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

TUESDAY, 15 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.

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Amended 20 May 2013

The committee met at 1.16 pm.

FELTON-TAYLOR, MS LEITH, Manager, Policy and Sector Development, Mental Health Community Coalition ACT

THE CHAIR: Good afternoon, everyone, and welcome. 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 thank you for attending today. Proceedings this afternoon will commence with the committee hearing from the Mental Health Community Coalition ACT. I remind witnesses of the protections and obligations afforded by parliamentary privilege, and draw your attention to the pink privilege statement on the table before you. Can you confirm for the record that you understand the privilege implications of the statement?

Ms Felton-Taylor: Yes.

THE CHAIR: Fantastic. I remind you that 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?

Ms Felton-Taylor: Yes, I would like to make an opening statement. To begin my opening statement, I would like to say there are two fundamental premises behind my comments. The first is that there is a strong commitment to the objectives of the NDIS, and our stakeholders have worked very hard to try to make it successful. No-one expected such a huge change to be easy, and they all came into it with the perspective of having to work hard to make the change work.

The second one is that MHCC ACT believes that everyone deserves to be treated with dignity and respect. They should have choice and control over all parts of their lives. More specifically, every person deserves access to effective, evidence-based, quality mental health support services at the right time, in the right place and of the right type for them. Further, these services need to be holistic, person-focused and flexible.

If the NDIS is to work well for people with psychosocial disability, it should be able to do so within these same parameters. Moving the control from organisations to clients should not mean that the whole mental health sector is fundamentally redefined and consumers and carers lose access to proven important supports. It does not have to mean the end of programs like PHaMS and PIR, which are not only evidence-based but also shown to be highly effective.

MRS DUNNE: Could I just interrupt there: PHaMS and PIR?

Ms Felton-Taylor: Personal helpers and mentors, and partners in recovery.

MRS DUNNE: Thank you.

Ms Felton-Taylor: They are commonwealth-funded programs. It is a mistake to throw the baby out with the bathwater simply because we are introducing a new and innovative way of doing things. Also, if you look carefully at the sort of feedback coming from consumers and carers about the NDIS, you see that it points to very similar concerns as expressed by service providers, which are the major group that we represent as a peak body.

At the moment, Mental Health Community Coalition has the sense that the level of disillusionment and disengagement with the shaping and implementation of the NDIS is high, and we feel strongly that this needs to be changed. While we have made many submissions at both the commonwealth level and to this committee in the past 12 to 18 months, today I am going to highlight just a few of our major concerns.

The first one is that all work related to the NDIS must be properly funded. We need strong organisations that offer quality mental health services with a recovery focus. At the moment, there are many unfunded parts of running the scheme, particularly administration, advocacy, preparation, training and development, and management of risk. There are also many underfunded parts of the scheme that we would say roughly fall into evidence-based recovery services across a range of areas. We do not regard it as reasonable or sustainable that organisations be forced to cross-subsidise from one part of their organisation into another in order to provide NDIS services. We are also aware that more organisations are openly questioning whether they can afford to remain an NDIS provider from an ethical and financial perspective.

The second key point is that mental health services must be evidence-based, recovery-orientated and delivered by appropriately qualified people who are paid commensurately. Recovery is a hotly discussed topic within the NDIS, but the majority of our service providers argue that the NDIS parameters make it difficult to work within a recovery paradigm. The loss of any sort of paid caseworker role looking at the whole person and their recovery journey, rather than just ensuring they get matched to the services in their plan, is an important loss, we would argue. There is a feeling generally that, in many ways, the NDIS operates more like a maintenance model than a recovery model.

Our third main point is that we need a mental health system of which the NDIS is just one component. A whole suite of community-based mental health services must be available to everyone, especially those who are not NDIS participants. Also, NDIS participants will sometimes need to dip into non-NDIS services.

Prior to the NDIS, organisations competed to win longer term funding to provide a range of supports to people with varying degrees of unwellness. It gave them flexibility in how they provided the support, and it allowed them to respond to varying demands and at times of crisis. Right now, no-one appears to be taking responsibility for funding these services. We need a mixed funding model consisting of the NDIS, targeted funding at different population groups and some sort of longer term block-type funding to enable organisations to provide longer term recovery and rehabilitation support to those who fit into the loosely described “missing middle”.

The fourth one is a partnership approach. We feel very strongly that the sector and the expertise it can offer have not been truly valued and have not been included in a strong collaborative framework. Some good work was done between the ACT government, the sector and the local NDIA in the early days of the ACT trial. However, we feel increasingly that the NDIA has withdrawn from this approach.

Service providers report that their concerns are not taken seriously or take a very long time to be answered. Lessons learned have not necessarily been applied and there is a lack of transparency. Many of the problems being experienced with the NDIS now could have been avoided if a partnership approach had been taken from the very beginning where service providers and those with lived experiences—consumers' and carers' expertise and experiences—were taken seriously. Briefly, we feel like the real transition to a new system will take longer than the schedule set by the NDIA to get people into the scheme. To rush it and to feel that you can measure it just by numbers puts the outcomes of the scheme in danger.

We also feel that there are contradictions within the system that must be resolved. For example, saying that service providers need to operate like they are in a market but imposing conditions on them which involve things like fixed prices and very inflexible service descriptions appears to us to be a contradiction. Participants are eligible for the scheme only if they have a lifelong, enduring, severe disability but every year have to prove their disability. There is also an expectation that over time people's capacity will be increased to a point where a proportion of people will not need NDIS services anymore.

Finally, in closing, I would like to say that MHCC ACT feels that we will not be well served into the future by financially vulnerable organisations which, by necessity, employ a low-skilled workforce with a high churn rate, delivering a narrow range of highly commodified services. Nor will we benefit by organisations which do not have the capacity to outreach into the community, support people whose needs are the most demanding, and respond flexibly and quickly to people's changing needs on a day-to-day basis.

The NDIS should be viewed as a long-term investment in Australia's prosperity and wellbeing. Investment in mental health and wellbeing has been shown repeatedly to pay off. For example, every $1 invested in workplace programs returns $2 in productivity. You see even higher rates of return when you look at specific combinations of services for people who are unwell. Costs associated with mental illness do not disappear just because funding is moved somewhere else. That is my opening statement. I hope I did not take longer than five minutes.

THE CHAIR: I will kick off with questions. Do you have any comment to make on the local area coordinator role? How have they worked with the mental health sector here in the ACT?

Ms Felton-Taylor: There was a lot of disappointment that an organisation with very little local knowledge was appointed to that role. Our service providers do not feel that they have been particularly proactive in reaching out and getting to know them. For the first time we are inviting Feros Care to come to a meeting with our EOs and managers next month to try and improve that linkage and help the two sides to get to know each other.

I have heard mixed reports. Some providers have found them very helpful and other providers have found them not so helpful. But compared to the sorts of relationships that we had between the ACT government, NDIA and the sector during the trial period, and the way we were all able to get to know each other and work together, even if we came from slightly different perspectives, that has not been replicated with Feros Care coming into the ACT.

THE CHAIR: Do you have a map of the mental health sector here in the ACT that you might be able to provide to the committee in relation to the NDIS—who is the provider there, as well as in relation to the other supports in the community going into the health sector? Do you think the LAC should be providing that coordination role and that sort of mapping?

Ms Felton-Taylor: That is a question that everybody asks. The short answer is: no, we do not have a map. There are various things happening in terms of the work that the Capital Health Network is doing around the atlas and the needs assessment, which will provide something closer to a map. We are also working in a different capacity to introduce induction training to the sector, which will not exactly map it out but it will give a better picture of how all the different parts work together and what the services are.

We are aware that there are quite a few new providers coming into the ACT. We have not met all of them by any means. Our membership has been fairly stable with respect to providers who have tended to be here since before the NDIS—some of them newer, but mostly from beforehand. It is very difficult to get a picture of the number of providers that are out there.

I forgot to preface my presentation by saying, obviously, that we are just focusing on mental illness and psychosocial disability.

MRS KIKKERT: How much do you think it will cost to provide the services for those organisations that are underfunded?

Ms Felton-Taylor: How much do I think it would cost?

MRS KIKKERT: Yes. How much extra money would they need?

Ms Felton-Taylor: I really could not answer that. I think that would require a proper piece of work to be able to estimate that, because you would need to try and somehow amalgamate all the different individual packages that are going to different organisations, what they have lost through the programs that have been withdrawn and where the gap is, and measure how big that might be. It is actually a very complex piece of work and I do not feel equipped to be able to even give you a rough figure off the top of my head. I can talk to our organisation, if you would like me to, and see if we can do a bit of work in that area.

MRS KIKKERT: That would be great; thank you.

MS LE COUTEUR: This might be another very complex question: you talked about the NDIS being a maintenance model rather than a recovery model. I am not going to ask you to try and cost this, but what would be needed to change to make it more of a recovery model? It would seem to me that that would be, from the point of view of the participants as well as the wider community, a preferable outcome.

Ms Felton-Taylor: Again, it is a complex question. From what our member organisations tell us, from what the not-for-profit NGO service providers tell us, the loss of that case management type of role, where you are looking at the person and you are looking at them on a recovery journey rather than hooking them up with the services that it says they need in their plan, is a really important loss that has constrained service providers in being able to work within that recovery framework. There is also the fact that, on average, the per unit price that is paid for services has gone down, so they are not necessarily able to employ people who have the appropriate skills to work with people with psychosocial disability.

People talk about things like someone going into someone’s house to do household, daily living types of chores. It is not the same, if the person has a mental illness which might involve paranoia or severe anxiety, as going into a person’s house who does not have that sort of thing. Even with very baseline services, there are additional skills required. People need that help and support to be able to be rehabilitated, so that they can function in the community. What tended to happen before was that goals would be set, and people would work with a person and help them to gain the confidence and the capacity to be able to do things on their own. That is less able to be done now under the funding model and the definition of services.

Sometimes it is because there is not enough money allocated to a package, and sometimes it is the way the money has been allocated between different parts of the package. There might be a service available over here, but without an adequate amount of support coordination it is hard to ensure that that service is delivered in a productive way or that enough of it is delivered.

MS LE COUTEUR: Yes, but it is probably not the sort of thing that you can be totally precise about, as with Mrs Kikkert’s question.

Ms Felton-Taylor: You will obviously have had service providers coming in here. They would be better equipped to give you more concrete examples of the way that works.

MS LE COUTEUR: The NDIS has its high-level objectives, which all look fine. Is the problem that we just have the wrong objectives and we are not prioritising recovery? I do not have it in front of me—the prioritising of the necessary supports. I was wondering whether the NDIS fundamentally has not quite got the things which can be fixed—

Ms Felton-Taylor: With the high-level objectives of the NDIS, people are very keen for them to be met, because they are very laudable and they offer hope to people for a better life and a better range of services. A framework has been developed around how they are delivered, in terms of how things are defined, what you are allowed to do and not allowed to do. As I said, there has been the loss of that case coordination type of role, the fundamental movement downwards of the price per unit and the impact on the qualifications people who are employed have—the basis that they are employed on. It is a combination of different things within that framework that has limited or made it very difficult for providers to deliver recovery-oriented services.

One of the things that I know a lot of the providers struggle with is this separation of support coordination from the actual supports, because it is seen as being a conflict of interest. Providers would argue that, if there is nobody overseeing those supports and seeing whether they are actually improving a person's capacity to live their life and helping them to meet their own goals in terms of how they want to live, there is a big gap. Some of them, I know, are doing it unfunded, but that is increasing their debt levels.

There are fundamental blocks in the system, too, in terms of how fast things happen. What happens if you ask for a review because you do not feel, as a service provider, that you can deliver adequate support to the person with what is in their plan?

MRS DUNNE: You said in your evidence—and this carries on from the point you just made—that people are cross-subsidising. There are more and more people who are reassessing whether they can afford, both financially and ethically—I think that was your word—to be involved in the NDIS. Could you elaborate a bit on the ethical issues?

Ms Felton-Taylor: "Ethical" comes down to mission statement types of things, in terms of what organisations aim to provide to people who come to them to get support. It comes down again to choice and control, which is definitely a central part of the NDIS, but also to things like whether they can deliver the right type of support at the right time in the right place for the right length of time for somebody. Are they able to afford to be on top of the research and on top of new and innovative ways of doing things that are evidence based? Our service providers tell us that when they are working within the NDIS framework there is very little time in a day to be able to do any new, innovative ways of doing things, or to stop and have a team meeting so that they can discuss where things are working well and where they are not working well. In terms of "ethical", that comes down to an organisation's values and what they aim as an organisation to deliver to their client base.

MR PETTERSSON: Do you have examples of spaces that have closed down due to the NDIS funding framework?

Ms Felton-Taylor: Yes. The obvious one is the Rainbow. That was a community space that was run by the Mental Health Foundation. It was very well attended and very well loved, and there was a lot of distress when it had to be closed.

MR PETTERSSON: Is the reason that it closed down that people cannot, within their package, get funding to attend a space like this, or is it the case that the block funding that previously existed has disappeared, and there is now no money possible?

Ms Felton-Taylor: I think the block funding has gone from it, but it is also about how you run a group space when you have people coming in, some of whom might have an NDIS package while other people do not. There is no certainty of funding for that project from one week to another. There are key things that you need to have, and staff available, in order to run a place like that.

MR PETTERSSON: With a package, can you get funding to attend a space or a group like that?

Ms Felton-Taylor: I think so, but I would not like to say with certainty. There are NDIA people here who could probably tell you that. I think you can, but there is a difference between having the funding to go to it and how you structure a business model where you have no certainty about how many people can attend that group space.

I do not know whether it has shut or not, or whether it is still going, but last year, when we were doing some work on the NDIS, the Oaks Estate community space was really struggling to stay viable, for similar reasons. You have a range of people with a range of different financial circumstances, whether it is NDIS or not, and it is about how you build a business model that fits in to that.

THE CHAIR: On behalf of the committee, I would like to thank you for attending today. When available, a copy of the proof transcript will be provided and you can make any corrections that are needed.

von ESS, MS GAY

THE CHAIR: Just before we begin, I would like to welcome you.

Ms von Ess: Thank you.

THE CHAIR: Secondly, I would remind you of the obligations and protections afforded by parliamentary privilege. I draw your attention to the statement on your desk. Could you confirm for the record that you understand the privilege implications of the statement.

Ms von Ess: Yes.

THE CHAIR: Before we proceed to questions from the committee, would you like to make a statement?

Ms von Ess: I am a retired autism consultant. I worked with the Department of Education, as it was then. I have also worked privately. I retired when the NDIS came to town. In my preliminary statement I would like to say that the idea of the NDIS is a good one, but it appears that the rollout has been far too fast, and it has been rolled out without significant understanding of the needs and issues of people with disabilities and their families. It seems to me that the NDIS has created such a corporate bureaucracy that it has lost sight of the very people it is meant to serve. It does not provide a family centred model for young children. It is, in fact, a person-centred model. I know it says it is family centred but in early intervention, which is my area of interest, family centred stuff went out in the sixties. We then went to family focus. It is now family centred. But it is not what the families of young children are experiencing now.

My main interest, as I say, is children under school age—all children with any disability but my particular expertise is children with autism. I volunteer at the Playgroup Association’s local area playgroup for children with special needs at Scullin. I visit the other three playgroups—they run throughout the ACT—about once a term. These playgroups are funded by FaHCSIA and all that FaHCSIA money will be gone by the end of this year and those groups will not exist.

I meet nearly every week a parent who has just had a child newly diagnosed and they are at a total loss as to what to do. Many people have their diagnosis done by a private provider who says, “Apply to the NDIS; register with them,” and then shuts the door. These people are in a state of great distress and grief. This is their precious child, often the only one, and they are left. I said to this last family who arrived, “How did you find the playgroup?” She said, “I got on the web and I fiddled and fuddled and I came across a chat group. And families on the chat group recommended the playgroup.”

The mother will wait months and months and months before she gets to see an NDIS planner. They can wait months just to hear that they have been registered. Families have had letters which say, “We will be in contact within 21 or 28 days.” Five months later they still have not heard anything. I am not going to waste my time and yours going over all the stuff about the long waits, the difficulties of getting hold of the same person twice. But there is this long wait at every step of the journey until they actually get the money. And there can be a discrepancy in how the money has been allocated.

Families are sometimes given money for things they never asked for. They are not allowed to transfer that money to any other area. They may not have got what they need. I personally cannot see why it is so difficult, for a child under three, for the NDIS not to do what the old FaHCSIA system did, where if the child was eligible they were given a block sum of money. And that was your money. I understand the NDIS want to cater to individuals. But it takes too long.

Having added this layer of bureaucracy, which for the under school age is each child, just adds to the wait list. This is to access the system. Then they go on and find their own therapists. Most therapists are worth their weight in gold. They want to assess the child themselves. They want to be sure that the groundwork is there. Why can we not just give each family $5,000? “You have got three months. Go and see speech, OT, psychology if you are a child with autism, and speech, OT, physio if you are a child with CP.” It is not that difficult. And if one child comes up who is so, so, complex, fine, go direct to NDIS. Anyway, that is just what I think would cut out a lot of bureaucracy which costs money. And it seems to me that it is a heck of a lot of bureaucracy that is eating up the money that should come to families.

The parents are so grateful for the special needs playground, I can tell you. Some of them cry, they are so happy to have found somewhere where they are not being judged for their child’s behaviour. Unfortunately, that still happens in local area playgroups run by parents. They are also concerned about the lack of consistency and parity in funding. Children with autism might get $10,000; some of them might get $20,000; some of them might only get $8,000. I do not know if anybody has ever looked interstate but there is a particular provider that gets over $50,000 per preschool child with autism to provide the service they provide. None of ours gets anything like that.

However, the major admission—and I read this in your little ad in the paper—is the effects of the implementation of the NDIS on services here. The big one is the complete abolition of early education programs. I really do not care what research says or does not say; children are not getting a good experience of being in a group. The playgroups are therapy based. I want them to be education based. Education is the core of a child’s life. Education teaches the child and the family how you can apply these things. Lots of families do not know how to apply it.

I have had families come to playgroup saying, “The speech, he will not see him anymore because he can’t sit down. They told me to come back when he can sit.” Forget it. You go to an education program and you will be taught to sit. Children are approaching four and their only option, if they want a special program, is Cranleigh or Malkara. They may not qualify.

Some of them are being assessed or looked at before they go to preschool, but the vast majority are fronting up at preschool with no help. They are being set up to fail. And it can take several weeks or a month before some support is put in. They are not getting a group experience like they are going to encounter when they hit school because they are often sidelined at group times because the teacher has got 20 other children that are also there for an education. The child who cannot sit, who jumps up and down, makes a noise, carries on, is going to get sidelined with the assistant, with maybe one or two other children. This is what happens.

My other concern is—and I have spoken to some principals and psychologists about what happens to the children when they hit school—they are not ready. They are not in a place where they are available to learn. My strong advice is to get principals and psychologists in and tell them, "You're not bound to follow the public service line of the department of education. Get them to tell you the truth." I have been told to shut up before—when I worked for the department—so you have to excuse me for being so blunt. That is what I wanted to say.

MR PETTERSSON: You said that a lot of early educational programs have disappeared. Have any new ones popped up? What programs are in place at the moment?

Ms von Ess: Only the playgroups run by people like Aspect. The department of education run a program for children from 18 months to three years of age. Because numbers grew, it then became two to three years of age. I ran that program for 17 years. I had therapists coming in. Parents were part of the program to start with. I had a one-way screen. They sat behind the screen. They could observe what the children could do. I also had speakers coming in to talk to them—dieticians, social workers, this, that. I tried to provide a family approach.

When the children were three there was a three-year-old's preschool program and this varied. If you had a diagnosis of autism it would be in a group of four children, with two staff, and there were three or four of those units across Canberra by the end. There were also classes called early intervention units which were classes for about 12 children, with a teacher and an assistant. Of course, there was a three-year-olds' program at Cranleigh and Malkara in Turner and a four-year-olds' program.

MR PETTERSSON: They are no more and there are just a few NDIS-funded groups that are mainly therapy based?

Ms von Ess: Yes. That money was given to NDIS. I wrote to Yvette Berry asking her where that money had gone. I did not get told, but I know it went to NDIS. We were told at a public meeting in Holder at the end of May, before the NDIS started, that no child would be disadvantaged by the introduction of the NDIS. I can tell you quite clearly that children under school age are disadvantaged because they are not getting this educational input which pulls it all together and gives them the best start for school. The government is going to have to pay for this because you are getting kids in school.

The other issue from the school point of view—and a principal told me this—is that one of her staff is employed half time dealing with NDIS issues. This is somebody paid by the department of education. NDIS does not give you money to do that. But they have to check that every provider is insured before they come into the school. Every provider has to have the vulnerability card registration. In the past they did that for the odd private person but mostly people going into the schools were employed with Therapy ACT, so they were covered.

They also find that a lot of parents want their children to be seen during school hours. Somebody has to arrange a timetable. You cannot have three therapists turning up for the same child at the same time. Not all the children are getting services from one provider. Some of them are having to cherrypick because you cannot get a group anymore. At the beginning people had their choice, but once you are settled you tend not to move. A lot of schools are full. They do not have facilities for people to go and have their therapy. They are having them at recess and lunch, which is not good for the children because they do not get a break.

MS LE COUTEUR: Are there any group activities happening for the young kids, replacing what you used to do?

Ms von Ess: Not run by the government. Aspect does have a therapy group but it is not every week. They run, say, six weeks in a school term and then they have a couple of meetings with parents on other days. But there is nothing like what we used to offer for families.

MS LE COUTEUR: Is the Aspect one funded from people's NDIS?

Ms von Ess: Yes.

MS LE COUTEUR: No-one is doing it outside the NDIS because they are just so frustrated?

Ms von Ess: Parents cannot pay for it. It is going to be so expensive and that is why this particular service provider in another state gets over $50,000 per child from the NDIS because they—

MRS KIKKERT: And what service provider is that?

Ms von Ess: I will probably get my—

MS LE COUTEUR: Maybe what state?

MRS DUNNE: You are protected by privilege.

MS LE COUTEUR: Maybe you could mention what state it is, if that—

Ms von Ess: It is AEIOU. It does not mean anything. It is the Queensland private provider. It is for children with autism. They have therapists there all the time, but they are running it much more with an educational input as well.

THE CHAIR: Is it a disability provider or is it an early childhood education provider, like a childcare subsidised provider?

Ms von Ess: I think they probably do a bit of both.

THE CHAIR: It would not surprise me that it was high if it was a childcare subsidy.

Ms von Ess: I was told at a meeting where the director was there and he stated the figure that each child gets from the Queensland NDIS.

THE CHAIR: Thank you. We are going to have to finish up there because we are over time. Thank you for coming in today. You will be provided with a transcript of today's proceedings. If you want to suggest any corrections they will be considered by Hansard.

Ms von Ess: Thank you very much for giving me the time, and good luck with your trials.

HERD, MR DOUGLAS, Community Co-chair, ACT Disability Reference Group
FLACK-KONE, MS ALICIA, Member, ACT Disability Reference Group

THE CHAIR: Thank you for attending today. I remind you of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement before you. Could you confirm for the record that you understand the privilege implications of the statement.

Ms Flack-Kone: Yes. I just want to say I am conscious that it is 2 o'clock, so there is an hour before my son finishes school and I have my phone by my side in case I get a phone call from the school. I do this every day.

THE CHAIR: Would you like to make an opening statement?

Mr Herd: Yes, we shall. The Disability Reference Group is a ministerially appointed advisory group, and I will say a bit more about that in a minute.

Ms Flack-Kone: I sit on the Disability Reference Group and I am also a parent of a child with Down syndrome and the President of the ACT Down Syndrome Association.

Mr Herd: I will make some very brief comments by way of introduction. For transparency, it is probably useful for me to let you know in case you do not—why would you—that amongst my many talents and backgrounds is that I came to Canberra to work for the national disability insurance scheme as a member of the SES that launched the scheme in 2013. Just yesterday I was talking to people about how proud I was of the contribution I made to reforming the disability services system in Australia. The other side of that, of course, is that if there are problems it is incumbent upon me to say I must have contributed to some of them because I cannot claim all the joy but none of the pain.

I also have a direct conflict of interest in my current self-employed capacity, where I am a support coordinator earning some of my income from the coordination of supports under the NDIS. For instance, in our submission we mention that we think it is a good idea to have more support coordination. That is not because I am deriving any financial benefit from that claim, and all support coordination work I do is outside of the ACT.

I will say a very few words about the inquiry. I have watched almost all of the streaming from the first session on 11 May, and this may not be a helpful observation but I think it needs to be made: almost all of the contradictory evidence you have heard so far can be true at the same time in this circumstance of developing the national disability insurance scheme, but not all of it is reconcilable. That goes to the nature of the reform.

The scheme is an enormous transition, and just because we are four or five years into it does not mean the transition is over. It is very difficult for everybody who is going through it to fix themselves in the constantly moving parts of what the NDIS change is all about. So this kind of inquiry is super helpful for grabbing a snapshot in a particular place and time. But when it comes to the range of areas of inquiry you have asked for evidence about, one of the reasonable things for anyone to say is that from the publication of the Productivity Commission report last October on the cost review through to all of the provider advocacy and other evidence you heard last week and will hear more of today and through to the publication of the Flinders University report, there are lots of truths there, some of which go to the operational functions of the National Disability Insurance Agency and many of which are simple, straightforward operational matters that could be picked up and changed if the board of the agency had the flexibility to make the changes that many people think are correct, but they are not operating in a fully independent way.

For instance, I make no party-political point or observation, but the decision by the then-minister in the commonwealth government to place a cap on the number of people who could be employed by the agency was taken, I believe, for political purposes and not for operational purposes and it is creating problems for the implementation of the scheme in the ACT. Amongst the other things, I believe it has distorted the shape of the operational services, which means that, for instance, the recently appointed local area coordinator is now doing and will continue to do things that were never intended to be done by the local area coordinating network. They are substituting for work that ought to be done by NDIS planners. That goes to some of the problems we have related in our submission and which have been mentioned again and again and again in the evidence I have heard today and watching the video and reading the submissions.

The principles of “giving people the support they need to ensure that they can live better lives”, “reasonable and necessary” and “choice and control” run the risk of becoming buzzwords, just like in the old system where there were buzzwords. The fundamental relationship that lays the bedrock for the future success of a plan must be the relationship between the individual participant and the planner. That relationship has been distorted by the arrangements currently in place, some of which have been driven by decisions that are not about the efficacy of the scheme.

We believe, and the people we consulted with and who we have referenced in this piece of evidence believe, it is simply not consistent with the principles of the NDIS act or the United Nations Convention on the Rights of Persons with Disability or any of the associated legislation that I cannot know the email address or the telephone contact number of the person who is writing the plan that is published in my name. It is a fiction to call something “my plan” when it is not my plan. No service user inside the NDIS has ever signed a document to say, “This is not my plan. It is your plan. “We have listened to what you have to say. We have constructed a plan for you. We have sent you out a plan letter.”

I heard your questions about plan letters the other day. I do not know if you have ever seen one, but it would be a very good idea to have a look at one if you have not. They do not give the participant or the service provider who might get access to it the information the participant needs or the provider needs to understand the assumptions that had been made about how the final budget of the plan has been built or how it is to be implemented and they give people anxiety and confuse them.

I have taken more time than I wanted to take, so I will shut up with those comments and ask you to ask us your questions. I will try to, hopefully, pass most of the answers to Alicia, who has less rhetorical flourish and more practical knowledge.

THE CHAIR: Thank you. I will kick off the questions. You started to talk about the role of the local area coordinator. What is their role? What role should they play, particularly with regard to implementing plans?

Mr Herd: The Productivity Commission was clear. I understood that the legislative framework was clear. They should be doing what it says on the packet. They are local area coordinators. They are not substitute planners. That is the fundamental disjunction that appears to have emerged, not necessarily because anyone actually believes it is the right thing to do but because the circumstances are being forced upon the NDIS and the agency to make these changes.

Their initial role, as I understand it, was to be involved particularly to coordinate the service sector the NDIS participants would enter into, to exercise choice and control over the available offerings within a developing market and also partly to help develop the market. But, beyond that, coordinators were also to be involved in work intended to reduce barriers to mainstream access. The fundamental assumption was that the NDIS would never provide individual support in the form of funded packages to more than 10 per cent of the population—the people with disability in Australia. It was, nevertheless, intended to make a contribution to reducing mainstream barriers so that people with disability, with packages or not, would have greater ability to participate in social and economic life.

If, however, Feros Care are in some way a quasi-planning process, they can spend less time on the barrier reduction and the coordination of the market that people will choose to enter into. That creates a problem for the efficacy of the planning process itself. I think that contradiction has been created by decisions about the size of the NDIA employee pool.

THE CHAIR: Does the LAC have a role in the implementation of plans or should that be given to someone else if they are not doing it?

Mr Herd: Somebody else should say something, but I make a declaration of interest. I am a support coordinator. I have heard other people say that an ongoing coordination with individuals who have a participant plan is a crucial provider of support. I believe that to be absolutely essential. If one thinks about it in these terms, in the ACT we have almost doubled the size of the population receiving a funded plan. That is a very good thing in comparison to the pre-NDIS days. It is unambiguously good that over 6,000 people now receive funded support. About half of those people have either never had funded support before, or most of them, if they had funded support before, were supported in an environment in which they had never exercised choice and control.

A new scheme rocks up and asks people who have never exercised choice and control, perhaps for all of their lives as people with disability, or as ageing parents who have looked after adults throughout their lives, “What are your plan goals and how would you like to implement them over the next year?” All of the evidence tells us that people with disability who receive plans, and their families, are not yet at the point of making those decisions easily because they do not know how the system works.

I think it is reasonable to acknowledge that the scheme has attempted to put in place pre-planning opportunities to help people get ready. But the simple fact is that you do not change 50 years of not having choice and control overnight. The people I am dealing with outside the city—parents, individual people with disability, simply do not have the experience or confidence to make choices.

Ms Flack-Kone: Can I interrupt?

Mr Herd: Yes, of course; go ahead.

Ms Flack-Kone: My interpretation of the local area coordinator was that it would be a local organisation who would be very familiar with the current environment of the ACT, who would be ready to go in terms of tapping into the different services, agencies and so forth. What we have experienced is that they are calling us to ask, "What do you offer?" Or "We want to come and meet you," which is great, but they are having to learn as they go.

MRS DUNNE: Can I follow up on the comments of both of you? What we are hearing over and over again is that there is a disconnect. I think you, Mr Herd, used the expression, "It is not what it says on the packet." The local area coordinating function is not coordinating; it is planning. Is that a fundamental flaw in what is happening in Canberra?

Ms Flack-Kone: I think they are learning as they go. Again, my interpretation of that was that we could tap into them. As an association, we could call them and say, "We have a family here who want to be involved in a social gathering to do with going to the movies or going bike riding." What has happened is that we as an association are doing all of this information-gathering. We are gathering all this information and we are then passing it on to the members ad hoc or maybe systemically through an e-newsletter. My interpretation was that, more in an inclusive way, the LAC would be involved as well for families who do need and want that exclusive playgroup for autism or that playgroup for Down syndrome. But there is also the playgroup for inclusion as well. That is not happening.

Mr Herd: I will add to that, to answer the question. We were told by everyone who spoke to us—it was not hundreds of people—who had gone through the planning process, what they wanted. I have not read every document, but what I believe all the research evidence so far tells us is that people with disability, people who become participants in the plan, want a direct relationship with whoever it is that makes the decision about their plan. It is unambiguously uncontested, I believe.

Ms Flack-Kone: And feedback as to why things were approved or not approved. No reasons are provided; it is just, "Here is the money; here are the core areas"—whether it is a core package or under the five areas—"and this is what it is for." But we do not know why we did not receive the funding for such and such. Instead of coming back and saying, "It did not meet the core principles," it is so broad that it is interpretive.

There should be some feedback around that. Perhaps for next year, in terms of planning, we can articulate a little bit more. That is one of the things I want to mention. A lot of the onus is back on families to be able to articulate what they want for their child. I do not know what I want for my child. He is 10. I do not know what 10-year-olds do, let alone a 10-year-old with an intellectual disability. But that is put there.

Yes, there are information services and there are workshops I can go to and so forth. I actually want to talk to a family who has a child who is three or four years older. I want to ask, "What did you do when your child was 10?" I want the social networking around that. Families are not equipped to advocate for their child when it comes to those planning sessions as well.

There is inconsistency with packages. For example, I have a core package while another family with a child of a similar age has the five categories that they have to work out how to use—which one is for what and so forth—whereas I can just decide that, assuming that it is meeting the requirements. I can dip in and use that funding for the relevant services.

It is a case of figuring out how we can be equipping families to be able to prepare for their plans. I know we are doing this. We have so much out there, but to go to a workshop, to get information, to get back on the website for five or 10 minutes, that is the family doing that.

I go back to early intervention. I personally liked the way we were in the hospital; we got our letter; we got to send it to Therapy ACT; they worked out for us who and what we were going to see first. At the time I was a new parent; I was a grieving parent; I did not know the realm of the disability world in the ACT. Where do I start? It is like going into a shopping centre. Which butter do you buy? I was also able to have referrals done automatically.

That also brings me to the fact that Down syndrome is not automatically eligible for the NDIA. Again, I know it is around what is reasonable and necessary. But Down syndrome is a genetic disorder. It is not going to change over somebody's life. Generally, they will need supports and resources, depending on the level and so forth, for the rest of their life. But when the child is born, it would be great if there was an agency that stepped in and was able to start the initial investigations, paperwork or guidance around how even to apply to the NDIA.

Mr Herd: There is one point I wanted to make specifically in answer to your question, Mrs Dunne. It is that there is a technical problem here that has a consequence when it comes to the planning relationship. It is that the decision on a plan is always going to be taken by an employee of the commonwealth government. It is in the complex set of relationships between the legislation, the rules of the NDIA that flow from that, which are accountable not to parliament in the same way as legislation but to a ministerial decision, and the operational guidance. Those three things interrelate with one another. Participants do not entirely understand the distinction between the three or the relationship between them.

The simple fact of the matter is that because a planning decision relates to the expenditure of commonwealth funds, that decision is always going to be taken by a delegate of the chief executive officer of the National Disability Insurance Agency. But when a participant comes to a relationship with a local area coordinator—this is not a specific reference to Feros or to any of them—most participants I have ever met do not really make a distinction between the person from the NDIS that they are seeing and the person that actually signs on the dotted line to say how much money they are getting. That is an obfuscation of relationships that is not consistent, based on what people have told us and our advice to government, with the fundamental principle enshrined in the act of choice and control. You cannot choose and control how your plan will be developed if you do not even really know who is making the decision.

Ms Flack-Kone: I have two more points, about the ILC and inclusion into mainstream. The ACT Down Syndrome Association were successful in receiving ILC. Last year was the first year that we had received any government funding. We have run for the last 30 years on volunteers and sponsorship money. So we are very happy with that. However, it is not consistent across the nation. We applied for this funding through our national organisation, Down Syndrome Australia. New South Wales and South Australia applied for the same grant, and South Australia did not receive the grant or funding for the same services, so families in South Australia will not be able to use Down Syndrome South Australia for their services.

There need to be some long-term strategic direction in terms of making decisions around the ILC, especially since it is at a national level. I understand that it is state territory, and I do not want to take that away, but perhaps there also needs to be some consulting around what that looks like across the nation.

The last one, in terms of inclusion into mainstream, links in to the ILC and the LACs. A particular area of interest to me is that there is still a negative attitude in society around people with disabilities and intellectual disabilities, and isolation and segregation, and there has been for over 200 years. We need to continue to find ways to equip our community and society to resource them, and not to set them up to fail. It is great that we can now equip individuals, but we also need to be equipping our communities with the tools, and promoting it through the different tools.

Down Syndrome Australia are putting together some resources, and there are lots of amazing resources out there. The Family Advocacy group in New South Wales are promoting ways there, in terms also of qualifications and so forth. I understand that the disability inclusion grants are coming through. Again, they are short term and they are quite small. Again, it is based, from my interpretation, on subjective decisions. It would be great to have some consistency across what we want in the ACT and what that looks like, and then see how we can broaden that across.

It was wonderful to see the other organisations in the ACT that were successful in their grants. It was like saying, "Wow, we could tap into that; we should have tapped into that. How can we work together? How can we build that partnership and build the capacity around that so that we are not reinventing the wheel and so that we are working on it together there?"

THE CHAIR: Are there any further questions?

MS LE COUTEUR: I can think of lots of further questions. Mr Herd, you said that there was a limitation on the number of staff in the authority, which was not part of the original plans. Clearly, we have heard about a lot of issues with the NDIS and the NDIA. Is the issue that there should be more funding or is it inherent that we have a bureaucratic system, so there will be problems? Is it just that life is complicated, and when you are organising things there will always be some people for whom it does not work out well, at least at the beginning?

Mr Herd: I would agree with you: life is complicated. I am not trying to be a smartypants here. The rhetoric around the national disability insurance scheme is that it is the biggest and most significant human services reform since Medicare or compulsory superannuation: 475,000 people are supposed to be brought into this scheme in six years, which is bigger than the first number we talked about.

Forgive me; this is a complex answer, just as the subject matter is. For all the criticisms that have been raised, many of which are legitimate, some of them go to very straightforward operational questions: why does it take so long for the national helpline to answer a call? Why does it take so long to get an answer from a planner? Why won’t they give you their information? Why is a plan notification letter so opaque and lacking in full explanation? These are straightforward operational questions.

Despite those things, which I think are eminently fixable, a decision could be taken tomorrow that planners will give information about how to contact them that is not through the escalation of the helpline. I think that should be done. Participants say they want it to be done. The point I am struggling to get to is that I think the agency—and I know this may not be entirely shared by all the people you have heard from—has been doing a heroic task in almost impossible circumstances.

I could be wrong but I do not think anybody believes that 475,000 individuals will be participants in the scheme by 30 June, and the announcement of the problems that occurred in South Australia that was made last week seemed to suggest that my bold prediction might be true. But it could be that the idea that you could bring half a million NDIS participants into the scheme in six years was always, as I think Humphrey used to say in *Yes, Minister*, “ambitious”.

MRS DUNNE: “Courageous”.

Mr Herd: In the UK, seven years ago, when similar processes towards individualised funding were 10 years old, the Auditor-General reported in England and Wales that 40 per cent of the population, after 10 years, had an individualised budget, which of course meant that 60 per cent of them did not, after a decade. And we think we are going to do it in six.

The problem, and this is as true today as it was when I was working for the agency, is that people told me during the trial phase, when less than 30,000 people had been brought into the scheme—that is, people with disability, their family members and the provider network—as I was going around the country doing my job, trying to promote the scheme, that things were really going super-fast today and could it just be slowed down a bit. Because I can be a smartypants, I asked people in the audience, “Hands up anyone here who wants to wait until years 8, 9 or 10 to come into the scheme.” Everybody says it is going too quickly; nobody wants to wait. How does a service reform system negotiate that irreconcilable tension?

Maybe the imposition of the date was a folly, except that I think it is also possible to imagine that, had that date not been set as an imperative, we might still not be travelling towards the outcome. But it is very difficult, if you are a family member or a person with a disability, an 87-year-old parent of a 56-year-old woman who has Down syndrome, autism or whatever it is, to imagine that you want to wait another four, five or six years. That seems unreasonable, but if we are moving that quickly, should it be a surprise that we might have some implementation issues? It is important to remember that the national disability insurance scheme is supposed to be only one element of one of the six components of the national disability strategy which the ACT government is signed up to as much as the commonwealth government.

The problem for us all is that the national disability insurance scheme is the only element that comes with $22 billion, and it cannot be asked to do everything. Quite reasonably, I think, if it is the only funded game in town, of course you are going to want it to do things that maybe it was not designed to do. Another observation that I think is pertinent is that, when the NDIS was first launched, its anticipated turnover was exactly the same as Qantas's. Qantas took 105 years to get to that level of turnover and the NDIS is being asked to do it in six.

THE CHAIR: I am going to have to close it there. I am sorry; we have run out of time. I would like to thank you for attending today and providing your testimony. A copy of the proof transcript will be provided to you, and you can suggest corrections.

Mr Herd: Thank you for the opportunity.

ALTAMORE, MR ROBERT, Executive Officer, People with Disabilities ACT

THE CHAIR: Welcome. I remind you of the protections and obligations afforded by parliamentary privilege. Could you confirm for the record that you understand the privilege implications of the statement, which I understand was provided to you before today's hearing.

Mr Altamore: Yes, I do.

THE CHAIR: Thank you. Before we proceed to questions from the committee, would you like to make an opening statement?

Mr Altamore: Good afternoon. People with Disabilities ACT thanks the committee for its invitation to present today and thanks the committee for embarking on this very important inquiry. The NDIS is a very significant initiative for people with disabilities. It is one of the six elements of the national disability strategy to which the ACT government is committed. The NDIS is the major mechanism for individual service support. As such, it is of critical importance to us. While the NDIS has had some criticisms, PWD ACT continues to support it and wants to see it develop into the scheme it should be.

THE CHAIR: We might open it up for questions, if that is okay.

Mr Altamore: Yes.

THE CHAIR: Would the other committee members like to jump in?

Mr Altamore: I have some notes on each of the headings. Maybe if you ask me some questions.

THE CHAIR: Yes, that is fine. Mrs Dunne?

MRS DUNNE: Robert, how are you this afternoon? From your experience, both personal and as a member of a disability organisation, what do you see as the pluses and the minuses of the rollout so far?

Mr Altamore: The pluses are that people with disabilities have, for the first time, been taken seriously as individuals with opportunities to have input into and have their own say on what services they need and how they might receive them. There has been a greater variety of service and support for people with disabilities. Many people have done things they could not have done and had supports that they previously did not have. They are the pluses.

The main negative is the fact that, for many people, the process is very bureaucratic, disempowering and frustrating. Also, the implementation has been patchy. The decision-making of the NDIA has been patchy and inconsistent. Also, I do not believe the governments have quite got it right in terms of relations between the ACT and the commonwealth governments. I might say a few words about that.

MRS DUNNE: Yes, would you elaborate on that?

Mr Altamore: The ACT government is the first jurisdiction in which all population groups were included and were put into the NDIS at once. The ACT government was very quick to get out of its service provision roles. For example, in the case of therapy services, the NDIS implementation caused the service gaps, which were well publicised at the time.

The other consequence, when the NDIS was implemented, was that the NDIA took a rather remote approach to service provision in the ACT. The NDIA was not informed of local factors and local appreciation, local values. Consequently, the NDIS did not appreciate the value of some of our local services in Canberra. As a result of this, a number of ACT services lost funding or ceased to exist. They have been severely prejudiced. Examples are Technical Aid to the Disabled, Capital Community Housing and Canberra Blind Society. They are three examples.

In March 2016 ACTCOSS did a very good piece of work revolving around a community conference called Lost in Transition. The Assembly committee might like to take a very good look at that conference and at some of the papers presented, which ACTCOSS will have, and some of the ACTCOSS communiques from that conference. Were you going to say something, Vicki?

MRS DUNNE: No. Keep going, Robert.

Mr Altamore: PWD ACT asserts that the ACT government needs to move more rapidly than it has and make a greater funding commitment method to the accessibility of its own generic services to address service gaps between specialist and generic services. These service gaps will inevitably affect the implementation of the NDIS. For example, if an NDIS participant is funded to participant in a course of study at, let us say, the Canberra Institute of Technology, he may be funded for that under the NDIS but he may be prevented from doing it because there is no transport for him or her, the venue might be inaccessible or the course materials might be inaccessible. These were all matters within the ACT government’s responsibilities for education and physical access for the environment.

The NDIS is not a reason for the ACT government to get out of disability. Because of the NDIS, the ACT government is not freed from the responsibilities of daily service provision. It can step up to the plate and really make Canberra an accessible, livable city. It can make education accessible and make housing more accessible. Does that answer your question, Vicki?

MRS DUNNE: Thank you. Yes, I think it does, Robert.

MS LE COUTEUR: One of the points you make in your submission is that people from culturally and linguistically diverse backgrounds are significantly under-represented in the NDIS, which is obviously concerning. Do you have any ideas as to why that is the case? Probably an easier question would be whether, prior to the NDIS, they were significantly under-represented in terms of the people who use the pre-existing services? Have they found the NDIS harder or was this just continuing an unsatisfactory situation?

Mr Altamore: I think it is a continuation of a longstanding situation. I do not have any pre-NDIS statistics. The best NDIS statistics are from the NDIS agency itself in its quarterly reports. Consistently in those quarterly reports the percentage of people with disabilities as being participants is well under the percentage of people with disabilities in the general population.

PWD ACT conducted a forum for people from culturally and linguistically diverse backgrounds who had disabilities, on 4 April. At that forum we were fortunate to have the CEO of the National Ethnic Disability Alliance, which is based in Canberra. He was one of the speakers and he highlighted that discrepancy in statistics. The National Ethnic Disability Alliance is also a very good source of data on participation by people with disabilities in disability services where these people come from culturally and linguistically diverse backgrounds. I would recommend that the committee consult with them.

I want to continue on this. In the ACT we are hampered by the fact that there is no ACT body for people from culturally and linguistically diverse backgrounds. People with Disabilities ACT is doing its best to represent these people and advocate for them, although we are not specifically funded for this role. Thank you.

THE CHAIR: Mr Altamore, one of your comments in the submission was around the role of the local area coordinator. You have suggested that you as an organisation would like to see a second local area coordinator funded. What are some of the reasons? Why do you think that is a good idea?

Mr Altamore: When local area coordination came to the ACT, the NDIA chose an out-of-state provider which had no physical presence, office presence, staff or even background in the ACT. This of course meant there was a delay while that provider set itself up. That is understandable, but it did cause some delay. In the current arrangements there is a sole provider. This sole provider has a partnership relationship with the NDIA. They advertise themselves as partners. They work in the same offices. There is a strong link between the one and only service provider coordinator and the NDIA.

This is fine, but it can create a scenario. When something goes wrong in a plan there is the potential for blame shifting between the NDIA and the service provider. Indeed, I know of a case in which this has happened. There was blame shifting between the two. The client, the NDIS participant, is caught in the middle. This is one aspect of NDIS administration which highlights the need for continued funding for both individual and systemic advocacy. There are other aspects of the NDIS which lead to the need for continued funding of advocacy, which I might come back to later on.

Basically, that is one of the problems of the current model. To me, this suggests that there might be a case for the funding of a second local area coordination service. There is also a case, I think, for a stricter separation of LAC and NDIA functions. That is something that maybe the ACT government needs to take up with the NDIA. One of the things I did not mention in my submission but maybe I should have is that I think the ACT needs to take a very strong hand at the table in its negotiation with the federal government and with the NDIA. The ministers in the public settings who represent ACT citizens need to be very strong and forceful.

THE CHAIR: I am happy for you to elaborate on the important role of advocacy a little more. You mentioned that you wanted to say a few more words on that point.

Mr Altamore: Yes. The ACT needs to continue to fund and support individual and systemic advocacy. I think the evidence for this is clearly demonstrated in a confidential attachment to our submission. PWD ACT surveyed its members on their NDIS experiences and asked our individual members to tell their stories. We received about 31 responses, which we de-identified and collated into a table as a confidential attachment to our submission.

The stories in that submission speak for themselves. Basically, when we held a forum for our members to discuss our submission, to get input into it, those present did not want to talk about the terms of reference which the committee had set. That is because the terms of reference were somewhat remote—although those terms of reference are very important to the ACT government, and we accept that. All they wanted to talk about was their experiences—their bad experience and their interactions—with the NDIS and the agency.

The federal member for Canberra, Gai Brodtmann, contacted me at the same time to tell me her office was so overwhelmed with NDIS work that she felt the need to have a forum on it. She did and it was a well-attended, well-publicised forum with similar outcomes of people telling their NDIS stories. Those stories alone speak to the need for continued individual advocacy around the NDIS and systemic advocacy.

THE CHAIR: Is there anything further you would like to say, Mr Altamore, before we conclude the hearings today?

Mr Altamore: There are a few things which I have not had a chance to talk about yet. One of the things that we hear a lot about is that the NDIS will bring an increased number of providers into the field. It seems to me that the number of providers has increased from 70 providers for the NDIS to over 600—it might be—now in the ACT.

The point is that the increase in registered providers has not resulted in an increase in the availability of services. People are still finding it hard to access services. We think the provider numbers are illusory. They are not a measure of real choice and control, as many providers are generic providers who are not disability services and who need to be providers so that NDIS participants can claim for ordinary things they are buying from chemists et cetera.

The other thing is that a lot of the providers did not have offices in the ACT. One of our members, when we were looking for a planning coordinator for the partner, was given 12 names and only two had ACT offices. We think the ACT should require that, when a service registers in the primary jurisdiction, they have an office and staff presence. That is the first thing.

The second thing I would like to mention is that the NDIS is a market model and an insurance model. But the market model for the NDIS is clearly not working as well as it should. I would like the five Assembly members to have a close look at issue 3 of the *Canberra Disability Review* journal, which is published by People with

Disabilities ACT. This is a generally canvassed review. In volume 3 we partnered jointly with the ACT Council of Social Service to look at the NDIS and the market. The items in that journal speak better than I can to the problems of applying the market mechanisms for the provision of disability services.

We are not saying the whole process is flawed, but we need to be aware that the market alone—the market approach, market models—will not automatically lead to good outcomes for people with disabilities. This is because the assumptions which underpin the competitive market models—as those of us who have done the economics will understand—such as perfect knowledge and an equality of bargaining power, do not apply in relationships where people with disabilities are seeking and receiving services.

THE CHAIR: On behalf of the committee, I would like to thank you for attending today. When available, a proof transcript will be made available to you to provide an opportunity to check it and provide any corrections. I now formally declare this public hearing closed.

The committee adjourned at 2.53 pm.