and supplemented by federal, state and territory governments. All of these activities may be supported by the Sector Development Fund (SDF) which the Government transferred back to DSS as part of the 2015-16 Budget deliberations.<sup>10</sup>

4.17 Policy responsibility to develop support for the sector and the market to ensure effective transition will now rest with DSS and DRC.

### **Sector Development Fund**

4.18 The Sector Development Fund (SDF) was established and run by DSS during 2012–13. The Department determined the initial outcomes and priorities for the fund in consultation with state and territory governments.

4.19 The SDF guidelines state that the program aim is:

to support the market, sector and workforce to transition to the new NDIS operational environment of full scheme by funding activities that assist individuals and organisations so:

- there is an efficient, responsive and innovative market that meets the diverse needs of people with disability and their families
- people with disability are able to effectively exercise choice and control to shape the nature of the market.

The [SDF program] strategy ensures projects do not duplicate any activity previously or currently funded by State or Territory governments or the projects managed by the Department.<sup>11</sup>

4.20 As illustrated by the evidence the committee received across the country, the preparation for the transition from current funding and administration arrangements to the NDIS model is a fundamental task for the Scheme. This preparation is as important in areas that have yet to enter the Scheme, such as Queensland, as it is in areas where trial sites are currently operating. To assist in this transition, the NDIA, DSS and jurisdictions are supporting initiatives under the Strategy to help providers prepare their businesses for transition. The SDF underpins many of these programs.

4.21 Disability services delivered through the grant and block funding model are mostly designed and delivered on a one-size fits all basis, rather than to the needs of the single individual. Under the NDIS the needs of the participant are meant to drive service delivery, and providers will have to adapt and work under a fee-for-service purchaser/provider model to enable people with disabilities to exercise their choice

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10 NDIA, answer to written questions on notice, *NDIA SQ15-000006*, February 2015 (received 15 April 2015).

11 Department of Social Services, *Sector Development Fund - Strategy and operational guidelines*, June 2015, p. 5.

and control over which services they receive. The SDF focus is to support providers undertake this transition.<sup>12</sup>

4.22 According to DSS, this will require a significant effort because a 'substantial proportion of existing service providers are unlikely to operate effectively in the new environment without significant transformation.'<sup>13</sup>

### ***Sector development spending***

4.23 The SDF guidelines state that the funding profile for the SDF is:

...approximately \$146 million...set aside...from 2012–13 to 2016–17.<sup>14</sup>

4.24 The guidelines note that 'each state and territory was provided with SDF funding to undertake sector development activities tailored to each jurisdiction's unique market environment in preparation for trial and full scheme commencement.' Currently, DSS note, '\$19.5 million has been or will be provided to the state and territory governments for their own activities.'<sup>15</sup>

4.25 Figures provided by the NDIA at Additional Estimates 2014-15 show that a total of \$46.16 million had been expended or contracted to date. Of this amount the states and territories have received grants totalling just over \$19.1 million.<sup>16</sup> These funds have been allocated to support particular projects, or as specified in memoranda of understanding between the state or territory and the NDIA as shown in Table 4.2:

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12 Department of Social Services, *Sector Development Fund - Strategy and operational guidelines*, June 2015, p. 5.

13 Department of Social Services, *Sector Development Fund - Strategy and operational guidelines*, June 2015, p. 6.

14 Department of Social Services, *Sector Development Fund - Strategy and operational guidelines*, June 2015, p. 6.

15 Department of Social Services, *Sector Development Fund - Strategy and operational guidelines*, June 2015, p. 6.

16 NDIA, answer to written questions on notice, *NDIA SQ15-000006, Attachment A*, February 2015 (received 15 April 2015).

**Table 4.2: Sector development funds to states and territories<sup>17</sup>**

<b>State/ Territory Government</b>	<b>Amount</b>
ACT Government – MOU (Tier 2 funding)	\$3,700,000
ACT Government – MOU	\$12,000,000*
New South Wales Government	\$500,000
Queensland Government – MOU	\$500,000
Victorian Government	\$500,000
Northern Territory Government	\$500,000
South Australian Government	\$490,000
Western Australian Government	\$500,000
Tasmanian Government	\$455,000

\*Including \$1,270,270 not yet included in the MOU

4.26 In addition to the SDF support, states and territories are committing funds to assist the sector increase its readiness. For example, the committee heard that on top of \$70 000 contributed by the NDIA through the SDF, the Queensland Government provided an additional \$280 000 to National Disability Services to engage providers in readiness workshops.<sup>18</sup>

An allocation of those dollars was for NDIS readiness for the disability sector, and it was divided between people with disability, their families and providers. Part of that was the development of a business development package, and I was managing that project at the time, so we have that available to the whole of the community services sector, not just disability, and in 2013 and early 2014 we ran a whole range of NDIS readiness workshops and things like that. That covers that initiative, which ended in June last year. The state government funded NDIS an allocation of money—\$280,000—to provide one-to-one support to disability service providers in 2014-15. It is a fairly prescriptive piece of work running so many workshops—14 workshops across the state—and then some one-to-one support to assist providers to do their own self-assessment work, if you like, around readiness.<sup>19</sup>

4.27 The committee heard that the total allocation Queensland had received from the SDF as of March 2015 was \$500 000. Queensland Government representatives told the committee that they anticipated receiving around 20 per cent of the total funds available in the SDF [\$146 million],<sup>20</sup> which would mean that the state would expect to receive around \$30 million.

17 NDIA, answer to written questions on notice, *NDIA SQ15-000006, Attachment A*, February 2015 (received 15 April 2015).

18 Ms Lisa Fraser, National Disability Services, *Committee Hansard*, 13 March 2015, p. 32.

19 Ms Lisa Fraser, National Disability Services, *Committee Hansard*, 13 March 2015, p. 32.

20 Mr Tony Hayes, Department of Communities, Child Safety and Disability Services, *Committee Hansard*, 13 March 2015, p. 52.

But bringing out serious investment in the sector needs to come from that sector development fund.<sup>21</sup>

### ***Sector development fund design***

4.27 The SDF is expected to deliver a number of outcomes and is designed to address supply and demand issues in the Scheme. There are five primary outcomes and two secondary outcomes.

#### Primary outcomes

- Outcome 1 – Building community capacity and engagement
- Outcome 2 – Increasing individual capacity and increasing new forms of support
- Outcome 3 – Building disability sector capacity and service provider readiness
- Outcome 4 – Expansion and diversification of the workforce
- Outcome 5 – Building the evidence base

#### Secondary outcomes

The secondary outcomes are designed to underpin all the outcomes:

- Outcome A – Emerging priorities and innovation
- Outcome B – Quality and safeguards

4.28 Primary Outcome 1 is designed to support projects that build community capacity to support the transition to full scheme. This will include funding projects that increase community awareness and acceptance of the Scheme.

4.29 Outcome 2 is focussed on increasing the capacity of people with disability and their families to exercise their right under the Scheme to choice and control of service provision. To do this effectively, individuals and their families and carers will need to be supported to access and engage the market for the supports they require. The SDF will therefore consider applications that:

- Improve understanding of the operation of the NDIS and the principles which underpin it.
- Build the capacity of people with disability and their families to exercise choice and control.
- Encourage and enable people with disability to move towards greater independence, self-management and meaningful community inclusion.
- Encourage innovation in the way supports are delivered or can be accessed.<sup>22</sup>

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21 Mr Tony Hayes, Department of Communities, Child Safety and Disability Services, *Committee Hansard*, 13 March 2015, p. 52.

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4.30 Outcome 3 concentrates on the development of the market, and increasing the capacity and readiness of the sector to meet the demands for full scheme. There are many facets involved in the development of a market, from support for existing providers in areas such as training and assistance with business development. The SDF emphasises the limits of government in developing the market, and instead offers support to providers themselves to develop this capacity and innovation. Providers will be supported in projects that:

- Develop the capacity of existing providers to transition to the NDIS in the short term and to develop business models responsive to individualised funding in the medium term to contribute to scheme sustainability.
- Improved organisational capacity to understand and respond to changing consumer demand.
- Improved organisational understanding of cost structures, cash flows, costs models to ensure adaptation to individualised funding.
- Development and promotion of models of shared service to ensure economies of scale.
- Examine and support innovative approaches to disability support, particularly for accommodation supports.
- Cross sector areas including Indigenous/rural/remote, health, ageing and education.<sup>23</sup>

4.31 Outcome 4 concentrates on expanding the workforce required to service the Scheme. According to DSS the workforce will need to double to 162 100 FTEs, and will need to be more flexible to work in a person-centred environment. Specific focus under this outcome will be on projects that look to increase the supply of allied health professionals and workforce levels in rural and regional Australia. Projects that may be funded include those that:

- Examine and implement strategies to ensure growth of the workforce.
- Examine and implement strategies to ensure current and new care workers are attracted to diverse and flexible opportunities
- Design and test new work roles and related models of supervision, enable the more flexible use of the workforce and enable improved outcomes through the use of technology.
- Examine and support mechanisms to ensure workforce planning and supply – such as how to support existing providers to undertake

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22 Department of Social Services, *Sector Development Fund - Strategy and operational guidelines*, June 2015, p. 8.

23 Department of Social Services, *Sector Development Fund - Strategy and operational guidelines*, June 2015, pp 9–10.

effective planning and efficient workforce use, and how to encourage innovation and change.

- Examine means of driving and shaping demand by building the capacity of people with disability and their families to become active, engaged and assertive consumers
- Provide on the ground support to assist providers and their workforce to transition successfully.<sup>24</sup>

4.32 Finally, Outcome 5 looks to support projects that increase the evidence base to allow governments and organisations to make informed decisions around the expansion of the sector. The SDF will therefore consider projects that:

- Invest in developing quality data sources and streams for people with disability, service organisations and the governments.
- Ensure that information on demand/population and service data is available to providers or prospective providers to highlight market opportunity and support strategic provider investment in specific market segments.<sup>25</sup>

4.33 The secondary outcomes are 'Emerging priorities and innovation' and 'Quality and safeguards'. As indicated, these two outcomes cut across and underpin the other outcomes. The first of the secondary outcomes is intended to facilitate learning across the sector from the transition phase and allow innovative ideas and practices to be shared. The committee notes that funding for this under the SDF will be similar to the earlier Practical Design Fund.

4.34 The last secondary outcome focusses on ensuring that new quality and safeguards dovetail with a new national quality and safeguarding framework for the Scheme that is currently being negotiated across all jurisdictions. It is noted that SDF may provide funding to projects that advance this exercise.

4.35 The committee notes the Strategy and the SDF and their role in providing both the policy framework and the financial support. The committee also encourages the jurisdictions to maintain their additional support to assist in ensuring providers are able to navigate the transition to full scheme successfully.

### **Transition assistance for existing providers**

4.36 This section commences the committee's discussion and examination regarding the evidence it took from hearings and submissions related to the providers and market development. While noting the above Strategy and SDF, a key concern of the committee and focus for the transition period is how the market is actually being developed to support the Scheme.

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24 Department of Social Services, *Sector Development Fund - Strategy and operational guidelines*, June 2015, p. 10.

25 Department of Social Services, *Sector Development Fund - Strategy and operational guidelines*, June, 2015, p. 10.



4.37 The Strategy's Action Area 2 – *Developing a diverse and sustainable range of suppliers* is tasked with addressing this issue. The key areas of action reflect many of the issues raised by the sector and providers with the committee as part of its evidence gathering process. The action areas and the evidence that the committee has received over the last year is considered in the following sections.

### ***Provider capacity concerns***

4.38 The committee heard from a number of witnesses across the country that were concerned about the scale of the task and the resources that might be required to achieve the transition. At the committee's Brisbane hearing, National Disability Services (NDS) in Queensland voiced concerns of their member organisations that they do not have the resources required for the transition without impacting directly on service delivery:

The other commentary that was being made was that there is a range of resources that we require to be able to do this complex change...What they were saying to me was that we have got a range of resources that were built up over time, but we actually provide that resource into a service delivery. That is our aim. We have got a mission; mission is important and quality is important. We spend our money on that and we do not have a lot of resource left over to make the sorts of significant changes—probably changes that we will never see again in our lifetimes—to be able to design our business models differently.<sup>26</sup>

4.39 NDS argued that disability services in Queensland have not been resourced adequately to enable them to build a reserve that would allow organisations to adapt their business models. Consequently, the transition will need to be funded from outside the organisations:

We have tried to use the current resources in this state, which are inappropriate and, to be quite frank with you, its not enough to be able to make these significant changes across our whole organisation, to manage the change effectively... We need the government, state and federal, to stump up efficient and effective resources so that we can actually change our business models to a very different business model from what we are used to. We are a very strong sector. We have, we believe, a very secure future. But we need information and we need some resources to help us to manage that. We are the heart of the market.<sup>27</sup>

4.40 Koomarri, a service provider in the ACT, informed the committee of their \$500 000 investment in IT and infrastructure to prepare for the new business environment under the NDIS. However, they also highlighted the difficulty organisations face in retaining reserves to invest, intimating that often they are compelled to return funds in the event of underspends:

We have invested \$500,000 in IT and infrastructure in the last 12 months to enable us to be able to operate in this new environment. If we have

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26 Mr Richard Nelson, National Disability Services, *Committee Hansard*, 13 March 2015, p. 31.

27 Mr Richard Nelson, National Disability Services, *Committee Hansard*, 13 March 2015, p. 31.

reserves, that is great. We are not an organisation that has previously been focused on retaining reserves—in fact, we have always handed it back in lots of cases because that is the nature of how we were created.<sup>28</sup>

4.41 The Autism Association operating in Perth also contended that while providers themselves are investing heavily in the transition process, this is currently unfunded and unsustainable in the long run:

I do not think it is sustainable in the long term. Some of those families require 15 to 25 hours of support to transition into the meeting with the planner. We have had the Autism Advisor Program in the Autism Association, so we have been working with families for a long time to understand what they actually need to develop their capacity to link into local community supports and to understand different funding models. I just wanted to make the point that there is a lot of work being done at the provider end to support families to transition to the NDIS.<sup>29</sup>

### ***ACT Government approach***

4.42 The committee heard that the ACT Government have developed a range of options to assist providers with their transition to the Scheme. These include a number of grant programmes as well as tender process for coordination services to 'build their NDIS readiness'.<sup>30</sup>

4.43 This approach has caused some controversy with ACT service providers. Focus ACT acknowledged the ACT Government's intent in supporting service providers but asked for greater flexibility in how support was provided:

Government does not want disability support providers to fail during the NDIS transition. However, providers are concerned that the ACT government's proposed tender for NDIS will adversely impact on the capacity or willingness of government support to organisations...We are asking for greater flexibility. Many organisations are at different stages of their transition and so, rather than having the ACT government decide what they will and will not fund, we want flexibility to use that funding to make those changes.<sup>31</sup>

4.44 The ACT Government explained that one of the tender processes was established to provide block funding to organisations to manage the transition of early intervention services out of mainstream education services.<sup>32</sup> The successful six tenderers were announced in September 2014 to provide a range of services previously delivered by the ACT Government.

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28 Ms Miranda Garnett, Koomarri, *Committee Hansard*, 27 March 2015, p. 6.

29 Ms Tasha Alach, Autism Association, *Committee Hansard*, 9 April 2015, p. 18.

30 ACT Government, *National Disability Insurance Scheme, Latest News*, available at: [http://www.communityservices.act.gov.au/disability\\_act/national\\_disability\\_insurance\\_scheme](http://www.communityservices.act.gov.au/disability_act/national_disability_insurance_scheme) (accessed on 4 August 2015).

31 Mrs Tina Siver, Focus ACT, *Committee Hansard*, 27 March 2015, p. 2.

32 Mrs Tina Siver, Focus ACT, *Committee Hansard*, 27 March 2015, p. 43.

4.45 The ACT Government outlined that they had distributed two rounds of sector development grants; one to assist providers transition to a fee-for-service model and another focussed on maintaining existing services and developing a market to prevent gaps in service:

We had two separate packages of business development. The first one was a small package of \$20,000 per provider...which enabled them to get consultancy advice on their current business state and were given advice on how to transform themselves from a not-for-profit provider into a business that could move on a fee for service basis.<sup>33</sup>

...Then we had a smaller range of \$50,000 packages where we had an assessment panel...The assessment panel looked at the reasons that organisations said that they required the funding. Most particularly, those organisations had to already be a provider of disability services, because we needed to maintain a market...to make sure that we did not lose some of our service provision. We were also looking to encourage services that were prepared to extend out into areas where there were market gaps.<sup>34</sup>

#### *Assessment and therapy issues in WA*

4.46 The initial problems in transferring mainstream services to NDIS providers are also apparent in WA. Therapy Focus told the committee of their experience in trying to assess the business potential for providing their services under both MyWay and the NDIS. According to Mr Williams, the Regional Manager for Therapy Focus, there are structural issues with how MyWay assesses participants. MyWay currently does not include an assessment component in their plan, making it difficult for service providers to know what the need is and what services might be required:

Our understanding of the way the My Way coordination happens down here is that there is no assessment facility within the planning for therapy. The people will come into the My Way planning and I guess they might identify that they have certain needs, but then there is not that capacity for an assessment component. In our discussions with participants, we are not quite sure how they end up with therapy in their plan. Again, that makes it quite difficult for us to scope the business potential.<sup>35</sup>

4.47 Dr Chalmers from the WA Government explained that the therapy assessments in regional WA are currently managed by the health department rather than the disability services commission, but they will gradually be transitioned into MyWay plans:

[A]t this point, we are in heavy-duty transition mode from those individuals, children and adults, from the health department across into these plans and we are working on that. We probably have a couple of

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33 ACT Government, *Committee Hansard*, 27 March 2015, p. 44.

34 ACT Government, *Committee Hansard*, 27 March 2015, p. 44.

35 Mr Evan Williams, Therapy Focus, *Committee Hansard*, 8 April 2015, p. 7.

hundred still to go. That is a transition issue. There will be no difference between the Perth metro area and the regional areas of WA.<sup>36</sup>

4.48 Despite these assurances, there remained an element of confusion over which body is responsible for the provision of assessment and inclusion of therapy in a participant's plan. Ms Dawn Brodie from the Ability Centre recounted her experience with MyWay coordinators who told her that assessments, and therapy services were going to continue to be delivered by the Western Australian Country Health Service (WACHS) and not through MyWay:

We are one of the organisations who are trying to set up therapy services down in the lower south-west and one of the 35 that have been alluded to. We are finding it very difficult to do this because, in the early phases, there were no therapy goals in the plans. The reason there were no therapy goals in the plans, we were told, was that the My Way coordinators had the impression that all the therapy services were going to carry on through the Western Australian Country Health Service and the regional therapy team.<sup>37</sup>

4.49 Moreover, Ms Brodie suggested that there was confusion about which organisations would provide therapy, even if it was included in a MyWay plan:

I think there is an additional issue, in that what we are finding with WACHS is that sometimes, for example, if a child needs to have speech pathology services, instead of going to organisations that may have already been providing some of these therapy supports, WACHS is actually going to private practices for speech pathology—hence, outside of the My Way therapy-providing organisations.<sup>38</sup>

4.50 In response to the committee's request to clarify the assessment and therapy situation in WA, WA's Disability Services Commission (DSC) reiterated their evidence in the hearing, that while the majority of assessment and therapy are currently delivered through WACHS, the intention is for them to be transitioned to MyWay service providers. However, DSC maintained that all therapy contained in plans that is not delivered by WACHS is going through registered MyWay providers.<sup>39</sup>

### ***Sector readiness in Queensland***

4.51 In Queensland the committee heard from a number of providers who were also looking for increased certainty, particularly the timeframe for the rollout of the Scheme. Montrose Access, who provide a number of therapy and respite services, were concerned that without further details around the rollout dates they would find it very difficult to prepare adequately to provide the services required:

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36 Western Australia Disability Services Commission, *Committee Hansard*, 8 April 2015, p. 7.

37 Ms Dawn Brodie, Ability Centre, *Committee Hansard*, 8 April 2015, p. 9.

38 Ms Dawn Brodie, Ability Centre, *Committee Hansard*, 8 April 2015, p. 9.

39 WA Disability Services Commission, answer to question on notice, received 29 May 2015.

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The first issue is having certainty about the rollout in Queensland. As I mentioned, we have got a good plan but, without the certainty around time lines, the nature of trials and potential cohorts, it is very, very difficult for us to put in place, with the degree of certainty that is necessary to ensure that we will be as responsive as the NDIS requires, and can ensure that we set up sustainable business operations for the future.<sup>40</sup>

4.52 Townsend Buses in Queensland provide school bus services to students with disabilities across the South-East of the state. They submitted to the inquiry their concerns about the impact the NDIS would have on their business, particularly as decisions over whether transporting children with disabilities would fall under the purview of the NDIS, or whether it would remain the responsibility of mainstream state government departments:

Our concerns were raised late last year, when we were made aware that the NDIS could affect our contracts and how the students would get to school in an open market situation. Previously, we were under the impression that the NDIS would not be part of the funding of the transport of students with disabilities, but that, as far as we know, is still to be decided.<sup>41</sup>

4.53 In response to the evidence around the uncertainty of the Queensland approach to the Scheme, the Queensland Government expressed its strong support for the NDIS and outlined the plans they already had in place to facilitate the state's entry into the Scheme:

Without a doubt, the Queensland government is absolutely fully committed to the scheme and, indeed, will roll out the NDIS with the Commonwealth by 2019... We have broken our work up into a number of different planks or domains of work. One is about 'whole of government' preparedness; one is about data readiness, which is very important for the scheme going forward; one is departmental readiness, which is our department; and there is also workforce readiness, provider readiness, participant readiness—and overlaying that with a stakeholder engagement communication strategy going forward.<sup>42</sup>

4.54 On the specific issue of provider readiness, Mr Hayes from the Department of Communities, Child Safety and Disability Services in Queensland described the issue for them in transforming the way service providers will be expected to do business when the Scheme rolls out:

I will go on to provider readiness. They are all important pieces, but this one is important to the extent that the shift and the change for providers in terms of the funding arrangements—from being money in advance, in terms of the way grants were paid, to now being more of a claiming model with

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40 Professor Linda Apelt, Montrose Access, *Committee Hansard*, 13 March 2015, p. 38.

41 Mr John Townsend, Townsend Buses, *Committee Hansard*, 13 March 2015, p. 41.

42 Queensland Government, *Committee Hansard*, 13 March 2015, p. 49.

retrospective payments, usually a fortnight in arrears. It is a very different business concept.<sup>43</sup>

4.55 Mr Hayes provided examples of some of the things the government were doing to assist the transition, as well as emphasising the importance of the Sector Development Fund in facilitating this:

We have had NDS and the Health and Community Services Workforce Council working around self-assessment tools, organisational development training modules and business development resources, about how to run the NGOs in a more businesslike manner...In addition to that we have got some work with the Nous group who have actually been assisting us to look at the different switch and the way the model will work now—the different expectations that clients will have, in the new model, of the provider and preparing them for those dynamics, which are quite different to what has been historically. Those tools and methods will be finalised very shortly.

We see that the sector development fund is a very important feature of bringing the sector with us, ensuring that they are well prepared.<sup>44</sup>

### **Indicators and approaches to ensure supply of supports in critical areas**

4.56 The Department of Social Services' *Integrated Market, Sector and Workforce Strategy* tasks the NDIA with building a robust framework to monitor local sector capacity, including the development of indicators of supply gaps. This will encompass dedicated provision for 'better or different delivery models' for specific cohorts in trial sites and local areas. Such cohorts include Indigenous and culturally and linguistically diverse (CALD) people with disabilities and rural and remote areas as mentioned by Minister Fifield.<sup>45</sup> The committee also notes the recent report from the NDIS Independent Advisory Council in response to Recommendation 2 of the committee's 2014 report. The report looks specifically at gaps in service across a number of areas and sets out the current work being undertaken to address those gaps.<sup>46</sup>

4.57 The importance of advocacy for people from Indigenous and CALD communities was raised a number of times by advocacy groups across the country. Amparo Advocacy, who operate in Queensland, told the committee that there is a failure of current disability support systems for CALD communities and that this can be attributed to the lack of culturally specific access assistance, thereby excluding already marginalised communities:

The majority of individuals that we work with and assist are from a refugee background where they and their families are experiencing multiple and

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43 Queensland Government, *Committee Hansard*, 13 March 2015, p. 52.

44 Queensland Government, *Committee Hansard*, 13 March 2015, p. 52.

45 Assistant Minister for Social Services, Senator the Hon Mitch Fifield, *Committee Hansard*, 19 June 2015, p. 2.

46 NDIS, Independent Advisory Council, *Response to the Joint Standing Committee on the National Disability Insurance Scheme on gaps in service*.

complex layers of disadvantage. They are often marginalised and not accessing mainstream or disability-specific services until their circumstances reach a point of crisis. A major reason for this is the failure of the disability and mainstream services to develop cultural competence at all levels of service delivery and to embrace the principles of substantive equality and non-discrimination. The concept of disability and the operation of Australian systems such as Disability Services are often unfamiliar and not understood by people from CALD backgrounds, those from new and emerging communities.<sup>47</sup>

4.58 Amparo continued that they would like to see 'targets set by the NDIA for participation rates' and adopt 'specific strategies to ensure those target rates for participation are people from CALD backgrounds in the NDIS.'<sup>48</sup>

4.59 The First Peoples Disability Network (FPDN) questioned the assumptions around access to the Scheme for Indigenous people and how the Scheme was being designed on the back of these assumptions. From an Indigenous perspective, FPDN agreed with Amparo on the need for equity and access targets:

We think the approach taken at present is the assumption that people are fully aware of what is going on and they know the system, so a lot of the indicators they are looking at are addressing that. But they are not actually looking at the fundamental issue around access to the scheme in the first place. That is a big gap, and, if you look at how they are going about this quality assurance process, you need to build in at the start some equity and access targets. A lot of work has been done in our sector on building access targets through Indigenous working groups, but that has been suspended.<sup>49</sup>

4.60 FPDN recommended that a solid research base be funded to inform assumptions that underpin targets for Aboriginal and Torres Strait Islander people with disabilities:

The lack of good data and research on Aboriginal disabilities makes it very difficult to come up with the perfect target from the outset; however, to get a sense of where we are compared to where we should be, we can calculate a starting benchmark based on the proportion of people with disability who are Aboriginal or Torres Strait Islander.<sup>50</sup>

4.61 The committee heard that CALD and people from Non-English Speaking Backgrounds (NESB) were underrepresented in the current numbers transitioning into the Scheme. The National Ethnic Disability Alliance (NEDA) estimated that around 25 per cent of current participants should be people from CALD and NESB communities, but the current number is closer to three or four per cent:

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47 Ms Maureen Fordyce, Amparo Advocacy, *Committee Hansard*, 13 March 2015, p. 5.

48 Ms Maureen Fordyce, Amparo Advocacy, *Committee Hansard*, 13 March 2015, p. 6.

49 Mr Scott Avery, First Peoples Disability Network, *Committee Hansard*, 27 March 2015, p. 74.

50 Mr Scott Avery, First Peoples Disability Network, *Committee Hansard*, 19 June 2015, p. 14.

[T]he current statistics with regard to CALD and NESB people is that, of all the people who have transitioned into the NDIS so far, only three to four per cent are from a CALD or NESB community or background, when it should be around 25 per cent. CALD and NESB people are not taking up the NDIS, and the reason is that the message is not getting through to them. We have been saying for a long, long time that the NDIA have to really develop a strategy to engage the CALD and NESB community.<sup>51</sup>

4.62 The most recent, [eighth] NDIA Quarterly Report notes that:

Of the 19,817 active and inactive participants, 17,303 have received an approved plan. Of the participants with approved plans, 4% are Aboriginal and/or Torres Strait Islander and 4% Culturally and Linguistically Diverse (CALD).<sup>52</sup>

4.63 The report also notes that:

There has been an increase in the number of Aboriginal and/or Torres Strait Islander participants in the scheme across all trial sites in the June 2015 quarter compared with the March 2015 quarter (with the exception of a slight reduction in the Australian Capital Territory trial site) – some of this increase is likely to be due to improved reporting.<sup>53</sup>

4.64 The NDIA has noted in a number of its quarterly reports that there are fewer than expected Indigenous participants registered in the trials sites. One reason for this relates to a data identifier for Indigenous status that has not been filled out in a significant number of NDIS records—the Agency notes that this is slowly being rectified.

4.65 While there is under reporting of Indigenous participants, FPDN also contend there is underrepresentation in the actual forecasting of Indigenous numbers for the Scheme. FPDN translated the impact of this underrepresentation into actual costs. Mr Griffis from the Network estimated that nationally, Indigenous people make up 5.1 per cent of the total Australian population with a disability. This translates to expenditure in the region of \$1.1 billion once the Scheme is fully operational,<sup>54</sup> and does not take into account the recognised issue with underreporting of disability within Indigenous communities which has serious financial consequences if not ameliorated:

That is not a perfect figure, because we have the underreporting on disability to deal with too. Not only does this illustrate how significant Aboriginal disability is; it also represents the size of the financial risk of the

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51 Mr Dwayne Cranfield, National Ethnic Disability Alliance, *Committee Hansard*, 27 March 2015, p. 75.

52 National Disability Insurance Agency, *8<sup>th</sup> Quarterly Report to COAG Disability Reform Council*, 30 June 2015, p. 18.

53 National Disability Insurance Agency, *8<sup>th</sup> Quarterly Report to COAG Disability Reform Council*, 30 June 2015, p. 18.

54 Mr Damian Griffis, First Peoples Disability Network, *Committee Hansard*, 19 June 2015, p. 15.



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scheme, if strategies are not addressed from the very outset for Aboriginal and Torres Strait Islander people.<sup>55</sup>

4.66 FPDN and others also questioned the veracity of the estimates of the numbers of people with a disability in the Barkly trial site, contending the actual figures could be almost five times more than the NT Government's figures:

With regard to the NT, as we have mentioned before, our concern there is about to under-reporting of disability. The data that has been presented from the Northern Territory, we would argue with very significantly. We would say that, at full launch within the Barkly, there would be at least 230 Aboriginal people that should qualify for the scheme—not the figure of 50 or so that gets mentioned.<sup>56</sup>

4.67 Providers in the Barkly region also suggested that the final number of participants would exceed the current estimates. When asked what the final figure could be in the region, Mr Whatley from Darrin's Mechanical Repairs, responded that it could exceed 300 people:

That is with all the communities and the main support of getting out to them in a timely period and the access into the township of Tennant Creek. In excess of 300. We set a good boundary at 150. The NDIS did. It sits just over 50 at the present stage, with a lot more work. But these care plans are not taken likely and they do not happen overnight.<sup>57</sup>

4.68 Anecdotal evidence taken in Tennant Creek from different Indigenous community groups suggested that the numbers could be double Mr Whatley's estimation.

4.69 The Minister for Disability Services, the Hon. John Elferink, gave evidence to the committee and was adamant that the NT Government's figures were accurate. The NT Government estimates that by full roll out the Barkly region will have between 56-60 people in the Scheme. However, the Minister was concerned that the NDIA had found an additional 18 people who had identified as disabled and were not previously considered as such by the NT Government:

One of the things that I noticed that the NDIA did was actually go out and harvest another 18, which we did not know about. I am not quite sure how you go and harvest people with disabilities who, up to that point, were not describing themselves as disabled.<sup>58</sup>

4.70 In response to the Minister's claim that an additional 18 people had been 'harvested', the NDIA stated that the people had been identified as requiring disability supports through engagement with local communities and stakeholders in the Barkly region:

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55 Mr Damian Griffis, First Peoples Disability Network, *Committee Hansard*, 19 June 2015, p. 15.

56 Mr Damian Griffis, First Peoples Disability Network, *Committee Hansard*, 19 June 2015, p. 15.

57 Mr Darrin Whatley, Darrin's Mechanical Repairs, *Committee Hansard*, 21 July 2015, p. 8.

58 Hon. John Elferink, Minister for Disability Services, NT Government, *Committee Hansard*, 21 July 2015, p. 29.

We have engaged across the Barkly trial site, in Tennant Creek and the eight other more remote communities across the Barkly. We have engaged with those communities, with traditional owners, with providers, with local government there and with education. Through that process and through raising the awareness of the scheme—leaving aside the challenges of that—we have brought in those additional people. If you look at the proportion of children who have come into the scheme, certainly we have done quite a lot of work there under the early-intervention provisions of the scheme.<sup>59</sup>

4.71 One of the core principles of the NDIS, the focus on the individual, was questioned in relation to how effectively it can be applied in Indigenous communities where family and the wider community tend to be intimately involved in many aspects of a person's life. Queenslanders with Disability Network suggested more work needs to be done in remote Indigenous communities around issues like these:

Issues that Indigenous people have raised with us, or Indigenous people with disabilities and their families have raised, come around core NDIS concepts such as the NDIS's focus on the individual and their needs and individual choices and control in decision making. In many Indigenous communities, especially rural and remote communities, the focus is upon the person as part of the family and the community, and the discussion is a community discussion, not necessarily one solely with the person.<sup>60</sup>

4.72 The ACT Disability and Aged and Carer Advocacy Service reported a significant difference in the outcomes of the NDIS planning process in the ACT if clients from Indigenous and CALD communities had an advocate supporting them through the process, particularly around language:

A comment was made by the person sitting behind me about new language that families and individuals do not necessarily understand or are comfortable using. That creates a significant barrier for people to argue their case effectively...Those issues about the language can pose significant barriers to people's feelings of confidence and empowerment in the system. We are also finding that particularly for our CALD and Indigenous clients having an advocate supporting them through the planning process has made a big difference to the outcomes.<sup>61</sup>

4.73 The Queensland Government explained that they are working with remote Indigenous communities and had engaged Pricewaterhousecoopers to develop an engagement plan for the NDIS. The Queensland Government noted that they would be acting on that engagement plan on top of the general engagement they have with those communities:

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59 Ms Anne Skordis, National Disability Insurance Agency, *Committee Hansard*, 21 July 2015, p. 33.

60 Ms Paige Armstrong, Queenslanders with Disability Network, *Committee Hansard*, 13 March 2015, p. 27.

61 Mrs Fiona May, ACT Disability and Aged and Carer Advocacy Service, *Committee Hansard*, 13 March 2015, p. 28.

We had Pricewaterhouse come in and assist us with some service engagement models, et cetera, and what comes with that is an engagement model. We are about to work with the LACs in those areas to then work through a process of connecting to those communities progressively over the next six months with a view to elevating the presence and the knowledge in those hard-to-get-to communities and hard-to-get-to cohorts.

The body of work that sits over the top of that general communication into the discrete communities is this work that we worked through about developing engagement models for Indigenous communities, but also rural and remote communities.<sup>62</sup>

4.74 The FPDN raised the issue of the an Indigenous Reference Group which they say has been promised, but has yet to be realised:

[T]here were plans to establish an Indigenous reference group under the scheme, and we have been waiting probably for six months for that to happen. We keep being reassured that it will happen. There is a rural and remote committee and we do have representation on that, but for obvious reasons we need a stand-alone committee that sits separately from that. There has been talk of that happening, but it has not been implemented yet. That needs to happen really quickly.<sup>63</sup>

### *Operating in remote communities*

4.75 According to providers looking to service the Barkly trial site in the Northern Territory, the sparsity of population and the relatively low number of participants has the potential to cause significant problems to the development of business models. Mr Croker from Keep Moving, a service provider in the region, described the difficulties in delivering services in remote areas:

I think overall the Territory itself is unique but the commonality is that there are not many people and there is a bloody big area. That means that it is difficult for us to achieve economy of scale or critical of mass to be able to deliver services and be economically viable. Barkly is fly-in fly-out for most businesses because the Barkly just does not have a critical mass to set up an operation like Keep Moving.<sup>64</sup>

4.76 Despite these difficulties the committee heard that providers were gearing up to provide services across the territory, and many were developing innovative, diverse operations to try and alleviate the limited economies of scale present in the Northern Territory. Mr Darrin Whatley is a carer of a child with disability, and also runs five businesses providing various services and supports for people with disabilities. He described some of his activities:

**Mr Whatley:** We actually started because of the child we had in care, because we could not get equipment and aids for babies in the Barkly

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62 Queensland Government, *Committee Hansard*, 13 March 2015, p. 57.

63 Mr Damian Griffis, First Peoples Disability Network, *Committee Hansard*, 27 March 2015, p. 74.

64 Mr Cameron Croker, Keep Moving Pty Ltd, *Committee Hansard*, 21 July 2015, p. 10.

region. It is pretty full-on. That is only two of them. And we are working jointly with other providers—

**Ms HALL:** In partnership.

**Mr Whatley:** Yes. We are in partnership with Keep Moving in the Barkly region, for exactly what I said about having providers being able to service those areas. We will soon open up, through OT, one of the offices for visiting providers whom we have had a lot to do with over the past few years. Our office will then become a place they can use as a provider for children or people with disabilities...<sup>65</sup>

4.77 Mr Croker from Keep Moving, was concerned that because the NT Government was the only entity that was able to provide services across all of the region, this left his organisation effectively in competition with the NT Government and begged the question of 'How do you compete as a private enterprise against government departments?'<sup>66</sup>

4.78 The NT Government's Minister for Disability argued that for some types of allied health services, and in some areas, there is no other option but to restrict the service delivery to only the NT Government:

The experience to date has highlighted gaps in the NDIA service delivery model in particular and around the coordination of disability supports and allied health services. There is no provision in a participant support plan for coordination of allied health supports. The Office of Disability has provided this coordination of allied health services for the trial due to the small numbers; however, it is not feasible on a larger scale. Under the NDIA model, a client may receive allied health services from three different providers, further exacerbating the fragmentation of services and required coordination. In addition to the implementation of a participant's plan is the reliance on a service provider to coordinate the disability supports for an individual. In the Barkly it has been difficult to identify service providers to provide this service.<sup>67</sup>

4.79 According to the NT Government's Office of Disability, service providers 'are inconsistent in their availability to provide services',<sup>68</sup> which leaves the responsibility of coordinating services with the NT Government. The Minister continued with the conclusion that the unfortunate consequence of thin markets in remote areas is that the principle of choice and control that may be evident elsewhere will have to be sacrificed to ensure access and equity of services:

Whilst the principle of choice and control is supported by the Northern Territory it is not going to be feasible in thin and non-existent markets. In

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65 Mr Darrin Whatley, Darrin's Mechanical Repairs, *Committee Hansard*, 21 July 2015, p. 4.

66 Mr Cameron Croker, Keep Moving Pty Ltd, *Committee Hansard*, 21 July 2015, p. 10.

67 Hon. John Elferink, Minister for Disability Services, NT Government, *Committee Hansard*, 21 July 2015, p. 29.

68 Hon. John Elferink, Minister for Disability Services, NT Government, *Committee Hansard*, 21 July 2015, p. 26.

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many instances the focus in remote areas needs to be on access and equity as a first step.<sup>69</sup>

4.80 In the field of mental health, the committee heard how PHaMs evolved to become a very different model in remote areas, as distinct from its design in metropolitan areas. CatholicCare NT were concerned that they could not engage fully with the NDIS because they couldn't see how the scheme was going to improve the lives of their current clients with mental illness. They suggested that the NDIS should follow the example of PHaMs, which was designed for remote areas, and not simply a variation on the metropolitan scheme:

We are really struggling to see how, from a mental health perspective, things are going to be better for people with a mental health issue in Barkly. From what we see there are going to be fewer services available to them once the trial comes to a full realisation... We have talked a lot about it, but we are not really seeing what the proposed changes are. For us, it feels like it is not so much a trial but a transition, and that is quite different. Our experience, even with the PHaMs program, is that it was originally a national model and then it went to a remote model. You would think the same would have to apply here: there needs to be a remote model rather than a tweaking of the southern model.<sup>70</sup>

#### ***Providing support to attract new suppliers***

4.81 According to the Strategy, the 'NDIA will ensure information and data on demand, population and services is available to suppliers to highlight market opportunity and support strategic supplier investment decisions in specific market segments, such as specialist areas of allied health.'<sup>71</sup> This is an issue that has been repeatedly raised with the committee as being a crucial role for the NDIA in supporting organisations that are considering the risk in expanding into particular disability areas.

4.82 The ACT Government told the committee of the assistance they provide to organisations requiring support to make the transition into the Scheme, or sometimes even into the sector, to encourage providers to fill gaps in the market:

We were also looking to encourage services that were prepared to extend out into areas where there were market gaps. For example, a number of homelessness services who had of course been dealing with people who may have had a mental illness or an intellectual disability over time had already been working with people with a disability but they did not traditionally see themselves as a disability provider. We were able to give

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69 Hon. John Elferink, Minister for Disability Services, NT Government, *Committee Hansard*, 21 July 2015, p. 26.

70 Ms Jane Lloyd, CatholicCare NT, *Committee Hansard*, 21 July 2015, p. 14.

71 Disability Reform Council, *Integrated Market, Sector and Workforce Strategy*, June 2015, pp 12, 17, available at: [https://www.dss.gov.au/sites/default/files/documents/07\\_2015/ndis\\_integrated\\_market\\_sector\\_and\\_workforce\\_strategy\\_june\\_2015.pdf](https://www.dss.gov.au/sites/default/files/documents/07_2015/ndis_integrated_market_sector_and_workforce_strategy_june_2015.pdf) (accessed on 28 July 2015).

them some assistance to work with their business models so that they could move in and address that issue of additional workers and additional services.<sup>72</sup>

### ***Building quality systems and effective safeguards***

4.83 In February 2015, the Department of Social Services launched the consultation paper, *A Proposal for a Disability Insurance Scheme Quality and Safeguarding framework*.<sup>73</sup> The paper considered a number of options that provide necessary safeguards for all stakeholders in the Scheme, as well as mechanisms to ensure that quality services are delivered consistently across the country. The consultation process ran from February 2015 until 30 April 2015.

4.84 At the time of writing, a final national framework had not been agreed by all states and territories and the commonwealth. Whilst the committee heard some discussion about the prospect of the framework being developed, there was little discussion over what a final framework would look like.

4.85 Needless to say, the committee is cognisant that a major element in the success of the Scheme is its ability to meld the former state-based quality and safeguard mechanism into a coherent national system. This will be something that the committee will closely monitor.

### **Developing effective pricing**

4.86 Appropriate pricing is a significant issue for providers looking to transition from a block funded business model to a fee-for-service model. Pricing will determine the sustainability of an organisation and its ability to participate fully in the Scheme. While the broad issue of pricing was raised across the trial sites visited in the reporting period, most of the detailed accounts came from providers in the ACT trial site.

4.87 Carers ACT recounted their experience with managing a small respite house that they have calculated will be unsustainable within the current NDIA pricing structure:

We have had a smaller centre-based respite house. We did our calculations and we worked out that the pricing of the NDIA would not be able to make that facility sustainable. We have moved to a bigger house, but with the transition funds that we got from the ACT government we did pricing modelling and we would really only be able to break even on a one to five ratio. So we actually do not see that centre-based respite will be sustainable into the future.<sup>74</sup>

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72 ACT Government, *Committee Hansard*, 27 March 2015, p. 44.

73 A Proposal for a Disability Insurance Scheme Quality and Safeguarding framework, available at: <https://engage.dss.gov.au/ndis-qsf/consultation-paper/> (accessed 18 August 2015).

74 Ms Dee McGrath, Carers ACT, *Committee Hansard*, 27 March 2015, p. 8.

4.88 Just Better Care raised the issue of cancellations in the pricing structure, again contending that provision of services where they are only reimbursed for a proportion of a cancelled service will ultimately make the service unsustainable:

There is another issue around the cancellation policy, which has been reviewed but still has some significant issues in it. This has been raised by some of our staff: currently if they turn up to a service and that service is cancelled for whatever reason, there is an ability to bill for one hour of that cancelled service. Those shifts may be five or six hours long, and these are individuals who are relying on that income to operate in the space as support workers. We have had a couple of our support workers come back and say: 'If I consistently get cancellations with a particular client I am not going to be able to keep supporting that client, because I need that income.'<sup>75</sup>

4.89 DUO Services in the ACT supported Just Better Care's point on the cancellation policy, telling the committee that their services are only sustainable under the NDIS because they are cross subsidising the services through block funding they receive from DSS for provision of Aged Care services. If they were to move to a strictly fee-for-service model they are unsure they would be able to continue:

**CHAIR:** Are you cross-subsidising from your other programs?

**Ms Pollard:** Yes, and part of the work that we are currently doing is to determine how sustainable that is. At the moment, because we have block funding, it is sustainable, but as that peters out and we are fully into the NDIS, we do not know. To be honest, it is a blessing that DSS will continue with the current pricing in the aged-care reforms for the next two years. That is very beneficial.<sup>76</sup>

4.90 Community Connections provide coordination and plan management services in Canberra and argued that the current price for coordination does not cover their costs:

Quite simply, the price for coordination services in the schedule is not enough to cover our unit costs. Community Connections is a small local organisation and we provide one-on-one coordination supports. The hourly cost for coordinating services is \$51.86 per hour, and this is barely sufficient to cover the direct cost of employing a coordinator, assuming standard productivity of around 70 per cent.<sup>77</sup>

4.91 The committee also heard from witnesses in WA who also recounted their experiences with trying to provide services under the MyWay pricing structure. Lamp Inc. are a small mental health organisation who run a centre for consumers and carers in a range of activities. Prior to entering the MyWay Scheme they were running a service on the basis of \$90 per hour. They told the committee they had put forward a proposal to provide a service for \$45 per hour, but were only offered \$18 per hour

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75 Mr Fergus Nelson, Just Better Care, *Committee Hansard*, 27 March 2015, p. 13.

76 Ms Cheryl Pollard, DUO Services, *Committee Hansard*, 27 March 2015, p. 16.

77 Mr Ian Ross, Community Connections, *Committee Hansard*, 27 March 2015, p. 19.

which would naturally make the service unsustainable and result in a loss of choice for the consumer:

Lamp put together a proposed package for these people that would be approximately \$45 an hour for a minimum of three hours a day for approximately two to three days a week... With the number of participants, Lamp could deliver a service which had been asked for by our clients—and this was put forward. However, we have only been offered \$18 an hour per person by the Disability Services Commission. It will be mathematically impossible for us to keep the centre open once it closes in June.<sup>78</sup>

4.92 In the broader pricing discussion Richmond Fellowship, working in WA, suggested that the onus was on providers to elucidate the complexity of the services they provide in order for the pricing to reflect this accurately:

The other implication for this is pricing. There are two levels of work here. One is that if you are doing absolute baseline, keep people where they are, disability support—for example, helping somebody go shopping—I can see that some of the rates that are set for that at the NDIS and MyWay, but there is another level. I think the onus is now on the mental health sector—I think the NDIS is looking at this—to start naming the complexity of some of their work and also some of the contingencies you need to build in. I want to flag that because Richmond Fellowship cannot do without incurring quite significant losses.<sup>79</sup>

4.93 Just Better Care in the ACT also commented on the general issue of benchmarking to set prices for certain services. According to their CEO, Mr Fergus Nelson, the process of benchmarking, the types of service delivery and the nature of the providers do not accurately represent the type of services Just Better Care provide. Just Better Care argued that such providers are therefore not an appropriate comparator:

I am very concerned with the benchmarking they have used to assess where they set the pricing for all the service providers in this space. There has been Ramsay Health Care, Pulse Health, residential aged care and even a Canadian model, which have very little if anything to do with the way we all deliver our services. It seems quite ludicrous that those have been plucked out...Having taken those organisations, who are very centre based in fixed locations, as the model, they have then picked almost the minimal margin.<sup>80</sup>

### ***Travel and transport***

4.94 Travel time and travel and transport costs continue to be an ongoing issue across the trial sites. The issue is exacerbated in rural, regional and remote locations. Providers in the ACT cited a number of examples where the time allocated for travel, or the costs of travel, has a detrimental impact on the delivery of services. DUO

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78 Mrs Lorrae Loud, Lamp Inc., *Committee Hansard*, 8 April 2015, p. 16.

79 Ms Helen Lynes, Richmond Fellowship, *Committee Hansard*, 8 April 2015, p. 23.

80 Mr Fergus Nelson, Just Better Care, *Committee Hansard*, 27 March 2015, p. 15.



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Services operating in the ACT discussed how the service provider and the client are disadvantaged by the current situation:

[T]he first 20 minutes in a session, of up to four hours provided by a support worker, is counted as travel payment. To my way of thinking, everyone loses out—the client gets 20 minutes less, the support worker gets paid 20 minutes less and the provider bears the brunt of it. We have spoken to the NDIA and they are doing their best through the planners to inform the participants of this change, but they are not getting it. The providers are feeling that they are being ripped off. The way it has been set up really needs to be addressed.<sup>81</sup>

4.95 Ms Leslea Geary, a legal guardian to three NDIS participants, also cited the travel time of 20 minutes for every four hour shift as an issue for participants who may be receiving their services in shorter time blocks, or who have a relatively low number of hours of a service as part of their plan:

I use one- and two-hour shifts because of the specific needs of my children and because we do not have a lot of hours and we need to make them last the year. It is not in my interest to have a four-hour shift just to avoid that, but it does mean that my 48 hours a year, for instance, for evening support, are cut down by six to 12 hours, depending on how I arrange it, and I do not think that is reasonable.<sup>82</sup>

4.96 In WA, Dr Chalmers from the Disability Services Commission said that the intention of the My Way scheme is that travel components would be incorporated into plans under the same criteria of 'reasonable and necessary'. However, they do try to ensure that services are delivered as locally as possible:

[T]ravel is built into people's individual plans. What we are attempting to avoid, though, under the banner of reasonable and necessary, is having people travel 100 or 150 kilometres to get to a centre to undertake centre-based activity at some public service travel rates of 76¢ per kilometre, potentially adding \$150 to an hour of support on that front. We are interested in providing reasonable and necessary travel components and funding that within individual plans...<sup>83</sup>

4.97 In response to questions Dr Chalmers suggested that under the criteria of reasonable and necessary the Scheme 'would be building that into individual plans as people indicate to us that they want to access services in particular locations.'<sup>84</sup>

4.98 Transport costs were also raised in trial sites, with confusion arising over the amount in a plan that could be attributed to transport costs there was capped. Ms Geary in the ACT gave evidence that they were given the impression that there was a

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81 Ms Cheryl Pollard, DUO Services, *Committee Hansard*, 27 March 2015, p. 15.

82 Ms Leslea Geary, *Committee Hansard*, 27 March 2015, p. 29.

83 WA Disability Services Commission, *Committee Hansard*, 8 April 2015, p. 17.

84 WA Disability Services Commission, *Committee Hansard*, 8 April 2015, p. 19.

limit of \$3 300 per year for transport, and this wasn't enough to cover the costs incurred in accessing services.<sup>85</sup>

4.99 The ACT Public Advocate also cited the figure of \$3 300 as being the limit per client for travel costs, suggesting that their clients may be expected to self-manage transport costs. This could result in this relatively small annual amount being subject to brokerage costs of up to \$500:

The pot of money for transport, which could be \$3,000 or less, will not be managed by NDIS, will not be managed by the public trustee and cannot be managed by the clients themselves. We are getting funding lines now to broker a service solely to manage those transport costs. The cost to the NDIS for that service is about \$500 a year for a pot of money that at maximum is \$3,300. For us, that is bureaucracy gone mad.<sup>86</sup>

4.100 The NDIA told the committee that there is not a cap on transport costs, but there are guidelines that may be misinterpreted as a cap. The Agency also confirmed that they do not manage transport funds and that this is currently the responsibility of the participant:

They are guidelines, and the staff right across trial sites have been trained in terms of when they would typically apply and then when you have a situation that means that someone has a set of circumstances where that degree of funding is not going to be adequate to support their needs...

In regard to the transport package to an individual, the agency currently is not managing that line item, to create greater flexibility for somebody in how they purchase that.<sup>87</sup>

4.101 When asked about the 20 minute travel time incorporated into each service, the Agency verified that that was correct and was developed as a result of an exercise undertaken between the Agency and two independent experts. However, the Agency did say that the work is ongoing:

The most appropriate response that came out of the pricing work that was done, the joint work done between NDIS and the agency, with two independent experts, the copy of that report is on the website for anyone to access.<sup>88</sup>

## **Committee view**

4.102 One of the overriding perceptions the committee has taken from the last year is the heightened intensity in all aspects of the Scheme, and how quickly the Scheme is developing and adapting. This has arisen partly in response to lessons learned from the first four trial sites and the experiences of key stakeholders. A feature of the

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85 Ms Leslea Geary, *Committee Hansard*, 27 March 2015, p. 30.

86 Public Advocate of the ACT, *Committee Hansard*, 27 March 2015, p. 32.

87 NDIA, *Committee Hansard*, 27 March 2015, pp 51-52.

88 NDIA, *Committee Hansard*, 27 March 2015, p. 52.

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committee's role is to collate the experiences of stakeholders in the Scheme and relay those experiences to the Agency, DSS and governments generally.

4.103 The overarching strategies that are now being put in place across a number of policy areas are central to the infrastructure of the Scheme and will underpin the Scheme's rollout nationally. While there are still significant areas where the committee has yet to see the culmination of the government's efforts in policy areas such as housing, Tier 2, (ILC), and mental health, the committee welcomes the recently released strategies on sector and market development.

4.104 The committee held a number of very valuable sessions across trial sites with providers who elucidated their experiences. A number of key messages were raised that the committee wants to ensure the Agency and DSS are fully cognisant of. The first of these issues is the capacity of organisations to adapt their business model in order to transition from a block funding arrangement to a fee-for-service model.

4.105 The ACT Government is further advanced in terms of sector development and provider engagement than others. The territory has received substantial sector development funds from the SDF and is utilising these funds to provide assistance to current providers and develop the market to attract new suppliers. The committee found the providers in the ACT to be very engaged and increasingly confident in transitioning to a new business model. However, the sustainability of organisations through the transition phase remains a critical issue.

4.106 After years of being unable to build reserves under previous block funding arrangement, many of the organisations that will be crucial to the success of the Scheme are being asked to invest heavily in a new business model. In response, the ACT Government has developed a range of funding and assistance measures that will help in preparing an organisation for the transition. Small and medium grants and tender opportunities will help organisations transition, but it will require ongoing efforts to develop the market to attract new suppliers.

### **Recommendation 6**

**4.107 The committee recommends that Department for Social Services work with the National Disability Insurance Agency, and state and territory governments to ensure that sector development funding and assistance measures are flexibly designed to support organisations transition into the NDIS and become sustainable service providers.**

4.108 The committee found that there were several issues common across trial sites relating to how providers and the market develop. In Queensland, the main issue is sector readiness, where information flow and accessibility are key to ensuring that the sector has a full understanding of the scale of the change to come. The committee urges the Agency to work with the sector in identifying gaps in knowledge. An emphasis on sharing of knowledge and experiences from other trial sites will help alleviate the feeling of uncertainty that the committee heard was prevalent.

### **Recommendation 7**

**4.109 The committee recommends the National Disability Insurance Agency facilitates information and knowledge sharing from other trial sites across the disability and community sectors in Queensland.**

4.110 The experience so far in the WA NDIS MyWay site around therapy and assessments illustrates how critical the interface with mainstream services is to participants and providers. The current situation where some services in some areas are still delivered through mainstream government departments causes confusion amongst participants as well as uncertainty in terms of market assessment amongst providers. The committee looks forward to clearer pathways being developed following the conclusion of the bilateral negotiations that set out clearly the responsibilities of the NDIA, DSS and the states and territories.

**Recommendation 8**

**4.111 The committee recommends that the roles and responsibilities of each party in relation to the interface between the Scheme and mainstream services are clearly set out in bilateral agreements between the commonwealth and state and territory governments.**

4.112 The committee also visited the Northern Territory and heard invaluable evidence of the difficulties in delivering to thin markets in rural and remote areas. The tasks are huge, and will require creative and innovative thinking to ensure equity and choice of quality services. The committee heard evidence from the NT Government around whether it will be the only service provider in remote communities in NT, and the impact this would have on the development of a market to provide choice and control to participants. The committee is aware that these issues are central to the bilateral discussions currently ongoing between the Commonwealth and NT Government, and looks forward to seeing the culmination of those efforts. However, the committee feels strongly that the status quo in terms of service delivery should not be an option.

**Recommendation 9**

**4.113 The committee recommends that all options to develop a market that provides choice and control for participants in rural and remote areas be explored, and that any additional funding for disability in the Northern Territory to any provider is conditional on measurable increases in service provision.**

4.114 The committee is aware of the potential disparity between projected figures for Aboriginal and Torres Strait Islander people with disabilities, and those entering the Scheme. It is crucial that research is carried out to provide a robust benchmark figure to inform participant assumptions in these communities and avoid a potential costly financial blow out, as well as risking reduced participation for people in need.

**Recommendation 10**

**4.115 The committee recommends the Commonwealth government provides funding for research to establish robust data on the scale and nature of disabilities in Indigenous communities.**

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4.116 Overall, the committee considers the development of the sector to the point where it can deliver the Scheme to be on track. There are huge challenges ahead in all states and territories, and the risks and gaps that develop will need to be monitored vigilantly. However, perennial issues continue to flourish—adequate pricing, cancellation rates, transport costs and lack of clear communications—all issues repeatedly identified that the Agency needs to urgently address to ensure confidence in its ability to administer the roll-out effectively. The publication of the *Integrated Market, Sector and Workforce Strategy*, and the revised *Sector Development Fund* are important federal oversight measures in maintaining the focus on the provider aspect of the Scheme. They also provide a clear vision of the Government's priorities and should allow existing and new providers to plan their transition and entry into the market with more certainty, providing the Agency manages the 'housekeeping' effectively.



# Chapter 5

## Conclusions

5.1 This chapter discusses issues relating to the governance of the Scheme and some of the broader systemic issues confronting Australian governments and the Agency in their stewardship of the Scheme. The systemic issues considered in this chapter are areas where either the committee has not received substantial evidence, or areas where policies, funding and responsibilities are still being developed. The committee foresees these issues will form the substantive part of the committee's work plan for the next 12 months.

### **Governance and strategic directions**

5.2 1 July 2015 marked the second anniversary of the launch of the biggest social reform in Australia in over 30 years. While launched in only eight trial sites, the learnings and outcomes are already significant and will be long lasting.

5.3 The committee has visited all the trial sites since the Scheme commenced and has spoken with participants, family members, carers, providers, state and federal officials and representatives of the National Disability Insurance Agency (NDIA). The committee has heard the stories of how the Scheme has changed lives and how those who interact with the participants in day to day circumstances have witnessed the positive effects of the Scheme.

5.4 While many extraordinary things have been achieved, there are still many challenges ahead. Not least among these is the finalisation of the bilateral agreements for transition.

### ***Finalising bilateral agreements***

5.5 As highlighted in the committee's first report, the task confronting not just the Agency, but the Board, the Department of Social Services (DSS), the Independent Advisory Council, the Minister, the Disability Reform Council (DRC) and the Council of Australian Governments (COAG) in developing and implementing the National Disability Insurance Scheme (NDIS) and its sister, the National Injury Insurance Scheme (NIIS), is truly immense.

5.6 The committee notes that since the commencement of the NDIS, COAG has issued five communiqués that make mention of the NDIS. In its second communiqué dated May 2014, COAG agreed to make the NDIS a standing item on all future agendas and that the DRC would report to each COAG meeting on NDIS implementation, including management of costs and the transition to full scheme.

5.7 At the last meeting in May 2015, COAG noted the progress made and that jurisdictions are endeavouring to finalise transition bilateral agreements by the end of August 2015 for national rollout of the Scheme. It also noted that Western Australia's agreement will be made later to take account of the evaluation of its trials.

5.8 The committee's first report to the Parliament provided 17 recommendations listing the committee's concerns and suggestions on the implementation of the NDIS.<sup>1</sup>

5.9 Many of these recommendations centred largely on issues related to the initial implementation—in most cases teething issues—trying to ensure that those who need the supports are able to access them appropriately. The committee welcomed the Government response to the report and its recommendations, noting that the Government agreed or agreed-in-principle to all the recommendations and notes that the Commonwealth, the NDIA and jurisdictions are working together to address them.

5.10 The committee notes that NSW and Victoria have now agreed bilateral plans with the Commonwealth. However, with less than 10 months to the implementation of the transition phase of the Scheme on 1 July 2016, a number of the transitional bilateral agreements have yet to be agreed. In the committee's last report, Recommendation 13 proposed that:

...all future bilateral negotiations and amendments to transitional arrangements are finalised and publicised well in advance of commencement dates to ensure and provide confidence and certainty for all stakeholders.

5.11 While it is hugely important these agreements are done properly and done well to ensure risk is mitigated and that they are fit for purpose for all concerned—particularly the Commonwealth—it is also, in such a nascent market, important to promote confidence and certainty for all involved.

5.12 Equally important is that the agreements are finalised and the contents of them made known widely so the sector can prepare itself adequately to adapt and grow. This by far is the most pressing issue the committee has repeatedly heard from all areas of the sector, particularly when the timeframe for commencement of full Scheme in most states is 1 July 2018.

### **Recommendation 11**

**5.13 The committee recommends that the Government, through the Disability Reform Council, make all haste with the finalisation all of the bilateral agreements for the transition phase of the National Disability Insurance Scheme.**

### ***Reinvigoration of the National Disability Strategy***

5.14 Finalisation is also required on the roles and responsibilities for Tier 2 services (Information, Linkages and Capacity building (ILC)) and access to mainstream services. Both were recommendations in the last committee report.

5.15 A consistent issue raised by many witnesses is that of 'gaps in service', both for individuals who were found 'ineligible' for the Scheme and required access to Tier

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1 Australian Government response to the Joint Standing Committee on the National Disability Insurance Scheme report: Progress Report on the implementation and administration of the National Disability Insurance Scheme, p 2.

[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme/Correspondence\\_received](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/Correspondence_received)



2/ILC supports and where mainstream services have been withdrawn. This affects access to a range of services such as medical and education services.

5.16 The committee's first report recommended the following in regard to these issues:

Recommendation 2

3.72 The committee heard evidence that 'gaps in service' have been identified in each of the trial sites. The committee recommends that further work be undertaken by the Independent Advisory Council which is well-placed to identify and inform the Agency about where there are gaps in service and possible options for addressing these shortfalls.

Recommendation 15

6.76 The committee recommends that the Ministerial Disability Reform Council expedite roles and responsibilities and any funding arrangements for Tier 2 services.

5.17 Nevertheless, the committee is aware that a number of initiatives are being progressed to assist the sector develop its long term sustainability. For example, the DSS led *Integrated Market, Sector and Workforce Strategy* (the Strategy), and the refocusing of the Sector Development Fund, and the NDIA's Outcome Framework are all seen by the committee as important structural developments.

5.18 Recommendations 2 and 15 on 'gaps in services' and expediting roles and responsibilities and any future funding arrangements for Tier 2 services are proving elusive in reaching an outcome. Obviously these issues are closely tied to the outcomes of the bilaterals. Nevertheless, the longer they persist unresolved, the more detrimental their absence becomes. The committee's recommendation 13<sup>2</sup> from its 2014 report also focused on the importance of bilateral negotiations coming to a timely conclusion.

5.19 The committee acknowledges the work of the DRC in advancing the Strategy and commends the Independent Advisory Council (the Council) on its work in examining these issues. In its response to the committee's recommendation 3, the Council notes:

...[T]hat the NDIS sits within the broader commitment by governments to advance the interests of people with disability...as outlined in the National Disability Strategy (NDS)...through the commitment to implementation of the NDIS, all governments have agreed that the NDIS should not replace other service systems but should instead reinforce the obligations of mainstream and other service delivery systems...<sup>3</sup>

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2 Joint Standing Committee on the National Disability Insurance Scheme, *Progress report on the implementation and administration of the National Disability Insurance Scheme, July 2014*, p. xix.

3 Independent Advisory Council, Response to the Joint Standing Committee on the National Disability Insurance Scheme on gaps in service, June 2015, p.4.

5.20 The Council also highlights that the NDS is an important part of the disability sector that is intertwined with its development, and that the NDS' overarching ten year strategic policy framework (National Disability Strategy 2010-2020) needs to be reinvigorated to support the NDIS:

The Council recommends that a concerted effort is needed from all governments to reinvigorate the NDS, including implementing a robust outcomes framework which should sync with the NDIS outcomes framework that is now being trialled.<sup>4</sup>

5.21 The committee agrees with the Council that the successful realisation of the NDS remains critical for the implementation of the NDIS and that reinvigorating the NDS will help to ensure it delivers on its stated objectives.

5.22 In addition, it is envisaged that by undertaking this refocusing of the NDS, with the roles and responsibilities clearly delineated before transition and full scheme, will go to ensure that people don't fall through the cracks between the NDIS and state-based systems. This is particularly important when finalising the arrangements for Tier 2 and continued access to state and territory mainstream services that have declined in some states.

### **Recommendation 12**

**5.23 The committee recommends that the Government, through the Disability Reform Council, agree effective roles and responsibilities including funding regarding Information, Linkages and Capacity building (Formerly Tier 2 supports) and access to Mainstream services.**

### ***Challenges for the NDIS Board***

5.24 Over the last two years, the NDIS Board has steered the Agency through challenging and uncharted waters. The Board has been able to deliver the initial stages of the NDIS on time and within budget. This committee has observed, received evidence and commented on aspects of the implementation the Scheme during this period. The Board's Chairman, Mr Bruce Bonyhady, in the Agency's first annual report notes that "evidence given to the Joint Standing Committee on the NDIS...shows there are aspects of the Scheme that need to be improved" and that "the NDIA is deliberately being built as a learning organisation that grows on the basis of evidence."<sup>5</sup> The committee commends Mr Bonyhady on his and the Board's achievements and welcomes their continued engagement with the committee.

5.25 As the Scheme develops from initial implementation towards full operation, the requirements of the Agency and the Board evolve and change. Under Section 107 of the *National Disability Insurance Scheme Act 2013* ('the Act'), the Commonwealth Minister has responsibility for ensuring the Board has the skills, capabilities and

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4 NDIS, Independent Advisory Council, *Response to the Joint Standing Committee on the National Disability Insurance Scheme on gaps in service*.

5 National Disability Insurance Agency, *2013-2014 Annual Report*, p. xi.

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experience to oversee the Scheme, particularly in respect of commercial and insurance expertise and oversight of large-scale operations together with a 'lived experience'.

5.26 In July this year the Assistant Minister for Social Services, Senator the Hon Mitch Fifield, informed the committee that he had written to his state and territory counterparts in the DRC with a proposal for the upcoming NDIA Board appointment process as the current terms of the Board members expire on 30 June 2016.

5.27 The Minister's letter notes that 'the Board would require skills suited to specific challenges of the transition phase, including strategy, insurance, risk, corporate governance, and implementation as well as experience in large enterprises of an equivalent national scale and complexity'—skills that can manage a \$22 billion budget.<sup>6</sup>

5.28 As such, the Minister's letter notes and provides a copy of a consultancy report by KordaMentha that were engaged to conduct a review and provide advice on the skills and experience requirements for the Board for the transition phase.

5.29 The committee recognises that it is important that the Board maintains, develops and acquires the necessary skillset to run and manage the strategic priorities of the NDIS into the next phase and beyond.

### ***Challenges for the Agency***

5.30 Much of the first report dealt with how well the Agency was progressing with implementing the initial phase of the NDIS. Additionally, the report focused on how the NDIA interfaced with participants, family members, carers, service providers and the community at large, including all aspects of the NDIS governance framework, ministerial and departmental demands.

5.31 The task was daunting, not to mention astoundingly demanding. The committee recognises the significant effort that the Agency has expended to overcome challenges and achieve the results it has over the last two years. With the majority of the committee's first report recommendations falling to the Agency, it has managed a significant process of reform and incremental improvement based on the evidence and recommendations put forward.

5.32 It is evident from the Agency's response to the committee's report and the work it has undertaken over the last year that it has taken on board many of the suggested changes that the committee recommended. For example, improved planning, clearer communications, website upgrade and better support for providers.

5.33 Nevertheless, it is important that the final outcome that the Agency is striving to deliver is that those who need and require disability services are supported, and that those services they need are provided in a clear and timely fashion. The primary issue facing the Agency over the coming 18 months will be its ability to expand quickly to provide the necessary services across Australia. A high standard of recruitment and

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6 Assistant Minister for Social Services, Senator the Hon Mitch Fifield, *Committee correspondence*, 27 June 2015, pp. 1-2.

development of a workforce that is able to provide quality services will certainly assess the Agency's resilience and agility.

5.34 It is equally important that the Agency ensures that there is confidence and transparency in its processes, particularly as it manages all the administrative functions of the Board, the Independent Advisory Council and the Independent Scheme Actuary. Clarity of roles and responsibilities will be paramount as the Scheme expands, ensuring the Scheme is delivered on time and within budget. Likewise, security of federal, state and territory support and funding must remain clear, confidence for participants, providers and the nascent market.

### ***National Injury Insurance Scheme***

5.35 The Productivity Commission's ('the Commission') original report into *Disability Care and Support* detailed proposals for the establishment of two nationwide insurance schemes: a National Disability Insurance Scheme (NDIS) and a National Injury Insurance Scheme (NIIS).

5.36 The Commission proposed that the NIIS would be a 'federation' of accident insurance schemes for new catastrophic injuries, drawing on arrangements already in place around Australia and extending these arrangements to meet a national minimum benchmark.<sup>7</sup>

5.37 The Commission 'deliberately' recommended two separate schemes, identifying distinctive characteristics of catastrophic injury schemes. The NIIS would:

- be a fully funded insurance accident scheme which would reduce the cost of the NDIS;
- utilise existing expertise and institutions of accident compensation schemes;
- set the rate of premiums with the aim of reducing risky behaviour and local risks; and
- cover a broader range of health costs associated with catastrophic injuries, such as acute care, medical services and rehabilitation services.

5.38 Furthermore, the Commission noted there are many existing functional schemes that could be nationally standardised, resulting in the aforementioned federated approach to the NIIS. This differs from the national approach to the NDIS. The potential 'neatness' of rolling these schemes into the NDIS would require significant legislated change. The Commission flagged this as an issue to possibly revisit during the proposed review of the NIIS in 2020. However, the Commission also recommended that the NIIS and the NDIA should work closely together.

5.39 As part of the committee's establishing resolution into examining the NDIS it was also tasked with monitoring the development and progression of the NIIS. The committee has held a private briefing and sought information from time to time with

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7 Productivity Commission 2011, *Disability Care and Support*, Report no. 54, Canberra, p. 43.

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the relevant areas of the Treasury to remain informed of progress on the NIIS. The committee will continue to do this so the NIIS begins to roll out.

### **Systemic issues**

5.40 Beyond the major governance issues, there are a number of ongoing systemic matters that the committee will be continuing to examine over the next year. These systemic issues are:

- Housing;
- Information, Linkages and Capacity Building (ILC);
- Advocacy;
- Mental Illness/Psychosocial disability; and
- Workforce.

### ***Housing***

5.41 As noted in Chapter 1, accommodation continues to be a key concern for all Australians, and was raised repeatedly with the committee by participants, families, carers, advocacy groups, providers and other stakeholders. Given this is a major issue, which remains unresolved, the committee intends to conduct a roundtable on accommodation in the second half of 2015. It is intended that the committee will report specifically on the issue shortly thereafter.

### ***Information, linkages and capacity building***

5.42 The development of the Information, Linkages and Capacity Building (ILC) framework, formerly known as Tier 2, has the potential to address a number of outstanding areas of the Scheme. It is anticipated the interface with mainstream services, mental health and local area coordination among other things will be funded under this framework.

5.43 According to the Government, the ILC is the 'component of the NDIS that provides information, linkages and referrals to efficiently and effectively connect those people with disability, their families and carers with appropriate disability, community and mainstream supports.' It is not tied to an individual's NDIS funded package.<sup>8</sup>

5.44 The Department of Social Services (DSS) has undertaken substantial pieces of work of the framework, including a major consultation exercise early in 2015 that found that the ILC should cover the following areas:

- Make the interface between ILC and mainstream service responsibility clearer
- Use language and approaches, and provide services, that meet the diverse needs and circumstances of people with disability

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8 National Disability Insurance Scheme, *Information, Linkages and Capacity Building*, available at: <http://www.ndis.gov.au/ilc-policy> (accessed 10 September 2015).

- Better explain how ILC will support people with mental illness
- Better explain what kinds of decision supports, safeguard supports and capacity building would be provided under ILC
- Better explain what local area coordinators will do and how they will work one on one with people with disabilities and carers (even if they are not scheme participants); and
- Talk more about what ILC will do to support carers.<sup>9</sup>

5.45 The consultation also noted suggestions on things that were essential to making the ILC work effectively

- Keep the things that work well and build on existing good practice
- Support services that are local
- Help mainstream services support people with disability
- Make sure that ILC is responsive to need and demand; and
- Keep talking to people with disability and their families and carers about how the scheme should work.<sup>10</sup>

5.46 Until the conclusion of the Government's development of the ILC, which includes the negotiation of the bilateral agreements with the states and territories, the committee is not in a position to comment on the framework, but will do so when it is complete. However, the committee repeats recommendation 11 in this report, as well as recommendation 13 in the committee's first progress report to the Parliament. That is, the committee calls for the expedient resolution of the bilateral process negotiations to inform the roles, responsibilities and funding arrangements of all stakeholders.

### ***The role of advocacy***

5.47 No one is in any doubt about the need for people with disability to have access to support and assistance to empower them in their journey in the NDIS. How this is achieved is still yet to be fully established.

5.48 There have been a number of developments concerning the role of advocacy and the NDIS since the committee's last report. In that report, the committee considered the role of advocacy after hearing from a number of witnesses at trial site public hearings. The committee subsequently recommended that the Disability Reform Council (DRC) should urgently resolve the issue:

#### Recommendation 6

5.97 The committee notes the importance of the role of advocacy services in ensuring quality plans and supporting participants in the planning

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9 National Disability Insurance Scheme, *Consultation on Information, Linkages and Capacity Building*, available at: <http://www.ndis.gov.au/consult-info-link-capacity-building> (accessed 10 September 2015).

10 National Disability Insurance Scheme, *Consultation on Information, Linkages and Capacity Building*, available at: <http://www.ndis.gov.au/consult-info-link-capacity-building> (accessed 10 September 2015).

process. The committee recommends that certainty regarding the role and support for advocacy services in the NDIS be urgently resolved through the Ministerial Disability Reform Council.<sup>11</sup>

5.49 The government agreed with the committee's recommendation, and flagged the review of the National Disability Advocacy Framework and the ongoing work being undertaken in the Disability Reform Council (DRC) on the issue:

Agree in consultation with jurisdictions

[T]he government notes this recommendation of the committee and can advise that the ministerial disability reform council has considered these issues and that further work will be undertaken on the relationship between the NDIS and advocacy in early 2015, including a review of the national disability advocacy framework.<sup>12</sup>

5.50 A review of the Framework was recently undertaken with submissions closing on 24 July 2015. On the basis of the April 2015 COAG DRC decision to fund decision supports and safeguard supports and capacity-building for participants, including support to approach and interact with disability supports and access mainstream services,<sup>13</sup> the Review's discussion paper asked a number of questions on how advocacy and the NDIS should interact going forward.

5.51 In line with the Productivity Commission's 2011 report, the DRC also agreed that systemic advocacy and legal review would be funded outside of the NDIS.<sup>14</sup>

5.52 The committee welcomed the decision to extend the funding to providers of the National Disability Advocacy Program which was due to finish on June 30 2015. This has been extended to 30 June 2016. Minister Fifield's announcement in March 2015 also gave assurance to the sector that their role in relation to the NDIS would continue:

The extension allows advocacy groups to continue supporting people with disability while planning takes place for the future of the NDAP," he said.

As the NDIS rolls out across Australia, NDAP providers will continue to assist people with disability to participate in decisions that impact their

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11 Joint Select Committee on the National Disability Insurance Scheme, *Progress report on the implementation and administration of the National Disability Insurance Scheme*, July 2014, p. xviii.

12 Australian Government response to the Joint Standing Committee on the National Disability Insurance Scheme report: Progress Report on the implementation and administration of the National Disability Insurance Scheme.

13 Department of Social Services, *Review of the National Disability Advocacy Framework*, June 2015, p. 3.

14 Department of Social Services, *Review of the National Disability Advocacy Framework*, June 2015, p. 3.

lives, including helping them access both the NDIS and mainstream services.<sup>15</sup>

5.53 The committee held a roundtable session on Advocacy in March 2015 to discuss the types of advocacy required for the effective operation of the Scheme, as well as the role of advocates in assisting participants to navigate the Scheme. The central theme again was uncertainty. Witnesses acknowledged the review of the National Disability Advocacy Framework, but at that stage had not been invited to participate in the process.

5.54 All of those who contributed discussed the importance of providing assistance to people at each stage in the process: from eligibility, to pre-planning to support and assistance around the design of the plan. Advocates also pressed the importance of advocacy being funded on a national basis and its role and place in the system defined.

5.55 Witnesses explained that the referral process, whereby people with disability are put in touch with advocates, is inconsistent. Witnesses with experience in the Tasmanian trial site said that they received referrals from LACs employed outside the NDIA quite frequently, but not a lot from LACs directly employed by the NDIA.<sup>16</sup>

5.56 The role of LACs, planners and advocates has yet to be decided across the country. The particular model of local area coordination that is adopted by the Agency will have a direct impact on the role of advocates in the Scheme. In WA, coordination and support is often provided by a service provider. The crossover between this model and independent advocacy in supporting decision making and ensuring safeguards is as yet unknown.

5.57 The committee continues to support the formal inclusion of advocacy in the Scheme and awaits with interest the outcome of the Framework review, as well as the decision on which model of local area coordination will be adopted.

### ***Mental health***

5.58 Mental health or psychosocial illness is another area where funding and policy development is contingent on bilateral negotiations with the states and territories and is yet to be fully established. However, that is not to say that DSS or the Agency have not been very active while some of the responsibility for delivery of services is agreed. The committee also spoke to representatives from peak bodies in 2014 as part of the ongoing discussion and debate.

5.59 The lack of a final approach has not prevented people with psychosocial disabilities from entering the Scheme or receiving services. Indeed, the committee heard from a number of witnesses whose lives had been transformed as a result of services received under the Scheme, sometimes for the first time. However, similar to ILC and housing, the committee is not in a position to assess the approach taken with regard to how mental illness as an issue is treated within the Scheme until there are

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15 Senator the Hon Mitch Fifield, Assistant Minister for Social Services, Funding extensions for disability and carer programmes, Media Release, 13 March 2015.

16 Mr Kenneth Hardaker, Advocacy Tasmania, *Committee Hansard*, 27 March 2015, p. 65.



some concrete decisions made. The committee intends to consider the issue in significant depth throughout the next 12 months.

### ***Workforce***

5.60 The committee understands how critical an adequate supply of skilled workers will be as the Scheme rolls out around the country. The estimates of the actual numbers required vary, but what is not in doubt is the transformative effort required to satisfy the needs of the Scheme. There is already significant policy development being undertaken by DSS and the Agency, which is set out in the *National Disability Insurance Scheme Integrated Market, Sector and Workforce Strategy* released in June 2015. The Strategy sets out a number of areas where the NDIA and the Commonwealth Government will support the sector in developing the skills and capacity of the workforce. Similar to the other systemic issues, the committee intends to monitor the developments throughout the coming 12 months.

### **Committee conclusion**

5.61 This report, like its predecessor has identified the many achievements of the NDIS to date. The eight trials are progressing well and over 20 322 people have been found eligible for support by the NDIS. Of these, 17 991 have had plans approved. The committee heard many stories from all over the country, from Canberra to Tennant Creek, to Busselton, that participants' lives are changing for the better.

5.62 The committee heard from participants like Dion Beasley, in Tennant Creek. Mr Beasley, who established his own T-shirt brand 'Cheeky Dogs', and who is now a participant in the NDIS, noted that he now has more independence while his carer Joie Boulter has more time for herself. Mr Beasley is now mobile and able to independently visit friends and family having greater choice and control of his life.

5.63 This report makes a number of recommendations designed to improve elements of the Scheme. The recommendations are based on the evidence—documented in chapters 2, 3, 4 and 5 of this report—that the committee has collected in the ACT, West Australian and Northern Territory trial sites. They are designed to assist the Scheme in its next steps towards transition and finally full scheme.

### ***The committee's forward work plan***

5.64 This report, like its predecessor, has identified a number of ongoing challenges that face the NDIS. These relate to a wide and complex range of issues that continue to require a conciliatory and coordinated effort from the federal and state governments, the Board, the NDIA, service providers, advocates and key peak organisations.

5.65 Many of the issues raised in the first report continue to need addressing. Some are a matter of course, whereas others, such as the linkages to mainstream services and Tier 2 (ILC) supports, are more pressing, such as the finalisation of the transition bilateral agreements. The following list of issues that was compiled last year will continue to require the committee's attention:

- the transition of people from state supports to the NDIS;

- the development and readiness of the service providers to support the pace of Scheme rollout;
- the capacity of the disability sector workforce to support the pace of Scheme rollout;
- the interface of the NDIS with mainstream services;
- the definition, development and funding of Tier 2 (ILC) services;
- resolving transport issues for both participants and service providers;
- supporting people with disability to achieve greater economic and social participation through developing community supports;
- supporting NDIS participants to find suitable accommodation;
- assisting Indigenous people living with disabilities; and
- providing ongoing advocacy.

5.66 The committee will continue to monitor these and other issues as part of its forward work plan. Over the coming year, the committee anticipates that it will examine more discrete issues such as accommodation, mental health and Indigenous engagement. The committee will also be looking to revisit trial sites to check on progress and to hear from participants and providers on how the Scheme is developing.

**The Hon. Bruce Billson MP**  
**Chair**

# Appendix 1

## Public Hearings

*Brisbane, Friday, 13 March 2015*

**Committee Members in attendance:** Senators Urquhart and Mr Brough, Dr Gillespie, Ms Hall, Mr Irons, Ms Macklin.

**Witnesses:**

ANDERSON, Ms Fiona, Assistant Director, Engagement and Communication National Disability Insurance Agency

APELT, Ms Linda, Chief Executive Officer, Montrose Access

ARMSTRONG, Ms Paige, Chief Executive Officer, Queenslanders with Disability Network

BINNIE, Mr Alan, Chief Executive Officer, Community and Specialist Support Incorporated

BLACKWOOD, Mr Alan, Policy Director, YPINH National Alliance

BURBANK, Mr Michael, Consumer Participation Facilitator, Mental Health Service, Sunshine Coast Hospital and Health Service

COFFEY, Ms Pauline, Metro North Brisbane Medicare Local; Manager, North Brisbane Partners in Recovery

COLLYER, Mr Nicholas, Systems Advocacy, Queensland Advocacy Inc.

FORDYCE, Ms Maureen, Manager, AMPARO Advocacy Inc.

FRASER, Ms Lisa, Sector Development Officer, National Disability Services

HAYES, Mr Tony , Deputy Director General, Department of Communities, Child Safety and Disability Services

HOPPER, Mr Lincoln, MS Society of Queensland

JEFFREY, Mr Ray, Chief Executive Officer, National Disability Insurance Agency

LEE, Mr Bob, Coordinator, Sunshine Coast Citizen Advocacy

McALLISTER, Ms Michelle, Service Integration Manager, Sunshine Coast Medicare Local; Representative, National Organisation Reference Group, Partners in Recovery

MORKHAM, Dr Bronwyn, National Director, YPINH National Alliance

MORRISON, Mr Simon, Committee member, Law Council of Australia

MORTON, Mr James, Chair and Founder, AEIOU Foundation

NELSON, Mr Richard, State Manager, National Disability Services

O'FLYNN, Ms Michelle, Director, Queensland Advocacy Inc.

PARMETER, Mr Nick, Executive Policy Lawyer, Law Council of Australia

ROWE, Mr Geoff, Chief Executive Officer, QADA

SKORDIS, Ms Anne, General Manager, Scheme Design, National Disability Insurance Agency

SMITH, Mr Alan, Chief Executive Officer, AEIOU Foundation

TOWNSEND, Mr Ian, Manager, Townsend School Bus Services

TOWNSEND, Mr John, Director, Townsend School Bus Services

WEBB, Mr Nigel , Chairperson, Queenslanders with Disability Network

WRIGLEY, Ms Sharon, Operations Manager, Community and Specialist Support Incorporated

YEO, Mr Peter, PointZero5 Foundation

***Canberra, Friday, 27 March 2015***

**Committee Members in attendance:** Senators Canavan, Gallacher, Reynolds, Seselja, Urquhart and Mr Brough, Ms Hall, Ms Macklin.

**Witnesses:**

AVERY, Mr Scott, Policy and Research Director, First Peoples Disability Network Australia

BARNES, Dr Susan, Manager, Individual and Group Advocacy NSW, People with Disability Australia

BERGIN, Mr Chris, Committee Member, Our Voice (Inclusion Australia)

BUTCHER, Mr Martin, Executive Officer, Disability Advocacy and Information Service Inc

CRANFIELD, Mr Dwayne, Chief Executive Officer, National Ethnic Disability Alliance

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FORSYTH, Ms Heather, Committee Member, Our Voice (Inclusion Australia)

GRIERSON, Mr Mark, Chief Executive Officer, Disability Advocacy NSW

GRIFFIS, Mr Damian, Chief Executive Officer, First Peoples Disability Network Australia

HARDAKER, Mr Ken, Chief Executive Officer, Advocacy Tasmania Inc.

HUETT, Ms Judy, Chairperson, Our Voice (Inclusion Australia)

KATEIVA, Ms Leah, Executive Manager, Rights Information and Advocacy Centre

MAHONY, Mr Gregory, Personal Capacity

MALLETT, Ms Mary, Disability Advocacy Network Australia

MAY, Ms Fiona, Chief Executive Officer, ACT Disability, Aged and Carer Advocacy Service

MTONGA, Ms Ndinawe, Advocacy Coordinator, Disability Advocacy NSW

SALTHOUSE, Ms Sue, Life Member of Women with Disabilities Australia, Australian Cross Disability Alliance

WILLIAMS, Mr Robbi, Chief Executive Officer, Julia Farr Organisation

*Canberra, Friday, 27 March 2015*

**Committee Members in attendance:** Senators Canavan, Gallacher, Reynolds, Seselja, Urquhart and Mr Brough, Ms Hall, Ms Macklin.

**Witnesses:**

ADAMS, Ms Jenny, Individual invited by Carers ACT

ARCHER, Ms Elizabeth, Core Member, L'Arche Genesaret

BRADY, Mr Peter, Chief Executive Officer, Autism Asperger ACT

BROWN, Ms Fiona, Carers ACT

BUCKLEY, Mr Bob, Convenor, Speaking out for Autism and Autism Aspergers Advocacy Australia

CAIRNS, Ms Liz, General Manager, Operations, National Disability Insurance Agency

DWYER, Mr Peter, Personal Capacity

FOX, Mr Stephen, Manager, National Disability Services

GARNETT, Ms Miranda, Chief Executive Officer, Koomarri

GEARY, Ms Leslea, Individual invited by Carers ACT

HOUGHTON, Ms Susan, Senior Guardian/Advocate, Public Advocate of the ACT

HOWSON, Ms Natalie, Director General, Community Services Directorate - ACT Government

KEIR, Ms Catharine, Core Member, L'Arche Genesaret

MAHONY, Mr Gregory, Personal Capacity

MCGRATH, Ms Dee, Chief Executive Officer, Carers ACT

MCLAUGHLAN, Ms Margaret, Personal Capacity

NELSON, Mr Fergus, Principal and Chief Executive Officer Just Better Care Canberra (& SE NSW)

PACKARD, Mr Hugh, Chief Executive Officer, Valmar Support Services

PATTERSON-DUKE, Ms Annie, Community Life Coordinator, L'Arche Genesaret

PAULL, Ms Jillian, ACT trial site Manager, National Disability Insurance Agency

POLLARD, Ms Cheryl, Chief Executive Officer, DUO Services

RICHARDS, Ms Sally, Personal Capacity

ROSS, Mr Ian, Executive Director, Community Connections

SHEEHAN, Ms Maureen, Executive Director, Community Services Directorate - ACT Government

SIVER, Ms Tina, Chief Executive, Focus ACT Incorporated

TIBBITS, Ms Alice, Director, Funding and Engagement, National Disability Insurance Agency

TWYFORD, Ms Shirley, Personal Capacity

WALSH, Ms Anne, Core Member, L'Arche Genesaret

WALSHAW, Ms Marguerite, Personal Capacity

WHITE, Ms Maggie, Community Leader, L'Arche Genesaret

WHITTEN, Ms Meredith, Executive Director, Disability ACT

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WRIGHT, Mr Matthew, Chief Executive Officer, Australian Federation of Disability Organisations

*Busselton, Wednesday, 8 April 2015*

**Committee Members in attendance:** Members in attendance: Senators Gallacher, Reynolds, Siewert, Urquhart and Mr Brough, Ms Hall, Ms Macklin.

**Witnesses:**

EVERY, Ms Nicole, Personal Capacity

BARNACLE, Ms Louisa, Chief Executive Officer, Claremont Therapeutic Riding Centre

BEERMIER, Ms Fiona, Chief Executive Officer, Intework

BERGGY, Mrs Jane, Lifeskills Business Manager, Intework

BRODIE, Ms Dawn, Manager, Regional and Remote Service Development, Ability Centre

BRUCE, Miss Amy, Personal Capacity

BRUCE, Mrs Veronica, Personal Capacity

CARROLL, Ms Kerry, Personal Capacity

CHALMERS, Dr Ron, Director General, Western Australian Disability Services Commission

GREENWAY, Ms Catherine, General Manager, Therapy and Health Service, Ability Centre

HOLMES, Mr Robert, Chief Executive Officer, Enable Southwest

JENSEN, Ms Sandy, Personal Capacity

KARASINSKI, Ms Deborah, Chief Executive Officer, Senses Australia

LOUD, Mrs Lorrae, Chief Executive Officer, Lamp Incorporated

LYNES, Ms Helen, Executive Manager, Business Development, Richmond Fellowship of WA

MAUGER, Mr Shane, General Manager, Service Improvement, Activ Foundation

McNEIL, Mr Garth, Personal Capacity

McNEIL, Mr Wayne, Personal Capacity

SEAWARD, Mr Peter, Executive Officer, Strive Warren Blackwood Inc

SELORMEY, Mr Kwame, General Manager, Community Services, Baptistcare

SEMMENS, Ms Djulaikah (Ella), Personal Capacity

SEMMENS, Mr Troy, Personal Capacity

VIS, Mr Tony, Chief Executive Officer, Activ Foundation

WAYLEN, Ms Julie, State Manager for Western Australia, National Disability Services

WILLIAMS, Mr Evan, Regional Manager, Therapy Focus

*Perth, Thursday, 9 April 2015*

**Committee Members in attendance:** Senators Gallacher, Reynolds, Siewert, Urquhart and Mr Brough, Ms Hall, Ms Macklin.

**Witnesses:**

ALACH, Ms Tasha, Autism Association

ARBERY, Ms Brooke, Personal Capacity

ASTBURY, Mr Rodney, Chief Executive Officer, Western Australian Association for Mental Health

BERGGY, Mrs Jane, Chief Executive Officer, Intework

BURROWS, Mr Matthew, Chief Executive Officer, Therapy Focus

BUTT, Ms Megan, Disability Advocate, Midlas

CHALMERS, Dr Ron, Director General, Western Australian Disability Services Commission

FULTON, Ms Kate, Executive Manager, Perth Home Care Services

GLANVILLE, Ms Louise, Deputy Chief Executive Officer, National Disability Insurance Agency

LYNES, Ms Helen, Executive Manager, Business Development, Richmond Fellowship of WA

MASSEY, Mrs Robyn, Executive Director, Disability Services Commission



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MAUGER, Mr Shane, General Manager, Service Improvement, Activ Foundation

O'MEREA-SMITH, Mr Justin, Rise Network Incorporated

PRATTS-HINCKS, Mrs Carmen, People with Disabilities WA Incorporated

SEEKEE, Mrs Diane, Intework

SHAPLAND, Ms Susan, General Manager, Multiple Sclerosis Society Western Australia

SPENCER, Ms Simone, Executive Director, Disability Services Commission

STONE, Mrs Lynette, Personal Capacity

STOPHER, Ms Kerry, Director, Engagement, WA trial site, National Disability Insurance Agency

TAYLOR, Ms Cheryl, Personal Capacity

TOSTER, Mrs Pamela, Director, Reform Implementation, Disability Services Commission

WALKER, Ms Marita, Manager, WA trial site, National Disability Insurance Agency

*Canberra, Friday, 5 June 2015*

**Committee Members in attendance:** Senators Gallacher, Siewert and Mr Brough, Dr Gillespie, Ms Hall.

**Witnesses:**

BAKER, Dr Ken, Member of the Independent Advisory Council, National Disability Insurance Agency

BONYHADY, Mr Bruce, Chairman of the NDIA Board, National Disability Insurance Agency

BOWEN, Mr David, Chief Executive Officer, National Disability Insurance Agency

CAIRNS, Ms Liz, General Manager, Operations Division, National Disability Insurance Agency

CULLEN, Ms Jennifer, Member of the Independent Advisory Council, National Disability Insurance Agency

EVANS, Dr Ashley, Actuary, Taylor Fry

GALBALLY, Professor Rhonda, AO, Principal Member of the Independent Advisory Council, National Disability Insurance Agency

GLANVILLE, Ms Louise, Deputy Chief Executive Officer, National Disability Insurance Agency

GREENFIELD, Mr Alan, Actuary, Taylor Fry

JOHNSON, Ms Sarah, Scheme Actuary, National Disability Insurance Agency

MAHMIC, Ms Sylvana, Member of the Independent Advisory Council, National Disability Insurance Agency

MEAGHER, Ms Janet, AM, Member of the Independent Advisory Council, National Disability Insurance Agency

NAUGHTIN, Dr Gerry, Member of the Independent Advisory Council, National Disability Insurance Agency

*Canberra, Friday, 19 June 2015*

**Committee Members in attendance:** Senators Siewert and Mr Brough, Ms Hall, Mr Irons, Ms Macklin.

**Witnesses:**

EVERY, Mr Scott, Policy and Research Director, First Peoples Disability Network

CHRISTIAN, Mr James, Group Manager, Disability, Employment and Carers Group, Department of Social Services

FIFIELD, Senator the Hon. Mitch, Assistant Minister for Social Services, Commonwealth Parliament

GRIFFIS, Mr Damian, CEO, First Peoples Disability Network

HARTLAND, Dr Nick, Group Manager, National Disability Insurance Scheme Group, Department of Social Services

PRATT, Mr Finn, Secretary, Department of Social Services

RILEY, Mr John, Branch Manager, Disability Employment Taskforce, Department of Social Services

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*Darwin, Tuesday, 21 July 2015*

**Committee Members in attendance:** Senators Seselja, Urquhart and Mr Brough, Dr Gillespie, Ms Hall, Ms Macklin.

**Witnesses:**

BAMPTON, Ms Deborah, Secretary, Integrated disAbility Action

CROKER, Mr Cameron Michael, Managing Director, Keep Moving Pty Ltd

DAVIES, Mrs Lorraine, Executive Officer, Mental Illness Fellowship of Australia (NT)

ELFERINK, The Hon. Johan Wessel (John), Minister for Disability Services, Northern Territory Parliament

GIBBS, Miss Lorraine, Senior Aged and Disability Advocate, Darwin Community Legal Service

HALLATT, Ms Shannon May, Chief Executive Officer, OT for Kids NT

HAM, Ms Sue, Trial Site Manager Northern Territory/Tasmania, National Disability Insurance Agency

HAM, Ms Sue, Trial Site Manager NT/Tasmania, National Disability Insurance Agency

HAM, Ms Sue, Trial Site Manager, Northern Territory/Tasmania, National Disability Insurance Agency

HAWKINS, Ms Mary, Community Solicitor, Darwin Community Legal Service

LLOYD, Ms Jane, Director, CatholicCare NT

McWILLIAMS, Miss Carlie, General Manager, Life Without Barriers

REID, Mrs Elizabeth, Executive Officer, YouthWorX NT

REID, Mrs Elizabeth, Executive Officer, YouthWorX NT

RILY, Ms Annie, Acting Senior Director, Office of Disability, Department of Health, Northern Territory

RUSSELL, Mrs Bronwyn, President, Mental Illness Fellowship of Australia (NT)

SANDERS, Mr Trevor, Consultant, Anyinginyi Health Aboriginal Corporation

SANDERS, Mr Trevor, Consultant, Anyinginyi Health Aboriginal Corporation

SHEARER, Ms Susan Margaret, Chair, Integrated Disability Action Inc.

SKORDIS, Ms Anne, General Manager, Scheme Transition and Integrity, Northern Territory/Tasmania National Disability Insurance Agency

SWAN, Mr Bradley, State Director, Northern Territory, Life Without Barriers

WALFORD, Ms Nikki, Acting Executive Director, Territory Wide Services, Department of Health, Northern Territory

WHATLEY, Mr Darrin William, Carer, and Owner/Operator, Darrin's Mechanical Repairs

*Canberra, Friday, 23 October 2015*

**Committee Members in attendance:** Senators Gallacher, Lindgren, Reynolds and Dr Gillespie, Ms Macklin.

**Witnesses:**

BAKER, Dr Ken, Chief Executive, National Disability Services

BLACKWOOD, Mr Alan McKenzie, Director, Policy and Innovation, Young People in Nursing Homes National Alliance

BLEASDALE, Mr Michael Peter, Chief Executive Officer, Home Modifications Australia

BRYCE, Mrs Anne, Chief Executive Officer, Achieve Australia Limited

CARLYON, Mr Norman, Committee Member, Frankston Peninsula Carers Inc.

FOARD, Mr Glenn, Nominated Representative, Community Lifestyle Accommodation Ltd; and Chief Executive Officer, Melba Support Services Inc.

FOTHERINGHAM, Dr Michael, Deputy Executive Director and Head of Research, Australian Housing and Urban Research Institute

GALLOWAY, Ms Andrea, Chief Executive Officer, Evolve Housing

HOSKING, Mr Bradley, Invitee of Business Council of Co-operatives and Mutuals

HULETT, Mr Matthew David Edward, Project Development Manager, Sundale

JAMIESON, Mr Shane Campbell, Connect Coordinator, Youngcare

KENNERLEY, Mrs Samantha, Chief Executive Officer, Youngcare

McLEOD, Mr John William, Philanthropic Services Consultant, JBWere

MIDDLETON, Ms Gail, Manager, Housing and Community Engagement, Sundale

MORKHAM, Dr Bronwyn Elizabeth, National Director, Young People in Nursing Homes National Alliance MORRISON, Ms Melina, Chief Executive Officer, Business Council of Co-operatives and Mutuals

NAUFAL, Mr Roland John, Consultant, Business Council of Co-operatives and Mutuals

RICHARDS, Ms Sally Lee, Private capacity

SONTER, Mrs Lynn, Private capacity

WINKLER, Dr Dianne, Chief Executive Officer, Summer Foundation Ltd



## **Appendix 2**

### **Correspondence, submissions and answers to questions on notice received since 29 July 2014**

#### **Correspondence**

- 1 Bob Lee, 1 October 2014
- 2 Victorian Coalition of ABI Service Providers Inc, 15 October 2014
- 3 Mental Health Australia, 29 October 2014
- 4 Mental Illness Fellowship Australia, 29 October 2014
- 5 Queensland Alliance for Mental Health, 29 October 2014
- 6 Arthritis Australia, 31 October 2014
- 7 Carers NSW, 4 November 2014
- 8 CASSI, 1 December 2014
- 9 George King, Home Safety & Comfort, 5 February 2015
- 10 Government response to NDIS report July 2014, 19 February 2015
- 11 NDIA Paper on Assistive Technologies, 6 March 2015
- 12 NDIA Action Plan on progress report, 13 May 2015
- 13 Senator Rachel Siewert, 26 June 2015
- 14 Peter Yeo, 17 July 2015
- 15 NDIA - letter and documents, 22 July 2015
- 16 NDIA - response re Reasonable and Necessary Support across the lifespan, 23 July 2015
- 17 NDIA - letter and The NDIS and Optimising the User Cost of Capital, 23 July 2015
- 18 Senator the Hon Mitch Fifield, 28 July 2015
- 19 Council for Intellectual Disability, 17 August 2015

#### **Submissions**

The committee formally accepts documents as 'submissions' from witnesses providing verbal evidence at a public hearing or relating to an NDIS trial site.

- 1 Hunter Partners in Recovery and the NDIS, 13 March 2015

- 2 Sunshine Coast Medicare Local, 13 March 2015
- 3 Queensland Advocacy Inc\_1, 13 March 2015
- 4 Queensland Advocacy Inc\_2, 13 March 2015
- 5 Queensland Advocacy Inc\_3, 13 March 2015
- 6 QADA, 13 March 2015, 13 March 2015
- 7 Montrose Access, 13 March 2015
- 8 CASSI, 13 March 2015
- 9 Bob Lee, 13 March 2015
- 10 Amparo Advocacy, 13 March 2015
- 11 Amparo Advocacy\_booklet, 13 March 2015
- 12 Peter Dwyer, 27 March 2015
- 13 NEDA - Report, 27 March 2015
- 14 NEDA - Media Release, 27 March 2015
- 15 Marguerite Walshaw, 27 March 2015
- 16 KinCare, 27 March 2015
- 17 Focus ACT, 27 March 2015
- 18 Disability Advocacy NSW, 27 March 2015
- 19 Carers ACT, 27 March 2015
- 20 ADACAS, 27 March 2015
- 21 Disability Services Commission, 8 April 2015
- 22 Mr Tony Vis, 8 April 2015
- 23 People with Disabilities WA, 8 April 2015
- 24 LAMP Inc, 8 April 2015
- 25 Baptistcare, 15 May 2015
- 26 Peter Yeo, 26 May 2015
- 27 Name Withheld\_, 22 May 2015
- 28 Name Withheld\_, 18 June 2015
- 29 OT for Kids NT, 21 July 2015
- 30 Catheters: Addressing the funding gap 28 July 2015
- 31 Catheterization and overview, 28 July 2015
- 32 Disability Housing - Sunshine Coast, 5 August 2015
- 33 AEIOU - Early Intervention for Children with Autism, 5 August 2015
- 34 AEIOU - Assessment Proposal, 5 August 2015



35 Fitzroy Valley questionnaire article, 7 August 2015

### **Answers to questions on notice**

- 1 Queensland Government, 16 April 2015
- 2 National Disability Insurance Agency, 1 May 2015
- 3 National Disability Insurance Agency - WA, 14 May 2015
- 4 National Disability Insurance Agency - ACT, 5 June 2015
- 5 National Injury Insurance Scheme, 15 July 2015