

**Submission to the Inquiry
into the implementation,
performance and governance
of the National Disability
Insurance Scheme in the ACT**

29 March 2018

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About National Disability Services

National Disability Services (NDS) is the peak industry body for non-government disability services. NDS has an Australia-wide membership of over 1000 non-government organisations, and for-profit and government associate members, that support people with all forms of disability. Our members collectively provide the full range of disability services - from accommodation support, respite and therapy to community access and employment.

In the ACT, NDS represents more than 60 disability services who provide a significant proportion of NDIS-funded services to people with disability in the region. These services include supporting those who live with profound and severe physical or mental conditions or impairments that result in a need for high levels of support.

¹ <https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-health,-ageing-and-community-services/Inquiry-into-the-implementation,-performance-and-governance-of-the-National-Disability-Insurance-Scheme-in-the-ACT>

Overview and Executive Summary

Our submission addresses all aspects of the Inquiry into the implementation, performance and governance of the National Disability Insurance Scheme in the ACT. The NDIS is the right reform for Australia and the ACT; and many people are already benefitting. Unfortunately, the road to the NDIS has been, and continues to be, rougher and riskier than it needs to be. This has affected not only the relationship between the NDIA and the ACT Government but the relationship between all stakeholders, of which the service sector is one (albeit one that has many times felt as if it was being tolerated by the NDIA rather than valued). A change of this dimension is also one that requires constant assessment and refinement and, on this basis, we have gone into a comprehensive level of detail and history.

We note that this submission touches on, but does not address with recommendations and detailed argument, what the sector considers needs to be done in relation to NDIS pricing, NDIA communication and services design. We understand those matters to be out of scope here.

There are a significant number of areas in which a lack of clarity or gaps require attention. These are as follows:

NDIA/ACT Government relationship:

We believe there is a need for greater systemic attention to the inclusion of other stakeholders at various stages of the engagement between the ACT Government and the NDIA. We recommend the establishment of a formal group for that purpose.

We also believe that the retention of a focus on disability with the ACT Government through the Office for Disability is vital, as is the retention of an adequately-staffed NDIA Office in the ACT.

Provider of last resort:

The dismantling of Disability ACT (DACT) has created gaps. There is now no pathway of support for people with disability who experience emergencies, and DACT is no longer available to play the role of a provider or pathway to a provider of last resort. This is an urgent problem that requires an urgent solution – which must involve the sector.

Housing advice for people with disability:

There are also advisory and support functions previously supported under DACT now no longer being undertaken. This includes the provision of advice to families about housing options for people with disability. There is a legitimate role for the ACT Government here, and a definite need in the community for information to enable the uptake of NDIS funding to generate additional disability housing. At least a minimal program should be funded, perhaps involving support for a pro-bono advisory body – something previously floated by DACT.

Health interface:

The interface of the health system with the NDIS is complex and evolving. While these considerable uncertainties exist, greater focus on and attention to resolution and appropriate pathways is required. The Health Directorate should support measures such as those at the Canberra Hospital, which has

appointed a specialised officer to address information and support gaps and improve the quality and speed of the journey of a person with disability through and out of the hospital. It should also support dialogue with the sector to improve processes and procedures and get clarity as far as possible about which system will fund which supports. The Health Directorate should develop a public plan to educate its staff about disability and the NDIS in particular. The ACT Government should, at a minimum, maintain funding under the Community Assistance Support Program, and ideally increase it.

Therapy:

The processes and pathways that support children who have exited the NDIS are uncertain. Without NDIS funding, many families do not have sufficient funds to continue with therapy support. Work is needed to create pathways.

The issue of access in schools to deliver therapy support is fraught. There are wildly different approaches being adopted by schools around the delivery of therapy on school premises, including whether and how this is allowed. This is a significant cost for therapy providers to manage and impacts on their ability to meet demand efficiently. Guidelines issued by the Education Directorate would help resolve the uncertainties and reduce cost.

Transport:

Funding of school transport for children with disability under the NDIS remains clouded in uncertainty. While officials appear to have managed this highly sensitive issue sensibly to date, rumours continue that future funding will be via individualised payment from a person's NDIS plan. This adds to the burden and anxiety of parents, as well as leaving the transport operators and the education sector in limbo about future investment.

The arrangements under the NDIS have weakened the capacity, and perhaps also the flexibility, of people with disability to effectively access the community. It appears that important core services are being traded for extra transport from service providers. This has a distorting effect and, in some cases, participants (or their families) are bearing additional transport costs. This requires greater focus and resolution at the national level.

The ACT Government should press for an early resolution of these issues via the Council of Australian Governments.

Information Linkages and Capacity-building:

This has been one of the better-managed transitions in the move to the NDIS and the focus on outcomes has merit. But there are gaps and issues of design.

ILC Gaps: ILC funding does not address support for services that fall between or outside of capacity-building and support services: particularly those that are high-cost and have a limited clinical evidence-base. But some have high community support. Examples of these are Pegasus and TADACT. These typify organisations that have long-standing community support and continue to receive that support through volunteering, philanthropic donations and positive responses to fundraising. Either the ILC guidelines and approach should be changed based on community support, or they should have ACT Government funding for the same reason: namely, supporting activities that the ACT community values.

There is a second group of organisations that now miss out and deserve support. These are bodies that address aspects of disability interface. Many such bodies are too small and lack the necessary sophistication or resources to effectively seek ILC funding, however they make a contribution to our social fabric. The ACT Government must reconsider how such organisations can be supported. This does not need to be by direct grant; nor does it necessarily require that they be made more bureaucratic or 'professional' and hence more costly.

ILC Design: The design of the ILC grants should be further refined. The grant period is too short for proper planning and effective change. Equally, there is insufficient attention to the maintenance funding of ILC's organisational existence. The ACT should lobby in COAG for a change in the design to address these features.

Employment support:

Job opportunities for people with disability are being lost because of failures in the design of system transition. At least one ACT service is significantly affected. A key first step is to set a policy objective for NDIS planning that all people of employment age should have employment support in their plans as a default.

Many young people with disability are not transitioning successfully from school into further training or employment. Post-school pathways for students with disability are often constrained by criteria that limit them even getting to try. NDS's Ticket to Work program seeks to address this gap by promoting work experience while students are still at school. It is undertaken by Koomarri in the ACT, with a focus on students with intellectual disability. Across Australia, Ticket to Work has supported more than 1000 people with disability into ongoing employment. Access to easier entry into Australian School-based Apprenticeship programs and even more focus on on-the-job training for this cohort would support even better outcomes.

Workforce:

Making progress on workforce requires knowledge about its nature: how it is comprised and changing. It is clear that the sector in the ACT has grown, but knowing precisely where is proving problematic to determine. Baseline and other data are limited. To assist in monitoring changes, the ACT Long Service Leave Authority should, in its data collection, include the capacity to separate work in specialist disability organisations and the provision of an annual, publicly accessible report of changes in the composition of this group.

NDS has been the only organisation - government or non-government - to invest in specific data collection on the disability sector workforce in an ongoing manner. There needs to be more attention to this. NDS considers that national funding should be made available for national research work in this regard; something similar in scope and design to the Australian Housing and Urban Research Institute (AHURI).

The sector is characterised by high female participation, strong casualisation - which is increasing - and high rates of part-time work. Growth has largely kept up with demand, to date, but is now falling behind - mainly due to very poor retention. Sector explanations for these responses, and particularly the level of casual employment, focus on: inadequate prices under the NDIS; the massive uncertainty generated by the NDIS transition; and significant additional organisational costs generated by new

procedures and costly NDIS transition requirements and processes.

In such uncertainty, existing organisations and even new entrants have focused on perceived risk and cost-reduction measures. Moreover, low entry requirements, poor pay and uncertain work conditions create an environment where jobs may be available but the financial incentives to stay are weak while the incentives to move to other more secure sectors are strong. The McKinsey NDIS price review, released in early March 2018, has not substantially addressed this fundamental issue.

It is unsurprising in these circumstances that service quality has been placed at risk. People with disability and their families and carers in the ACT - Australia's most-educated jurisdiction - are, by anecdotal account and as per NDIA data, increasingly looking for ways to achieve more choice (especially through self-management), to move to different providers or find new forms of employment connection. It is this issue as a driver, well above any other, that we hear most loudly from people with disability in our current efforts on workforce. Unregistered services are unconstrained by NDIA pricing, and are therefore able to flex more readily than registered services. By extension, they are more likely to be capable of paying higher wages. Registered service providers are inappropriately constrained in their capacity to respond to demand through price regulation and yet have a considerably greater regulatory burden.

Of course, there are a significant number of registered NDIS providers. Alongside growth in employment by existing ACT specialist disability service providers (virtually all not-for-profit), there has been significant growth in what we believe to be small for-profit businesses. The NDIA should be able to provide a more precise picture. We are unable to provide information on coverage, quality, competence, employee retention, employee and client satisfaction and outcomes for NDIS participants supported by this group of new providers.

Support for sector transition focused initially on organisational reform and adjustment rather than workforce. The allocation of funding in the ACT was at the end of the ACT transition rather than towards the beginning.² We believe that this has encouraged many existing organisations and new entrants in the ACT to pursue their own solutions. They now seem to us to be less able or willing to be involved in broader, sector-wide approaches. This will be tested further in the coming months.

NDS has been involved in a range of projects designed to support an improved workforce response that is able to operate with quality and success under the NDIS. These projects (Disability Workforce Innovation Network (DWIN), carecareers, projectable, National Disability Practitioners (NDP) and Zero Tolerance) are set out in the body of this submission, together with their achievements. These projects, with the exception of NDP, were all funded at Commonwealth level or by other state governments. With no ongoing local financial support, our ability to have them operate here is weak.

There are issues of sustainability. The ACT Government should work with NDS to determine how it can ensure these or similar programs can continue, or be more active, in the ACT.

Current work is being undertaken under a project titled the Workforce Impact Collective (WIC). This is

² Some other jurisdictions notably Victoria and South Australia are obtaining and pursuing workforce programs towards the front end of transition. Transition to the NDIS in NSW has been pursued at a rapid pace. Workforce quality work through the Disability Industry Development fund has been occurring there for some years.

a direct effort to address supply and quality issues in regard to the frontline disability workforce. The two-year project began in May 2017. The project's unique approach has been to involve people with disability and carers from the beginning in identifying key areas for attention and process design. The project is expected to move to piloting possible measures in the next few months.

The WIC pilot projects will test the capacity for this methodology to devise sustainable responses to address: (i) building trusted relationships between people with disability and support workers; and (ii) entry, pathways and working conditions for disability support workers with a view to the development of effective career pathways and retention of a frontline workforce with the required capacity, quality and sustainability.

Allied health:

There are issues with the supply of suitable allied health and medical professionals. Demand has grown and the provision of sustainable expertise is at risk. Support is now needed for organisations to train and retain qualified clinicians.

The allied health sector has struggled to understand and operate in the NDIS. There has been private sector growth, particularly with the demise of Therapy ACT, but also casualties. Some allied health professionals have found the difficulties of the NDIS IT and payments system, and the approach applied to funding, to be too demanding or insufficiently rewarding. This disquiet includes concern about the ability to deliver adequate therapeutic outcomes with the available funds.

Some limited work has been funded to address allied health sector issues. With Sector Transition funding from the ACT government, NDS undertook a roughly six-month project in early 2017. The project aimed to build the knowledge and capability of allied health professionals to operate successfully under the NDIS. Alongside consciousness-raising and networking activities to drive better practice, an allied health online hub (<https://www.ndp.org.au/allied-health-hub>) and Facebook page were built and are being maintained. The work and approach of this project have been adopted elsewhere. Some practitioners have pursued an ongoing connection to the project through membership of NDS's National Disability Practitioners (NDP) division. A range of trends were identified, showing growth but also considerable stress in workforce needs, particularly with speech therapists and speech pathologists, occupational therapists and psychologists.³

Attracting and retaining new graduates to the sector and providing them with sufficient confidence and competency is seen as a critical need. The most compelling and necessary solution is in the provision of specific financial incentives and supports. Putting the framework in place for this to occur will not be easy. There are many stakeholders who have a limited involvement and engagement with the disability sector- and there is strong competition for resources. NDS can offer considerable knowledge and benefit to this task but will need additional support to do so.

Human Services Registrar (b)(ii):

The role of the Human Services Registrar (HSR) in relation to the NDIS has lacked a degree of transparency. The approach used by the HSR to determine NDIS registration and review incidents,

³ Note also that things can change rapidly. One NDS member currently reports excess capacity in its speech therapy services.

would preferably be backed by greater documentation. This would assist applicants and those involved in incident reports to better understand the level of detail and coverage expected in applications and reporting, as well as timeframes for registration or investigations to be resolved.

This should be guidance, not prescription. We support the HSR continuing to show flexibility and its iterative engagement with registrants. This is certainly preferable to the approach to NDIS registration in New South Wales, which, while more transparent, is also more prescriptive and costly.

Availability of services (b)(iii):

Besides ongoing issues in pricing and service flexibility, disability service providers have borne costs from inefficient NDIS processes in addition to many changes of requirements and procedures. The provider portal has been a source of endless frustration and additional cost and complexity, and the lack of responsiveness and capability for resolution of the 1800 communication channel is a common complaint from providers and participants alike. Equipment quotes routinely take many months to get a response, leading to the need for further quotation as circumstances change. Planning issues have now overtaken the portal as an issue of critical concern. With the pace and complexity of change, timely information is crucial, but it is clear that NDIS systems have struggled to respond. The NDIS has been, and can still be, a dense, dark jungle suppressing growth rather than supporting it.

There is some welcome growth in the changes of approach, language and administration of the NDIS, particularly evident over the last few months. Also, most NDS members operating in the ACT, having moved through the first phase of transition, are now beginning to be able to re-focus on the centrality of outcomes and the quality of the support provided to clients. Nevertheless, this is still highly fragile. Increasing flexibility in the planning process and improvement in base pricing are critical actions that are required now. Ongoing delivery of improvements in the IT system and NDIA communications are also important.

Our market intelligence suggests that the ACT is not particularly unique in its service gaps, although our regional status means that some therapy services and medical expertise, such as psychiatry, are more difficult to access compared to larger capital cities.

Service gaps arise in specific therapy areas together with more generic 'support worker' gaps in the areas of matching customised requests. These include requests that range from short-time (under one hour) engagement requests, to requests to find workers within particular age ranges or with particular interests in hobbies, games, sports and so on, to requests for workers during particular hours, outside of normal working hours and workers of a particular gender. The concept of choice and control under the NDIS has resonated strongly, but there are difficulties for employers that follow including meeting industrial relations requirements, compliance with discrimination law, additional recruitment costs and ensuring quality, health and safety.

Home care and personal care are areas under particular stress with pricing. Community access for people with high and complex support needs also remains under stress. Behaviour support for people with behaviours of concern is also problematic. Sector capacity is low for historical reasons and the pricing and planning framework does not support flexible responsiveness well.

Further risks to the effective operation of a market to support people with disability in the ACT are the potential introduction of quality and safeguarding arrangements that focus far too strongly on

bureaucratic safeguarding, distrust of the sector and potential unwillingness to show flexibility. Equally, the limited, and hence uneven, application of these requirements - limited in some instances only to registered providers (compared to application also to 'mainstream' services) - risks quality and safety for participants and places the fully regulated services at a price disadvantage.

Locally, regulated services will need to grapple with the introduction of a whole new system for authorisation of restrictive practices, which will require time, change management and resources to implement. How these resources will be recouped is highly uncertain. The HSR has undertaken an extensive process of consultation on the proposed role for an Office of the Senior Practitioner and the introduction of restrictive practices authorisation. This has been a virtually faultless process for which the HSR should be highly commended. Assurances had been given that the implementation will be sensitive and graduated. Nevertheless, without some means of funding, the system will add further stress to the sector. It could easily lead to more providers refusing to support complex clients with difficult behaviours.

Availability of early childhood intervention services (b)(iv):

The NDIS has seen growth in areas where the non-government disability sector in the ACT has not previously had as strong a role, or where the health or education sector was the more dominant or significant locus of service support.

The managed introduction of non-government service providers was a sensible and appropriate measure that has worked. NDS supports the Early Childhood Early Intervention framework. While there will be some parents and supporters who feel the prior system was superior, NDS considers that the current arrangements are working quite well. There is less of a managed process than previously - which some parents or practitioners may regret - but parents and carers have substantial control and access to reliable and effective services, even if some wait times for initial medical assessment are not optimal.

There is an issue with the interface with the ACT health system if children are exited, as has been occurring. This needs attention, as we noted earlier.

NDS has also heard suggestions that there are significant wait times for initial assessment by the ACT ECEI LAC provider. If this is true, we support the application of additional resources to bring the waiting period down to an acceptable timeframe.

Implementation of Local Area Coordination:

The appointment of the Local Area Coordinator in the ACT came very late and was part of the attempt by the NDIA to create consistent arrangements nationwide. The joining of the planning function with the connection function remains problematic, in our view, as is the use of short-term (three-year) contracts and an insufficient focus on local knowledge in the assessment of the LAC's capability.

The design of the LAC function should be reviewed, specifically in relation to the separation of the planning and service connection role. There should be a robust process of review and evaluation of LAC performance specifically for the ACT (and every region), including input from stakeholders.

Supports for people with psychosocial disability:

Access to relevant support in capacity-building/maintenance and coordination is a more significant need for this group than for people with disability more generally. Peer support also figures more strongly. The NDIA should improve access under the NDIS to peer support and coordination, or support for this group should be funded as it was previously, through Person Helpers and Mentors Program (PHaMS) or Partners in Recovery (PIR).

Anecdotally, in many cases, support for coordination in individual plans for ACT participants is being dramatically reduced on review. This should not occur. While a gradual reduction in such support may be a logical approach (dependent on circumstances), dramatic reductions in this or in other non-capital items is likely to be counter-productive and impose costs on the ACT community; in particular, on ACT Health. Without relevant support under the NDIS for ongoing support in the community, people with psychosocial disability will be forced towards emergency and clinical responses.

Unique ACT factors (c):

There are a number of elements of transition and location that mark out the ACT as unique. In sum, these are that the ACT remains the only jurisdiction fully in the NDIS and its unique demographic and political status as the territory by virtue of being the national capital.

The implications of these features are that far greater attention should be given to the lessons from the ACT about NDIS transition than has hitherto occurred, and to our status as a separate jurisdiction, the seat of the national parliament and Federal Government bureaucracy with the implications of these features for the cost of undertaking business.

These factors justify location-specific pricing under the NDIS, but that battle has been lost. We urge the Government to ensure that ACT services can sustainably deliver as good a service under the NDIS as is available anywhere; and specifically to support the sector in the introduction of the national quality and safeguarding. Support for restrictive practices authorisation is a particular case in point here. The prior historic role of government in overseeing and supporting capability to address difficult and complex behaviours means the non-government sector is comparatively weak in its experience of authorisation processes in this area.

The unique size of the ACT also means that it is possible to consider more cross-cutting responses to NDIS-created gaps in supporting local community organisations that do not fit the NDIS ILC or service delivery model.

Recommendations:

NDS RECOMMENDS:

- Recommendation:** The ACT Government supports the establishment of a formal working group involving senior representatives of the disability sector, ACT Government and the NDIA to support and improve interface and NDIS implementation in the ACT.
- Recommendation:** The ACT Government retains the Office for Disability and ensures that it continues to be appropriately-staffed with people with experience and understanding of the disability sector.
- Recommendation:** The NDIA maintains an ACT Office staffed with sufficiently-senior officials to engage effectively with the ACT Government and the ACT disability sector.
- Recommendation:** The ACT Government engages with the NDIA to make provision for a provider of last resort.
- Recommendation:** The ACT Government, in co-design with the sector and the NDIA, prepares a pathway of support for people with disability who are experiencing a personal emergency.
- Recommendation:** The ACT Government, in co-design with the sector and the NDIA, provides a clear pathway for non-government service providers to be paid for providing emergency or provider of last resort services.
- Recommendation:** The ACT Government provides funding to run or support a housing advisory service for people with disability and their families
- Recommendation:** The Canberra Hospital, if possible, continues the appointment and tasking of an authorised social worker or other relevantly-qualified officer, to support people with disability through their hospital journey.
- Recommendation:** The Health Directorate engages with the disability sector to further develop procedures and protocols to support people with disability through and out of hospital.
- Recommendation:** The Health Directorate develops a publicly-accessible plan to provide disability education and education on the NDIS to staff within the Directorate, including within ACT clinical settings.
- Recommendation:** The ACT Government engages with the disability sector and the NDIA to address interface areas in the ACT requiring clarification in relation to funding of supports as between the NDIS and the ACT health system.
- Recommendation:** That funding for the Community Assistance Support Program is increased consistent with demand and that as a minimum, funding is maintained.
- Recommendation:** The ACT Government works with the NDIA and the sector to develop clearer guidance and pathways for the use of therapy support to people exited from the NDIS.
- Recommendation:** The Education Directorate issues guidelines to assist schools, parents and the sector to better manage the interface with the delivery of NDIS therapy supports in schools.
- Recommendation:** The ACT Government advocates for an early resolution of school transport funding and a wider review of NDIS provision for transport in the Disability Minister's Group under the Council of Australian Governments (COAG).

Recommendation: The ACT Government advocates in the Disability Minister's Group under COAG that NDIS planning for all participants of employment age include a default position to fund support to obtain or maintain work.

Recommendation: Changes be made to the ASBA criteria to enable students with disability to be eligible for the ASBA without the need to satisfy a high bar in relation to successful completion – to provide access to work experience.

Recommendation: Where possible, the theoretical aspects of the ASBA are taught and delivered in the work setting.

Recommendation: (i) the NDIA changes the ILC guidelines and approach to specifically allow for funding of community-endorsed activities that support people with disability; and (ii) the ACT Government directly provides funding to disability organisations that have high general community support.

Recommendation: The ACT Government - in consultation with the community sector - prepares a report, to be made publicly available, on: (i) ideas or possible options for unfunded ACT disability or health-focused support organisations to be assisted; and (ii) issues and experiences in funding for ACT ILC grant recipients.

Recommendation: The ACT Government advocates in the Disability Minister's council of COAG for a longer ILC grant period - no less than a minimum of two years.

Recommendation: That in collecting long service leave data: (i) the Long Service Leave Authority seeks specific information on the disability workforce; and (ii) on an annual basis, provides a report that shows the changes in that workforce over the preceding 12 months.

Recommendation: The ACT Government gives in-principle support to the development of a national research capability on disability.

Recommendation: The ACT Government increases funding of carers or sponsor increased funding of carers by the Commonwealth.

Recommendation: The Human Services Registrar develops additional written guidance about the areas to be addressed in: (i) applications for NDIS registration; and (ii) incident reporting, and include the processes, pathway and expected timeframes.

Recommendation: The Human Services Registrar and (assuming the legislation is passed) the Office of the Senior Practitioner work with the ACT disability sector on the introduction of restrictive practices authorisation so that the process and requirements for authorisation are practical, feasible and respond to the available capability and resources.

Recommendation: The ACT Government pursues discussion within the Disability Minister's Council of COAG for: (i) the design of the LAC function to be reviewed – specifically in relation to the separation of the planning and service connection role; and (ii) a robust process of review and evaluation of LAC performance region-by-region, including input from stakeholders

Recommendation: The ACT Government makes funding available to the ACT disability sector to support the introduction of the national quality and safeguarding regime and the establishment of restrictive practices authorisation, in particular.

Relationship between the ACT and the NDIA: Gaps and duplication

The specialist disability service sector is a legitimate stakeholder in the NDIS. This is a view that has not always been seen to be supported by NDIA practice or in the consideration and/or understanding of some other stakeholders.

The Australian Government has generally been open to including disability services in its consideration of disability issues, although it has not always taken up opportunities to better inform itself of the realities of service provision. We have found the Community Services Directorate (CSD), benefitting from its extensive and long-standing engagement with the disability service sector, to be both willing to engage and knowledgeable about the sector. We observe efforts by CSD to pursue whole-of-government approaches and engagement on the NDIS to have had varying levels of success. Engagement by the health and education directorates on the NDIS, though it appears to be improving, has left some gaps.

Adverse views or perceptions of the support sector have had a negative effect on sector morale. ACT service providers have felt it necessary, at times during the transition, to point out in public forums, that, "We are not the enemy!" Adverse perceptions of the sector have been thought to underlie some NDIA approaches, including aspects of planning, payment and communications. This attitude has not necessarily been shared by ACT staff of the NDIA. But NDIS processes, in excluding or not responding to service providers, and in some of the language used, seemed to carry this implicit message. More recently, many participants have also voiced frustration and disquiet about their interactions with the NDIA and its systems and processes.

The NDIS is intended to be a market-based approach. It can (and now does, to a growing extent) include for-profit and profit-motivated businesses. Even so, most NDS members, and virtually all incumbent organisations in the sector as it moved into the NDIS, have been not-for-profits with a mandate to support their clients to improve their quality of life, enact human rights and increase their inclusion in the community. For-profit businesses can also have such goals.

Given that these mission-driven outcomes are the history and rationale for the existence of most of our members, the implication that their financial and management decisions are driven by financial greed is especially demoralising, demotivating and wrong. A more open and neutral attitude should prevail.

Equally, a more nuanced appreciation of the varying capabilities in the sector would assist in appropriate policy setting built on expectations of change. It has already been officially-recognised that the ACT needs to retain more responsibility in supporting people with disability than at first thought⁴. This is consistent with the understanding that the implementation of the NDIS is a journey, not an on/off switch.

The application of quality and safety requirements will continue to require progressive realization in the sector. Similarly, organisational efficiency and 'person-centredness' in service delivery - while they

⁴ See in particular the submission of the ACT Government to the Productivity Commission review of the NDIS.

have had considerable support investment from government - are also works in progress. This is not a call for poor practices to be tolerated; it is a call to recognise the need for governments to continue to engage with the sector to provide supports to enable improvement. Change takes time. Moreover, the market is far from perfect and 'the invisible hand' will not necessarily deliver all the 'right' outcomes.

NDS accepts that aspects of the direct relationship between the NDIA and the ACT Government are matters solely for those parties. However, since the NDIS forms only a portion of the ACT's community of support and interaction with people with disability, there must be a strong commitment to, and process for, early transparency and co-design. The service sector is affected by many of the areas of the relationship.

In recent days, the NDIA has involved the ACT Government and NDS, along with others, in consultations and process design for the development of a working group on psychosocial disability. The NDIA also has had regular consultation with providers of early intervention services in the ACT.

Equally, NDS hosts a disability sector forum with the ACT Government and the NDIA three times a year. NDS previously hosted NDIS transition meetings as often as monthly for service providers with the NDIA and ACT Government officials. These more frequent meetings we organised were discontinued as relations became strained by implementation issues with the roll out of the NDIS and remained unresolved for long periods.

To facilitate co-design and effective implementation of the engagement between the ACT Government and the NDIA, we believe the time is ripe for a re-energised formal engagement with the disability sector at a more representative level involving the ACT Government and the NDIA. The relationship with the Australian Government on ACT-specific matters is, from our perspective, more indirect and does not appear to require an ACT-specific direct engagement with the sector.

Our proposed formal engagement could potentially (and does to some degree) occur through dialogue with the NDIA by the Minister for Disability's Disability Reference Group (DRG). There are practical impediments to this, however. These include the time availability of DRG members and the context of DRG meetings which limits detailed discussion on specific issues of policy and implementation. Representation of the DRG, perhaps through the DRG Community Co-chair, would, however, be valuable.

Recommendation: The ACT Government supports the establishment of a formal working group involving senior representatives of the disability sector, ACT Government and the NDIA to support and improve interface and NDIS implementation in the ACT.

The establishment of the Office for Disability, as a successor to Disability ACT, has been the right response to the ongoing responsibility of the Territory in many aspects of supporting people with disability in our community. NDS admits to failing to champion the retention of a separate disability policy and engagement area within the ACT Government – having been blindsided and distracted by the many changes then occurring. The decision having been made, however, the absolute necessity of retaining such an Office is clear.

Recommendation: The ACT Government retains the Office for Disability and ensures that it continues to be appropriately-staffed with people with experience and understanding of the disability sector.

Equally, the NDIA should maintain and fund an ACT Office of a sufficient size and seniority of staff to undertake direct and continuous liaison with both the ACT Government and the sector. The attempt by the NDIA to relocate and manage the ACT supports from its Wollongong office resulted in an almost immediate decline in responsiveness, as well as understanding of the ACT situation and effective communication with ACT stakeholders - in particular, with the regional manager.

Not only was the actual experience and implementation of this move sub-optimal, but it failed to pay sufficient attention to the legal reality and history of the ACT. The ACT is not simply a large inland or regional city: it is a separate constitutional jurisdiction.

The ACT is a partner with the other States and Territories and the Commonwealth for the NDIS and has specific jurisdictional requirements, environmental and legislative, that need separate consideration and direct engagement if they are to be appropriately managed and supported in a timely and efficient manner.

Recommendation: The NDIA maintains an ACT Office staffed with sufficiently-senior officials to engage effectively with the ACT Government and the ACT disability sector.

The ACT, as a separate jurisdiction, can also offer a valuable contribution to teaching and sharing of learnings from the ACT in NDIS transition, including about the interface with mainstream services and managing the delivery of direct services.

The dismantling of Disability ACT, including the transfer of between 150 and 160 people living in 55 different houses or properties to support in the non-government sector, was, we believe, one of the significant successes of the transition to the NDIS. It reflected well on the Government and the relevant officials involved.

However, this move created a gap in support which has proven to be problematic ever since. DACT was the entity that, as a last resort, was able to provide a coordinated response to deal with personal emergencies experienced by people with disability. That function was not replaced. The sector raised this matter with both the NDIA and the ACT Government early on, but with virtually no response from the NDIA. While there was greater understanding and attention to this from the ACT Government, it has not, to date, resulted in any systemic changes or public statements of policy to address the issue.

Statements by the new CEO of the NDIA to the most recent Senate Estimates Hearings suggest that this is now, at last, receiving senior level attention. Even so, it will not be achieved in the ACT without involvement of the ACT Government. Not every person with disability has or will be eligible for an NDIS plan. Not every emergency for a person with a disability involves or directly arises from their disability or is necessarily the responsibility of the NDIS. Yet all such persons, as ACT citizens, have a reasonable expectation that their community will provide some support when such circumstances arise.

More particularly, the pathway to assistance for people in need of a provider of last resort or emergency assistance, and mechanisms for non-government actors to be paid for assistance in such cases, either do not exist or are so ad-hoc that they are ineffective.

Recommendation: The ACT Government engages with the NDIA to make provision for a provider of last resort.

Recommendation: The ACT Government, in co-design with the sector and the NDIA, prepares a pathway of support for people with disability who are experiencing a personal emergency.

Recommendation: The ACT Government, in co-design with the sector and the NDIA, provides a clear pathway for non-government service providers to be paid for providing emergency or provider of last resort services.

Housing advice:

Another function performed and funded by Disability ACT was to provide advice and information on disability supports in relation to disability housing, including housing options, support providers and pathways. This also has been dismantled.

This function could arguably be taken up by a service provider under the NDIS-funded Information Linkages and Capacity-Building Grants. These competitive grants rely on capability in the non-government sector, however – a capability that was, until now, only partially in the non-government sector because of the heavy role of the Government. Hence, to date, it has only been partially taken up. Moreover, the provision of disability housing from a Government perspective is not only a responsibility of the NDIA.

In the period leading up to the transition to the NDIS in the ACT, Disability ACT proposed supporting a housing advisory body for people with disability. This advisory body would, on a pro-bono basis, provide general advice to persons wanting to explore options for housing for specific people with disability. It would, or could, include people with real estate, planning, construction, legal, disability support, community housing and financial expertise and would meet a small number of times a year to assist people in their understanding of options and how to progress them. Such a body would fill or assist in filling a market gap in information and advice that would otherwise be unobtainable or prohibitively expensive.

Recommendation: The ACT Government provides funding to run or support a housing advisory service for people with disability and their families

Health interface:

There are a range of areas in which the transition to the NDIS has created gaps or interface issues that are, as yet, unresolved.

For example, work is needed to ensure that people with disability and complex health conditions and children with disability who have regular hospital admissions receive the support they require. At present, it appears there is variation in how services to people on ventilator support will be funded; what equipment or therapy may be funded (and by whom) for an NDIS participant following discharge from hospital.

There are questions around whether the health system or the NDIS should fund the costs of transporting someone to medical appointments.

As we understand it, the NDIA will not undertake planning for someone who is still in hospital. There are difficulties in determining what is post-clinical support and rehabilitation, in contrast to support for an ongoing permanent or likely to be permanent disability. On the other hand, the hospital is unable to discharge a person if they don't have somewhere to go with the proper support.

There are implications where a supported person's condition has changed and the provider may be unwilling or unable to continue support because of the increased cost of support or uncertainty on

this issue. Appropriate coordination is needed – none of which is provided for in the NDIS funding. The longer the person stays in hospital, the greater their actual cost of support, including displacement of hospital support that could be provided to others.

Equally, where the change of conditions is less significant, there is need for appropriate communication about specific support needs on discharge.

Under the previous block funding arrangements, such costs and issues were managed within the broad envelope of that funding. The individualised nature of the NDIS has sharpened attention to the specific allocation of costs and, positively, focused attention on improving efficiencies – from at least the providers' perspective. For this improved efficiency to occur, greater clarification and improved processes are required.

The means to achieving such improvements are undoubtedly various. However, it is clear that a positive first step is the allocation of someone suitably-authorized and knowledgeable (or able to become knowledgeable), and with specific responsibility for such improvement within a clinical setting or area of health responsibility.

The Canberra Hospital, for example, has authorised its social work area to support people with disability in their journey through and out of hospital. As a pilot, it has appointed a specific officer to undertake responsibility for implementation for a short time.

NDS supports and applauds this measure. Although it is presumably subject to evaluation if it is to continue, such evaluation should be focused on patient outcomes and the quality and length of their hospital journey and not on immediate funding availability. The need, and the principle, is clear.

Health staff - both in the directorate and in clinical environments - need a better understanding of the NDIS to enable them to adequately support patients and manage the resources under their responsibility effectively.

Recommendation: Recommendation: The Canberra Hospital, if possible, continues the appointment and tasking of an authorised social worker or other relevantly-qualified officer, to support people with disability through their hospital journey.

Recommendation: The Health Directorate engages with the disability sector to further develop procedures and protocols to support people with disability through and out of hospital.

Recommendation: The Health Directorate develops a publicly-accessible plan to provide disability education and education on the NDIS to staff within the Directorate, including within ACT clinical settings.

Recommendation: The ACT Government engages with the disability sector and the NDIA to address interface areas in the ACT requiring clarification in relation to funding of supports as between the NDIS and the ACT health system.

The responsibility for funding equipment or determining which system will pay for particular therapies is unclear. The inherent rigidities in the funding approach for the NDIS means that the capacity to flex lies almost entirely with the ACT Government and the ACT health system.

A key aspect of the transition to the NDIS was the allocation of funds from existing ACT programs

to the costs of the NDIS. The Health Directorate retained a certain proportion of the then Home and Community Care (HACC) funding (now Community Assistance Support Program – CASP). This program has been sensibly administered, with providers of supports under this program given some discretion within the revised guidelines to flexibly respond to community assistance needs.

While there continues to be debate and significant uncertainty about the application of NDIS funds and issues relevant to eligibility to the NDIS, the CASP funding applied flexibly within the guidelines is an essential component in preventing people from falling into a no-man's land. This is an area in which we anticipate demand to increase. Spending on this program has always been to ease pressure on other, higher-cost services and address the objective of community inclusion. The demand exists and it should be funded accordingly.

Recommendation: That funding for the Community Assistance Support Program is increased consistent with demand and that as a minimum, funding is maintained.

Therapy:

Problems are being experienced in the access to therapy since the disbanding of Therapy ACT. Some of this is inevitable and the result of growth in demand. However, other gaps and issues have been created. In particular, the processes and pathways for support to children exited from the NDIS remain uncertain.

Recommendation: The ACT Government works with the NDIA and the sector to develop clearer guidance and pathways for the use of therapy support to people exited from the NDIS.

Equally, access in schools to deliver therapy support is fraught, with wildly different approaches being adopted by schools around therapies being delivered in school.

Families of school-aged participants are placing increasing demands on their schools to provide facilities for therapy sessions, even when this therapy is not related to the curriculum (some school-based therapy is related to the curriculum). Parents are withdrawing their children from a significant number of lessons as they become inconvenient, and there is an expectation that the school will make rooms available for therapy. In addition to this difficult problem, workable arrangements for the provision of personal care to students who are NDIS participants need to be established.

This is a significant cost for therapy providers to manage, and it impacts on their ability to meet demand.

Recommendation: The Education Directorate issues guidelines to assist schools, parents and the sector to better manage the interface with the delivery of NDIS therapy supports in schools.

Transport:

Funding of school transport for children with disability under the NDIS remains clouded in uncertainty. While officials appear to have managed this highly-sensitive issue sensibly to date, suggestions that future funding will be via individualised provision in NDIS packages continue. This leaves parents, transport operators and the broader community in uncertainty.

The availability and cost of transport generally remains an on-going issue with NDIA pricing. Although participants can make the choice to use core supports from their NDIS plan to pay for vehicle costs,

this means that they need to make sacrifices in other areas of their supports. One of our members notes that 'many of the people we support cannot physically get to ordinary activities in the community without specialised vehicles, so the fact that they either have to pay (more than any other community member would) or miss out on inclusion opportunities denies them a basic human right because of their disability. For many, the current transport system is ok and it can be worked out to a satisfactory outcome, but for many many others the current system does not work at all'.

Recommendation: The ACT Government advocates for an early resolution of school transport funding and a wider review of NDIS provision for transport in the Disability Minister's Group under the Council of Australian Governments (COAG).

Employment support:

There are major areas of difficulty in the transition of employment supports to the NDIS. This is resulting in services in the ACT (LEAD, in particular) being unable to employ people with disability, despite having work available (including and especially contract work from the ACT Government). Funding is either unavailable, inadequate or not available quickly enough – all due to system and design difficulties with the NDIS transition. The available work is suitable for a wide range of people with disability (with support), contracts are appropriately-priced to the market (i.e., not inappropriately low), and the wages are fair.

This is a complex and highly-regulated area largely under the responsibility of the Federal Government. There are a range of interrelated practical and technical aspects to be addressed. A key first step – to drive attention and policy in this area – is to set a policy objective for NDIS planning that all persons of employment age should be working if they can do so. This is of course with relevant support in their plans to obtain and perform the level of work for which they are capable.

Many young people with disability are not transitioning successfully from school into further training or employment. Post-school pathways for students with disability are often constrained by criteria that limit them even getting to try. Many give up hope of a job. They transition from school to funded disability services such as day services or supported employment, with little focus on self-determination or career development.

For instance, Inclusion Australia found that 72 per cent of people with intellectual disability surveyed did not receive work experience.⁵ Yet, longitudinal studies have found work experience during teenage years "is a strong predictor of employment success as an adult".⁶ It has also been found that "young people with disability who exit school with a job are more likely to maintain a positive career trajectory than those who do not".⁷

NDS, through our Ticket to Work initiative, has found that participation in Australian School-based

5 Inclusion Australia (2014) Choosing Employment – the key to economic participation for people with intellectual disability and their families, Mawson, ACT

6 Carter, E. W., Austin, D., & Trainor, A. A. (2012). Predictors of postschool employment outcomes for young adults with severe disabilities. *Journal of Disability Policy Studies*, 23(1), 50-63.<http://dx.doi.org/10.1177/1044207311414680>

7 Luecking, R. (2009). 'The way to work: How to facilitate work experiences for youth in transition'. Baltimore: Paul H. Brookes Publishing Company.

Apprenticeships and Traineeships (ASBAs) have been effective for students with disability. An independent evaluation showed that students who participated in supported ASBAs were four times more likely to be employed post-school than students that did not participate.

A recent and worrying trend with the roll out of the NDIS and the development of School Leaver Employment Supports (SLES), is that personnel in schools have decided that career development should happen post-school for students with disability, through SLES.

We need to change this, along with the culture of low expectations from school personnel, and ensure that students with disability get opportunities in career development.

NDS has synthesised the research on successful pathways to determine an approach to improve effective school-to-work transition. This includes learning from considerable overseas experience, particular in the United States of America. The approach has the following elements:

- Building the capacity of key stakeholders;
- Sector collaboration with mainstream supports; and
- Providing opportunities to improve employability, including career development.

Ticket to Work is a successful initiative that supports students with disability to create open employment pathways. Now operating in more than 31 locations around Australia, including the ACT, Ticket to Work has supported more than 1000 people with disability into ongoing employment. More information is available at tickettowork.org.au.

In the ACT, the Ticket to Work intermediary is Koomarri. Working with four schools, including Black Mountain Special School, the Canberra Business Chamber, parents, CIT and various disability support providers, Koomarri currently has 15 young people enrolled in its support program designed to build networks, skills, access and opportunities for work experience for this cohort. There is capacity for another 11 students to be supported in this way in 2018. The focus is on supporting people with intellectual disability.

Ticket to Work works. There are, of course, barriers to be overcome. A key barrier is that progressing into work experience is constrained by the lack of employment funding for participants in their NDIS plans. Often, crucial entry, communication and navigation support for the person by an experienced and knowledgeable supporter or mentor is therefore unavailable.

The success of Ticket to Work is also constrained by the eligibility criteria for ASBA, which focus on potential for completion. Our experience to date suggests that simply undertaking the work experience and learning from it provides a significant impetus to attain employment later on. Completion of the ASBA is a bonus.

Even the more theoretical and desk-based learning that some students with disability find challenging is more successfully-completed if provided at the place of work. This gives context for the learning and consolidates it with practical activity.

Ticket to Work, although initially funded by the Victorian Government, is now funded substantially by a large philanthropic donation from a Victorian foundation. The model relies on considerable pro-bono and unremunerated engagement from stakeholders. This is a fantastic commitment, and outcome, but the key costs in the program are recurrent. There is a reasonable risk that philanthropic grants will not

provide a sustainable basis for long-term viability.

Recommendation: The ACT Government advocates in the Disability Minister's Group under COAG that NDIS planning for all participants of employment age include a default position to fund support to obtain or maintain work.

Recommendation: Changes be made to the ASBA criteria to enable students with disability to be eligible for the ASBA without the need to satisfy a high bar in relation to successful completion – to provide access to work experience.

Recommendation: Where possible, the theoretical aspects of the ASBA are taught and delivered in the work setting.

Information, Linkages and Capacity (ILC):

NDS has concerns about the NDIA's approach to the commissioning of ILC. We had recommended that the NDIA should seek to enhance the existing map of ILC-type services, rather than beginning from a blank slate. The nature of the community sector reflects its organic growth: it is 'messy' and diverse.

In our view, the ILC grants process and approach has been one of the better-managed, evidence-based NDIS processes. The outcomes focus has merit, but it ignores the question of funding of standing costs, and there have been some poor outcomes and potential losses to the ACT community.

Firstly, ILC funding does not encompass organisations that provide services to people with disability that are not NDIS participants (c.f. providing information or linkage or capacity-building), or organisations that do provide services to NDIS participants alongside others, but for whom the cost of the service is high compared to the potential payment under the NDIS. Disability riding is an example. The costs of providing this activity – which has significant history, strong community support and a good deal of non-clinical endorsement – far exceed any possibility of service recoupment. Such services - in our jurisdiction, this is Pegasus - are unable to secure sufficient ILC support.

Substantial volunteer-supported organisations, such as Pegasus and TADACT, may be said to support only a limited cohort, but they have widespread community endorsement. These two organisations undertake significant work to sustain their operations through their own funding.

Surely, activities like these that bind us together as a community should be encouraged and appropriately-funded by Government. It may be that the more generous levels of funding available from the ACT Government prior to the NDIS are no longer appropriate or available – or they can not be provided on the same basis.

To completely cease community support, however, is to fall into the aforementioned on/off trap. More nuanced responses are required.

Recommendation: (i) The NDIA changes the ILC guidelines and approach to specifically allow for funding of community-endorsed activities that support people with disability; and (ii) the ACT Government provides direct funding to disability organisations that have high general community support

Secondly, there is a group of organisations that should be reconsidered for ILC or ACT Government funding. It is clear that many support groups undertake valuable peer guidance and mentoring as well

as service navigation roles. Such organisations are much more directly 'in-scope' for ILC funding. But they lack the necessary sophistication - and perhaps the drive and intent - to prosecute a successful grant application.

The ACT Government should reconsider how such groups could be supported. This does not necessarily need to be via direct grant. It could, for example, involve funding other stronger administrative organisations to support linkage or provide some level of basic access to facilities, or a funding pool able to be drawn down based on various criteria. Other possibilities might be to provide specific access to space on government digital communications platforms; access to specialist advice; or access to a range of other information or pathways.

Because they relate to a specific disability cohort and require an outcomes-based approach, the ILC grants rarely cover all organisational costs. This is problematic. Organisations were previously funded to undertake activities consistent with their mandate. ILC funding is more narrowly-focused. Those unable to make up the difference, particularly smaller organisations, will likely be unable to sustain operations beyond two or three years. More work is needed to identify a formula or criteria that enable such organisations to be funded as an organisation or for ILC funding to be supplemented.

Recommendation: The ACT Government - in consultation with the community sector - prepares a report, to be made publicly available: (i) on ideas or possible options for unfunded ACT disability or health-focused support organisations to be assisted; and (ii) on issues and experiences in funding for ACT ILC grant recipients.

The ILC grant period is also too short to allow for adequate achievement, sustainability and planning. It should be a minimum of two years.

Recommendation: The ACT Government advocates in the Disability Minister's council of COAG for a longer ILC grant period - no less than a minimum of two years.

Practical outcomes of implementation regarding disability workforce development strategies

Workforce data

It is not easy to establish outcomes or matters to be addressed without good baseline data. Despite the government's legitimate concern about the sector's capacity to scale up as quickly as NDIS participants need, no publicly-funded workforce data collection process exists. ABS classifications continue to merge disability workers with other groups, making it impossible to obtain regular labour force analysis.⁸

In an effort to obtain ACT data, NDS approached the Long Service Leave Authority (LSLA) to publicly release aggregated information it held. Other organisations also made this request, and it has now been satisfied. However, LSLA data is still too aggregated across sectors to be of much use in understanding trends specific to the disability sector. If the LSLA specifically identified disability workers, the data would be much more useful to the sector.

Recommendation: That in collecting LSL data, the LSLA seek specific information on the disability workforce and, on an annual basis, provide a report that shows the changes in that workforce over the preceding 12 months.

NDS believes that there should be a national collection at a broader level, and has recommended the creation of a specific national institute - like the Australian Housing and Urban Research Institute (AHURI) , - to undertake such work and bring together other relevant data sets for the sector, as well.

Recommendation: The ACT Government gives in-principle support to the development of a national research capability on disability.

Australian Disability Workforce Report:

We are thus left with some data from the national data collections, which provides some indirect information (e.g. National Minimum Data Set) and work specifically undertaken by NDS. The second edition of NDS's Australian Disability Workforce Report (ADWR)⁹, published in February 2018, provides data analysis of workforce for two years up to September 2017. This is the only disability-sector-specific, ongoing workforce data set available, from the government or non-government sector. The report is available from NDS Workforce Hub (www.nds.org.au/workforce-hub), alongside many other

⁸ Some analysis was commissioned by the ACT Government and undertaken by PriceWaterhouseCoopers. This is discussed further below.

⁹ The Disability Workforce was prepared by Dr Ian Watson, Freelance Researcher and Dr Caroline Alcorso, NDS. the Report presents data on the key metrics that NDS' data collection tool - Workforce Wizard - collects about disability support workers: / types of employment / organisation growth / turnover rates / working hours; and / age and gender distribution. Workforce Wizard (www.workforcewizard.com.au) is a free online tool into which disability service providers enter data quarterly.

reports tools and guides.

Based on nine quarters of data¹⁰ – covering between 35,000 and 38,000 people each quarter – the ADWR documents key workforce metrics, including rates of casual and part-time employment, turnover, working hours and two spotlight topics: absences and industrial instrument coverage. Job seeker data about worker preferences from NDS's disability jobs service, carecareers, is also included.

In 2016, the proportions of casuals, permanents and fixed-term workers in disability, compared with the broader labour market were as follows: Permanent: 58 per cent (disability) to 67 per cent (in general); casual: 40 per cent (disability) to 23 per cent (in general); fixed-term 3 per cent (disability) to 10 per cent (in general).

2016 Workforce Composition		
Type of Work	Disability Sector	General Workforce
Permanent	58%	67%
Casual	40%	23%
Fixed Contract	3%	10%

As demonstrated in the ADWR, the key characteristics of the disability workforce are that it is:

- majority female;
- has substantial and increasing casualisation, with most new jobs being casual;
- mainly part-time;
- growing rapidly; and
- highly volatile – with roughly one quarter of the workforce turning over annually.

There are significant challenges identified by this data.

Majority female:

About 70 per cent of disability support workers are women, compared to 46 per cent in the wider Australian workforce. This gender characteristic is shared by other community sector workforces, such as carers and aides (the group which includes child-care and aged-care workers), where the proportion is 85 per cent.

The disability sector has a slightly more balanced age profile than adjacent sectors. In September 2017, 43 per cent of the direct support workforce were aged 25 to 44, similar to the Australian workforce average of 45 per cent. The average organisation has 21 per cent of its workforce aged 55 and older (the broader 'aged and disabled carers' group has almost 30 per cent in this category).¹¹ Nevertheless, as 70 per cent of the workforce is female, and the average retirement age for women

¹⁰ The data was contributed by Workforce Wizard users.

¹¹ Disability support workers are also slightly older than the Australian workforce: some 44% are aged 45 years or more. In the workforce more generally, the figure is 39%

in Australia is 60.4 years,¹² the disability sector has a sizeable segment of its workforce close to retirement at the same time as demand for workers is growing.

High rates of casual work:

The Australian Disability Workforce Report highlights the increasing rates of casual and part-time work in the disability sector. In September 2017, the proportion of permanent workers in the disability workforce was 55 per cent; the proportion of fixed-term workers was 3 per cent; and the proportion of casual workers was 42 per cent - a share which has been increasing over the last 18 months (c.f. 2016 where the proportion was 58 and 40 per cent respectively).

This trend is mainly driven by small and medium organisations, where casual employment at the end of 2017 formed close to half the workforce. Also, organisations with higher female-to-male ratios have higher levels of casual employment and lower levels of permanent employment. The rates of casual work more closely resemble the general rate of casual employment across child-care, aged care and disability – at 33 per cent.

Loss of employment in the sector is occurring largely in permanent jobs, but the magnitude of this is relatively small. It is not possible to say that the growth in casual employment is a 'conversion' of existing permanent work into casual work. There is growth in the number of permanent jobs (in the order of 4 per cent) but, as the sector grows rapidly, new jobs are strongly favouring casual employment at nearly four times this rate.

Part-time work:

The disability sector shares in a national trend towards increased part-time work. In the disability sector, part-time work is dominant, and increasing, with 81 per cent of workers employed on a part-time basis. This growth is partly driven by worker preferences. (Most job applicants using the NDS carecareers job board want part-time rather than full-time work.)

The number of weekly hours for these part-time jobs - averaging 22.6 hours per week over the last two years - is considerably lower than elsewhere in the labour market. In workforces with similarly large proportions of part-time workers, the figure is closer to 26 hours per week.

In the last quarter measured, the average hours worked by disability support workers had actually fallen to just 20 hours per week. Such low average hours raise important questions about sustainable growth for the sector's workforce. How does a person earn a living wage without taking on a second job, or by leaving the sector for a better paid position elsewhere?

Strong growth is taking place: As the NDIS rolls out, new organisations have arisen and existing organisations have expanded their staff to cope with the increased demand for services. In 2016, the Australian workforce as a whole increased by about 1.6 per cent per year, but the workforce in the broader social assistance, personal assistance and residential care sectors grew much more strongly, by 9.5 per cent per year.

¹² Australian Bureau of Statistics, Retirement and Retirement Intentions, Australia, July 2014 to June 2015, Cat. No. 6238.0, average age at retirement for persons who have retired in the previous five years

In the case of the disability sector, the growth, as measured by Workforce Wizard, has been even stronger: 11.1 per cent per year (averaged over the two year period). This growth has been dominated by casual employment. The permanent growth rate was 1.3 per cent per year. The casual growth rate, on the other hand, was 26 per cent per year (see p14 of the Disability Workforce Report). There is considerable quarterly variability in these percentages, so the figures given here are averaged over the two year period. The growth rate outside the providers¹³ is unknown.

Whether this is sufficient to meet new demand is questionable. This is an issue we comment on further below.

High turnover:

Turnover in the sector is high, at approximately 25 per cent. Over the last two years, the turnover rate for casuals has averaged in the order of 1.6 times the permanent rate, and it appears to be increasing. The turnover rate of casual workers has a two-year average of nearly 9 per cent per quarter (equal to 35 per cent per annum).

In contrast, detailed analysis of NDS carecareers job board data shows that most job applicants have a clear preference for permanent over casual employment.

Low entry requirements and poor pay are key features driving turnover.¹⁴ Workers are also stressed, and being stretched by NDIS changes. There are also questions about whether job expectations and the level of support for frontline jobs is mismatched with what people understood or were told on entry. Such misleading or mismatching in the ACT is, by anecdotal advice, contributing to high exits.

The ability of the sector to train disability support workers for specialist tasks such as working with people with challenging behaviours or complex medical issues is also compromised by low NDIS prices. Low prices also work against the potential creation of additional jobs that would alleviate professional shortages, such as allied health assistants and peer workers.

Organisations gain apparent flexibility by employing more casual staff, but the cost is a greater increase in labour turnover in their workforce, and a consequent risk to the quality of the service provision.

Allied health workforce:

The allied health workforce is split almost evenly between people who work full-time and those who work part-time. Three quarters of this workforce are permanent workers, but around 16 per cent of allied health professionals were employed as fixed-term (on short-term contracts) over the last two years. This figure rose to above 20 per cent in some quarters.

Funded by the ACT via the sector development fund, NDS undertook a project in the ACT in 2017 to develop awareness of and interest in disability practice under the NDIS by allied health professionals. In response to market analysis under this project - including a survey - we identified a range of trends. The results of the survey strongly suggested that services providing allied health therapies to people

¹³ That is, amongst workers being directly employed by NDIS participants and people working as independent contractors or through agencies.

¹⁴ But note that all our research indicates that the solution is not to raise the entry qualifications

with disability in the ACT were growing with an increased number of staff, but demand in early 2017 was continuing to grow as well. Most of the services responding to the survey had a broad client base, with only two services specialising in one type of diagnosis.

There was an indication of more waiting lists (50 per cent had waiting lists and six services had waiting lists that had not existed one year before), any specialisation that was occurring was mainly linked to the young age group and we noticed what appeared to be a shift from permanent full time employment to fixed term contracts.

Anecdotally, a not insubstantial number of allied health professionals were considering or had already considered exiting the provision of services to people funded under the NDIS. This was mainly due to frustration with NDIS payments and funding arrangements rather than the level of payment for individual sessions. A number expressed concern about the outcomes for clients that could not be sustained or delivered with the funding provided. Some had made the decision to service only self-managing clients in order to avoid the NDIS portal.

Workforce supply

We have seen ACT Government estimates of the size of the ACT disability workforce prior to the NDIS (approximately 1200 FTE – but with many more people because of the non-full-time character of most of the workforce). In the transition to the NDIS, the number of people in the ACT with funded supports based on their disability has more than doubled, to just over 6000.

Early estimates of workforce needs also doubled. Estimates for 2015-16 and 2016-17 predicted the ACT disability sector would need approximately 500 new workers each year. Of these, 170 extra direct support workers and 130 extra welfare support workers per year were thought to be needed, with the trend predicted to continue to 2020 unless the low retention rates in the sector are addressed. While some guesswork is involved, this suggests a predicted growth rate of around 20 per cent per annum. For frontline staff, the growth requirement is approximately 12 per cent.

As to what is happening 'on the ground', the reported growth rate of just over 11 per cent - if it is accurate for the ACT - is broadly in line with the expected need.¹⁵

Disability organisations are increasingly being asked to recruit to meet the preferences of individual participants. This adds to recruitment costs and makes it harder to offer longer hours of employment. In addition, more staff are choosing work that offers more predictable shifts (such as in-home support rather than community participation). If this trend continues, providers will find it increasingly difficult to assist participants to be part of their community.

The labour pool is being supplemented by people introduced to the sector via participants themselves and digital platforms (the 'gig-economy'). Employment using online direct engagement with clients is attracting younger and more diverse job-seekers. In the ACT, this style of employer market is best represented by Hire-up. We are not aware of a substantial presence of any others. It is too early to know how significant they will be in delivering the volume of disability support work that is required, but presently, our view is that it is serving a specific portion of the demand and it may remain a

¹⁵ The NDS data reports on workforces extends beyond frontline staff but these form the majority. NDS data collection does not by-and-large report on staff outside specialist organisations.

relatively small component for that reason.

The outcome the industry seeks is higher-quality employment, along with additional flexibilities. Changes proposed during the modern award review may help discourage casualisation by allowing minor flexibilities in permanent part-time employment. For example, the current Clause 10.3 (c) includes a requirement to specify starting and finishing times precisely. It operates as a barrier to the employment of workers on a permanent part-time basis if services are to cater to individual client needs and wishes.

Allied health workforce:

Recruitment has been most difficult in relation to speech therapists, occupational therapists and psychologists. There were 95 FTE in these professions (44, 35 and 16 respectively) registered under the NDIS for the ACT in late 2016 and 56 other allied health professionals registered.

A growing problem is that a significant number of therapy providers have ceased taking on student placements as a result of NDIS price pressures (they state that they have less time for activities that are not directly billable); or they are unwilling to consider it because of general price pressures; or they don't consider it the right for the mix in clinical practice. Disability service providers are finding it hard to recruit but even harder to retain such professional staff in the ACT.

There are significant numbers of new graduates in most of the professional groups, but they rarely move directly into disability-focused practice. The explanations for this include that there is very limited attention to clinical work with people with disability in training – hence new graduates have low confidence and knowledge for working with people with disability. There is low interest in comparison with other safer or 'sexier' areas such as hospitals, sports practice, and general rehabilitation. There is often limited capacity for support and training in smaller practices and there are also issues of high mobility with this cohort. Services such as the Cerebral Palsy Alliance do take on and train new graduates, but lead times are long for them to pay their way in as they learn their craft. The services find it difficult to hold these graduates in the ACT.

Allied health professionals are long lead time occupations, with entry via university degrees. The assistance they give can not generally be substituted by unskilled workers. Weeks lost waiting for assessments or therapy can be critical for a child's future development. Even prior to the NDIS, the labour market for allied health professionals able to support people with disability was tight.

Solutions are largely long-term. Investment is needed on the supply side (e.g., funding university places/scholarships), as are incentives to encourage organisations to provide clinical placements to attract new graduates to the sector. NDS continues to work with allied health professionals and allied health professional organisations to find innovative ways to support mentoring and training for graduates to gain experience in the disability sector.

There is a strong risk, however, that without specific funding to support relevant post-graduation clinical training, the supply will increasingly tighten and the profile of those willing or able to work in the sector will be in a higher-priced group of more experienced practitioners. This would fuel the need to be self-managing in order to access such expertise. How specialised funding for post-graduation funding is achieved seems to us to be complex, and we do not have a clear recommendation on a suitable pathway. Given our level of involvement and knowledge, however, we think there is a strong case for us to be involved in whatever is done.

Informal care:

According to the intermediate report on the evaluation of the NDIS,¹⁶ informal carers continue to provide the most support to NDIS participants. The sustainability of the NDIS requires this to occur, but carers are experiencing pressures. The same report noted that support for carers in their own right had declined since the NDIS began, noting that many families and carers are unable to take adequate breaks from providing support and cannot access carer support in a consistent manner.

The difficulties for carers arise from the fact that the NDIS does not provide supports to carers in their own right and that funding for carer support programs is gradually being transferred to the NDIS. There are two obvious responses to this: improve carer support provision outside the NDIS and/or improve the provision in plans for supports that have a 'respite-like' effect for carers.

We believe the ACT should consider what it can do to fund or sponsor increased funding of carers both inside and outside the NDIS.

Recommendation: The ACT Government increases funding of carers or sponsor increased funding of carers by the Commonwealth.

Skilled migration and technology:

Skilled migration is addressing allied health professional shortages in the sector, which is appropriate. NDS does not believe that a dedicated migration stream to address frontline recruitment difficulties in disability is warranted at the current time, although this has been a preferred path of recruitment for some NDS members in the ACT in the past.

ACT Context

In 2014, NDS and Windsor & Associates¹⁷ conducted research in order to provide advice to the Australian Government Department of Social Services on an NDIS Workforce strategy. Based on this research, the expected workforce implications of the NDIS were:

- The need for more support workers
- An increase in casual and fragmented employment
- Challenges meeting travel costs
- The need for different worker skills and attributes
- Challenges in supervising a dispersed workforce
- Workplace health and safety risks in client-controlled environments
- Challenges in support worker retention
- Challenges in recruitment (in rural and remote regions) and retention of allied health professionals
- Reduced investment in training and development

Nothing has changed to invalidate these as being the key areas of challenge that are equally applicable to the ACT.

¹⁶ NILS, 2016, NDIS Evaluation Intermediate Report

¹⁷ NDS and Windsor & Associates (2014). Roadmap to a sustainable workforce.

In 2014, there were 67 providers in the ACT funded under the National Disability Agreement as support providers and/or ILC (Information, Linkage and Capacity-building) providers. Today, there are more than 1000 registered providers. Many of these, of course, are not active. However, it is clear that there has been a large increase nevertheless. Our reading of this is that beyond the areas of allied health, home and car modification and equipment supply, many of the new entrants of the last two years are small - mostly very small - for-profit businesses. Most growth in the early years of NDIS transition - excluding allied health, home and car modification and equipment suppliers - was of existing service organisations from NSW moving into the ACT mainly to support high needs in Supported Independent Living.

The ACT Government established the ACT NDIS Taskforce to help the ACT community sector prepare for the NDIS. This included being responsible for strategic policy as well as designing and planning the implementation of the NDIS.¹⁸ The Taskforce supported the sector to transition to the NDIS through the allocation of funds from the national Sector Development Fund. These funds were used for a range of sector support including but not limited to:

- Business Investment Package Grants for service providers: Various grants for consultancy supports for business transition
- NDIS Workforce Awareness Program: Focusing on the transition of government workers out of government employment in disability support to other areas including private businesses
- ACT NDIS Readiness Toolkit assistance program: Implementation of the NDS NDIS Readiness Toolkit – now an online resource
- Volunteer and Philanthropic Investment Resource Kit
- ACT NDIS Conference 2015
- The development of projects and support programs to assist providers to prepare for the NDIS, increase the availability of culturally-sensitive disability services in the ACT, and prepare the workforce for person-centred service delivery

Due to a range of factors, including a long delay in consideration by the Commonwealth, the ACT Government's attention to workforce came effectively after the transition to the NDIS had been completed. This can be gathered from the above list, which follows a timeline.

This delay has impacted the ability and will of employers in the sector to engage, since they have already had to make significant decisions and implement practices relevant to workforce. Part of the current project (see below) has been to tackle the workforce issue from the demand perspective, with the hope and expectation that providers will come on board or new services will see an opportunity. We anticipate that the work that has been done to identify where and how participants say they want to see services improved or delivered will help here.

NDS involvement in jurisdiction-specific efforts to address ACT disability workforce needs, to date, are set out below.

¹⁸ http://www.communityservices.act.gov.au/disability_act/national_disability_insurance_scheme/act-ndis-workforce-awareness/direct-workers/factsheet-1.2-role-of-the-act-ndis-taskforce

The Disability Workforce Innovation Network (DWIN):

The Disability Workforce Innovation Network (DWIN) was a nationally-funded project for NDS and employers to explore ways to address the impact of lower prices while delivering quality services. High road (empowerment-focused) and low road (efficiency and cost/risk reduction) approaches were explored, and a library of resources was collated.

The DWIN was established in October 2014. Its aim was to establish and support regional workforce innovation networks and communities of practice in the disability sector to strengthen regional collaboration in addressing workforce challenges; increase workforce planning and development capability; encourage innovation; and improve intelligence on workforce issues and trends.

The Disability Workforce Innovation Network in the ACT received broad support.¹⁹ It included not-for-profit and for-profit disability service providers, education providers, advocacy organisations and other peak bodies. The DWIN examined and reviewed a range of past and current workforce strategies, plans and initiatives at both the national and ACT level. See Appendix A for a list of these reviewed prior activities.

Key outcomes of the project included data collection and the development of the 'Workforce Wizard' data collection tool and exercise, information sessions that led to improved workforce 'high-road' practices being trialed and implemented in some ACT organisations – with some additional funding in some cases via another Commonwealth transition grant - and the creation of a significant library of online workforce resources in the form of NDS's Workforce Hub (at <https://www.nds.org.au/workforce-hub>).

Efforts to sustain the ACT network beyond the termination of funding in 2016 have largely been subsumed by the Workforce Innovation Collective Project – see below. In 2016, the slowdown in activity of the network already showed the difficulties created by the absence of a dedicated resource to drive action. Besides the generally-available resources noted above, ongoing linkages and outcomes specific to the ACT were particularly in connection with the allied health sector, where work has continued.

Workforce Capability Framework:

NDS also brought a disability sector workforce capability framework to the ACT and provided sector training on this framework. This resource is a coherent and properly-constructed job and work value framework that enables organisations that implement it, to appropriately grade and apply job levels and remuneration. It is now available publicly and free-of-charge at <https://www.carecareers.com.au/workforce-capability-framework-resources/>. We are unable to say if organisations in the ACT have taken good advantage of this resource.

NDS is currently embedding the NDS Disability Capacity Framework into our portal. This will allow users to search for targeted learning aligned to areas they identify as areas for development.

Currently, across Australia, NDS is seeing increased demand for online learning solutions as disability service providers adapt to the NDIS operating environment. The introduction of a mandatory NDIS Worker Orientation e-Learning module (commencing in the ACT in July 2019 and earlier in NSW and SA) will see all providers and workers needing to interact with online platforms and e-Learning.

¹⁹ Other DWIN projects were also undertaken in other jurisdictions.

NDS undertook an e-Learning survey in February 2018. 82 per cent of respondents expect to use e-Learning in the coming year - up from the 59 per cent accessing e-Learning now. In response to this growth in interest, confirmed by the survey, NDS recently launched a Workforce Essentials e-Learning Package. Workforce Essentials bundles together 20+ fee-for-service, online training modules and learning assets that have been tailored to Australian disability service providers.

projectABLE (www.projectable.com.au) and **carecareers** (www.carecareers.com.au):

NDS has sought to improve perceptions and take up of work in the disability sector through its projectABLE, carecareers and National Disability Practitioners (NDP) initiatives. carecareers and projectABLE were undertaken with funding from the NSW Government and, subsequently, the Federal Government.

carecareers is NDS's job website for the disability and community care sectors. It aims to attract talented staff from all backgrounds to work in the disability, community and aged care sector. carecareers provides a job board and has developed a range of useful online resources to support entry to the sector. It has, to date, provided a fully-staffed careers centre to directly answer questions and help enquirers understand the possibilities and pathways.

projectABLE has, to date, been a free program delivered to secondary school students to encourage them to consider a career in the disability sector. Students have the opportunity to learn about the variety of career options in the disability and community care sector, from support workers and nurses, social workers, advocates, physiotherapists, marketing professionals, business managers and IT support staff. It is delivered by people with lived experience of disability.

In 2014 and again in 2016/17, NDS was able to support the operation of projectable in the ACT. It gained good traction. Programs were being conducted in 13 schools - but the program has now ceased in the ACT due to the expiry of funding. More recently carecareers was extended to the ACT. The funding for carecareers ceases in July 2018. This is almost certainly too soon for the service to have built a local base to attract any significant ACT usage on a commercial basis. Neither of these programs has had direct support from the ACT Government.

NDS has invested significantly in seeking sustainable models for both programs, and continues to explore both commercial and sponsorship-focused options – but their future is uncertain.

Zero Tolerance:

NDS also developed a project called Zero Tolerance to address issues of abuse and neglect of people with disability. The project is ongoing, with a range of guidance available around worker selection, worker training and understanding, and best practice advice for organisations. Online resources are available free-of-charge at <https://www.nds.org.au/resources/zero-tolerance>. As with all such projects, resources, promotion and development in the understanding of the utility and use of the material requires a level of 'boots-on-the-ground' work. There has been limited opportunity to pursue this in the ACT.

All these projects were developed with funding from either the Commonwealth or other states and territories. Victoria and New South Wales continue to fund projectABLE, for a time. Those states and Queensland have taken up support of Zero Tolerance as a training activity for their disability sectors. We are in ongoing discussion with the ACT Government about how to continue or bring the full range

of these activities to the ACT. Funding any of these initiatives on a sustainable basis is a significant challenge that we have not been able to resolve.

Allied Health Project:

This project was undertaken in 2017 and ran for a little over eight months. As previously noted, it was undertaken, pursuant to Sector Transition funding from the ACT Government, to build the knowledge and capability of allied health professionals to operate successfully under the NDIS.

Alongside consciousness-raising and networking activities to drive better practice, an allied health online hub (<https://www.ndp.org.au/allied-health-hub>) and Facebook page were built and are being maintained. The work and approach in this project has been adopted elsewhere, and some have pursued an ongoing link through membership of NDS's National Disability Practitioners division.

A copy of the report of the project is available at: http://www.communityservices.act.gov.au/disability_act/national_disability_insurance_scheme/services-providers

National Disability Practitioners (www.ndp.org.au):

A key issue for the retention of quality workers in the disability sector is to create a positive perception of the sector, alongside pathways for those working in the sector to grow their skills, improve community appreciation and access opportunities for career development.

NDS established National Disability Practitioners in 2014 as separate division of NDS - with individual rather than organisational membership - to assist in building this capacity. NDP provides information and training tailored to the professional development objective. It also offers materials and information for therapy practices focused on the provision of therapy to people with disability to be educated and informed about the NDIS.

NDP has supported the ACT's work with the allied health sector and the current WIC project through the provision of website space and communications advice and channels. Examples include staging information webinars, the provision of practice advice, and linkages for allied health professionals to their professional associations.

Workforce Innovation Collective (WIC):

Commenced in May 2017, the WIC project has two broad aims: To build the size and diversity of the ACT workforce, and to do so using a collective impact methodology as much as it can. The use of this methodology reflects a strong focus on the need for stakeholders to 'own' the methods and solutions if results are to be sustainable beyond the end of project funding. The project is also intended to signpost pathways to solutions by sharing learnings and tools – both failures and successes.

Collective impact approaches rely on broad-based engagement by as many stakeholders as possible. This starting point is based on validated research on the sustainability of cooperative actions that engage key stakeholders.

A key point of departure from all previous workforce efforts is the built-in engagement of people with disability and carers as significant decision-makers in identifying problems and engaging 'solutions' that deliver growth and diversity.

The WIC has established structures, governance and provided a range of supporting research, tools and analysis. It has developed a common agenda to focus efforts on aspects of workforce innovation that should be trialed. NDP supports the WIC project by hosting the WIC web portal and providing other communication advice.

Creating solutions that are locally-based does not mean that we have to reinvent the wheel. Part of the design of the WIC is to develop methodologies tools and pathways so that existing work, research and learning from elsewhere are clearly in-view or able to be accessed. The WIC can take advantage of NDS involvement in workforce projects in all states and territories. For example, the WIC is able to tap into work and research undertaken by the Queensland Workability consortium (<http://workabilityqld.org.au>) to guide, test and validate approaches and proposals for the development of work in the ACT, as well as identify resources and tools gathered elsewhere.

The WIC is now moving to building and funding pilots that will test innovative and sustainable responses to address: (i) building trusted relationships between people with disability and support workers; and (ii) entry, pathways and working conditions for disability support workers with a view to the development of effective career pathways and retaining a good frontline workforce.

Human Services Registrar

The functions and responsibilities of the HSR are to provide assurance of quality. The somewhat complicated boundaries of its jurisdiction in relation to the NDIS - particularly in relation to allied health therapists and its approach to assurance of business efficacy and governance - can be daunting.

The approach to its task of vetting NDIS registrants by the ACT HSR is open-textured and iterative. This is a great advantage in assisting intending registrants to progressively address all the areas of quality assurance. However, the limited documentation of requirements, as well as limited information about timeframes and the level of detail required in information to respond to concerns, has been the cause of considerable disquiet and some wasted efforts.

We do not want to see the prescriptive third party accreditation framework that seems to characterise the approach in New South Wales, but we do believe that the registration process and functions of the HSR would be improved by the development of more publicly-available materials. These materials would describe the required areas of coverage, level of documentation, process, pathways and expected timeframes for different classes of registration applicants.

We make a similar point regarding the oversight of policy and safeguards. We believe the sector and the process benefit from the flexible, listening and iterative approach adopted by the HSR. At the same time, we hear services tell us that they are not always sure what level of information should be included in incident reports, or what to expect in response to a report or complaint.

The expected forthcoming introduction of a requirement for the authorisation of restrictive practice under the oversight of an Office of the Senior Practitioner will add additional process and reporting requirements for some organisations. Many will not be familiar with the subject and may not have relevant in-house expertise. The new requirements will only work effectively if introduced in a manner sensitive to the capacity of the sector.

There is concern about the overlap of function and duplication of reporting with the newly-established NDIS Quality and Safeguards Commission when it commences to have jurisdiction over the ACT in July 2019. Equally, there is concern about whether the new Commission will introduce a range of new requirements not tailored to the ACT - which would unnecessarily impose additional administrative burdens.

Recommendation: The Human Services Registrar develops additional written guidance about the areas to be addressed in: (i) applications for NDIS registration; and (ii) incident reporting, and include the processes, pathway and expected timeframes.

Recommendation: The Human Services Registrar and (assuming the legislation is passed) the Office of the Senior Practitioner work with the ACT disability sector on the introduction of restrictive practices authorisation so that the process and requirements for authorisation are practical, feasible and respond to the available capability and resources.

Availability of services for eligible NDIS participants

The scale and process of implementation has been placing enormous pressure on stakeholders. For the service sector, this has impacted particularly on providers of disability services that operated under the previous system and therefore needed to transition to the NDIS funding model.

Disability support has been a significant area of ACT Government expenditure and engagement. Prior to the NDIS, the ACT Government was the provider of last resort for people with disability. It was also the largest provider of accommodation support for people with high and complex needs living in supported accommodation, and it provided all the early intervention assessments and related community supports for families. In many instances, the therapy supports were also provided by Therapy ACT.

In transitioning to the NDIS, the non-government sector has absorbed virtually all of these functions, alongside the immense changes of practice and approach brought about by the NDIS. This has been an important opportunity for the sector to grow. By and large, it was a transition that was well-handled and largely successful. Nevertheless, it has been a significant change that the sector has had to absorb.

Add to this the implementation problems of the NDIS. These have dogged the Scheme, particularly since July 2016, when the NDIS moved to full-scheme transition. NDIS systems faltered as the intake of participants increased dramatically. The pressure to process people quickly led to inappropriate short cuts – phone planning instead of face-to-face planning, for example. Many new planners lacked the skills and experience required to do a good job. The quality of participant plans fell. The problems with this approach were apparent, with plan utilisation in the ACT dropping dramatically from 84 to 69 per cent between 2016 and 2017.

The transition to the new IT system, which occurred at the same time - was not handled properly. Repeated warnings from the sector in the ACT about a range of data and plan transition issues were ignored or not heard by the NDIA. Despite repeated assurances, the SAP-based IT system still lacks some of the basic functionality of the previous Orion-based system – flawed and problematic as it also was.

There was also shock, albeit short-lived, when the NDIA announced in October 2016 that it would accept no further participants as the bilateral estimate had been reached. The number of NDIS participants in the ACT has appeared to have levelled at between 6000 and 6100 - in excess of the bilateral target of 5075 but not overwhelmingly so - and less than 50 per cent of the way to the 7400 predicted on an actuarial basis by the NDIA.

The ACT has undoubtedly benefitted from being the first jurisdiction to fully enter into the Scheme. But it has not been all good. Much of the progress to mid-2016 was undone thereafter – particularly on payments and planning.

In 2014/2016, initial processes and attention to problem-solving and information-provision were encouraging. NDIA staff resources, although not as large as they could have been, were able to be adequately deployed.

At that time, the sector deployed very considerable unpaid resources to assist planning, or what has become known as 'pre-planning'. Grants from the ACT Government to individuals for their planning allowed paid support for some of this type of assistance: a strong plus. Moreover, the NDIA delivered effective programs around pre-planning information, which was a positive contribution.

The service sector, the ACT Government and the NDIA worked cooperatively to run a range of events to provide information and guidance. This became increasingly difficult after July 2016, when the difficulties in the areas of payments, communication, prices and planning became significantly more problematic.

Opinions on government handling of the NDIS have become more negative in the past year. One in 10 organisations now report they are considering getting out of the disability sector, and 90 per cent of providers remain focused on improving productivity.

There are some welcome green shoots in the changes of approach, language and administration of the NDIS, particularly in the last few months. Most of our members operating in the ACT, having moved through the first phase of transition, are now beginning to be able to re-focus on the centrality of outcomes for participants and the quality of the support to clients. Nevertheless, this is still highly fragile, and dependent on:

- Further improvements in the approach to pricing;
- Higher prices for some items in some cases, as occurred with short term accommodation;
- Improvements in the approach to, and outcomes of, plan reviews;
- Improvements in the payments processes;
- Improvements in the timeliness and usability of the payments systems;
- Further improvements in communications; and
- No significant shocks in relation to quality and safeguards.

NDS's State of the Sector Report 2017 notes that the gap between supply and demand is increasing nationally. In the previous 12 months, less than half (47 per cent) could meet all demand for their services. This lowers to 43 per cent in the outlook for 2018. Of the 516 respondents to the relevant survey, 73 per cent had an increase in demand over the previous 12 months.

Survey findings in the 2017 State of the Disability Sector report also show that only 58 per cent of disability service providers were planning to increase their services. Reasons included the difficulty of recruiting staff, the uncertain policy environment and a lack of working capital required to grow and change.

Providers do not at present view competition from aged care services as a major problem, as the two workforces tend to operate somewhat separately and occupy different market segments.

We are unable to categorically say where service shortages exist in the ACT. Some 36 per cent of ACT NDIS participants wholly or partially self-manage their plan. In the areas of self-management, this gives the participant the opportunity to engage non-NDIS-registered providers. Those who directly self-manage rather than using a brokerage service are unrestrained by NDIS prices. For those services, there is therefore a quasi-market comprised of NDIS-unregistered businesses who are not regulated as to what they may charge, and registered service providers who are effectively regulated through the NDIA Terms of Business. Brokers are formally required only to engage services that do not exceed the

NDIS maximum price, but these need not be NDIS-registered providers if they are under the maximum pricing.

As registered providers are unable to exceed maximum pricing where the maximum price exceeds their costs, they must either cease service delivery, find efficiencies, reduce the scope of the service, or find new, cheaper, ways to maintain the service and the service quality.

The implications of these various approaches have already been discussed in relation to workforce. Equally, our data on workforce suggests that supply has broadly kept up with demand to date. The challenge is in the quality and flexibility of the service provision. Whether new entrants will be able to sustain and/or develop acceptable quality approaches is not clear to us yet. Whether existing providers will be able to continue to operate within the current pricing framework is also uncertain.

Short-term accommodation was one area that was at risk of market failure in the ACT. Action by the relevant providers, supported by NDS and the ACT Government, provided an alert that was, fortunately, heeded by the NDIA in re-setting prices.

Areas of therapy, such as psychology, appear to have responded largely by stepping out of the NDIS system. Some therapists – with a much wider field of practice than disability – have also been able to either provide services to self-managing clients at higher prices by being unregistered, or disability services have comprised only a part of their business mix, and they have been willing to bear the thin or negative margins from their NDIS clients. With such uncertainty, it seems to us that there is now limited growth, and perhaps even some contraction of practices capable of supporting people with disability.

Home care and personal care are areas under particular stress with pricing. It is not clear whether this pricing stress is being managed by an increasing number of participants choosing to self-manage and paying higher prices for less hours, or if there is growing unmet demand. It is clear, however, that the sector believes organisations will not be able to sustain a specialist, sole-practice in this area.

Community access for people with high and complex support needs is also an area that remains under stress. This is a highly-specialised area with a thin provider market. We are seeing signs that differences of perspective between the NDIA and the sector about the level of support required to maintain safety may lead to denial of support or significant reduction in paid support hours.

Availability of early childhood intervention services

If a person is deemed a participant at an early age, this may create an expectation of significant ongoing support. NDS therefore supports the concept of the Early Childhood Early Intervention (ECEI) approach. The broad gateway of ECEI enables some children with lesser needs to receive short-term assistance (hopefully including young children with unilateral hearing loss who need assistance to ensure that their future education is not compromised). It also allows time to see how a child responds to short-term early intervention before making a decision on eligibility, while still giving immediate access to an NDIS package to those with obvious significant and long-term disability.

The current availability of early childhood intervention services seems to us to be adequate for the need. This is not an area on which we have had significant engagement. We would have expected to have heard more expressions of concern if there were major problems, however. The intervention by the NDIA to bring relevant providers to the ACT, and their initial support by the ACT Government, appears to us to have worked. It has allowed them to establish and continue to provide the relevant supports.

There are concerns about the workload and hence backlog of the ECEI provider in the ACT – EACH – where it is reported that long delays are being experienced. If this is so, we urge that adjustments be made to the relevant resources provided to them. NDS understands the concept of out-sourcing, but inadequate provisioning is the block-funding equivalent of inadequate pricing and should not be a 'get-out-of-goal' card for government responsibility.

Implementation of local area coordination

The LAC function was introduced late in transition in the ACT. This delay has had unfortunate consequences. An early learning from the ACT trial that was never heeded was that combining NDIS planning with coordination or service connection did not work well. This is still the case, and it impacts adversely on participants and services alike. Greater efforts are needed to differentiate the planning role from the functions of giving advice, service referral and coordination. There should be a move to either separately fund or separately assess these two functions.

The selection of an LAC that is not locally-based has also meant that it has taken considerable time to develop capability and knowledge. Whether it can develop the required local knowledge on a broad basis and sustain services over the longer term is unknown. NDS considers local connection to be vital, and holds concerns that this will not be achieved via suitable staff recruitment and learning. The recent opening of a physical office in the ACT by FerosCare is, however, encouraging.

The use of three-year contracts for LAC support is also concerning, given the great need for continuity.

A critical dimension for the role of the LAC was to provide support to people in understanding what their next steps are in accessing services. Anecdotal advice to date suggests that this function is not being well-performed. This issue should also be considered in relation to the design of the Information Linkages and Capacity-Building program.

Recommendation: The ACT Government pursues discussion within the Disability Minister's Council of COAG for: (i) the design of the LAC function to be reviewed – specifically in relation to the separation of the planning and service connection role; and (ii) a robust process of review and evaluation of LAC performance region-by-region including input from stakeholders.

Supports for people with psychosocial disabilities

There are a range of issues with the inclusion of people with mental health needs in the NDIS; particularly adults with mental health needs. Others are better-qualified to address matters of eligibility and interaction with mental health support and community support programs. Nevertheless, it is clear to us and NDS members that access to relevant support in capacity-building/maintenance and coordination is a more significant need for this group. Peer support also figures more strongly. But access to funding for these aspects for existing clients is, by all accounts, being cut, and often dramatically so. The NDIA should improve access under the NDIS to peer support and coordination, or support for this group should be funded as it was previously, through PHaMS or PIR.

There are issues in particular with the reduction in the provision of coordination support for this group. Anecdotally, support for coordination in individual plans is being dramatically reduced on review in many cases. This should not occur. While a gradual reduction in such support may be a logical approach (dependent on circumstances), dramatic reductions in this or in other non-capital items is likely to be counter-productive and impose costs on the ACT community and, in particular, on ACT Health. This is because many of those with coordination in their plans are able to use the supports to maintain their health.

Without relevant support under the NDIS for ongoing support in the community, people with psychosocial disability will be forced towards emergency and clinical responses.

Unique factors relating to the provision of disability services affected by the implementation of the NDIS in the ACT

As the first jurisdiction into the NDIS, there are a number of unique features that apply to the ACT. These relate to timing, implementation and demographics.

In regard to implementation, both the appointment of the LAC and commencement of work on workforce has come essentially at the end of transition rather than the beginning as is generally the case elsewhere.

The NDIA scaled up coordination in plans to overcome low services uptake. However, coordination funding for service connection as compared to other coordination tasks was not separated. The consequent heavy drop in coordination in many plans on review has not adequately taken this history into account.

Similarly, the late investment on workforce appears to be making it harder to engage employers to take up more innovative approaches.

ACT service providers have had to deal with dramatic changes of processes, which, as a whole of jurisdiction issue, has given fully specialist disability service providers less capacity than in other jurisdictions to smooth the impact and manage cash flows. Equally, the ACT was the recipient of significant sector transition funding. That has helped the business transition but may also have masked potential market failure areas which may emerge in the next 12 to 18 months.

The ACT has been the only jurisdiction that has simultaneously exited from significant therapy and early intervention support and disability housing support. These have, by and large, been successfully managed. But they constituted a distraction and significant change management exercise that reduced focus on areas that are getting earlier attention elsewhere - such as workforce, quality, and management and support of specialised cohorts such as those with significant behavioural issues. These areas are still 'undercooked'.

A unique aspect of the ACT as the first jurisdiction moving wholly in the NDIS is that we have learned more clearly, and sooner, than the other jurisdictions about the need to maintain significant focus and funding addressing disability in the ACT administration. This applies across not only community services, but in every area –and is particularly apparent in health and education.

Unique workforce issues are related to the high percentage of people self-managing their NDIS plans, regional shortages in relation to supply of certain allied health professionals and elements of the cost of employment in the ACT. The ACT faces greater competition for higher-paying jobs at the lower levels of the ACT and Commonwealth public service than elsewhere because of the comparative size of the public service workforce. The ACT Long Service Leave requirements for the community sector, and insurance costs, are also generally higher than in New South Wales, partly due to wider coverage. This makes NDIS pricing even more challenging.

The ACT is unique in levels of education and dual income families. This seems to be translating to

higher uptake of self-management. Registered providers cannot take advantage of the flexibilities of self-management on pricing. Hence they face a higher risks of losing customers than seems to be the case elsewhere.

There are specific costs, and sometimes benefits, that arise between the different starting points of the ACT and NSW in relation to quality and safeguards.

Compared to other jurisdictions, the ACT has a much larger percentage of organisations providing specialist supports that operate in more than one jurisdiction. The potential of these 'out-of-town' organisations to introduce new ideas and greater resources is being realised in some cases. But the remoteness of significant decision-making authority weakens the potential for flexibility and responsiveness, and this is compounded by the still quite different quality and safeguarding and registration arrangements.

The need to meet dual requirements for registration and quality and safeguards, as between the ACT and NSW, operates as a significant overhead for all dual jurisdiction services. This is certainly the case for ACT services that wish to expand their operations into the surrounding NSW area.

These issues emphasise the need to retain a significant and sufficiently-senior NDIS presence in the ACT, to ensure that the specific qualities of the ACT are well-understood by the Commonwealth and the NDIA, and that the process is slow, careful and is adequately-supported in making changes.

These issues also point to the fact that the ACT faces additional pricing pressures, not derived from being regional or remote, but from being the national capital with a unique demographic. The battle for specialised pricing in the NDIS having been lost, the ACT Government should ensure that - in the areas under its control, such as the transition to the introduction of restrictive practices authorisation - adequate provision is made to enable the sector to operate on an equal footing with services elsewhere.

We also believe that the ACT Government should reassess its imposition of insurance and long service leave requirements in the disability sector, however these are matters that require separate and detailed consideration.

Recommendation: The ACT Government makes funding available to the ACT disability sector to support the introduction of the national quality and safeguarding regime and the establishment of restrictive practices authorisation, in particular.

Contact

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