National Disability Services

Disability Care and Support:
Response to the Productivity Commission's Draft Report

The case for reform is strong

NDS welcomes the Productivity Commission's draft report on Disability Care and Support. The opening statement of the draft deserves loud acclamation:

> The disability support 'system' overall is inequitable, underfunded, fragmented, and inefficient and gives people with disability little choice… The central message of this draft report is that a real system for people with a disability is required—with much more and better-directed money, a national approach, and a shift in decision-making to people with disability and their carers.

Importantly, the draft report concurs with four key national reports over the last four years that underline the case for fundamental reform of the disability services system.

- The 2007 **Report of the Senate Inquiry into the Commonwealth State Territory Disability Agreement (CSTDA)** that found the system to be crisis-driven, disjointed and unable to meet current and future demand for disability services.[1] The report's principal recommendation was a substantial increase in funding from Federal and State/Territory governments. It recommended improved indexation rates for service organisations and growth funding to respond to the increasing need for services. The Government's response, released in late 2010, agrees with most of the report's 29 recommendations.[2]

- The **Federal House of Representatives carers inquiry** that concluded that many carers are experiencing isolation and financial and emotional stress as they struggle—without access to sufficient services—to support family members.[3] Lack of recognition, poor information, dissatisfaction with community care systems and lack of choice in relation to workforce participation were commonly-reported experiences.

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[1] Senate Standing Committee on Community Affairs, 2007, *Funding and operation of the Commonwealth State/Territory Disability Agreement,* The Senate, Canberra

[2] Commonwealth Government Response to the Report and Recommendations of the Senate Standing Committee on Community Affairs Inquiry, Funding and Operation of the Commonwealth State Territory Disability Agreement (CSTDA), Minister for Families, Housing, Community Services and Indigenous Affairs, November 2010.

[3] House of Representatives Standing Committee on Family, Community, Housing and Youth 2009, *Who Cares? Report on the inquiry into better support for carers*, House of Representatives, Canberra.

- The 2009 report, ***Shut out: The experience of people with disabilities and their families in Australia***, compiled by the National People with Disability and Carer Council, that painted a similarly bleak picture. Australians with disability, it found, are socially, culturally and politically isolated.

  > A lack of social inclusion and the multiple barriers to meaningful participation in the community faced by people with disabilities were the most frequently raised issues in the submissions and consultations… People with disabilities and their families, friends and carers reported daily instances of being segregated, excluded, marginalised and ignored. At best they reported being treated as different. At worst they reported experiencing exclusion and abuse, and being the subject of fear, ignorance and prejudice.[4]

  The report lists major barriers to participation experienced by people with disability—access to support services; employment; transport; education; built environment; housing; rights and justice; assistive technologies. Shut Out graphically describes a service system in disrepair—broken and broke: chronically underfunded and under-resourced; crisis-driven; road blocks where there should be pathways; queues where there should be services.

- The Disability Investment Group's 2009 report, ***The Way Forward***, that estimated growth in demand for specialist disability services at 7.5 per cent a year in real terms and notes:

  > Government spending on disability services has not kept pace with this … With increasing numbers of people with disability, decreasing availability of informal carers, and an ageing population, there will be even greater stress in future on the fragmented service system and a growing liability for families and governments.[5]

To recognise that current arrangements are inequitable and unsustainable is not to devalue the significant effort of stakeholders and participants across the disability sector or to deny that progress has occurred. But incremental change will be insufficient to bridge the gap between service capacity and demand; the system needs fundamental reform. After the numerous inquiries that have described the failings of the system, NDS hopes the Productivity Commission's final report into Disability Care and Support is the necessary catalyst for action. Unlike other reports it will provide a comprehensive plan for transforming how people with disability are supported.

In NDS's view, the failings of the current system as described by the Commission should remain in the final report. Governments must be given the strongest possible message that ignoring the findings of the Commission is not an option. Delivering a system to support people with disability and their families and carers to live an ordinary life of their choosing is long overdue and not too much to ask.

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[4] National People with Disabilities and Carer Council 2009, *Shut Out: The experience of people with disabilities and their families in Australia*, FaHCSIA, Canberra, p. 3.

[5] Report of the Disability Investment Group, *The Way Forward*, Commonwealth of Australia, 2009, p 13.

This submission begins by making general comments on the draft report and follows with responses to issues raised in selected chapters.

General comments

NDS supports the main policy architecture recommended in the draft report: the establishment of the National Disability Insurance Scheme (NDIS) and the National Injury Insurance Scheme (NIIS). Together these schemes would provide access to the full range of long-term disability support services and equipment regardless of the cause of a person’s disability.

With careful implementation, an NDIS would deliver more appropriate supports to a greater number of people. It would give people with disability and their families and carers more choice—choice of service providers; of the type of support; and of self-managing their supports. While NDS will question and seek changes to some of the details of the policy design, this does not detract from our enthusiasm for the key features of the proposed reforms.

NDS supports an approach based on national policy setting and local decision-making. A national scheme would deliver consistency and equity across all Australia: the same eligibility criteria would apply to all; nationally consistent assessment would allocate support packages equitably; policies and guidelines would apply in all jurisdictions. Importantly, however, the Scheme would be delivered locally. Local decision-making is critical to providing the flexibility and responsiveness that people with disability and their families and carers require. Local contacts to answer queries, to solve problems, to agree support plan changes and to address complaints are essential. National policy-making should be supported, wherever possible, by local management.

The NDIS represents an important paradigm shift towards conceptualising disability support as an investment in people. While requiring an immediate and substantial funding boost, the NDIS should produce long-term benefits by enhancing the independence, productivity and participation of people with disability. It should reduce the inefficiency of having people with disability waiting in hospitals because they can’t get the support services they need to live at home; or over-represented in the homelessness, justice, and aged care systems because they can’t access adequate support from the disability system.

In an earlier submission NDS reported on the modelling of the financial effects of increasing the number of people (currently a very low proportion) who move from the Disability Support Pension (DSP) to paid employment. The economic modelling uses the tool Remplan 3 (developed by Compelling Economics) which uses 2006 ABS Census JTW Employment Data; 2005–2006 ABS National Input Output Tables: and June 2009 ABS GDP data. The direct and flow-on financial effects of increasing employment participation are substantial.[6]

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[6] Multipliers for Community Services are 2.458 for financial output and 1.342 for employment output. In the broader economy as it relates to the estimates presented,

If just 4 per cent of people currently on the DSP found employment within the community services sector (a relatively low-paying sector and one which has limited flow-on effects), the model predicts the economic impact to be about $5 billion dollars. If, however, these people found employment across all industry sectors (in accordance with the percentage of the workforce working in each major industry sector) the economic impact (the industrial and consumption effects) could be as large as $25 billion.[7]

Similar modelling for carers was also presented. If just 20 per cent of the 187,900 carers in Australia who were of workforce age, not in the workforce and were caring for a person under 65 years[8] returned to work in the community services sector, the benefit to the economy would be $6.3 billion. If, however, the 20 per cent of carers returning to work found employment across all major industry sectors the economic impact would be around $32 billion.

Supporting increased employment participation by people with disability and carers would deliver major economic benefits to Australian society and rewards for individuals. Economic participation is central to social inclusion but many people with disability who want to work are being denied its associated benefits, such as income, satisfaction, status and access to social networks. Many carers are similarly denied.

In this conceptualisation, the interests of the individual and the interests of the Scheme are aligned—both have the goal of ensuring every individual has every opportunity to reach their potential. Good investment in people will establish a relationship between improved personal capacity and the moderation of future costs. This is apparent in early intervention services, but can also be seen in other services such as community access, personal support, home modifications and the timely provision of assistive technology.

It is important that the Productivity Commission’s reform proposal is seen in the context of the National Disability Strategy, released earlier this year. The NDIS would be a key plank within the Strategy, an ambitious, whole-of-government, 10-year plan, which will help give practical effect to the UN Convention on the Rights of Persons with Disability. It covers key domains of social, economic and civic life: health and well-being; economic security; learning and skills development; rights and justice; accessible communities; and personal support.

Although much of the National Disability Strategy relates to the exercise of rights rather than the provision of services, the capacity of many people with severe disability to exercise their rights will hinge on their access to disability support services.

NDS would like to see the reform proposal of the Productivity Commission implemented as soon as is practicable. Unnecessary delays would see people with disability and their families and carers continue to bear the burden of a failing system.

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the multipliers are 2.527 for financial output and 2.472 for employment output. The calculation uses a figure of 740,000 people receiving the Disability Support Pension.

[7] For further detail see Appendix.

[8] ABS Survey of Disability, Ageing and Carers (2003), Table 1.4 p.16, ABS, A Profile of Carers in Australia, 4448.0, 2008

That said, piloting is critical to reform of this magnitude. Given the differences between states and territories and their disability systems, NDS recommends that at least three pilots are conducted, each in a different State or Territory. Multiple pilots would provide richer information and help ensure the successful implementation of the National Disability Insurance Scheme across all of Australia.

At a number of points, the draft report demonstrates an overly strong faith in the open market. While NDS does not propose that service provision should be solely confined to not-for-profit organisations, we believe that significant (if hard to measure) value is added by not-for-profit providers, which could be lost if market forces prevail.

> Community services are a vital part of Australia's social and economic infrastructure and are used by most Australians at some point in their lives. Community services not only support individuals and families, but also build social cohesion, enhance equity, give voice to the needs of disadvantaged groups, mobilise voluntary effort and philanthropy and achieve systemic change. They are one of the key mechanisms by which strong, effective communities are fostered and maintained.[9]

Not-for-profit disability service providers receive government funding for the provision of various support services but invariably supplement their work with additional resources, including from voluntary effort and fund-raising. Their mission extends beyond the delivery of government-funded services. Responding to the needs of some of the most disadvantaged people in our society, they are cost-effective and they have a history of social innovation, as the Productivity Commission itself recognised in an earlier report:

> While [social innovation] adds to community well being it may not create, nor improve, commercial opportunities, consequently may be of limited interest to for-profit business. Hence the motivation to invest in social innovation is inherently community-purpose based…[10]

The additional value they bring also includes community capacity building and awareness-raising, which are important to the successful implementation of both the NDIS and the National Disability Strategy.

NDS requests that consideration be given to how the value added by the not-for-profit sector can be maintained in a system that will encourage greater competition, and, at a minimum, requests that all providers of disability support services be required to meet the National Standards for Disability Services. High quality service provision should not be compromised.

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[9] The Australian Collaboration: A collaboration of national community organisations 2001, *A Just and Sustainable Australia*, ACOSS, Redfern, p. 50.

[10] Productivity Commission 2010, *Contribution of the not-for-profit sector*, Productivity Commission, Canberra, p. 238.

Specific comments

Chapter 3: Who is the NDIS for?

Eligibility and available supports

Ultimately, the NDIS should provide an entitlement to support for all people whose disability has an impact on their daily life, regardless of age. Allied systems need to work in a complementary manner so that people get access to the service response that can most effectively assist them. This principle should underpin the reforms proposed for both the aged care and the disability sectors.

NDS is pleased to see that the number of people to be supported under an NDIS would be higher than presently receive assistance, even though it is difficult to be precise about the size of the increase (this particularly the case when we consider people receiving assistance with employment).

NDS asks the Commission to reconsider how Tier 3(b) is defined. While aware that the Commission has clearly responded to the findings of the 2008 AIHW report—that indicates that people with intellectual disability encounter special challenges associated with dealing with changed circumstances and making and maintaining friendships—there are others, such as some people with acquired brain damage and autism (for example), who experience similar difficulties; they also need support in these areas.

NDS recommends that Tier 3(b) be defined by functional need rather than a specific diagnosis—to do otherwise would be inequitable.

While NDS supports the concept of a tiered approach to the NDIS, it is concerned about the possible magnitude of the gap between supports available under Tiers 2 and 3—the difference between receiving 'information and referral services' under Tier 2 and significant supports under Tier 3. NDS believes it may be warranted to provide greater assistance to some people who just miss out on meeting eligibility for Tier 3 support.

One approach could be that for people seeking support under Tier 3 but who are denied (have functional needs associated with their disability but fail to meet eligibility criteria for Tier 3) a low cost response could be offered. A limited program modelled on successful aspects of Local Area Coordination (operating in Western Australia) could assist people to develop community-based options (with access, where necessary, to a relatively small amount of funding to help achieve good results). This funding could be provided once-off or be potentially available to support people move through periods of transition (such as entering school; moving to secondary school; leaving school; leaving home; demonstrating the impact of ageing).

Once connected to a service similar to Local Area Coordination, the monitoring of the changing needs of this population group would be relatively easy; the identification of increased support needs could trigger an assessment for Tier 3 supports.

Early intervention

See response to Chapter 11

Interfaces with other systems

Aged care

The interface with aged care has long been problematic: people ageing with disability rarely receive the support they require. If the interface between the systems is not well articulated, the risk is that people with disability will fall into a gap between the systems. A new Scheme should be structured to resolve these problems.

In its response to the Draft Report on Caring for Older Australians, NDS argued for the establishment of linked service systems that provide access to the supports that are the most appropriate for an individual, regardless of age. Rather than the disability services and aged care systems replicating each other's expertise, cross-system purchasing arrangements should enable people to purchase specialist services from the system where the expertise exists. For example, people with Down Syndrome who experience early onset Dementia would purchase Dementia support from the aged care system; older people experiencing loss of vision could use aged care funds to purchase orientation and mobility training from a disability service provider.

In recent times the approach taken by most governments is to divide funding responsibilities on the basis of age (for example, within the National Health and Hospital Network Agreement). The clarity and simplicity of this approach is attractive, but it raises the possibility that people will receive different levels and types of support that are dependent not upon their functional needs but on their age. Under the NDIS, effort must be made to ensure that these differences are minimised.

Given that some delineation between the aged care and the disability sectors will be made, NDS accepts the funding arrangement (first option) as outlined in the draft report. Careful negotiation with the aged care sector will be necessary to ensure that it is workable and that both sectors provide good support to people with disability.

Health

There is compelling evidence that people with disability are more likely to have poorer health than the general population—on a range of indicators. The recent report by AIHW, *Australia's health 2010*, states:

> The data show that, overall, people with disability are more likely than others to have poor physical and mental health and higher rates of health risk factors,

> such as smoking and overweight. Among other things, the data help to confirm that the more severe a person's disability…the poorer their health.[11]

The report noted that the rate of disease and comorbidity increased with the severity of the disability and that people with disability were four times as likely as others to report severe or very severe levels of pain, the rates increasing with the severity of the disability. "Nearly 40% of people aged 15–64 years with a severe or profound core activity limitation had such pain compared with just 4% of other Australians."[12]

The recent report by the ABS adds to this disturbing picture[13]. Almost 69 per cent of people with profound or severe disability report having four or more long term health conditions, six times that rate reported by people without disability. This same group tends to have higher rates of most conditions, across most age categories—arthritis; ischaemic heart disease; hypertensive disease; cardiovascular disease; Type 2 diabetes; asthma; and be taking medication for a mental health condition. Of people aged 18 years and over with profound or severe disability, only 17.4 per cent considered their overall health to be very good or excellent, compared with almost 69 per cent of people without disability.

NDS is pleased that the Commission recognises that the NDIS could have a role in reducing disability-specific barriers to receiving good health care. An important example of this is when some people with disability are hospitalised (particularly those with communication difficulties and/or cognitive impairment). While hospital staff need to be adequately trained in disability issues to minimise the distress these people experience, there is often a need for people to receive additional support from disability support workers they know. The NDIS may be able to make this service available.

Negotiating appropriate arrangements—with Medicare Locals and Local Health Networks—for the provision of health care for people with disability will be an important function of the NDIA.

NDS would also like to see clear arrangements be put in place with the health system for the provision of aids and equipment; the respective responsibilities need to be clearly delineated.

NDS, therefore, supports the establishment of a common memorandum of understanding (MOU) between the NDIA and health departments in each state. The potential for cost shifting from health to the NDIS is high. The establishment of an MOU could provide an opportunity to clarify some anomalies within aids and equipment programs. For example, the provision of oxygen should be a health responsibility; the provision of external prostheses should be available through the NDIS (except perhaps when a prosthesis is provided following an injury/surgery that has been treated in the acute health sector and/or intensive rehabilitation); the cost of internal prostheses should be the responsibility of the health sector.

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[11] Australian Institute of Health and Welfare 2010, *Australia's health 2010*, AIHW, Canberra, p. 257

[12] ibid., pp. 258–9

[13] ABS 2010, *Health and disability: Aspects of the Australian Experience*, cat.4367.0, ABS, Canberra.

MOUs, to be effective, need to be actively monitored and discussed by signatories; too often they fail because they are not.

Mental health

If the mental health system was well-funded and structured the interface between it and the NDIS would not be particularly contentious. But low levels of funding in both sectors have resulted in difficult arrangements, particularly for people with a dual diagnosis who have often found themselves caught between the service systems and rarely getting the supports (and treatments) they need.

People who have a mental illness as well as another disability (with functional needs as defined by the eligibility criteria) should receive support under an NDIS. When they need treatment for their mental illness, they should receive timely and appropriate treatment from specialist mental health services. The NDIS should not cover these health expenses.

In the situation where the only significant disability arises from a mental illness, that person should receive support from acute and/or community-based mental health services. The exception to this should be where a person is deemed eligible for employment support through a specialist disability employment program—as is the case now, these people should be supported to find and maintain work by a Disability Employment Services provider or an Australian Disability Enterprise.

NDS believes the scheme should exclude people who have drug or alcohol addiction alone (that is, being without an associated disability that requires regular—either ongoing or intermittent—support). If, however, the addiction is associated with a significant disability (with functional needs as defined by the eligibility criteria) a person should be deemed eligible for the NDIS.

Education

Generally, children and young people with disability are inadequately supported in education. A recent report, *Shut out: The experience of people with disabilities and their families in Australia*, describes the social, cultural and political isolation experienced by many people with disability. It refers to the education experience of people with disabilities as ‘the wasted years’ and reports that almost 30 per cent of submissions made to its consultation indicated that “far from ensuring young people with disabilities have every opportunity to realise their potential, the education system acts as a barrier to greater achievement and independence in their lives”[14].

While this situation requires urgent attention the responsibility for it lies with state and territory education systems. They need to be held accountable for this responsibility.

NDS agrees with the proposition put by the Commission (pp. 4.17-19):

> …partnerships are essential for achieving positive outcomes for students with a disability. These include partnerships between families, communities and

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[14] National People with Disabilities and Carer Council 2009, *Shut Out: The experience of people with disabilities and their families in Australia*, FaHCSIA, Canberra, p. 47.

> schools that are effective in identifying and responding to the needs of individual students as well as inter-agency approaches through collaborative planning and delivery of services.
>
> In this context, the NDIS would have a role in meeting some of the needs of students. This would be centred on the provision of goods and services that would be needed regardless of whether a person was attending school or not (personal attendant care, a hearing aide, or a wheelchair).

The interface between the NDIS and education systems needs to be carefully negotiated. Children and young people must be given the opportunities to develop into active citizens within their communities. Education and training systems must be held responsible for delivering good education outcomes for all, including those with disability. The relationship between the NDIA and education systems needs to be collaborative and always focused on supporting good education and training outcomes.

Other interfaces

NDS agrees with the proposal for the intersection of palliative care and the NDIS; it is a workable and sensible solution.

In light of the unacceptably high number of people with disability (particularly intellectual disability) who find themselves interacting with justice systems, NDS suggests there is a need to develop a common MOU between the justice departments of all the state and territory jurisdictions and the NDIA on how they will respond to and support people with disability who demonstrate risk-taking or illegal behaviour. Appropriate support could prevent offending, incarceration and/or re-offending; it is definitely a cost-effective option and a better one for people with disability. The cost benefits (as well as the personal benefits) of keeping people from entering the justice system (or minimising the length of time of their involvement) makes a strong economic argument for intervening early with people with disability who are thought to be at risk of becoming involved with the justice system.

NDS members have reported difficulties—experienced in at least some jurisdictions—of obtaining disability support for children with disability in out-of-home care or who are being monitored by child protection services. Once again, with the introduction of an NDIS, the NDIA should seek to remove this unacceptable barrier.

Chapter 4: What individualised supports will the NDIS fund?

Specialist disability supports

NDS is pleased to note that the intent of the NDIS is to meet “disability-related needs”. This focus concurs with that of NDS, which, in its original submission, argued that:

> **The scheme should only cover expenses associated with the additional support required because of disability; it should not pay for ‘ordinary life expenses’.**
>
> A new scheme should assist people with the needs that arise from their disability and not be thought of as an income supplement.
>
> NDS acknowledges that many people with disability have low income and has often pointed out the strong correlation between household poverty and disability and argued for the need to increase the financial assistance available. This, however, should be addressed through the income support system and not through a new scheme designed to provide support services.
>
> Excluding ‘ordinary life expenses’, the scheme would not cover expenditure on items such as food, utilities, recreation and clothing. The exception would be where expenditure on these items was high due to a disability—in these cases expenditure above the norm could be funded by the scheme. The scheme could, for instance, fund modifications to a vehicle to enable wheelchair access, but not cover the base cost of the vehicle itself. It could cover the difference between the cost of a commercial washing machine and the cost of an ordinary washing machine for a family with incontinent children.
>
> The scheme, therefore, should be structured around a co-contribution approach to the provision of some services or technology; for ‘ordinary life expenses or items’ the individual would be expected to contribute what other people could be expected to provide. The scheme would be limited to covering the extra-ordinary living costs of an individual or the cost differential between the price of an adequate piece of equipment or technology and the upgraded version that might be preferred.
>
> **The supports available under a new scheme should be clearly listed and regularly reviewed**
>
> While difficult, the transparency and clarity of a new scheme would be enhanced by clear articulation of ‘legitimate supports’ and any associated restrictions—just as Medicare specifies the medical interventions that it will fund and the PBS the drugs that receive public subsidy. Such an approach would assist accountability for the use of public funds and equity for those in need, as well as minimising the use of complaint mechanisms, appeals and litigation.
>
> The list should be reviewed regularly by an independent panel which would be guided by available evidence on efficacy.

NDS continues to support this approach answering the question: “what individualised supports will the NDIS fund?” with the proviso that the scheme must be able to respond appropriately to individual cases (some will warrant a more flexible approach). This may include the additional costs of electricity for people with temperature-sensitive disabilities or the additional costs associated with a disability that results in the regular destruction of clothes, furniture or similar. A mechanism to have individual circumstances assessed on merit is essential to creating a Scheme that responds appropriately to a person’s circumstances.

NDS believes that there is a need to separate income payments from the assistance available under the NDIS. For this reason we would support the cashing out of specialist disability support services generally (as described on p. 4.6) but would not support the cashing out of any rental component of supported accommodation. Under current arrangements, people living in supported accommodation generally contribute a proportion of their income for rent (or lodgings) as well as an amount for their living expenses (usually meals and/or utilities). This is a reasonable approach. People with disability should receive adequate income to provide for their 'board and lodgings'; support arrangements for eligible people should be separate and funded by the NDIS. The need for improved access to affordable housing is discussed below.

Specialist work-related programs

NDS notes the comments of the Commission on employment and seeks clarity around the role of specialist employment services.

Specialist work-related programs for people with disability fall into three broad categories: Disability Employment Services (DES); Australian Disability Enterprises (ADEs); and transition to work programs.

DES providers assist people with disability to find and, where necessary, to maintain employment. There are two streams: Employment Support Services (ESS) and Disability Management Services (DMS). Ongoing support to maintain employment is available to those within ESS; DMS provides intensive work preparation (vocational rehabilitation) and assists people with disability to find employment. Ongoing support is not provided.

NDS contends that DES should be an eligible support under the NDIS. The vast majority of people within the ESS stream would meet the proposed eligibility requirement for the NDIS. People receiving support from the DMS are, in effect, receiving an early intervention service to assist them to gain employment after which they receive no ongoing intervention. While many people within this group would not meet the eligibility criteria for other support under the NDIS, investing in them to become part of the workforce is warranted.

ADEs provide supported employment for people with disability. The number of (government-funded) places available to people is currently 'capped', denying some people with disability the opportunity to work. NDS believes that all people currently receiving this form of employment support would meet the proposed eligibility criteria for the NDIS. ADEs should, therefore, be part of the Scheme—a person assessed as needing support to meet their desire to work should receive assistance to do so.

Transition to work programs are important in assisting some young people with disability move from school to work. Effort should be made to identify the most effective of these from the jurisdictions that fund them and make those available through the NDIS—it makes strong economic sense to assist people with disability to be employed.

The role of 'mainstream' services

NDS agrees with the Productivity Commission when it states: ‘access to generic services, such as health and housing, can affect demand for NDIS-funded services, and vice versa. It will be important for the scheme not to respond to problems or shortfalls in mainstream services by providing its own substitute services’. The NDIS should supplement those mainstream services generally available to all Australians rather than substitute for them, except when absolutely necessary.

Housing

People with disability have the right to live in and be part of their own communities—in residential neighbourhoods—in homes similar to others. They have the right to pursue lifestyles of their choice and participate fully in all aspects of community life.

The reality is, however, not so simple. Insufficient housing and limited support services—in all jurisdictions—restrict the options of people with disability. The vision of them having real choice in housing is a long way from being achieved.

Social or community housing should be a critical and major element within the provision of housing for people with a disability. The recent government commitments to social housing growth should mean that people with disability have improved access, but this will only happen if they are assisted to navigate the often complex and fragmented application processes, are prioritised as being in high need of assistance, and if there are appropriately designed properties available.

The NDIA should have a role in working with states and territories to improve the access people with disability have to mainstream housing; real choice in housing and accommodation is dependent upon the availability of options.

Transport

Access to reliable and safe transport to enable people with disability to move about the community or attend their place of work is vital. All jurisdictions are working to improve access to public transport but progress is unacceptably slow. People with disability are often forced to use more expensive options as a result.

NDS believes that for some people with disability, greater financial assistance for the cost of taxis should be made available under the NDIS. However, given the level of need, the existence of state/territory taxi assistance programs, and the availability of the mobility allowance, any provision under the NDIS should be targeted and capped. The sustainability of the NDIS should not be compromised by the inadequate provision of accessible transport by states and territories.

Income support

While NDS does not believe the Carer Payment, Carer Supplement and Carer Allowance should fall within the scope of the NDIS, there is merit in exploring whether the Mobility Allowance and the Child Disability Assistance Payment should. These latter payments are aimed at covering costs which arise directly from a person’s disability and therefore should be covered by the NDIS.

If most current recipients of these two payments would meet the eligibility criteria for assistance from the NDIS, the argument for inclusion would be strong.

The basis for providing specialist supports

In an ideal word, all people requiring assistance would receive it; the NDIS will not be able to deliver this dream. NDS, therefore, accepts the use of ‘reasonable and necessary’ criteria for determining whether a support or service should be made available under the NDIS.

Chapter 5: Assessing care and support needs

What is being assessed?

NDS agrees that assessment should be focused on needs, particularly to identify ‘reasonable needs’. NDS also supports the Commission when it suggests that taking account of an individual’s aspirations can be important (and in some cases would warrant a greater level of support for a period of time). An example of this could be the provision of more support or services while a person undertook tertiary education with a view that it would assist them to gain future employment; the investment would be warranted.

The proposal to use the International Classification of Functioning, Disability and Health as the framework for identifying the domains to be considered in a needs-based assessment is valid; the choice of assessment tools is, however, more complex.

What is the purpose of the assessment process?

NDS supports the purposes of the assessment process as outlined:

- a screening for eligibility (so that only those likely to be eligible for the NDIS undertake more formal assessment);
- determining the type, intensity and frequency of support needed;
- determining the availability (and willingness) of informal supports;
- determining an individual budget;
- determining suitability for self-directed funding;
- providing a referral to other schemes; and
- providing data for program planning and cost management.

Desirable features of assessment tools

The role of assessment in the operation of fair, efficient and sustainable scheme is clear; it needs to identify the people eligible to receive support, and the types and levels of support they require. And it needs to allocate resources fairly and equitably right across Australia.

NDS frequently hears of the problems (and associated inequities) with the assessment processes currently used by the various jurisdictions; the establishment of an NDIS provides the opportunity to establish a more unified approach. This is desirable and overdue.

Nationally-consistent assessment and equitable resource allocation is required. This assessment must, however, be as streamlined as possible. Individuals (and their carers) must be subjected to less assessment rather than more (the minimal required to provide necessary and adequate information). Scarce resources should, as far as is practicable, be directed to supports or services.

A single tool or a ‘toolbox’

No current assessment tool or process is adequate for adoption as a sole tool for use within the NDIS. For this reason, NDS supports the suggestion that the NDIS begin with a suite of tools. The weakness of this approach, however, is that the greater the number of tools, the greater the possibility of inequitable outcomes. For this reason, NDS suggests that effort is put into having approved as few assessment tools as practicable at the beginning of the Scheme.

NDS also requests further work be undertaken—following the introduction of the Scheme—into determining the most reliable and valid assessment tools and processes (with an additional aim of minimising assessment time/processes for people with disability and their families and carers).

When should assessments occur?

Assessment (and re-assessment) processes should be effective, adequate for purpose and streamlined. NDS believes that life stage transitions (and major life events) should trigger consideration of the need for re-assessment. Individuals and their families and carers should also be able to initiate this process.

Should carers have their own assessment

Given the high level of engagement of families and other informal carers in the lives of people with disability, NDS supports the suggestion they have their own assessment (when they request it and ensuring it is linked to the needs of the person they support).

The best arrangements for people with disability are generally those that arise from formal and informal supports working cooperatively and in partnership. Assisting families and carers to continue to be active in the life of their friend or family member with disability is a priority.

How assessment might work in practice

While NDS acknowledges the need for rigorous assessment processes we are concerned about the complexity of the suggested process outlined within the draft report (p. 5.26); it looks convoluted and resource intensive. Assessment is important but it should not unnecessarily consume resources better spent on support services. NDS is particularly concerned at the expense which would arise from the recommended process of engaging a case manager before the assessment by a trained assessor.

NDS supports assessment processes that:

- are timely;
- have mechanisms to help ensure consistency when used by many assessors;
- are as comprehensive as is necessary to cover the relevant domains of a person’s life;
- use existing information about the degree of disability and the supports required;
- seek permission to share information with necessary partners/providers;
- use an initial screening tool to determine likely eligibility;
- minimize assessment tasks (but give valid and reliable results);
- consider information provided by the person with disability (on needs and aspirations);
- consider the availability of informal supports (and, where possible, engages them in discussion);
- seek to re-assess at important life transitions or when instigated by the person with disability, their families or carers; and
- provide for review or appeal.

Chapter 6: Who has the decision-making power?

NDS supports the trend, seen both here and overseas, to giving people with disability more choice over their supports—the type of support, from where it is sourced, and how it is delivered. Well-designed and well-operated self-directed services should be embraced.

NDS is aware, however, that self-directed services or programs vary significantly in how they are structured, how effective they are, and the impact they have on the quality of service delivery. Recent experiences in Victoria highlight three broad and interrelated issues:

- transition to self-directed approaches requires investment to support the knowledge and skill development of organisations, workers, and people with disability and their families and carers;
- investment is also needed in systems, such as those to manage financial and client data, invoicing and remittance advice, cash flow and planning;
- consideration needs to be given to how 'less visible' yet vital activities such as transport, community capacity building, volunteer support and infrastructure are funded. These activities are funded most efficiently when developed and costed in relation to a group of people; it is difficult and often expensive to allocate costs to an individual.

In addition, organisations can expect to have increased administrative costs (such as managing non-payments, invoicing and reporting, providing emergency responses and managing cash flow).[15] Rapid transition to new arrangements under an NDIS could disadvantage smaller providers. Consideration must be given to how detrimental impacts can be minimised during the implementation of a new Scheme; adequate choice for consumers needs to be preserved.

NDS supports the recommendation that would provide the ability for a person to self-manage their package. Such a model needs, however, to be well structured to enable good outcomes for people with disability to be achieved without compromising the requirement that a Scheme meets public expectations of reasonableness; effort needs to be put into avoiding stories of funding mismanagement without being overly prescriptive. Prior to implementation, careful checks need to be made on the appropriateness of a self-managed package for a particular individual (including guardians that may be involved in financial decisions). Assistance with management tasks should be available if requested.

Accountability requirements should be established for self-managed packages. These requirements should be proportional to the size of the support package, giving confidence that the funds have been appropriately expended without being unnecessarily onerous. Expenditure should (largely) be able to be matched to a support plan.

A self-managed package of support, where it involves the direct employment of staff, should be required to operate as a small business; OHS and other work/industrial arrangements should be put in place. NDS is pleased to see that support for self-management would be available from Disability Support Organisations.

NDS stands by its earlier submission to the inquiry, which stated:

> Individualised funding is not the only route to the personalisation of services. Person-centred planning, for example, is re-shaping services to reflect the needs and aspirations of individuals, without necessarily relying on individualised funding. Moreover, if poorly implemented, individualised funding can actually restrict individual choices and service flexibility. This would occur if individual budgets were inadequate; or if the financial viability of services were undermined; or if the quality of services were depleted; or if the funding model could not accommodate unpredicted circumstances.
>
> While many people with disability will want to direct the supports they receive, few will want to become the employers of disability support workers and be responsible for all that that entails—e.g. the establishment of a small business,

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[15] See, for example, Dowson S & Salisbury B. Individualized Funding : Emerging Policy Issues: Paper prepared for Rocher Institute December 1999; Dickson H & Glasby J The Personalization agenda Implications for the third sector ,Third Sector Research Centre Working Paper 30 Feb 2010; and Fisher K, et al. Occasional Paper no. 29 Effectiveness of individual funding approaches, FaCHSIA 2010 viewed at http://www.fahcsia.gov.au/about/publicationsarticles/research/occasional/Documents/op29/op29.PDF

> compliance with legislation (including Occupational Health and Safety, taxation and industrial relations laws) and providing staff with the training, supervision and professional development opportunities they require.
>
> A National Disability Insurance Scheme should recognise diversity of choice and service patterns. It should allow a range of options for the management of supports, which include self-directed planning, self-directed supports and self-directed funding. People should have choice about how active they are in the administrative aspects of the support they receive. Direct funding to individuals should be available alongside options such as the use of a financial intermediary and direct funding of service providers.
>
> Any direct payments to individuals for the purchase of disability support services should not affect their eligibility for income support.

NDS is concerned about the employment of family members and agrees with the suggestion by the Commission that family members who are resident in the same household as the service user should not be paid to deliver services. To do so risks a conflict of interest and seriously blurs professional boundaries.

The payment of non-resident family members needs careful oversight. It is warranted in some circumstances—such as in rural and remote areas when the availability of support workers is limited—but should not generally be the arrangement of choice. Approval and review processes should be in place.

Chapter 7: Governance of the NDIS

NDS believes the governance arrangements proposed by the Commission are broadly appropriate but comments on the following:

The role of the NDIA and others within the NDIS

The proposed roles of the NDIA and others within the NDIS appear to be administratively heavy: they should be reviewed and refined.

In relation to the proposed arrangements, NDS notes:

- excessive funds could be spent on administrative, assessment and planning process;
- the assessment process (as outlined) is too complex and involves too many ‘layers’;
- clients could be subjected to excessive planning processes;
- ambiguity about whether service providers could be a DSO needs to be clarified;
- ambiguity about ‘case management’ needs to be resolved (case management is an expensive service which should be provided only to those with complex support needs—for example, most spinal cord injured

people who have no cognitive impairment do not need case management);

- authorisation of funding proposals could be onerous (or changes to arrangements);
- the establishment of an ‘efficient’ price could be inadequate or may not be appropriately indexed;
- there is no indication of how capital growth would be funded; and
- the importance of capacity building is not adequately addressed.

NDS recommends:

- the creation of a skills-based board is supported; appropriately qualified people with disability should be considered;
- the entry to the NDIS needs extensive review and simplification;
- for people eligible for Tier 3 support, the National Disability Insurance Agency (NDIA) should be responsible for establishing the policy framework for the Scheme, the setting of efficient prices, undertaking assessments, and allocating support entitlements (extensive planning should not occur at this level); and
- the role of DSOs should be: the planning and assembly of the package of supports; assisting people to self-manage their package; providing financial brokerage or intermediary services; case management for the small proportion of people who need it; care co-ordination as required (for example, providing the contact point for people wishing to be re-assessed or wanting to significantly change their support arrangements).
- the NDIA should adopt the recommendations in the Productivity Commission’s report, *Contribution of the Not-for-profit sector*, for how governments should fund essential services delivered by the sector on its behalf:

  As a guide, in addition to direct costs (such as employees and direct operational expenses), costs should include:

  - relevant share of overheads. This includes the fixed costs of running the organisations that can be apportioned to the funded activity, and would include:
    - o staff training and other mechanisms to support governance, unless funded by government
    - o the annualised cost of capital used in the service, allowing for depreciation
  - the cost of taking on and managing risk, including the relevant share of insurance and legal costs
  - costs associated with activity related monitoring, reporting and evaluation. As well as ensuring that funded organisations can afford to undertake monitoring and reporting activity, and evaluation where required, this would provide incentives for agencies to only ask for

    data that are necessary and valued (Ryan, Newton and McGregor-Lowndes 2008, p. 22, also chapter 5)

  - costs of reaching required standards, including the cost of related training
  - an appropriate share of the costs of meeting other regulatory requirements (including reporting), such as for public liability insurance or related to privacy legislation.[16]

  The Commission also recommended that an independent process for establishing the cost of new or significantly changed services or activities should be established. NDS supports this approach.

- further consideration must be given to the capital expenditure required, particularly that associated with the need for new supported accommodation for the thousands of people currently on waiting lists around the country and for the growth of facilities such as ADEs. Work undertaken by the late Professor Mark Lyons identified the difficulties many community sector organisations have in accessing capital, and pointed particularly to the seriousness of the issue for the not-for-profit disability sector:

  > In areas of social assistance such as child welfare, women's or youth refuges and disability services, there is … great frustration about the difficulties of obtaining capital. For some, particularly in the disability services field, there is a huge unmet need for capital to massively expand the provision of group homes. Because these require specialist fittings for many of their residents, they must be purpose built or obtained on a long term lease and renovated.[17]

- the importance of community capacity building needs greater acknowledgement—both the community-wide activities that build a greater awareness of disability and help remove barriers; and the one-on-one work that many disability organisations undertake to identify, establish and support a good community participation activity for a person (for example as a volunteer or to participate in a community-based recreation group). These activities need to be funded.

NDS is concerned that within the draft report local case management is proposed for all people within the NDIS; this is not required. Case Management is a specialised (and expensive) service that should be available for a relatively small proportion of clients—notably those with high and/or complex support needs. The majority of people can be assisted with a lower level of support (occasional contact to check on the suitability of current support arrangements and a contact point for assistance with problems with support arrangements).

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[16] Productivity Commission 2010, *Contribution of the Not-for-profit sector*, Productivity Commission, Canberra, p. 284.

[17] Lyons, M et al 2007, *Mobilising Capital for Australia's Nonprofits: Where it is needed and where can it come from?*, National Roundtable of Nonprofit Organisations, Melbourne.

NDS contends that many service providers are currently performing many of the services proposed for DSOs. Under an NDIA they should be allowed to continue to perform this task (and be funded to do so) where an individual and/or their family or carers would like them to. The availability of independent DSOs (who are not service providers) would provide the necessary choice for people with disability. This element of choice should be built into the final proposal.

Complaints and dispute resolution

An efficient and effective process to receive, investigate and resolve complaints is an important part of any good business—and required by the Disability Service Standards. All disability organisations should have in place good internal complaints processes; the NDIS should have in place an effective and efficient mechanism.

Generally, external complaint processes are desirable 'to ensure that the processes and decisions of the scheme are objective and unbiased and are seen to be objective and unbiased[18]. It must also be accountable 'to ensure public confidence in the scheme and allow assessment and improvement of its performance and that of scheme members'[19].

As the Productivity Commission has recommended that the NDIA manage complaints and disputes, it would not be an external process. If this is implemented, the NDIA must be structured in such a way as to have these matters dealt with as independently as possible. Two documents provide useful guidance: *Australian Standard AS ISO 10002–2006*[20] and *Benchmarks for industry-based customer dispute resolution schemes*[21].

Chapter 8: Delivering disability services

Disability support services

A sustainable disability service system is essential to support people with significant disability to have certainty and choice in their lives: to decide what they will do, when, how and with whom they will do it. This requires service funding levels that reflect the actual costs of service delivery. The proposed NDIS must deliver this.

To ensure that consumers have meaningful choice and supports through the maintenance of a diverse range of viable organisations, an NDIS must invest in system capacity, workforce development, and service infrastructure. Services must be available to support people living in rural and remote areas.

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[18] Consumer Affairs Division, Department of Industry, Science and Tourism 1997, *Benchmarks for industry-based customer dispute resolution schemes*, p. 14.

[19] Consumer Affairs Division, op. cit., p. 18.

[20] Council of Standards Australia 2006, *AS ISO 10002–2006 Customer satisfaction—Guidelines for complaints handling in organizations*

[21] Consumer Affairs Division, Department of Industry, Science and Tourism 1997, *Benchmarks for industry-based customer dispute resolution schemes*

Navigating the disability system

Encouraging people with disability to have greater choice and direction over the services they receive requires an investment in information, resources and advocacy. People with disability, their families and carers need to have the information they need—in forms that suit them—to make rational choices. Improved information provision will require a significant investment but it is essential to operating within a more market driven environment.

The NDIS should also recognise that some individuals will require greater support to plan and exercise choice than others. This should be available through DSOs and advocacy organisations (funded to provide such assistance).

Safeguarding quality

NDS accepts the need for a quality system to support the delivery of services to people with disability. This quality system needs to be effective, relevant and affordable. It must also demonstrably improve the lives of people by supporting the delivery of high-quality services, and be a mechanism to ensure that public funds are well spent. Quality service delivery is in the interest of all parties: people with disability, service providers, governments and the broader community.

Monitoring or accreditation should be independent from government and service provider. Governments should acknowledge that a robust system to deliver quality outcomes for people with disability is expensive to implement and maintain and should therefore fund the accreditation process as well as ensure that the cost of establishing and managing a quality system is adequately incorporated into the funding provided for service delivery.

The review of the Disability Services Standards and the subsequent finalisation of the National Quality Framework for Disability Services should proceed. Compliance should be a requirement for all providers of a disability support service—not-for-profit, for-profit and government. Operating a quality system in the current inadequately funded service environment is difficult; operating one in an environment which does not require all providers of disability support to be quality assured would be inequitable.

In keeping with a commitment to quality, all therapies and rehabilitative services must be delivered by accredited professionals.

Information about service quality should be readily available to assist decision-making by people with disability, their families and carers.

The implications of consumer choice for block funding, government-run services and rural areas

In moving away from block funding, the NDIS will accelerate a trend that has been evident in a number of jurisdictions and services over recent years.

Service providers acknowledge this development but know it can adversely affect the sustainability of their services, limit their flexibility to direct funds to provide a crisis response, and restrict innovative practices. Efficient and fair prices will help address sustainability issues but will not provide for crisis situations or fund innovation. Service providers currently respond to emergencies by immediately increasing service provision (often by a substantial amount). Under an NDIS, many people with disability will not have the ability to cover this (unpredicted) higher support requirement from within their existing package. Some ability to access block funding would be a suitable mechanism to provide the emergency support required. People with disability and their families and carers depend upon this flexibility being available.

Innovation is essential to continually improve how we support people with disability. It will, however, require funding support if it is to be prioritised. As suggested, the NDIA should manage an Innovation Fund for this purpose.

NDS is pleased to see the Commission acknowledge that there may be a need for block funding for some services, notably those in low population rural and remote areas. Quality service provision will depend on it. There may, however, be additional services that should be block funded to ensure effectiveness. Some recreation services that assist people with disability to participate in recreation and leisure activities provide a valuable social inclusion function, the benefits of which extend well beyond an individual. Block funding may be the most appropriate mechanism to ensure this work continues.

As discussed previously, access to capital will be necessary to provide for the infrastructure necessary for increases in the number of people being supported. Capital grants should be available to meet this growth in demand. Access to capital will also be required where the number of people with disability accessing a specialist support service is relatively low but the service being provided is essential.

Chapter 9: Disability within the Indigenous community

Indigenous Australians experience unacceptably high rates of disability. With the introduction of an NDIS, the NDIA should have an interest in reducing these rates but also in improving access to support services. It needs, therefore, to work cooperatively with state and territory health departments to ensure effective prevention and early intervention programs are delivered; the relative responsibilities between agencies negotiated.

In rural and remote areas, the provision of adequate levels of support is difficult to achieve. Organisations struggle to have sufficient numbers of skilled and willing people to work in what can be very challenging circumstances. In itself, the introduction of an NDIS is not going to significantly impact on workforce availability.

NDS members seek to increase the employment of Indigenous people, including within disability services. Any initiatives by the NDIA to assist this to occur would be welcomed (and would contribute to breaking the cycle that sees disadvantage linked to higher rates of disability).

In remote areas, NDS members would be supportive of initiatives that involved existing organisations providing assistance to new services. This has been tried, with variable success. A critical element to success appears to be the provision of resources to assist the establishment of the new service and for the mentoring to take place. Goodwill alone is insufficient.

Disability service providers in remote areas stress the importance of block funding for some services; the ability to provide a flexible and timely response is dependent on it. They are also supportive of the need to provide people with disability with greater choice over their services. An approach that combines individual packages with some block funding may be most appropriate.

Chapter 10: Collecting and using data under the NDIS

NDS is pleased to note the commitments in the draft report to improving data and to support research.

Current deficits in data and research impede progress within the disability sector. Improvements in available data—their relevance, quality, quantity and timeliness—are needed to support disability service planning, the development and implementation of quality improvement systems and workforce planning. Improvements in research and its dissemination are needed to inform improvements to the delivery of support for people with disability—at a system-wide level and in relation to the efficacy of specific therapies, service models and interventions.

Growing acceptance of the need to focus on outcomes for people with disability is a significant development within the sector, even though information about how to measure outcomes is quite limited. Together with the information we have about inputs and outputs, improved data on outcomes will provide a richer picture of the impact of disability (and other) services on the quality of service users' lives.

It will, however, take time to build knowledge about outcomes and impacts. But they are worthy of significant attention—the importance of ensuring that people with disability who have difficulty articulating their opinions are provided with the supports they want in the manner they prefer is key to high quality service provision.

The disability sector is keen to work with government to ensure services do deliver good outcomes for people with disability. Improved data collection through the NDIA and a well-resourced and comprehensive research agenda will drive service and quality improvements, deliver greater accountability and support service planning.

Recognition of the need for increased investment in research is growing, from a very low base. The allocation for research under the National Disability Agreement has increased from $2 million over five years to $10 million. In its report to government the Disability Investment Group recommended an investment of $30 million a year to fund a National Disability Research Institute.[22]

A significant research capacity should be built into the NDIA.

Chapter 11: Early intervention

NDS welcomes the commitment to early intervention, in both senses – in relation to the first years of life, when a disability first arises, and around specific transition points such as leaving school or home, or entering the workforce. Well-targeted early intervention is cost-effective and maximises the potential of people with disability to live a ‘good life’ within their community.

A weakness of the current system is that it is crisis-driven and more likely to respond to an immediate and urgent demand than intervening early to prevent the escalation of need. This is generally not the most effective approach. Early investment in high-quality intervention services will generally reduce the need for long-term support services and will increase the ability of people to work. The need for assistance from families and carers will also be reduced.

NDS particularly notes the need to intervene early with children as the first few years of life of a child's development are crucial in setting the foundation for learning, behaviour and health outcomes. Effective early intervention approaches are those that prevent or arrest problems early in a child's life, or at early stages in the development of problem situations. Early intervention will boost a child’s capacity to participate in education and have a rewarding and productive life.

Some children present with signs of developmental delay well before they have a diagnosis (and some do not go on to have a significant disability). An approach that provided services to such children when signs of a developmental problem were identified is warranted—to delay intervention is not in the child’s interest. Re-assessment during the early years is good practice and would be a mechanism by which the need for continuing intervention would be monitored.

NDS supports the suggestion that some limits should apply to what are often expensive therapies. Evidence of effective treatments (and treatment schedules) should guide the availability and duration of early intervention services.

As observed above, the jump from the NDIS’s Tier 2 (information and referral) to Tier 3 (lifetime support) is very large. Early intervention should include people who require periodic assistance (for example, the purchase of specialist equipment every few years). It should also include people who require the occasional provision of support or equipment to maintain their independence.

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[22] Disability Investment Group, *The Way Forward: a new disability policy framework for Australia*, 2009

Chapter 13: Workforce issues

NDS identifies several overarching and continuing trends which shape the environment in which the disability services workforce operates:

- The demand for disability services is growing at a rate of about 7.5 per cent per annum in real terms.[23] Because this rate of demand is not matched by an equivalent (or larger) increase in service provision, the gap between supply and demand is growing. An increasing number of people with disability are not receiving support or are receiving it at inadequate levels. Their ability to be active citizens is unfairly curtailed, and service providers find themselves in the position of always trying to do more with less. The financial sustainability of service providers is under pressure.
- The profile of people with disability being supported is gradually changing. A growing proportion of the clients of disability services have complex health needs, dual disabilities, drug and alcohol problems and challenging behaviours.
- Person-centred planning and personalised approaches to support are expanding and the provision of standardised services in specialist facilities is declining. Disability workers need to be able to work in unsupervised environments and negotiate—with people with disability, with families, with people in the community—to achieve good outcomes.
- The paperwork requirements on disability workers continue to grow as accountability requirements on government-funded service organisations grow. Support workers need to be excellent record keepers to manage the growing number of compliance tasks. The skills required to meet compliance requirements differ markedly from the skills required to provide personal support.

The NDIS will require many more skilled workers and accelerate the trend towards personalised approaches. While the Commission has acknowledged that the size of the workforce will need to increase, NDS believes workforce issues warrant greater analysis in the final report.

Attracting more workers to the disability services industry

NDS is pleased that the draft report acknowledges the low wages of disability workers. Inadequate funding for disability services has constrained the ability of organisations to pay appropriate wages.

Obtaining an adequate wage increase from the Pay Equity Case currently before Fair Work Australia will be a critical element in assisting the sector to attract and retain workers. Any award increases handed down by Fair Work Australia must be fully funded (and be part of the setting of ‘efficient prices’).

NDS has concerns that delivering more individualised services may result in more fragmented (and less desirable) work conditions for workers. While pleased to note

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[23] Disability Investment Group 2009, *The way forward: A new disability policy framework for Australia*, FaHCSIA, Canberra, p.13

that, in the early stages, the NDIA will be involved in negotiating contracts and “it would be important for the NDIA to consider the desirability of shifts when setting prices”, NDS is concerned that the Commission is overly optimistic about the longer term role of the market in attracting labour (p.13.22):

> In the longer term, it is envisaged that prices would be more flexible and negotiated directly between the service provider and consumer. In this setting, flexible shifts will attract a price premium meaning that people will have to pay more for flexibility and staff will be rewarded financially for working less desirable shifts.

It is very possible that the market will fail to deliver and consumers will not be able to get the support they want at times they need it.

The recruitment, retention and training of workers require investment. Boosting the recruitment of people to work in the sector is an immediate need and would benefit from the development of a national online, centralised recruitment portal to facilitate ease of entry into the disability service sector. Extension of the NSW recruitment program carecareers (www.carecareers.com.au) (or similar) across Australia is urgently required.

NDS is concerned by the draft report’s suggestions for ways to ‘maintain low barriers to working in the sector’ and ‘alternatives to increasing the formal workforce’—relaxing restrictions on the scope of practice; reducing the screening requirements for potential workers; paying family members; productivity increases; using volunteers; and the direct hiring of friends and neighbours to provide support.

All of these proposals require greater analysis before being part of a final report. Disability service providers are particularly concerned about possible implications that could arise from relaxing restrictions on the scope of practice (for example, in medication management) and are adamant that the screening requirements for potential workers should not be reduced (this would be in conflict with the legislative requirements of some jurisdictions).

Qualifications, working knowledge and career paths

Many service providers have expressed concern about the Commission’s lack of recognition of the importance and impact of training. They feel the quality of disability support work and the likelihood it will be viewed as a desirable career choice will be undermined. They are particularly worried about the implications no training would have on providing a safe work environment for both the person with disability and their support worker.

NDS has a policy position on minimum qualifications (see Appendix). While we do not seek to set a mandatory minimum qualification, we affirm the value of good training and support and the need for skill levels to be appropriate to the job performed and the complexity and level of support provided. We recommend the creation of a minimum induction requirement that would provide support workers with the knowledge to assist them undertake their work safely.

NDS alerts the Commission to the fact that recent growth in funding for early intervention services has highlighted a shortage of allied health professionals. This is expected to be exacerbated by the NDIS (particularly with the expected growth of assessment personnel, which will frequently be allied health professionals).

Chapter 16: A national injury insurance scheme

NDS supports the proposal for a National Injury Insurance Scheme (NIIS) to run in parallel to the NDIS, at least in the initial years. It makes sense that greater consistency is achieved across schemes that provide for catastrophic injury before its longer-term interface with the NDIS is decided.

NDS believes that extinguishing the common law actions for damages associated with lifetime care and support is appropriate but that the right to sue for economic losses, such as income, and non-economic losses, such as pain and suffering, should be retained.

In terms of implementing the Commission's proposal for long-term disability care and support, NDS recommends arrangements for the implementation of NDIS and the NIIS to proceed as separate processes; delivering one scheme should not be dependent upon obtaining agreement to proceed with the other.

Chapter 17: Implementation

Implementation of the NDIS

NDS is pleased to see the ambitious timetable proposed for implementing an NDIS; people with disability and carers have been under-supported for too long. That said, implementing a well-designed Scheme is essential and is more important than achieving the stated milestones.

After consultation with members, NDS would like to see at least three pilots undertaken (rather than the one that is suggested). Differences between and within jurisdictions could be targeted, providing richer information to inform the full roll-out.

With respect to the staged implementation (following the pilot in 2014), NDS recommends further consultation be undertaken.

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Contact: Dr Ken Baker
Chief Executive
Ph 02 6283 3200

About National Disability Services

National Disability Services is the peak industry body for non-government disability services. Its purpose is to promote and advance services for people with disability. Its Australia-wide membership includes around 700 non-government organisations, which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.

Appendix

NDS position on minimum qualifications

NDS's board has adopted a position on minimum qualification for disability support workers, which supports the development of a core induction program based on nationally recognised competencies.

The full position statement follows:

Background

The issue of minimum qualifications for disability workers has arisen in the context of the development of a national disability workforce strategy. The National Disability Agreement lists Increased Workforce Capacity as one of 10 priority areas: "A national workforce strategy will be developed to address qualifications, training and cross-sector career mapping issues and establishing the disability sector as an 'industry of choice'." The strategy is due for completion by the end of 2010. Disability officials have commissioned the Community Services and Health Industry Skills Council to work on the strategy, with advice from a Reference Group which includes NDS representatives. The status of qualifications in the disability sector is an area of focus.

NDS, thus, needs to articulate a position on minimum requirements for disability support workers. Consultation has occurred with NDS members and with people with disability over many months. NDS issued a short discussion paper in April 2009 and a draft position statement in August 2009, which helped inform this debate. The consultation elicited diverse views. The final position, which attempts to address the major concerns of the disability sector, is endorsed by NDS's National Workforce Committee and the NDS Board.

Position

NDS supports the development of a skilled and committed disability workforce and encourages the achievement of qualifications as a pathway to this goal.

The skills of disability workers must be sufficient to meet the requirements of the job and the needs of the people they support. A common core of knowledge and values underpins disability work; however, disability services and the people they support are diverse. Skills that are adequate and appropriate in one setting or with one group of clients may not be adequate or appropriate in another. A worker who supports people with high and complex needs will need a higher level of skills than other workers.

NDS recognises that in disability work attitudes are just as important as skills; and that few disability service providers have the capacity to absorb additional costs arising from mandatory qualifications.

Considering these factors, NDS recommends that a core induction program be developed, based on a cluster of nationally recognised competencies. These core competencies - to be specified by the disability sector - may include orientation to work in the disability sector, occupational health and safety; and communication.

Employers would be encouraged to add competencies to customise the induction program to reflect local conditions and service delivery requirements.

The core induction program would commence upon employment and the assessment against the specified competencies would be completed within six months. Some flexibility in this timeline would be available for service organisations operating in remote communities and for casual infrequent workers. All service organisations would have access to information about training materials and resources and the multiple avenues available for training.

Employees would be provided with statements of attainment, through partnership between the employer and a registered training organisation, for each component of the induction program for which they can demonstrate competence. Assessment of core competencies would include recognition of prior learning.

Completion of the core induction program would be a recognised step towards a full qualification under the National Community Services Training Package. Whether employees went on to achieve a formal qualification would be a decision for them and their employers.

The requirement to complete the core induction program would apply to disability support workers generally. However, an 'opt out' provision would be available to consumers exercising informed choice and using individually-attached funding who wished to employ a person to work exclusively with them. The obligation of all employers to provide a safe workplace for their employees - and any associated training - would continue to apply.

It is essential that governments build the cost of training and assessment for the core induction program into their unit price (staff on-cost) for the purchase of quality service delivery.

The core induction program would reinforce rather than replace the values and attitudes that underpin disability services.

A national evaluation strategy to monitor the impact of the core induction program with regard to workplace relevance and service quality and viability would be undertaken.