



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

**STANDING COMMITTEE ON HEALTH, AGEING
AND COMMUNITY SERVICES**

(Reference: [Inquiry into the implementation, performance and governance of the National Disability Insurance Scheme in the ACT](#))

Members:

MR C STEEL (Chair)
MRS E KIKKERT (Deputy Chair)
MRS V DUNNE
MS C LE COUTEUR
MR M PETTERSSON

TRANSCRIPT OF EVIDENCE

CANBERRA

WEDNESDAY, 16 MAY 2018

Secretary to the committee:
Ms K Harkins (Ph: 620 70524)

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

WITNESSES

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Privilege statement

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All witnesses making submissions or giving evidence to committees of the Legislative Assembly for the ACT are protected by parliamentary privilege.

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Witnesses must tell the truth: giving false or misleading evidence will be treated as a serious matter, and may be considered a contempt of the Assembly.

While the committee prefers to hear all evidence in public, it may take evidence in-camera if requested. Confidential evidence will be recorded and kept securely. It is within the power of the committee at a later date to publish or present all or part of that evidence to the Assembly; but any decision to publish or present in-camera evidence will not be taken without consulting with the person who gave the evidence.

Amended 20 May 2013

The committee met at 3.02 pm.

THOMSON, MR DAVID, General Manager, Local Area Coordination, Feros Care

THE CHAIR: Good afternoon. I now formally declare open this public hearing of the Standing Committee on Health, Ageing and Community Services inquiry into the implementation, performance and governance of the national disability insurance scheme in the ACT.

On behalf of the committee, I would like to thank you for attending today. The committee will hear from Feros Care. I remind you of the protections and obligations afforded by parliamentary privilege. I draw your attention to the pink privilege statement. Could you state for the record that you understand the implications of the privilege statement.

Mr Thomson: Yes, understood.

THE CHAIR: Thank you. The proceedings are being recorded by Hansard for transcription purposes and are being webstreamed and broadcast live. Before we proceed to questions from the committee, would you like to make an opening statement?

Mr Thomson: Yes, please. I would like to acknowledge the traditional owners of the land on which we meet and the elders past and present. Feros Care would like to thank the health, ageing and community services committee of the ACT Legislative Assembly for inviting us to this hearing today of the inquiry into the implementation, performance and governance of the NDIS in the ACT.

Feros Care is proud to partner with the NDIA in delivering the NDIS in communities across Australia. We operate under a grant from the NDIA as a partner in the community, delivering local area coordination services in the regions of Townsville, Mackay, northern Adelaide, the Barossa and the ACT, where we are today.

Feros Care is a community-based not-for-profit with a passionate interest in assisting all Australians to lead a bold life. We began in Byron Bay, in northern New South Wales, some 30 years ago and have grown to provide services along the eastern seaboard, from Townsville to Tasmania, the ACT and South Australia.

We have had the privilege of assisting 3,130 participants in the ACT region since we started on the ground in May 2017, and there are over 13,000 participants around Australia to date. We are very proud of creating 28 staff positions across the ACT region, with all our staff—and I do emphasise this: all our staff—being 100 per cent local to the ACT, with collectively hundreds of years of experience in disability services in this region.

We have noted with interest the numerous submissions made to this committee and welcome the opportunity to provide any feedback that could assist the committee in its inquiry. Feros Care would, however, like to note that, with our activities as a partner in the community, our activities are both commissioned and limited by our grant conditions, and we also operate under the conditions of the NDIS Act.

As such, in the ACT we deliver LAC services across the territory. Under our grant we provide LAC services to participants who will have a lower degree of complexity in their disability and who do not require the involvement of multiple stakeholders. We also work with some of the millions of Australians with disability who may not need access to the scheme.

Since our inception in the ACT, we have operated with a business model where we provide all LACs with vehicles so that they are able to visit participants in their homes or another convenient place of their choosing, to assist with a face-to-face planning conversation or plan implementation session. Participants are also able to attend a Feros Care office for their planning conversation or plan implementation if they so desire.

In Canberra, our office is located at suite 4, 2-6 Shea Street, Phillip. We also had manned temporary offices in Canberra for LAC services, previous to our location in Shea Street, from May of last year. These offices were at the Servcorp serviced offices located in the Realm hotel in Barton, and numerous participants and also service providers visited us in those premises.

Our preferred mode of interaction with participants is face to face, as I mentioned, in the participant's home, or a place of their choosing. Our approach with participants of the scheme and persons with disability who do not need access is to meet with them in places that are familiar to them.

By way of example, our LAC team is working closely with them in the Red Cross Roadhouse, in surroundings that are more familiar to persons who are homeless. We have run four drop-in sessions and are now transitioning to have our LAC team volunteering, working amongst staff, not just manning a desk, to actually build relationships and trust and connect people properly with their supports.

One of the most important aspects of our assistance is the area of plan implementation and ongoing support connection. This is perhaps a somewhat misunderstood function. During the plan implementation phase, we are able to support participants in contacting possible service providers, as well as assisting them to navigate the online Myplace portal, interacting with service providers and other skills they may require.

We are mindful of the importance of our role in supporting participants and are therefore careful to avoid influencing or recommending participants towards any particular service provider. We continue to provide ongoing support during the year via a 30 and a 90-day touch point, as well as on an as-needs basis.

This support is limited to assisting with connection and linkage and building capacity to be able to take on this role themselves in a more independent fashion. In the ACT it has been operating at full steam for a few years now and, where participants can be on their third or fourth plan review, the amount of time participants need on linkage from their LAC tends to drop substantially.

Before I hand back to you, let me give you a few examples of what makes us so passionate about the NDIS. One of the LACs worked with a participant this year who

had been unable to source employment. That person's passion was to work in the mental health field, and she had lived experience with this disability. She completed a Diploma of Community Services in Mental Health but felt unable to work, unable to get her head around the way work actually functioned, not knowing how she should go about getting a job or holding it. Our LAC worked tirelessly with her, connecting her to employers, building her capacity to be able to get out and be in the community, and that participant now has a job as a mental health support worker. Her dream is no longer a dream; it is a reality. That is a changed life.

At the ACT Connect and Participate Expo, held during March this year, a woman and her daughter approached our stand and advised that one of our LACs had completed her daughter's plan review in January 2018. The lady was overwhelmed with happiness and said that the LAC had completely changed her and her daughter's life. She mentioned that this was her daughter's third plan and that during both the previous planning meetings and plan period she was uncertain how to utilise the funds and did not have a good knowledge of the NDIS. She commented that the LAC was an incredible support to her, and helped her to explain the entire process. Now her daughter is able to utilise her NDIS plan. Once again, a changed life, a better life.

There are so many other examples I could provide, but time does not permit. In any case, thank you for your time this afternoon and your interest in Feros Care and our local area coordination service. I look forward to answering any questions the committee may have.

THE CHAIR: Thank you. I will kick off with some questions about how you see your role as a local area coordinator. You have mentioned some of the things that you do. One of those is plan reviews. Another one is plan implementation. What else do you do as part of your role as local area coordinator?

Mr Thomson: The role of the LAC is defined by our grant and the conditions that are associated with it as to what we actually have to do. As per our grant, 80 per cent of our time is to be spent on planning activities; 20 per cent is spent on what we call ILC activities—information linkages and capacity. They are activities that have to do with community engagement. There should not be as much need for that in the Canberra community, now that we are on the third or fourth plan reviews, but there is still some need for it, and especially in building capacity in the community to make it a more inclusive place for people with disability.

With our basic work activities, very simply, we link people to the scheme. If there is someone who has not yet entered the scheme, we can work with them, we can explain the process and we can see if we think that they actually qualify as per the requirements of the act to need access to the scheme. If we think they do, we can then help them if they need access and be that point of liaison, if you will, with the agency. That is the first thing we can do.

Secondly, if someone needs access and the NDIS allocates that participant to us—because participants are allocated to us by the NDIA—we will then work with them and alongside them to have a planning conversation to develop their first plan. We look at their goals and objectives so that their desires for what they believe would make their life better and different are actually met. Our local area coordinator will

work alongside the participant.

Our preferred procedure does not or cannot always happen, depending on the area where people meet or depending sometimes on the disability. But our preferred approach is to have the local area coordinator sitting alongside the participant, going through the planning conversation and saying, “Okay, you’ve stated this is what you want. Rephrasing it, are you sure this is what you want?” That is to make sure we actually capture the true intent of what the participant wants.

THE CHAIR: Is that a face-to-face conversation?

Mr Thomson: It is an information-gathering conversation, basically.

THE CHAIR: Is it a face-to-face conversation?

Mr Thomson: Face to face; always face to face, unless the participant requests phone conversations. In our experience about 20 per cent of participants request and prefer a phone conversation. It is not our preference, as I stated. We think we get a much better feel for someone in someone’s home. That is our business model; otherwise we would not give everyone a car just to have them work on the phone. It would not make any sense.

After we get through that first planning conversation, the plan then goes off to the agency for approval. Once it comes back approved, the agency will advise the participant. We will also be advised at some point. We then make contact with the participant to help them implement their plan. So there will be another meeting with the participant to say, “Okay, this is what’s been approved.” There will have already been a conversation during the preplanning phase to identify suitable supports, but now is the time to have the rubber hit the road and say, “Here’s how we’re going to go about it.”

It is then a case of the local area coordinator saying, “Here are different service providers. Here’s who you could possibly link in to. We cannot, of course, recommend anyone. But here are your options. Do you understand how to use the Myplace portal, which can be accessed either via the myGov website or the NDIS website? No, you don’t? Well, let’s teach you how to do it.” That is part of plan implementation.

“Do you know how to make a service agreement with your service provider?” “I’ve got no idea; it’s the first time ever.” “Well, let’s teach you how you can do that.” That is where we build that initial capacity in someone. It may be necessary to come back and have a couple more sessions or have them come along to a group session, where we will have one of our LACs go through how to do that. That is the planning implementation stage.

We will then have a 30-day touch point, where the LAC will have a look at the person’s plan and see if there has been anything done about it. If they see that something has been done and they have reached out to the service provider, that is good; we know that the plan is actually working. If not, the LAC will then give the participant a call and say, “Okay, what’s going on? Why haven’t you been able to?”

How can we assist?" We have another one of those touch points at 90 days, just to make sure it is working.

Apart from that, ongoing during the year—and that is the third of our activities—we provide support connection. It is not be confused with support coordination, which you would have heard all about. Support connection—and it is relevant for the participants that we work with—is a lower level of support in which we provide especially linkages and information. It may be that someone rings up and says, "Look, I've had trouble with X service provider. Who else can provide this?" The LAC can provide other options for the person to contact.

When it comes time for a planning review—which may be every 12 months, six months or 24 months; it is a variable condition depending on many things—once again the local area coordinator will contact the participant, normally a couple of months out, to give them time to contact service providers for appropriate reports. The country has not been providing funding just by way of funding. There has been a reason for this; it is about giving people the capacity to be able to function more independently.

That is one of the things that the reports do. They show: "This is really doing some good. Here's the report provided by the service provider saying that this and this have been done." They have time to then provide those reports. Once the reports come back then the local area coordinator is able to sit down with the participant and have another conversation for the plan review; so the cycle continues.

On the other side of things, we also provide, as I said, our 20 per cent, which is information linkages and capacity. That is where we work with people who will never be participants in the scheme. And we can do that. That is where we work with family members—carers, perhaps. That is where we also work on projects with different areas of the community to try and build capacity and make not just the ACT but all of Australia a more inclusive place for people with disability so that there is no longer a distinction between those with disability and those who would be considered to be without disability—so that there is equal access for all. That is a condensed version of our rather complex role, in not so much of a nutshell.

THE CHAIR: Thank you. In relation to the implementation, one of the concerns that we have heard about is that because coordination support has been removed—basically, that funding has gone to you to be able to provide some implementation support—some people feel they do not have the extra support they need to fully implement their plan. Do you have any data on the success of the plan implementation? How do you track that quality side of things?

Mr Thomson: There is no way I can track the actual quality of the support implementation. The agency may or may not be able to provide you with the data; I am not quite sure. The only way you could look at it—it would not be an exact way of doing it—would be to see what level of funding was being utilised in someone's plan. It would not necessarily be the right way because you would not necessarily always find the right service providers either. For instance, you would not think so, but in Canberra it tends to be quite hard to find appropriate psychologists. It is not an easy thing to do.

MRS DUNNE: I am not surprised by that at all.

Mr Thomson: That is quite complex. If that is in someone's plan, the local area coordinator will struggle to find that. That may explain why someone is not using their plan. So it looks simple but it is not quite so simple. The people we work with tend to be, as I said, those with less complex needs. The expectation is that we will be able to, with a little bit of support, teach them or build capacity in them to be able to use the portal. "Here's the service agreement; here's how you do this." We will redo it again if necessary. After two, three or four years they should be able to be in a place where they can do most of that for themselves.

That does not always happen. Sometimes someone's disability will increase in complexity due to different circumstances. Sometimes the disability may be degenerative in character. They are in different circumstances. In that case, when the local area coordinator reaches out at the plan review time, or even if they are starting to get a number of calls from participants saying, "I need help," that is when they will make a case and go to the agency and say, "We think this person needs extra support. We think they need support coordination." We then liaise with the agency and see whether we think that is reasonable or not reasonable.

THE CHAIR: That is potentially added to their plan—

Mr Thomson: Yes, sure.

THE CHAIR: as an amendment, to provide that extra funding—

Mr Thomson: If the agency agrees, that will certainly be added to their plan.

THE CHAIR: for support coordination?

Mr Thomson: Yes, certainly.

MRS DUNNE: Could I follow up on that briefly? When you described that process, Mr Thomson, where there is a 30-day and a 90-day touch point and the like, all things being equal, does the same person contact the participant on each of those occasions so that it is a sort of case-managed arrangement between the participant and Feros Care?

Mr Thomson: That is our preferred procedure. Our preferred procedure is to have the same LAC looking after someone during the year. However, realistically, in any organisation, that will not always happen. It is the same as not always seeing the same GP because he will sometimes be on leave. There could be an exceptional circumstance, whereby someone is on leave because they are sick, they are on annual leave, or someone has resigned and moved on to another business.

We may have identified that someone's disability would be more appropriately assisted by seeing someone else with a specific skill set. Perhaps their initial disability was listed as a physical disability but in liaising with that person the local area coordinator says, "No, there's also a significant mental health issue here as well." We

then look at transitioning that person over to one of our other LACs who has experience in the mental health space, because we like to provide the very best support to the person. Our preferred procedure is to have the same person during the year, as much as humanly possible, but it does not always work out; it is impossible. People are on leave; sometimes it just happens.

MRS KIKKERT: how many staff do you have in your organisation that look after the NDIA?

Mr Thomson: Here in the ACT we have 28 staff on the ground.

MRS KIKKERT: My question is: your complex role sounds fascinating but very complicated. When it works it sounds brilliant. However, what we have been hearing is quite the opposite. We have been hearing that many clients receive different planning ideas from NDIS and then different planning ideas from Feros. Why is there a miscommunication—or are you aware of that? That causes a lot of frustration for clients receiving two different messages.

Mr Thomson: I have gone through all the submissions and also heard the oral submissions to date. I have not seen that messaging in that way. What I have seen is perhaps identified more by service providers rather than by participants themselves. I may be mistaken. But what I think you will find there is that what people feel is a disconnect between the local area coordination partner and the NDIS. The local area coordinator will put something in someone's plan. It goes to the agency. It then gets supposedly taken out or rejected. I may be mistaken, but that is the information I think I have seen so far. But I may be mistaken; so correct me if I am. Please do.

If that is the case, what happens is: it is not as simple as just putting something in there. The local area coordinator needs to make sure that they are expressing the participant's wishes. It has to be in line with what the agency deems or the act deems as reasonable and necessary. "Reasonable and necessary" has actually six qualifiers to it. It has to be value for money, for instance. If something would cost \$1 million, the scheme would not deem it reasonable and necessary because we could not afford to provide 460,000 Australians with \$1 million in support, by way of example.

It has to be reasonable and necessary but it also has to be the case that, if you come to plan review time, it actually has to have a good, solid base for saying, "Look, this is actually causing a difference in someone's life." That is where the reports are so important. If service providers have not provided a very good report of the service they are providing, the LAC will actually include the thing in there and say, "Okay, here is the plan for Mrs Beggs and this is happening. They have been doing this; they have been doing that." But if the service provider does not provide a good support by way of a good report saying, "And here is the benefit in their life. Here is how their capacity is increased," then it probably will not be approved.

MRS KIKKERT: Is that right?

Mr Thomson: That will happen. Things do not get approved just because the coordinator says, "Please approve it." We have to prove why it should be approved, if you understand.

MRS KIKKERT: I completely understand. Are the clients aware that they need a referral or references from experts and—

Mr Thomson: And that is why we will call them two months out, at least—that is our preference—to give them time to get that together. Then you have the argy-bargy and the service provider says they do not have time, or the client forgets or the report comes back and has not been well written. The participants often think, “It is two months. Who cares? It’s not up yet. I have got more time on my plan.” There is not that view that people need to get good reports back to us. As part of the real transparency of the scheme, I think it is a good thing.

We cannot make a decision on someone’s plan, what is actually in or not in it, and that ensures there is no conflict of interest there. There is a third party involved, if you will, which is the delegate of the NDIA that says, “Yes, you can,” or “No, you can’t.” The LAC and the delegate do not actually operate in a vacuum. The delegate will call the LAC sometimes and say, “This is a bit weak. This is lacking.” Or sometimes they will be overruled and say, “No, this does not meet the requirements of the act,” because we operate under the constraints of the act. The delegate will operate under those constraints. The LACs will as well. The LAC will sometimes think, “I think this is the way it should go,” but then it goes through a healthy process, I think, in which it then comes back and says, “No, this isn’t approved.” But most times when that happens it is because there has not been sufficient evidence provided.

MRS DUNNE: What you have described there is a conversation between the LAC and the NDIA. What we are hearing is that there is no conversation between the NDIA and the participant and that there is a decision made which may be, “No, you can’t have that,” and that the only thing left open to them is to go down a quasi-legal appeal process. Do you experience that there is more of a conversation than perhaps the committee has been led to believe? Or if there is not more of a conversation, is there a way of having that conversation rather than having the delegate saying, “I have written what I have written. That’s the end. Draw a line under it and if you want to deal with it in any other way, go and see the ACAT”? Is there a middle ground, I suppose, which gives a more fulsome participation in the conversation in the decision-making process?

Mr Thomson: The LACs actually sometimes will be quite voiceful in that and then take it back to the delegate if they believe that a mistake has been made, which normally would not be the case. But that actually does happen sometimes. What you will find, however, is that the NDIS has already identified this, not just here but across Australia.

They are trialling a new participant pathway that will include the three parties. You will have the LAC. That is being trialled in Victoria at the moment, with the LAC, the delegate and the participant all meeting to iron out once and for all and hear it so that there is no, “He said, she said. It is this way, that way.” That pathway is being trialled at this point in time.

That should, hopefully, if it goes ahead nationwide, cut out a lot of the issues that we obviously are seeing, because they do exist. You hear it from one person and you

think that the other person is or is not, so you do not know which way you are going. That has been identified as being trialled. I am not sure of the outcome of the trial yet. We are not participating in that trial. Local area coordination partners in Victoria are doing that at this point in time, but that is certainly somewhere they are going.

MRS DUNNE: That is across Victoria or just in particular regions?

Mr Thomson: I believe in specific areas of Victoria it is being piloted to see how it will actually work. One of the other things that are misunderstood about the scheme, because I have seen that in the submissions as well, is people saying, “I would like to talk to my NDIS planner, and not to the LAC, because I could get it there,” because we do not actually look after all the participants. The NDIS actually have planners who plan for quite a substantial number of participants as well, just as we do. If they have an NDIS planner they will also then have a third party in the NDIA who is a delegate who will actually sign off on that. You cannot plan and then authorise your own plan, if that makes a mistake. Whether it is a LAC or an NDA planner, there will be a third-party delegate who actually has to sign off on that.

MS LE COUTEUR: This probably comes to the question I was thinking of asking. My background is that, among other things, I used to work for the public service and I am quite used to the idea of how bureaucracy works.

Mr Thomson: Sure.

MS LE COUTEUR: I am not quite sure, but why is the LAC separate from the NDIA? It appears that you are the people who do the talking to the participants. You do the first level, getting it together, and then you write the thing and give it to the delegate. That is a very typical public service way of things happening. I suppose, to an extent, you may not be able to answer. Why is the LAC a separate, private organisation? And does it have any advantages to anybody?

Mr Thomson: I think that would be a question more to the NDIA than to us as to why they have set that model up. I can certainly think of very good reasons for it. One of them would be that, I believe, a not-for-profit such as ours would do a much better job out in the community, where we actually are local. We would be a lot more agile possibly than government would be in getting out there and about. We are not tied down, perhaps, by different things that would take us up and down more. If I want to have staff working on a Saturday, I give them time off on another day and there is not much of an issue to it. We are much more agile on things like that than perhaps the government could be, just the way it is all set up or the way bureaucracy is set up.

The way the scheme does work is that we actually are a part of the NDIA. So we are a partner organisation. We actually form part of them. Our staff have the same security clearance, the same vetting for security and have to sign the same APS code of conduct as agency staff. So we actually are a part of the NDIA, though at the same time we are a separate, private organisation, if you will. We actually count as, and we have the same expectations as, the NDIA. We view ourselves, and the agency views us, as part of the agency itself, though it is out there. But would have a bit more insight perhaps on that.

MS LE COUTEUR: We were told yesterday that the NDIA had a staffing cap. Were you included in that staffing cap?

Mr Thomson: I have no knowledge of that whatsoever, sorry. I could not assist you with that question. I know that I have no staffing cap. My staffing cap is limited by my funding basically. I employ as many staff as I can.

THE CHAIR: Just a follow-up on that one, I have done some simple calculations showing that there are about 110 participants to one staff member in your organisation. Do you think that is too many?

Mr Thomson: No, not really, because you are talking about two a week. That is quite a few. Our workflow shows us that our staff can get to about one plan a day, one planned implementation a day and one support connection a day if they need to—on average, across the board, because it may be that they have to spend six hours with someone. But other people are very, very, very much clued about what is happening and are well experienced now and can do a lot of things for themselves. You need not spend one hour with them. On average, we can get through those numbers. We are actually quite comfortable with those numbers and also provide our 20 per cent of ILC work. It is actually quite good at the moment, with those kinds of numbers out there.

MRS DUNNE: You made the point, Mr Thomson, that Feros Care, as a local area coordinator, works with people with less complex needs. What happens to the others?

Mr Thomson: The NDIA look after the others. All I can answer for is what is in my grant. My grant tells me we do those.

MRS DUNNE: Sorry, could you explain how your remit is described so that you can say, “Person A fits within our remit but person B’s issues are more complex and they have to go back to the NDIA”?

Mr Thomson: Sure; the NDIA actually allocates us participants. We do not get a choice.

MRS DUNNE: Oh!

Mr Thomson: And we do not get a choice to send back, either. By way of example only, let us say that we were supposed to do 400 plan reviews this month. I do not know what it is, but let us say there are 400. We just get sent 400. “There you are; go and do those.” If we should identify someone in there that we think has more complex needs and would need that more complex health care, we then make a case with the agency and send that person back to them; only in those cases.

But we cannot send someone back because perhaps we think we do not want to—that is different. If a person’s disability has perhaps progressed because it is degenerative in nature, they would require more assistance. Then we will say, “This does not really fit within what we have been contracted to do.” So we send it back to the agency in that case.

MRS DUNNE: So what you are saying is that your work is doled out by—

Mr Thomson: Yes, exactly.

MRS DUNNE: the NDIA.

Mr Thomson: One hundred per cent. We get allocated X number of participants; we keep to our numbers. That is right.

MRS DUNNE: With your indulgence, chair, I go back to your opening comments and reflect on some of the things that have been said about local area coordination. You are Feros Care. You are not, in a sense, native to the ACT. You provide services up the coast, into Queensland and the like. In what sense are you local and in what sense—this is not a reflection on Feros Care—does the local area coordinator coordinate services in the local area?

Mr Thomson: Sure; so the definition there is, “What is local?” For me, local is having 100 per cent local staff. For me, local is having had an aged-care presence in the ACT since 2015, two years previous to our actually starting in the disability space here with local area coordination. You may have seen, last year I believe, ads on buses around here for Feros Care. They would have been of a lady with a flamingo on the bus. They were our ads. You may not have seen them, but they were all over the place around the ACT. We have had a presence in aged care here in the ACT for a couple of years previous to this. It has not gone back 20 years, but we have been here.

It is the same as an Anglicare, for instance. They would be local if they actually had a presence here. All our staff, as I expressed, are local. Our service area manager, for instance, has been here for almost 30 years working in the ACT. All our staff are local to the ACT. They have been living here and collectively they have hundreds of years of experience in the ACT. They know what services are on offer. They know where they can lead participants to and what service providers actually provide. That is the reason I do not bring staff in from elsewhere to work.

No matter who the winner of the open and transparent tender process we participated in would have been, I still would have had to do the same thing, which is to recruit staff who, hopefully, were local to this region and who knew exactly what they were talking about in the disability field, which is what we have done. That is why I expressed the fact that we are local. The fact that we may be headquartered elsewhere does not mean that any of our staff are. The only person who is not actually local to this area is me. I am only here for the hearing. I said hello to the staff and then off I went again. But all our staff are local. We bought all our cars here. We rent our buildings here. We buy all our supplies here. It is all local. Our staff are all here. It is all local. They all have their kids in school here. They are all locals.

MRS DUNNE: The other part of the question is: what does the local area coordinator in any area do about coordinating services? The message we have got was described yesterday as essentially an issue of truth in labelling. The label is “local area coordinating” but the message coming to us is that you do not seem to be doing that. You seem to be doing care planning management and stuff like that but not providing on-the-ground services in a joined up way.

Mr Thomson: I can certainly see that. That is excellent question. Since we began in 2000—

MRS DUNNE: I always ask excellent questions.

Mr Thomson: No, it is a good question. I really appreciate that one. Since we began, a year ago exactly, we have had over 300 separate ILC events in this community. We have had stakeholder meetings, drop-in sessions, community events, stallholder expos, skill-building sessions, community forum attendance. We have interacted with 185 service providers across the ACT. We are involved in projects, like I mentioned before: the Red Cross Roadhouse project and a number of other projects as well, such as connecting with Carers ACT and the Aboriginal and Torres Strait Islander carers group. We could go on and on. We have worked in the mental health space connecting up with providers in the mental health space—for instance, the ACT adult mental health unit or the Brian Hennessy Rehabilitation Centre.

There are a number of others like that. I was a guest speaker on the Disability Trust radio show, which was linking up people in the community—telling people who asked what is out there. We collaborated with Clickability to formulate a blog on their post. We work with ILC grant recipients.

In our opinion, that is the real success of this program. We are certainly heavily involved in doing the planning. That is what we are actually employed to do—80 per cent. But that 20 per cent, for us, is what motivates our staff, makes them get out of bed in the morning—not that they do not like doing planning; they do. But at the same time, that is the icing on the cake. It gets them out of bed in the morning with a spring in their step. That is the coordination of linkages and capacity that we are actually doing. That is the out-in-the-community work.

On average, we have done six events a week. I am sure that all the members of the committee, due to the political nature of your operations, know how much time it takes to put one event in place. We do well over our 20 per cent. That is because of the passion of the people that do it. You will find our LACs out at events on a Saturday. The one I mentioned before, the CAP event, was on a Saturday in March. You will find our LACs out there on a Saturday. I am probably in bed after a long week but they are out there on a Saturday. That is their passion. You will find them at events on a Sunday. They are very time intense with the set-up, but that is what we do. So we are actually well out there in the community. We continue working on that. We have had four meet and greet events with service providers specifically.

It is not really within our purview to work with service providers, but we have used service providers as a vital link in a three-part chain, if you will. You have the NDIA, who actually runs the NDIS, the scheme. We need them for the funding et cetera. You have the local area coordinator, who is the face of the NDIA out in the community. And you have service providers, because we need them to provide services to participants. We have those three pointing at the participant or all working or functioning for the participant, if you will, to provide services to them.

We have had four meet and greet sessions with service providers to say, “Here we are;

this is what we do.” They have all been given my direct mobile to call me. “If you have an issue, please call me. I am waiting for calls.” I have not had any, but that is okay. It must mean there are no issues. But they have my number. They also have my service area manager’s number to call. We continue to run these events.

More importantly, we continue to work with participants, because this scheme is about giving Australians the same ordinary life that you and I enjoy; the same one. In other words, disability should not in any way bring them down or should not deprive them of the same advantages that you and I have in life if we do not have disability. I really consider that perhaps the most important part of our role, the one we are passionate about and the one we continue to do. We have this documented. I would be happy to provide the committee with those exact details if you want them—where we have actually been to—so you can see them, because they do exist.

MRS KIKKERT: That would be great, thank you.

Mr Thomson: Sure, happy to.

MRS KIKKERT: Can you explain to committee members the process when one of the services has been rejected because there is not enough expert reference to a client’s application. What happens; how long does it take?

Mr Thomson: There is no real time line on it. If the support someone believes they need in their plan or want in their plan is rejected, they have a right to a review. We can assist them with that review by way of explaining what the process is, walking them through it. We can certainly assist with that. We are legally not allowed to advocate on their behalf, however. We are prohibited from advocating for the participant. We are not allowed to do that. It is not one of our roles. That is where an advocate then has to be involved.

We refer to advocates as well. We will certainly say, “Go and get an advocate,” and we will do that. I believe that advocacy appeared before you on the first day of hearings. I met with them about eight months ago. It was one of the first things I did with my service area managers when I was here in Canberra. I met with them and said, “Here we are. How can we help?” We also value the role of advocates in the scheme as someone to speak on behalf of others who need that. We certainly welcomed doing that. People have a right of review. How long it takes or does not take is out of our hands, unfortunately. That is an answer the agency could perhaps provide to you.

MRS DUNNE: So who pays for the advocate?

Mr Thomson: Whoever—

MRS DUNNE: If somebody goes to the ACAT and they need an advocate, who pays for the advocate?

Mr Thomson: Whoever is funding the advocate.

MRS DUNNE: Sorry, who is funding the advocate?

Mr Thomson: No idea who is funding the advocate.

MRS DUNNE: So it is not part of the service—

Mr Thomson: To then fund the advocate—no, not directly, no.

MS LE COUTEUR: We had some people talk about how it depended very much on how you described your needs as to whether or not you would be funded. An example was given of someone who asked for something which was going to make her child ready to go to school and they were rejected because this was education and education is not what the NDIS is about. This person, however, obviously had had some dealings with the bureaucracy and worked out the solution to the problem, which was to say that this would mean that her kid would be able to do their shoes up, which is a function of everyday living.

Mr Thomson: Yes.

MS LE COUTEUR: Do you do that sort of support? Wanting your child to be able to go to school would seem to me an eminently reasonable goal. Would you wait for it to be rejected and go to an advocate? How does that work?

Mr Thomson: No, there is no real need for that. A good local area coordinator—I can only speak for my staff in that sense—has to be able to identify that. As I was describing before, for anything to be accepted in a plan or approved, it has to meet the criteria of reasonable and necessary. In the case you described, for instance, the act would consider that that is a support more appropriately funded via education. The act says that the NDIA is not allowed to fund anything that is more adequately funded by another service, be it health, education or otherwise, such as a community or mainstream service.

A good local area coordinator has to look at that, and that is their skill set, and say, “But wait a second; there’s a way to actually rephrase this. Is this just about education? There is something else in this. There is a reason for it.” In the case you have mentioned there in question, it is just a case of reframing it, saying: “Okay. How do we actually put that in there?”

Whatever goes in a plan has to meet the criteria of reasonable and necessary. It is about how it meets those criteria. That is what we would expect the staff to be doing. Do they do it perfectly all the time? I doubt it. But I expect they do it very well most of the time. This is a brand-new world for everyone. As they grow in their skill set and are able to work within the constraints of the act and gain more experience—they can have 20 years experience in disability, but this is knowing how to actually interpret that legislation correctly—they get better and better at doing this, being able to say, “Okay, this is how this applies and how we can actually get the supports someone legitimately and legally needs and can be provided with.”

MS LE COUTEUR: We have had a number of people talk about early intervention in different interventions that you could be having. Generally this has been portrayed as being very problematic and more difficult than it used to be. Are you basically saying that, because early intervention would help kids go to school, the NDIA is

saying that it should be done by someone else? Why is there so much of a problem with what used to be provided as early intervention by a range of agencies, where people are finding it harder now to get their kids helped?

Mr Thomson: No. There are two different parts to this equation, if you will, of the partners in the community. There is the LAC partner, and we work with people from seven to 65 years of age, or older if they have already met access and are in the scheme. Then you have the early childhood and early intervention partner. That is EACH. They also work here in the ACT in that space. They work in the zero to six space, and with early intervention. They work in that space, and they would be much more experienced in doing that than we would.

MRS DUNNE: That is not you?

Mr Thomson: No, that is not us.

MRS DUNNE: Okay.

Mr Thomson: No, that is not us. To answer the question, that is not our space.

MRS DUNNE: Who is the EACH partner in the ACT?

Mr Thomson: They are called EACH. That is what their name is. They are the early childhood early intervention partner.

MRS DUNNE: And they are an offshoot of the NDIS?

Mr Thomson: No; they are a community-based organisation like ours.

MRS DUNNE: Who are they?

Mr Thomson: They are called EACH.

MRS DUNNE: Sorry, I thought EACH was the generic name.

Mr Thomson: No. The name of the organisation is EACH. Just as there is a LAC partner in every region, there is also an early childhood early intervention partner in every region. They look after zero to six and early intervention. Or it may be that someone is 50 but handled by them because early intervention would help people later on in the scheme. In other words, they—

MS LE COUTEUR: I think you have lost us there.

Mr Thomson: Under early intervention, someone may be 50 years of age but meet the early intervention requirement for accessing the scheme in that if support was provided they would not meet the requirements for assistance under the scheme by way of normal entry, which is what the LAC will deal with—in other words, under 65, having an ongoing functional impairment by way of their disability et cetera. But let us say that the disability was of some nature whereby it would progressively get worse, and a stitch in time saves nine, and so something done now quickly could

reduce the impact of that disability later on in this person's life. Then they could also meet access. They would be looked after by the early childhood early intervention partner. So they provide a more specialised service than the local area coordination partner does.

MRS DUNNE: Okay.

Mr Thomson: They could provide you with that information. The NDIS can as well.

THE CHAIR: Just going back to the role of your organisation in working with local organisations, and to coordinate the sector, I realise that you cannot pick winners when you are making decisions around plans and what is provided in a plan for a particular organisation, but you do provide those linkages.

Mr Thomson: Yes.

THE CHAIR: Can you provide us with some information, whether it is pathway mapping or pathway planning that you do in your organisation, for different local organisations here in the ACT and how that works for different disabilities, different people that you come across?

Mr Thomson: Can you rephrase that? I did not quite get that. Pathway mapping in what sense?

THE CHAIR: In the sense that a person with a particular disability may require a range of different supports.

Mr Thomson: Okay.

THE CHAIR: And how you then go about connecting them with those supports. There must be some sort of map of the sector that you have. That would be very useful to us, to be able to understand the nature of the sector but also to give us a sense about how your organisation helps people to connect.

Mr Thomson: There are two different kinds of service providers, if you will. There are registered service providers and non-registered service providers. Registered service providers have actually met registration requirements by the NDIA; they are registered and appear on the list of registered providers under the NDIS. For a participant whose plan is being managed by the NDIS to be able to use a registered service provider, they have to be on that list. If someone chooses to self-manage their plan—and that is an option, and that is one of the things we exist for: to try and encourage people and build the capacity to be able to self-manage—they are free to choose whoever they wish, and they do not have to be registered. That is where the local area coordinator's local knowledge is so vital, knowing what else is out there.

You also have mainstream and community supports that really should be in every plan. We would be expecting local area coordinators to say, "Okay, this is here, but it is not just about handing a bucket of money over; it is saying, 'How else can we link you up?'" It may be that the local church down there or the mosque down on the other corner has a special quilting group on a Friday afternoon, and that is your passion.

Let's link you up to that as well, because you are socially isolated. It will not cost us anything, but we can link you up to that. That is part of that other area.

If it is a registered service provider, the local area coordinator goes onto the website, has the list of what they are, and says, "Okay, participant, here is what you have." The reason we reach out to service providers, and continue to do so, is that we want to know what is out there. What they offer changes constantly; their businesses change. It is very hard for us to stay up to date no matter how local we are, no matter who you are. Everyone is changing business concerns.

That is why we continue to encourage and reach out to service providers and say, "Please update us." If we know that you provide a service that sets you apart from your competitors and is something that someone is looking for, we will not recommend you, but we can actually provide people with a choice of options. We can say, "Here are your options." We can say, "You want this service? Bill Care, Bob Care and Jimmy Care provide them. These provide them on a Saturday, these on a Friday and these on a Tuesday." "I want one on a Tuesday." "It is up to you who you go with." Then the participant will say, "But I don't know how to make a service agreement." That is fine. Let us sit there and teach you how to make a service agreement. Let us work with you. Have a go. "It has been a month. I have not been able to yet." Let us go back and help you. That is the process.

THE CHAIR: Thank you for that explanation. I do not want to be provided with a list of organisations. If you have got that pathway plan to the different types of organisations, depending on what is needed, that would be very helpful for us. If you can provide that on notice, that would be useful.

Mr Thomson: We do not have an exact plan of what is there. That is what actually sits, if you will, in every local area coordinator's head. We are struggling at the moment, and we continue to struggle, with trying to have an up-to-date registry. Because it changes constantly, we have been unable to do it ourselves. That is one of the things we are working on ourselves and trying to have. If we ever get it, I will certainly provide you with it as updated as possible. We struggle with it ourselves. It requires a heavy admin burden just to administer it. If you think of 180 or 200 service providers here and making sure that we know, on a weekly basis, who has capacity and who is at capacity and does not have any to spare at the moment so there might have to be a bit of a waiting list, to know who has what service and what is in place, there are a considerable number of man-hours involved in that.

THE CHAIR: Doesn't that go to the crux of the problem: that the sector is not coordinated, that you do not know what they are doing and you do not know who they are? No-one can have all of those organisations and their different functions in their head, especially not a new person that has come into your organisation. I understand you are trying to recruit for experienced people and that sort of thing, but you must be able to have some sort of coordination of those services in a systemic way so that you can go through and connect people with services. If you do not know who they are, how do you do that? It sounds as though it is not happening, and that to me sounds as though there is not a lot of coordination going on in the sector, which is your role.

Mr Thomson: What we have in every one of our sites is a community development

coordinator. The community development coordinator is also an LAC role, but 100 per cent of their time is spent in the community and 100 per cent of their time is spent engaging with service providers and coordinating the local area coordinators so that they can go out and participate in events, participate with service providers and bring the information back to the team.

What happens then is that if I am the LAC and I have a participant I need to provide with a list of providers who offer certain services, and we do not know, the local coordinator asks the team, asks the CDC, who will then be sourcing it and keeping that information. If they still do not know, that is when the local area coordinator starts to ring around and see what is available.

We have a list of the organisations. No-one, as you quite rightly pointed out—not us or anyone—can have it unless something is specially funded just to provide this enormous amount of admin work where it is all updated all the time, constantly. And even then it would not work out because I have seen that same equivalent in aged care work rather poorly in another kind of business.

Because of that, because it depends on someone updating it, what the LAC has to do is get on the phone and start to ring up. Their job is to make sure that the participant is getting the assistance they need. As I have stated, if it is a psychologist or a clinical psychologist, they may be on the waiting list for a while because there just are not enough out there as registered service providers. That is where their role of being good at what they do comes in and where we have cross-skilling. One of the reasons we have an office here is that our local area coordinators go out and work at someone's home; they then come back and do their admin component back in the office.

We have 28 people at a time, potentially, cross-pollinating, talking amongst themselves. “This is here; this is here.” “Does anyone know about this?” “What about this one?” They will put it on Yammer. They will put it here. “What do we do here?” “What do we do here?” Some other one will say, “Oh, here is an option. Here is an option. Heard about this service?” That is the way it works. You may think it looks a little unwieldy, but actually it works quite well. We normally tend to be able to link participants up adequately to whatever services they need.

THE CHAIR: Surely there must be some sort of categorisation, though, of the providers, registered or unregistered. Is there any type of—

Mr Thomson: Certainly there is categorisation. The NDIS's register will say what kind of service provider it is and what services are offered, but really that is not what we need. We need more than just to know who the service providers are. We need to know if they have capacity. Do they have the capacity to provide service? What other little things do they provide? Do they provide services at 6 o'clock on a Sunday morning, if that is what I want, because I am a participant? Maybe someone does; maybe they do not. They are the little extras that coordinators need to learn about, need to know about.

That is why we interact with service providers constantly. They are invited to come, if they want to, and ask to be present at our team meetings to let the team know what

they provide. We also go out and interact with their staff to say, “Okay, what do you guys have?” That is where we try and build those relationships, to actually know what is on the ground.

MRS KIKKERT: Are the unregistered service providers included in the participants’ planning material or care plans or do they have to pay for them out of their own pocket because they are unregistered?

Mr Thomson: If it is someone who manages their own plan, they can use an unregistered service provider and it will be paid for via their plan. If the NDIA manage their plan then they are not allowed to use an unregistered provider; they have to pay for that themselves if they want that.

MRS DUNNE: Why? I figure that is a question for the NDIA. It seems like a dud. What proportion of ACT participants are handled by the LAC?

Mr Thomson: I do not know that, sorry. I could not answer that question. I know how many people we have worked with, but I would not be sure. The NDIA would be able to provide you with those exact figures.

MS LE COUTEUR: It would be about half, I think. You said you had about 3,000 people—

Mr Thomson: A bit over 3,000 we have worked with. That is correct.

MS LE COUTEUR: And I think we have in the order of 6,000 in the ACT. So we are talking about nearly half.

MRS DUNNE: But then there are also the kids and the early intervention.

Mr Thomson: They are also counted, so that would reduce that number. That is exactly right.

MS LE COUTEUR: One of the things that surprised me is that you said you had an outreach event at the early morning centre and you are dealing with homeless people. Are they managing to interact with the NDIS system?

Mr Thomson: That is why we go there. If it is me, Bill, with a lot of family support—I even went to uni and that—I am more or less cluey and I know how it works. But if I am homeless and I have a disability, how do I get it? So that is why we are going there. Our first approach was to go there and set up a little stand with a computer and—surprise, surprise—no-one came near us. That does not work. We work especially with Aboriginal and Torres Strait Islander people, so we try to go where they are. We have now changed our focus. The focus now is for staff to go there and volunteer with meals, helping out—which is part of their role of course—but as if they were volunteers working there, just handing out a meal, building a relationship with people. They can then say, “Okay, here’s someone with a disability. Here’s someone who needs the help. How do we assist them?” And we are actually able to build the relationship.

MS LE COUTEUR: I would have thought for most people with a disability who are homeless the first bit of support they probably needed was a safe place to live. I do not know if that sounds naive, but how do you go in that instance?

Mr Thomson: If we identified anyone we thought was at risk we would certainly advise the agency and see what they thought. We can only provide planning support to someone who has met access, which may be quite hard to do if someone is homeless, of course, to actually contact them. But if they are attending there for their meals at least we know where to go to do that and then try and help them meet access. A lot of the people that go there, though, may not ever meet access. Then it is still a case of liaising with them to see what other supports we can help lead them up to. So it may be they will never meet access.

MS LE COUTEUR: Can you just explain “meet access”?

Mr Thomson: Someone who meets access is someone who has become or will become a participant of the NDIS—in other words, a participant of the scheme. That means basically they are under 65 before they enter the scheme, they are an Australian resident, a permanent resident or a citizen, and they also have a disability that causes an ongoing permanent functional impairment of significance to their life.

MS LE COUTEUR: I thought it was going to be an issue that they do not have a permanent address. I think you would probably find a significant number of the clients in places like the early morning centre would meet all of those requirements and may not have put in an application to the NDIS, but if they did, they would.

Mr Thomson: Yes. And that is the reason for going there. A lot of people like that, as you would be aware, mistrust government, mistrust anyone that looks if they come from government, do not want to provide information, do not want to point anything out. That is why it is a case of building a relationship, establishing trust and being able to get to the point where we can hopefully provide them with the assistance that they need.

MS LE COUTEUR: And would that include housing assistance?

Mr Thomson: Potentially.

MS LE COUTEUR: Because if they are homeless I suggest that would be one of the things they need.

Mr Thomson: Depending, once again, on the criteria of “reasonable and necessary”. Who is expected to fund that? So if, because of their disability, they needed specialised housing or housing that needed modifications it probably would be. If it is just housing per se then whoever is responsible for housing in the ACT would be expected to provide that service. The NDIS would then more appropriately fund supports around the person’s disability or related to it.

THE CHAIR: I want to ask a question around the reasoning provided to an NDIS participant in relation to changes made to their plan or a review or eligibility issues. You are not directly involved with the eligibility side of things?

Mr Thomson: That is correct. The NDIS determine the eligibility. We will assist someone; the LAC is sort of front and centre. We will sit down and say, “Okay, here’s what the act says. This is how you meet access. Here’s how it is. We recommend you do.” We can help them fill the forms in and send them off for them. But then it is up to the NDIS to determine who does and who does not meet the eligibility.

THE CHAIR: And then the NDIA communicates directly with the participant?

Mr Thomson: That is correct.

THE CHAIR: And they may or may not provide the reasons; that is nothing to do with you. In relation to a care plan review and any changes made to the plan as a result, do you play a role in communicating the reasoning around why changes have made by the NDIA?

Mr Thomson: If we are given a reason, we will certainly provide it.

THE CHAIR: Thank you. We will end there. I formally declare the public hearing closed for today. You will be provided with a transcript of your testimony to make any corrections. Thank you again for attending.

The committee adjourned at 4.02 pm.