

AUSTRALIAN CAPITAL TERRITORY AND THE NATIONAL DISABILITY INSURANCE SCHEME

National Disability Insurance Agency Submission to ACT Legislative Assembly: Health, Ageing and Community Services Committee public hearing – 29 May 2018

The ACT is the first state or territory in Australia in which the National Disability Insurance Scheme (NDIS) has been fully rolled out. Much has been achieved during the Trial and Transition periods, but undoubtedly there is much more to do.

What has been achieved?

The most significant achievement is the number of people in the ACT who are now benefitting from the Scheme. As at 31 March 2018, 6,613 people had an NDIS plan in place. Of those, 52% (or 3,468) were not previously receiving support from either the ACT or Commonwealth Governments. To emphasise the point, these people needed help, but previously were not receiving it.

A significant financial commitment is being made by the NDIS to these people to improve their life. So far in the 2018 financial year, more than \$310 million has been committed to providing reasonable and necessary supports for those with a plan. That constitutes a significant investment in providing participants with the ability to exercise choice and control and to live an ordinary life.

As a result of the NDIS, participants and their families are telling us that the NDIS is helping them in many ways. Ninety-four per cent of parents of pre-school aged children are saying that the NDIS has improved their child's development; 75% of parents aged 0 to 14 say that the NDIS has improved their child's ability to develop and learn; 74% and 76% respectively of people over 25 are telling us that the NDIS has helped them exercise greater choice and control and has helped with their daily living activities. As evidence of the exercise of choice and control, 42% of ACT participants are either fully or partly self-managing their plan. In addition, it is facilitating families and carers of people with disability being able to work. This is good for them and good for the economy. 60% of families and carers of participants aged 15 to 24, and 49% of families and carers of participants aged over 25 are in paid employment. Of these, 80% aged over 25 are in permanent employment. This is encouraging. While it is early days, these are impressive statistics.

Australia-wide, 84% of surveyed NDIS participants were satisfied with their experience. While obviously more can be done, we should not lose sight that the majority are happy with their NDIS experience.

The number of providers has rapidly increased. From 1 July 2017 to 31 March 2018, ACT based providers increased by 20% to 1176. In that process, more jobs were created, which is also good for the economy as well as for participants in their exercise of choice and control. Indeed, it is anticipated the workforce required in the ACT is estimated to grow from 1,400 – 1,700 FTE in 2016 to 2,400 – 2,900 in 2019.

These are all achievements that should be acknowledged and celebrated as an affirmation of the intention of the Scheme – to empower people to choose and achieve their goals in inclusive communities and workplaces.

What more needs to be done?

But while much has been achieved against high expectations, the roll-out of the NDIS remains a work-in-progress.

Lessons have been learned from the speed of the roll-out and the issues that arose in the move from Trial to Transition on 1 July 2016. The NDIA is actively working to address these issues.

At the forefront of these challenges is the need to improve the quality of the planning process. A new general participant pathway has been designed and is in the final stages of being piloted in Victoria. This new pathway has been developed with comprehensive input from participants. Key features being tested include face-to-face planning, as well as a joint planning meeting between the participant (and where desired their family or other supporters), their Local Area Coordinator (LAC) and an NDIA planner, where the participant is fully engaged in the development of their plan before it is finalised.

It will be accompanied by an easier to follow plan and the LACs providing the participant with greater support in how to implement and manage the plan. In addition, a series of tailored pathways have been developed, which will progressively be rolled out and will be integral as scheduled reviews occur in the ACT.

Until the new pathways can be fully rolled out, the NDIA has implemented a series of immediate actions to improve the participant planning experience, such as face-to-face planning for participants as the default process (where this is the person's preference). Around 80% of participants are choosing face-to-face planning, versus telephone or Skype.

Notwithstanding these proactive measures to deal with a number of legacy issues, challenges exist which are being proactively managed.

Such challenges are reflected in cases before the Administrative Appeals Tribunal (AAT). In the ACT, since the beginning of the Scheme in 2013, a total of 104 cases have been brought before the AAT. Forty-three cases have been resolved, with the Agency's decision being affirmed in 60% of cases. The stress that AAT cases put on families is acknowledged, particularly if delays occur in the Tribunal process. However, with the roll out of a new Scheme that is very different from what has gone before, and where boundaries are still being defined with mainstream services, having 17 cases so far where the AAT did not uphold the Agency's decision is probably not unreasonable. But more can and will be done to improve this situation.

Similarly, the number of unscheduled reviews is a matter of focus for the NDIA. Unscheduled reviews in the ACT during Transition is high and has been the subject of significant work by the NDIA. Many unscheduled reviews have been caused where Assistive Technology is part of a plan.

To address this, a quote will no longer be required for low cost (Level 1 and 2) Assistive Technology items. This is likely to apply to 45% of plans which include Assistive Technology. Other improvements will shortly be trialled to address quotes above \$1500.

In addition, improvements from the Participant and Provider Pathways changes should reduce the number of unscheduled plan reviews. The reduction in unscheduled ACT plan reviews in Quarter 3 of 2018 is hopefully indicative of this, but further improvements will be made in this area.

Perceptions of the underpinning principles of the NDIS also need to be addressed. This applies to perceptions around exits, as well as to variations in funding for participants' plans.

The NDIS is an insurance based Scheme. It is not welfare. It is underpinned by the fundamental proposition that by taking a life-time approach and investing in people early, the opportunity for individuals to live an ordinary life is maximised. This is particularly the case with children with developmental delay. A significant upfront investment will provide a lifetime of benefits.

In the ACT, from the start of the Scheme in 2013 until 31 March 2018, 575 individuals have exited. Sixty-four per cent of those exiting had accessed the Scheme under Early Childhood Early Intervention (ECEI). In other words, it was deemed that the ECEI program had helped children to develop the skills they need to the extent that the child can now be supported through mainstream services.

Similarly, it is important that perceptions are addressed around potential variations in the funding of individual plans. Contrary to reports that participant plans are being systematically reduced, a large percentage of plans were increased by more than 10% on review. Moreover, in an insurance based Scheme, as opposed to a welfare system, there should be no expectation that plans should not be reduced. In some cases, reductions reflect a one-off investment in Assistive Technology; while in other cases, it results from the achievement of a goal that no longer needs funding.

Other issues that are a priority for the NDIA relate to Young People in Retirement and Aged Care (YPIRAC) facilities; as well as the exit of individuals from hospital care and jails. Addressing these issues is a priority for the NDIA.

As at 31 March, 38 people are in retirement or aged care facilities. While the aim is to reduce this number to zero, this constitutes 0.6% of all ACT participants in the Scheme. No ACT residents under 25 years of age are in aged care facilities. The NDIA is proactively and urgently working with participants, their families and the ACT Government to identify alternative accommodation for these participants that are suited to their individual needs.

Similarly, in relation to individuals coming out of hospitals and/or jails, the NDIA is working with other mainstream government departments, as well as State and Territory Governments to put processes in place that will allow the expeditious and safe transition of people with disability from such facilities.

In summary

The NDIS has delivered much for participants and those in the ECEI program. Many more participants are receiving reasonable and necessary supports to help them live an ordinary life. They recognise the impact that this is having on their life and a high percentage are satisfied with the way the Scheme is delivering for them.

However, more can and will be done. At its core lies addressing the legacy issues that have arisen during Trial and early Transition. By improving the participant and provider pathways experience, the number of AAT cases will be reduced and the concerns of participants who have not received the experience they expect will be addressed. At the same time, issues in relation to YPIRAC, and the processes for people being released from hospital and jails are being prioritised. These are essential steps to deliver the Scheme desired by participants and to which the NDIA aspires.