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, 29 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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Amended 20 May 2013

The committee met at 1.00 pm.

STEPHEN-SMITH, MS RACHEL, Minister for Community Services and Social Inclusion, Minister for Disability, Children and Youth, Minister for Aboriginal and Torres Strait Islander Affairs, Minister for Multicultural Affairs and Minister for Workplace Safety and Industrial Relations**Error! Bookmark not defined.**

DUNNE, MS ELLEN, Executive Director, Inclusion and Participation, Community Services Directorate

KIPLING, MS WENDY, Senior Manager, Office for Disability, Inclusion and Participation, Community Services Directorate

SABALLA, MS MELANIE, Director, Children and Families, Community Services Directorate

PARKER, MS KATHERINE, Clinical Leader, Child Development Services, Community Services Directorate

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 would like to thank you for attending today.

The proceedings this afternoon will commence with the committee hearing from the Minister for Disability, Children and Youth, and officials. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the pink privilege card on the table before you. Could you confirm for the record that you understand the implications of the privilege statement.

Ms Stephen-Smith: I do.

THE CHAIR: Can I also remind witnesses 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, minister?

Ms Stephen-Smith: Yes. I acknowledge the privilege statement. I also want to start, in this Reconciliation Week, by acknowledging the traditional custodians of the land we are meeting on, the Ngunnawal people, and by paying respect to elders past, present and emerging.

I want to thank the Standing Committee on Health, Ageing and Community Services very much for the opportunity to present at today's hearing and, indeed, for conducting this inquiry into the implementation, performance and governance of the NDIS in the ACT. The standing committee's inquiry provides an important opportunity for the ACT community, including the government, to share its NDIS experiences, challenges and suggested recommendations with the standing committee.

I recognise, and we recognise, that the NDIS experience has not been uniformly positive, and I greatly appreciate the time and effort that participants, family members, providers and other individuals and organisations have taken, especially in telling their experiences before the committee. Many of the issues that have been raised to date are not new to the ACT government, although some of the nuances have been interesting to hear and provide further evidence of the work that remains to be done.

As I say, the ACT government welcomes this inquiry, particularly as we are the first whole of jurisdiction to implement the NDIS. We are in a unique position to highlight and assess the operational and policy challenges of the scheme, and I know that other jurisdictions are watching this inquiry and our experiences.

The Office for Disability coordinated the submission for the inquiry on behalf of the ACT government in response to the standing committee's terms of reference, and we are here to answer questions today, along with other colleagues from the ACT government. The Office for Disability was established in December 2016 as part of the ACT government's broader commitment to people with disability and ensures that we have the capacity to engage closely with the NDIA providers and participants, as required.

I want to start with a brief history of the NDIS in the ACT. Since 1 July 2014 the ACT government has remained committed to the implementation of the NDIS. At that time the ACT NDIS task force within the Community Services Directorate was established, with responsibility for the provision of strategic policy, planning, and the design and implementation of the scheme in the ACT. With the support of the commonwealth government, the task force worked with people with disability across the disability and mental health sectors and across the ACT government to support and prepare the Canberra community. We know that, with the introduction of the NDIS in the ACT, eligible participants in the scheme have been provided with more choice, control and supports than ever before.

Before the introduction of the trial it was estimated that there were approximately 2½ thousand people receiving disability support and services, and this includes supports funded by the Community Services Directorate, the Health Directorate and the Education Directorate. I am pleased to say that there are now around 5,978 active NDIS participants with an approved plan. There are now 5,978 people who have received an NDIS package with an approved plan, including 770 people with a psychosocial disability who have received a plan over the life of the NDIS. That number of around 6,000 has been stable for some months now.

Before the trial of the NDIS there were approximately 65 providers of disability services that were funded by the ACT government. As of 31 March 2018 there were 1,176 organisations approved to provide NDIS services in the ACT. The joint investment in the scheme in the ACT is continuing to grow, from $130 million this year to $137 million in 2018-19, to a joint investment of $342 million in 2019-20, when the NDIS is a full scheme nationally, which will include an ACT government commitment of $167 million, which is 49 per cent, and the commonwealth at $175 million or 51 per cent of the scheme costs.

The ACT trial went well, I think it is fair to say, which was testimony to the work of the NDIS task force, the regional NDIA and most importantly the work of Disability ACT, Therapy ACT and the ACT community and community sector in managing the transition. However, significant challenges have emerged since the scheme began to be rolled out nationally and in the transition to the full scheme.

We saw in 2016 the implementation of the new portal and the failure of that system, combined with the implementation of the "my first plan" approach which, compared with the trial period, introduced telephone planning and a less personal service for people with a disability.

Full scheme implementation or transition to full scheme also saw less focus on the ACT as a unique jurisdiction. This resulted in people with disability and service providers becoming frustrated with the lack of local response from the NDIA. I am pleased to advise the committee that the NDIA has listened to our concerns, and we welcome its decision to appoint ACT regional staff and to ensure the ACT's participant and provider issues are addressed.

We will continue to share experiences across government and collaborate with each other as the scheme continues to be rolled out nationally. We know, however, that there remain many challenges in the implementation of the NDIS. Most of these challenges are being faced nationally and are not unique to the ACT.

We can and must do better collectively to ensure that people with disability benefit from this important reform. I know there are many individuals, family members, carers, supporters, workers, providers, and both ACT government and commonwealth government officials who are committed to ensuring that eligible participants are able to successfully navigate the NDIS.

The NDIA, the commonwealth and the states and territories have recognised that the participant experience has been particularly challenging for many individuals, as well as providers, over the last 18 months to two years. Over the last year the NDIA has undertaken a participant pathway review and released its response, *Improving the NDIS Participant and Provider Experience*, in February 2018. In addition to administrative improvements, the streamlined process has enabled a more collaborative planning experience.

The NDIA also recognise that some particular participant groups require a more tailored pathway. These include Aboriginal and Torres Strait Islander participants, participants from culturally and linguistically diverse backgrounds, participants with psychosocial disability, children—that is, those from birth to six years—and those with complex needs.

At the Disability Reform Council meeting on 3 April we received an update from the NDIA on the progress of the work associated with the participant review. Some of the key features of the participant pathway being tested in the pilot in Victoria include a stronger focus on face-to-face planning, providing participants with a main point of contact—in most cases this will be the local area coordinator or LAC—and the participant and their LAC working jointly together to identify participants' needs and goals, and a joint planning meeting between the participant, their LAC and an NDIA planner, otherwise known as "side by side planning", where the participant is fully engaged in the development of their plan, can ask questions and make amendments before it is finalised.

I think it is probably fair to say that this more closely resembles the planning process during the trial phase in the ACT, which had included much more detailed pre-planning and detailed conversations between participants, their family and carers, and NDIA planners.

For me, a key issue and a key change that is coming up will be enabling plans to be amended without triggering a full plan review. The process of being unable to make amendments and having to instigate a full plan review each time there is a change has been both cumbersome and time consuming and has resulted in significant difficulties for participants. The new general pathway, as I said, is currently being piloted in Victoria, and the NDIA is considering time lines for national implementation. It is also fair to say that all jurisdictions have expressed a strong desire to see change sooner rather than later.

The ACT government has also expressed a strong interest in being involved in the development and delivery of the tailored pathway for psychosocial disability in the ACT. As a jurisdiction we are already leading the work in developing a better understanding of the interface between the mental health service system and the NDIS. I look forward to the response of the NDIA board to our interest in leading the psychosocial pathway work.

Work is also continuing nationally to better understand existing interface issues and to ensure that NDIS participants do not fall between the cracks. Whilst I acknowledge that significant work has been done by the NDIA, the ACT government will continue to work in collaboration to ensure that the NDIS is responsive, inclusive and provides sustainable supports and programs for NDIS participants.

As minister, I, along with ACT government officials, remain committed to working with commonwealth agencies in policy development, program implementation and issues of identification and management. And I believe that we have been engaged and will continue to engage in strong dialogue with the commonwealth and the NDIA and have made good progress in specific issues that we have identified. As a member of the Disability Reform Council, I have an additional platform to escalate ACT NDIS-specific issues with my state and territory counterparts and the commonwealth and continue to do that.

We are very well aware that previously concerns have been raised about the challenges of people with psychosocial disability engaging with the NDIS planning process, particularly, as I said, at the participant plan review stage. I have raised these issues with the NDIA and they are beginning to be addressed. One indication that this may be having an effect is that we have seen an increase in the average size of plans for people with psychosocial disability from approximately $58,000 in June 2017 to $65,000 as of 31 December 2017.

We are also taking action at the local level. Last week I was pleased to announce additional support to ACT individual advocacy groups because we are very conscious of the fact that advocacy services ADACAS and Advocacy for Inclusion have been unable to meet the demand for individual advocacy, as the participant pathway has become more complex and reviews have become more commonly requested and are taking longer.

I was also pleased to announce additional funding last week to support the establishment of an integrated service response program that will provide emergency funding for people with complex needs whose supports are not able to be met by the NDIS. This program will also work with the NDIA, through additional staff in the Office for Disability, to ensure there is a coordinated approach for people with disability whose lives touch multiple service systems. And the ACT government's submission speaks quite strongly to those interface issues between the NDIS and mainstream service systems.

The Office for Disability continues to have a proactive and cooperative approach to address problems and continues to work in collaboration with the NDIA when issues arise in order to ensure that the most vulnerable people in our community are well supported.

In conclusion, I would like to acknowledge all participants, family members, carers, advocates, providers and organisations who provided submissions and evidence to inform the standing committee's inquiry. Your experiences have been heard by the ACT government and your efforts are appreciated. As stated earlier, we will continue to work with the NDIA and the commonwealth to ensure the scheme is the best it can be. I welcome questions and apologise for the slightly long statement.

THE CHAIR: Thank you, minister. What ongoing role does the ACT government have in NDIS policy and implementation? In particular, what is the role of the Office for Disability in resolving individual NDIS client issues?

Ms Stephen-Smith: We have a number of ongoing roles, from high-level joint decision-making processes between the commonwealth and the states and territories in relation to some of the rule making under the NDIS legislation and rules, to joint decision-making in the Disability Reform Council and, obviously, negotiation of the multilateral and bilateral agreements that underpin the NDIS. And, as I said, as a joint funder of the NDIS and then at an officials level, there are a number of working groups that exist to address a range of interface issues and a range of ongoing policy issues where decisions are still being made. I will hand over to Ellen Dunne to talk about the role of the Office for Disability at both that systemic and the individual advocacy level.

Ms E Dunne: I accept and acknowledge the privilege statement. There are a number of unresolved policy issues that jurisdictions jointly are dealing with. Most of this work is done at the DRC senior officials working group. It is chaired by DSS and there are members from all the jurisdictions, including the NDIA. A lot of the work that is being done is done by sub-working groups, and the information is fed back through the Office for Disability. Even if we are not a participant on a particular working group, we have the opportunity to have an input.

We are working very collaboratively with the NDIA locally. The operational working group looks at interface issues and the applied principles and tables of support, and legislation to determine an outcome where there is some difficulty or concern is worked through those particular working groups. The Office for Disability has been extremely active, proactive in fact, in making sure that our contribution as a territory to these unresolved policy issues is well heard.

THE CHAIR: In relation to the individual?

Ms E Dunne: The individuals? We have a locally agreed escalation policy. We have a number of constituent matters referred through the minister's office to us. We also have individuals who contact the Office for Disability. We have a process in place with the local office. And once we have authority from the participant to act on their behalf, we engage with the agency.

I think that we have had a reasonably good success rate in terms of having matters reviewed and, in some cases, outcomes changed. We will continue with that process, and once we have the integrated service response framework and structure in place, that will augment that and support it to be an even more efficient process.

THE CHAIR: How does the minister engage directly with the NDIA chair and CEO? Through those working groups?

Ms Stephen-Smith: The NDIA presents at each individual Disability Reform Council meeting, and I also catch up with the NDIA chair and/or CEO on a semi-regular basis before those meetings. I have also entered into written correspondence with them, particularly to raise priority issues such as the issue with short-term accommodation that arose last year. That is the short-term accommodation otherwise known as respite.

You will be aware that there were some significant issues about the sustainability of short-term accommodation services in the ACT, particularly for young participants with high and complex needs where the average pricing model that was being applied was not sufficient to enable providers to provide the level of intensive support that those people provided. Providers had indicated that they would be changing their support model. Those issues were raised directly with the commonwealth minister and with the CEO of the NDIA and the chair of the board. The Office for Disability and the NDIA worked very closely with the short-term accommodation providers to address those pricing issues in the short term. Then those have also fed into the broader NDIA pricing of short-term accommodation.

MRS KIKKERT: Just a simple question. We have been hearing stories of clients who have been falling through the cracks on the NDIS plans. How is the government providing help for them?

Ms Stephen-Smith: Sounds like a simple question!

Ms E Dunne: I will have a go at that. Falling through the cracks is a very broad statement. If we are talking about participants who do not feel that the supports provided in their plan are sufficient, there is a process in place which enables them to have those decisions reviewed and the supports reconsidered.

In terms of the Office for Disability, when particular issues are brought to our attention, we have a chat to the participant, and if it seems clear to us that the way forward is to have a planned review, as I said, we have an escalation process in place. We engage with the agency and that is often what happens. Whether or not the outcome is what the participant was looking for is another issue. That is in relation to reasonable supports and also the eligibility criteria. In situations where a person is in a difficult or critical situation and we feel that some support is required for the individual, the Office for Disability will step in and provide the necessary support whilst negotiating on the participant's behalf with the agency.

The issues are, as I said, very broad. One is about more explanation and communication about what the NDIS actually covers and what proportion of the national population who identify as having a disability are actually eligible for the NDIS. It is not for everyone. It is currently for about 10 per cent, I would say, of the ACT population.

The issue for us is how we work with the agency to improve the second tier of support, which is now called ILC—information, linkages and coordination—and make sure that we provide a joint stewardship bond in further developing that support. That is the level of support for people who are not necessarily eligible for the scheme but who require some community response to assist them for various reasons. The ILC layer of support has been in operation for a couple of years now in the ACT. I think this year it was national, but it is certainly broader than the ACT. There is a lot of work that needs to be done in relation to what that can be developed into. It is very new, and it is integral. It is the glue that holds the whole system together. A lot of work needs to be done jointly. We have been invited by the agency to have a joint stewardship role. We have a lot of input and opportunity to further develop what has already been established.

MRS DUNNE: Could I just follow up on the point that you made during that presentation, Ms Dunne. You talked about 10 per cent of the ACT population. Is that 10 per cent of the ACT population or 10 per cent of the ACT's disability population?

Ms E Dunne: The disability population. My apologies.

MS LE COUTEUR: I have lots of potential questions. I had 40 per cent of the ACT population, but this is even more obvious if it is only 10 per cent of the ACT's disabled population, bearing in mind that I know that most disabled people are over 65 and the NDIS is not treating those people. How much of the issue Mrs Kikkert talked about, of people feeling they are not getting the help they need, is due to the way the NDIS has been set up, and how much is it simply that the NDIS, like other programs, has a budget and has to cut its cloth to fit?

Ms E Dunne: We talk to the agency about this issue constantly because there is a lot of community speak about restrictions. There are no restrictions; it is an uncapped scheme. Basically, all necessary supports are provided to an eligible person. We have had many discussions about this.

I think the stories that we are hearing are from people who are actually in the scheme and have some concerns about their plan or other elements of service provision in relation to their interaction and their experience with the agency. I do not hear a lot from people who thought that they were eligible and are not eligible. In my experience over the past 12 months, I think there might have been one case that was referred to us where the person was ineligible.

Ms Stephen-Smith: I would just add to that that the eligibility issues that we hear about are not necessarily ones that the Office for Disability would follow up on an individual basis. There are a number of boundary issues, particularly for people who have chronic or degenerative illness that results in a disability, such as people with ME/CFS or people with cystic fibrosis, as they get sicker and require disability type supports. People are applying for NDIS and may or may not be found eligible. Some of those boundary issues are still to be worked out. The ACT government CAS program can support some of those people. Ellen or Wendy might want to talk a bit more about what CASP supports.

There are definitely some boundary issues that the NDIS is still working through. That is one in particular that I am very conscious of. The other one is around people with psychosocial disability, which we have talked about before, at both ends of the spectrum.

There are people who have psychosocial disability that is not disabling enough to make them NDIS eligible but where community supports have been cashed out into the NDIS. I think that is what Ms Dunne is talking about: the information, linkage and capacity building part of the scheme that was supposed to provide that community level support for people whether they were NDIS eligible or not. There is still a bit more work to be done in that space. And then there is the $80 million that was committed to by the commonwealth government in last year's federal budget that recognised that there was that gap at the community level for psychosocial disability.

At the other end of the scale for people with psychosocial disability, the people whose psychosocial disability is so difficult and complex that they find it very difficult to engage with the NDIS, is the other area where we have seen that people have said that they have fallen through the gaps, to use that term, because they are simply not able to engage with the system and they require quite a lot of clinician support to actually engage with the NDIS and have ongoing support coordination for their packages.

MS LE COUTEUR: That is the impression that I have got from the hearings. I was very pleased to hear your pre-budget announcement that there would be some additional ACT money for advocacy. I do not know if what you are suggesting is enough, but that does appear to be the biggest gap. If you do not have someone who can spend a lot of time advocating for you, your chances of getting a good package, on the basis of what we have been hearing, seem to be very low.

Does the ACT government see this as a role for them, for the people of the ACT, ensuring, as you have said, that the scheme is designed properly and it has enough funding? Is the government providing enough funding for ACT people so that they get what you are confident is available for them?

Ms E Dunne: We have until 2019 for the full scheme. In the next 12 months or so, I think a lot of the policy issues will be sorted and we will be closer to knowing exactly what additional support, infrastructure or framework is required to make sure that the scheme is able to operate successfully in the ACT.

This is the first step in trying to achieve that. I think that there will be more opportunities during the next 12 months or so to work out whether that is the right size, how long it needs to be in place for, and whether there are any variations. A lot of work will come out of the pathways review and also the work that we are doing with the various groups for mainstream interface: health, mental health, children and justice. A lot will come out of that to help us work out exactly what the intersection issues are and what we need to put in place. But this is a really good start for us.

MRS DUNNE: Minister, could you quantify for the committee what is spent on disability support in the ACT. The Office for Disability has $2.2 million over four years. A lot of disability services were, as you described it, cashed out into the NDIS. In your directorate, what else is spent on disability services? Of course, there are vast amounts of money spent in health, but also what happens in education? Once upon a time, children with disabilities had a plan that was essentially drafted by education, in consultation with parents and support people. What has happened to that money to assist children at school? Has that been cashed out as well? One of the things that the committee has a problem getting its head around is just how much money is left in the ACT. Some of that might have to be taken on notice.

Ms Stephen-Smith: I think that is a really good question, Mrs Dunne.

MRS DUNNE: I always ask good questions.

Ms Stephen-Smith: Of course. Obviously, the starting point is $137 million—130 this year, 137 next year—for NDIS. Then there is the funding directly to the Office for Disability, which will increase next year as well. Then we have the child development service that we specifically retained funding for, for early intervention support for children. I will hand over to Ms Dunne to talk about the education and early childhood early intervention transition.

Ms E Dunne: The other service that we continue to support in CSD is a program called CAYPELS, the children and young people equipment loan service, for children and young people who require the loan of equipment. We continue to support that program and provide that service.

In terms of education, the early intervention program was cashed out. It has been replaced by the child development service, in its role in supporting children through assessment and referral, and also EACH, the partners who provide early childhood and early intervention services. I guess that the Education Directorate would be looking to more of a long-term strategy for how early childhood intervention and support is provided within a new service system. What occurred in the past has changed. Just like the Office for Disability, we need to look at where gaps may have emerged. I think that the Education Directorate are looking very closely at what that means to young children as they enter their school year.

Ms Kipling: The other thing that is important to note for the Education Directorate is that there are a significant proportion of supports provided to children that are included as in-kind contributions to the NDIS. They are called personal caring skills. When we were transitioning programs, it became very clear that you really could not at that stage individualise that support unless you had six, seven or eight support workers coming into a classroom. It would just completely disrupt the classroom.

That is still in kind. Nationally, jurisdictions and ministers are looking at that in terms of a longer term approach and how that could be individualised or whether there could be a different model for how children receive a personal plan, where a personal caring skill is not disruptive and meets everybody's needs. That is one of the policy issues that Ms Dunne was talking about that is yet to be resolved.

MRS DUNNE: Can I just follow up on one thing? Ms Dunne, you said that if someone had a problem with their plan, CSD or the Office for Disability could step in and provide interim funding while that was being resolved. What is the source of that funding? It is not the $2.2 million for the operation of the office?

Ms E Dunne: The funding is made available through CSD. We are getting into issues of privacy here. There are a very small number of young people who the Office for Disability is supporting because of package concerns that are tied to eligibility. We are cash managing that, and it is provided for through the appropriation to CSD. The integrated service response framework will also provide an amount in the pre-budget announcement. There is also money in there to make sure that, based on historical data of known people who have required emergency support, there is cash available in there for us to purchase services on behalf of the participant and their family.

MRS DUNNE: How much money?

Ms Stephen-Smith: The funding for 2018-19 is $1.1 million. As Ms Dunne said, based on the historical record, our experience this year—maybe a bit of last year but mainly this year—in terms of the supports that have been—

MRS DUNNE: That is 2018-19?

Ms Stephen-Smith: For 2018-19 it is $1.1 million, yes.

MR PETTERSSON: Have the individuals been identified for that funding?

Ms E Dunne: Not at this point, no. The people that we are supporting now may well fall into the next financial year, but in terms of additional people being identified, no we have not. We have based that estimate on the last number of years where Disability ACT were providing funding for people in crisis. It is not an exact science; we cannot predict how many people we will need to support, so we have used historical data.

MRS DUNNE: If you did, you would be able to intervene earlier.

MR PETTERSSON: There has been a forecast increased demand for non-professional disability support workers in the ACT. What is the government doing to help address this?

Ms E Dunne: Sorry, could you repeat your question?

MR PETTERSSON: There has been a forecast increase in demand for non-professional disability support workers. Is the ACT government doing anything to address this forecasted increase?

Ms E Dunne: Yes. There are two projects currently. There is one project, a national project which is being run by DSS, and there is a local project that has received funding from the remaining available money from the sector development fund that the commonwealth provided to us a number of years ago. The contract for that project was won by the national disability service. It is looking at the gap in support workers, the current projections, and then what are the strategies that are required to make sure that the workforce grows to meet that demand. There is funding made available to this provider to set up a number of projects, which are yet to be defined and established, in areas where we might see the growth in this particular market.

MR PETTERSSON: You mentioned a local program or project. What is the time frame for that to reach fruition?

Ms E Dunne: Wendy, is that project over two years?

Ms Kipling: Yes.

Ms E Dunne: The project is over a two-year time span. Because we chose to run it as a collective impact process, which really means co-designing, we have a number of people from the community who have joined a steering group chaired by NDS to do a lot of work in the lead-up to establishing and identifying useful projects that would result in a positive outcome. We are still in the implementation phase, working out where we should put some money to see how we can encourage more people into the workforce.

Ms Kipling: The things that they are looking at include the sea-changers, people that may be coming up to retirement and then change their mind and want to do some work. Another project that they are looking at, at the minute, is disability internships, having some really good partnerships with CIT and creating a space for interns in this sector.

One of the key areas that they have been exploring is how, as people with disability choose different types of supports, they are not necessarily after an ultra-qualified PhD disability support worker, although it is important. They want somebody that they can engage with, somebody who they can trust and who understands them and their particular needs. So they are now looking at projects to develop that capacity in the workforce, as well as the wider growing of the workforce.

I think the ACT has a number of challenges in terms of workforce. Whilst we have this project which is taking a collective impact approach, we are also very closely watching the commonwealth and what they are doing, and watching other sectors, particularly the aged-care sector and the health sector, to see what they do to meet that demand.

THE CHAIR: You mentioned that some concerns have been addressed around short-term accommodation to allow for respite. I was wondering how that issue was identified, what the exact issue was, and how quickly that was resolved through the NDIA.

Ms Stephen-Smith: I think it is fair to say that we had identified pricing issues quite some time earlier, particularly for people with high and complex support needs. Ellen could maybe talk a bit more.

Ms E Dunne: Yes, certainly, minister. We were aware that there was a lot of discussion within the community and within the provider community about a perceived lack of funding to be able to support respite services. We had heard from providers individually and we had also heard from participants and various other groups.

The organisations that were providing respite services—short-term accommodation, as it is called under the scheme—had decided, after what I understand to be a significant dialogue over a significant period of time with the agency, to form a collective and to approach the Office for Disability, and seek support and advocacy on their behalf. Before doing that, we made sure that we had an evidence base, working with the providers, to provide to the agency and make some recommendations.

I think it is fair to say that before the minister wrote to Minister Tehan on the matter, providing a solution to the problem, we were trying to work collaboratively with the agency on specific participants' examples and needs. It was taking too long. I think that the more strategic issue needed to be understood. The solution that we put forward was that an amount of money be provided to the organisation so that they could continue to provide respite services, and a more sustainable approach be worked out. I understand that the agency took that correspondence extremely seriously, engaged with the providers directly, and advised us that they were making a change to the price. And that price change was implemented nationally.

THE CHAIR: Can you provide that price on notice?

Ms E Dunne: Yes, I will give that to you.

MRS KIKKERT: In the interests of time, I will pass my question to Mrs Dunne.

MRS DUNNE: Thank you, Mrs Kikkert. I want to follow up on Mr Pettersson's question about the workforce. Minister, in your opening comments you spoke about the number of providers and how that had increased quite substantially. To what extent does that demonstrate or mask a problem with the actual workforce? Is there a problem with the workforce? Are there issues of shortages? Ms Kipling touched on some of those issues, but do we have a steer on the extent to which we are matching need with workforce?

MS STEPHEN-SMITH: There are probably a couple of aspects to that that either Wendy or Ellen will touch on. The number of providers does reflect in part the large number of individual, sole providers, therapists and that kind of thing, who are now registered with the NDIS.

In terms of the broader workforce, my understanding is that what we are currently facing is more around specific gaps in capability, things like speech pathologists, for example. We are well aware that there is a shortage of speech pathologists in the ACT. It is not just in our jurisdiction, and it is not just as a result of the implementation of the NDIS either. The University of Canberra having now introduced a speech pathology course hopefully will help us to grow our own in that space. One of you might want to expand on that.

Ms Kipling: I do not actually believe that we have a workforce crisis.

MRS DUNNE: I am not saying that. I am just trying to get a feel for how much we are matching people's needs.

Ms Kipling: The minister is absolutely right, and another group is psychology. I think the committee has heard that there are gaps in terms of the number of psychologists that are available. Again, I do not think that is just an issue for the ACT or disability; it is an issue more broadly. We need to look at how we can grow the sector. We are going to see a higher number of people accessing the scheme—up to about 7,000 was the figure that was projected—when we are in full transition. To continue to meet demand, we are going to have to continue to grow the workforce. In some ways, the disability sector has the same challenges as the aged-care sector. That is why we have invested in this project, in an attempt to grow.

MRS DUNNE: One of the issues that strikes me, and this is just from talking to people who work in the sector, amongst other things, is that there is a risk of a highly casualised workforce, and the pay is not great. Also, one of the things that seems to impact is that you establish a relationship with somebody and then your funding is cut and you have to let that person go, cut their hours or something like that. There seem to be a lot of impediments discouraging people from making this a career.

And it seems to me that a lot of the unqualified personal assistance—not the specialist qualifications like speech therapists, psychologists or occupational therapists, but a lot of the people doing the day-to-day personal assistance, which is not particularly qualified—is also not particularly well paid. It is piecework. Somebody might work a couple of hours a day, if they are lucky, with this family, and then move on to another family or another individual. That militates against getting a full-time workload in a sense.

Ms Stephen-Smith: Mrs Dunne, you have probably touched on one of my hobbyhorses here. I was saying earlier that we had been raising issues around pricing. One of the earlier concerns I raised around pricing was the feedback that I was getting from providers in the transition from Disability ACT to the NDIS and non-government sector: what I saw as effectively an undermining of the equal remuneration order, in that due to the pricing that is set by the NDIA people were essentially having to be employed at lower levels than they would have been previously.

As you say, also, there is a large amount of casualised work within this, and funding for travel is not necessarily sufficient, particularly in rural and regional areas. It is not as big an issue for the ACT, but you are absolutely right: when people are doing an hour or two here and an hour or two there, and then have to travel, there are those issues around wage levels versus prices and travel and capacity for providers to continue to fund training for their employees. Again, with a casualised workforce you are less likely to provide training than you would be with a full-time workforce.

Those are all issues about which we are quite concerned. I have raised them with both the NDIA and the commonwealth. They need to be taken very seriously every time there is a pricing review, because you are exactly right: these are heading towards lower wages and more casualised jobs than we would like to see.

MRS DUNNE: But also there need to be conversations with the providers.

Ms Stephen-Smith: Absolutely.

MRS DUNNE: Providers are more likely to have a casualised workforce. They are at the pointy end. What sorts of incentives, through pricing or whatever, are there to turn those casual jobs into full-time jobs or permanent part-time jobs?

Ms Stephen-Smith: I had a very interesting conversation with a provider of services, Hireup, who came in and talked about their model. Essentially, they are the employer for people who then organise their arrangements between participants and staff online. They have taken a very deliberate decision to be an employer, to provide workers compensation, superannuation, all of the entitlements. That was not necessarily a choice that they had to make; they could have chosen to employ all of those people as contractors. They are currently casuals; they are looking towards moving to a permanent part-time model. They could have chosen to take all those people on as contractors and not take all those responsibilities of employers. We do have to work with providers as well as with the NDIA around the pricing model, to ensure that secure work and fairly paid work is a feature of this sector.

MS LE COUTEUR: Following on from that, are you also finding that the not-for-profit or community groups that used to dominate the sector are being displaced by corporate entities?

Ms Stephen-Smith: No. There is not a lot of profit in the NDIS.

MS LE COUTEUR: No, there is not a profit, but also a number of not-for-profits have told us that it is so not profitable that they have gone out of it. I suppose that partly where they might do worse than some of the other entities is in treating their workers better. That has been suggested.

Ms Stephen-Smith: In one sense it is a level playing field for not-for-profit and non-government organisations and private sector providers. As well as sole practitioners and therapists that are private sector providers, we have seen effectively new NGOs, new not-for-profits, starting up. We are seeing a bit of all of the above. One of the things the NDIS was supposed to do was to drive innovation, and that is not necessarily a bad thing.

It is about choice and control. It is about ensuring that participants actually have more choice and more capacity to identify the services that they need. Wendy was talking about individuals with whom they can build a rapport and maintain a relationship: to know who is going to be arriving at their door each day rather than having someone turn up from the agency but not having certainty about who that person is going to be. All of those things should be advantages of the NDIS.

MS LE COUTEUR: I was reading your submission, particularly around the health part, pages 31 and 32. I can read out quite a few pieces which are concerning. It says:

> Almost all areas of ACT Health are reporting considerable delays with assessment processes that impact on hospital length of stay or support from mainstream health services.

Then it goes on to talk, possibly even more concerningly, about younger people:

> There continue to be long wait times for children with disabilities to be assessed as eligible … During this process eligible children have no access to NDIS funded disability services.

These are quotes from pages 31 and 32 of your submission. I am just wondering what you see as solutions to this, particularly for early childhood. We have heard some evidence that children are not getting the interventions they need quickly enough.

Ms E Dunne: Some of these issues will be sorted as we do the mainstream pathways review. There are particular cohorts that we look at in terms of interface issues with the mainstream as well as the specialised pathways and the pathways review, so some of these issues will fall out of that work.

Ms Saballa: I have read and acknowledge the privilege statement. Thank you very much for your question. You have touched on a really important issue that many of the ACT government officials here today are working on together. Certainly we work very closely with the NDIA, the local branch, and also with new players.

What we are seeing in the early childhood early intervention space now I would characterise as a real reconfiguration of a service system. Previously we had Therapy ACT and Disability ACT, which were transitioned as per the transition to the NDIS. What we have now is new players. We have a strong market in providers, providing services for people that are eligible with the NDIS packages.

We have the child development service. With the transitioning down of Therapy ACT, the ACT government invested in the child development service. That is a mainstream service for parents and carers that have concerns about their child's development. That is a really important service. As you would appreciate, when you are a parent or carer and you have concerns about your child's development, it is about how you take that journey of finding out more, having an assessment process and then maybe having multiple assessments to ascertain the level of delay—it might be multifaceted—and go on to diagnosis.

The child development service has been a pivotal part of that early childhood early intervention space. Then you have a lot of programs within Education and Health. The other thing that has happened is that we have a new player, the early childhood early intervention partner, NDIS EACH. They have been in place for over a year now. We have worked very closely with NDIS EACH and also the agency, the NDIA, to really look at what our interface is with all of those partners in this reconfigured space of early intervention. It is understanding our different assessment processes; it is understanding what the best referral pathway is as families come in with questions about their child's development.

We have been able to work closely with the early childhood early intervention partner and make sure that their services are as accessible as possible across Canberra. They have a collocated site at Holder where the child development service is. We have also been able to negotiate that they have a presence at the three child and family centres, Gungahlin, west Belconnen and Tuggeranong. Again, what that has been able to do is make sure that there is a direct contact for families if they are seeking a pathway into the NDIS.

In summary, I think we are all working very well together around the issues of this early childhood early intervention space. We have been able to work through the various working groups as well. There is a children and families working group that reports to the operational working group. If there have been issues that need escalating because we think they are of a priority, we are able to escalate them with the NDIA as well.

MS LE COUTUER: One very specific issue we heard about was that children are born without hearing or with very limited hearing and are not getting the very early intervention they need. Do you know anything more about that?

Ms Saballa: I would like to direct that specific question to my colleague Kath Parker. She will have the detail around that question.

Ms Parker: I acknowledge that I have read and understood the privilege statement. In answer to your question, for those children who are diagnosed with a hearing loss, generally they would be referred directly from the person who has made that diagnosis into the NDIS through the early intervention partner that Melanie has spoken of. We would look at those children meeting the criteria for early intervention. The child development service is a service that is set up to provide assessment for families where there are concerns regarding developmental delay but where there has not at that stage been evidence of that delay in existence. Where we have evidence that a delay exists, those families are linked directly to the early intervention partner so that they can begin their journey and receive their intervention as early as possible.

MS LE COUTEUR: That is not an answer.

MRS DUNNE: That is not the answer to the problem that was specific to the issue raised by the Shepherd Centre. Under the old model, before NDIS, a child was diagnosed in hospital before they went home, on day 1 or day 2, because they had a hearing test, and they were immediately referred to Hearing Australia, who gave them a device and referred them to either the Shepherd Centre or a like provider in the ACT society for deaf and blind children. Then there was a program put in place to address those needs.

The Shepherd Centre is saying that now they are not seeing those children until they are nearly 12 months old. They lose their capacity. There is less and less stimulation of the part of the cerebral cortex that deals with hearing and speech, and they are less likely to obtain great outcomes in speech. They are very concerned about that.

We have written to people about this, but the thing is that we see that as being an issue of substantial immediacy. It can be solved by reinstating the old system that worked rather than going by the current system, which is slower than is necessary. I suppose it also raises the question that we talk about early intervention for children, but if this is one place where early intervention has actually slowed down, are there other places where early intervention has actually slowed down?

Yes, the Shepherd Centre program is expensive. It is about $50,000 over four years. But after four years most of those kids do not need assistance except for perhaps upgrading their devices. They then can complete school and do all of those things and be less of a drain. That is what early intervention is about. So there is the specific issue raised by the Shepherd Centre but also the ongoing issue of what else is falling through the cracks in early interventions?

Ms Kipling: We can certainly raise those issues that the Shepherd Centre raised directly with the NDIA in the ACT.

MRS DUNNE: That is good, but that is a national problem as well.

MS LE COUTEUR: Are these issues news to you?

Ms Kipling: The issues regarding delays and access to early intervention broadly are not new at all to us. We have been working with the NDIA and EACH to resolve these issues. In terms of whether families choose to access the supports of the Shepherd Centre or choose to access other types of services—

MRS DUNNE: They are not getting the choice early.

Ms Kipling: The Office for Disability would certainly like the opportunity to work with the Shepherd Centre and look at this at a regional level to see if we can resolve the issues. The approach that the Shepherd Centre takes is not necessarily universally accepted as the best practice model in the deaf community. There are differences in understanding and there are differences in approach in terms of whether spoken language is necessarily the best approach for people that are deaf. There is homogeneous understanding or acceptance of that as a model, but I think that we can certainly look at that at a regional level. If necessary, we can escalate those concerns at a national level as well.

Ms Stephen-Smith: In order to do that work, can I seek some clarification, Mrs Dunne? Was the Shepherd Centre—sorry that I have not read the transcript—saying that children are still being referred to Australian Hearing and getting their devices, and then there is a gap?

MRS DUNNE: No. The delay is in being referred to Australian Hearing.

MS LE COUTEUR: The basic allegation is that it takes at least six months or a year to get into the NDIS system, which is entirely consistent, unfortunately, with what you are saying. The kids are born; it is identified that there is an issue. Then you have so many months—

Ms Stephen-Smith: Is that because they are saying that their access to Australian Hearing, which has always been a commonwealth program, in my understanding, is now coming via the NDIS?

MRS DUNNE: It is coming via the early intervention pathway. They have to get into early intervention and then they have to be processed, whereas previously—to my understanding, and I am open to correction—they were referred by the hospital who diagnosed them with hearing issues straight to Hearing Australia.

Ms Stephen-Smith: I would certainly suggest that you raise that with EACH when they give evidence tomorrow. If that is the pathway, that should be, presumably, the pathway that the hospital is taking. The hospital presumably is still referring somewhere. If they are not referring to Australian Hearing, they are presumably referring the family to the ECEI pathway, which is now NDIS EACH. It is definitely worth raising with them tomorrow, but now that we know where that gap is, the Office for Disability will follow up too.

THE CHAIR: We really do have to end there because we are running 10 minutes over time.

Ms Stephen-Smith: Sorry.

THE CHAIR: Thank you, on behalf of the committee, for attending today. When available, a proof transcript will be provided so that you can make any corrections.

GUNN, MS STEPHANIE, General Manager, Partners in the Community, National Disability Insurance Agency

FAULKNER, MS CHRISTINE, General Manager, Operations, National Disability Insurance Agency

THE CHAIR: On behalf of the committee, I would like to thank you for attending today. I remind you of the protections and obligations afforded by parliamentary privilege and draw your attention to the pink privilege card. Could you confirm for the record that you understand the privilege implications in the statement.

Ms Gunn: Yes, we do, thank you.

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

Ms Gunn: Thank you. I am the general manager for partners in the NDIA, based in our national office. I am accompanied by my colleague Chris Faulkner, who is also based in our Geelong office, but has responsibility for oversight of the implementation of the scheme in the ACT.

Before I begin, noting in particular that it is Reconciliation Week, I acknowledge the Ngunnawal people, who are the traditional custodians of the land upon which we meet, and pay my respects to the elders of the Ngunnawal nation, both past and present. I extend my respect to all Aboriginal and Torres Strait Islander peoples in attendance today and acknowledge the many thousands of years their forebears have walked, and their lands on which we meet.

The ACT is the first state or territory in Australia in which the scheme has been fully rolled out. Much has been achieved during the trial and the transition period. We absolutely acknowledge that there is much more to do. This will require close collaboration and cooperation across many layers of our community. We welcome the opportunity to contribute to the deliberations of the committee today to make the scheme as good as it can be.

The minister has previously referenced the numbers of people in the scheme. Of those, around 50 per cent, 3,400-odd, were not previously receiving support from either the ACT government or the commonwealth government for their disability-related supports. That in itself is something to really celebrate; the scheme has gone much wider and deeper than previous state systems have been able to support. I draw your attention to the quarterly report that was released today, which identifies that proportion of new people across the jurisdictions in total.

The plans that these individuals have represent significant financial commitment to improving their lives. So far in the 2018 financial year, more than $310 million has been committed to providing reasonable and necessary supports for those with a plan. Overall, from an implementation status, participants and their families are telling us that the NDIS is helping them in many ways.

Ninety-four per cent of parents of pre-school-aged children are saying that the NDIS has improved their child's development; 75 per cent of parents of children aged zero to 14 say that the NDIS has improved their child's ability to develop and learn. Seventy-four per cent and 76 per cent, respectively, of people over 25 are telling us that the NDIS has helped them exercise greater choice and control and has helped with their daily living activities. Australia-wide, 84 per cent of surveyed NDIS participants were satisfied with their experience.

These are good indicators that the scheme is moving in the right direction for the vast majority of participants and a clear affirmation of the intent of the scheme—that is, to empower people to choose and achieve their goals in inclusive communities and workplaces.

At the same time, the number of providers has rapidly increased. From 1 July last year to 31 March this year, ACT-based providers increased by 20 per cent, to now sit at 1,176. This reflects the growing confidence in and understanding of the opportunity that the sector provides. This has created more jobs, which is good for our economy, as well as providing participants with wider diversity and depth in the choice of providers.

We do, however, acknowledge that the role of the NDIS remains a work in progress and the concerns that have been raised by providers and participants in the committee hearings. Most importantly, we continue to improve, and are committed to doing so, the quality and consistency of our planning process and the experience of our participants. We have already moved to face-to-face planning, with around 80 per cent of our participants choosing that method.

The minister has outlined many of the improvements that we have committed collaboratively, through the DRC, to implement through the review of our planning pathway. I will not go over those. The minister also mentioned that we have spoken with specific groups of participants, understanding that there are unique needs and unique barriers that pertain to different disability types. We are working extensively and closely with those groups to identify opportunities for improvement of their pathway experience.

Having said that, we know that there are many other processes that also need to be improved. Of the 6,000 participants in the ACT, a total of 104 cases have been considered by the Administrative Appeals Tribunal. We are very mindful of the stress that such processes place on families, and we are looking to work more closely with participants to discuss their issues in a more timely manner.

We have reduced the number of unscheduled reviews in the ACT, with a concerted effort on our practice improvement over the last 12 months. We know that when we get the planning right, when we listen, when we spend the time with our participants to understand their holistic circumstances, their planning outcomes can be fantastic.

One of the major issues for unscheduled reviews has been the challenge around the implementation of quotes for assistive technology. The committee has heard many frustrations about the delays in getting assistive technology into a person's plan. We recently, at the beginning of May, streamlined our funding arrangements for low value AT items in a person's plan, which will remove the need entirely for a person to get a quote for low value items. That will, we estimate, take away about 45 per cent of the frustration and the delays in the unscheduled reviews. At the same time, we are looking at additional improvements to streamline the process for AT items over $1,500.

There are a couple of issues that I will touch on very quickly that I know have come up at the hearing. I am happy to talk in more detail about those. We are mindful that there have been some concerns raised about the concept of people exiting the scheme and with changes in the values of plans over time. I want to emphasise that this is, and you will have heard it many times, an insurance-based scheme. It is not a welfare-based scheme. The interventions and supports funded in a person's plan at any one point in time are deliberately targeted and directed to specific interventions that will assist that person to change the nature of their supports required over time.

For early intervention, in particular, the goal of those supports is to build the child's capacity and build the family's capacity, to address the developmental delay that the child is experiencing, to ideally then be free of the need for interventions and funded supports. If a child does exit from the scheme because they have met their development goals or their family is confident about the child's progress, they can, of course, at any time come back and approach the scheme for re-access and a refresh or a redirection of their needs. It is important to address their needs as they might be emerging at any transition points in their life.

Ninety-seven per cent of people stated that the NDIS improved their child's development in our last satisfaction surveys, with 94 per cent stating that the NDIS has improved their child's access to specialist services. We acknowledge that for a small number of people our processes at review have not been well explained. Where we have not captured all requirements for the person in a holistic manner, we have addressed these and readjusted plans. I want to confirm for the committee that the issues raised by the witnesses to date either were resolved some time ago and/or are currently in the resolution phase.

It is important to clarify, finally, the role of our NDIA partners in the community, in particular our local area coordinators and early childhood partners. They are contracted to us to perform agency functions as articulated in the NDIS legislation. LACs and our partners do not receive funds from a person's plan. There is no conflict of interest in the role that they provide to assist in plan implementation, as they do not deliver funded supports for an individual.

Having said that, most participants will receive support through the LAC; others will receive specific funding for this assistance through funded support coordination. As at December, 43 per cent of participants in the ACT received this funded support coordination. That compares to a national average of about 40 per cent.

In closing, we are very appreciative of the collaborative approach of the ACT government and the ACT community as we shape and roll out the scheme, changing the service systems that were here previously. We remain committed to the analysis of the issues and refinement and improvement of our processes as they arise.

We remain committed to the ongoing governance frameworks that the ACT government outlined that we have in the ACT and driving those into the future.

These governance processes are essential in identifying policy issues, service gaps and policy redesign questions that need to be resolved for the scheme as a whole. We have drafted a statement, which I will table for the committee, and we are happy to take further questions.

THE CHAIR: Thank you.

MR PETTERSSON: One of the recurring themes in submissions is that there are long wait times for appointments and all communication is quite reactive and slow. Are there internal measures or time lines for meetings and communication?

Ms Gunn: Improving. We are conscious that our obligation is to bring in the number of individuals that are provided for in our bilateral numbers. A person can seek access at any time, and those access requests are processed. We aim to contact a person immediately after their access has been approved and schedule an appointment within a reasonable period of time. That is what our legislation requires us to do. Our goal there changes and fluxes as the agency manages our broader bilateral commitments.

MR PETTERSSON: Can you give me some examples of what a reasonable time frame is? I suspect there might be a disconnect between what you consider reasonable and what someone who is seeking to access the scheme views as reasonable.

Ms Gunn: I absolutely appreciate that. With some people, when they put an access request in, particularly elsewhere in the country, they can submit an access request six months before we are phased into an area. A person will then experience up to a six-month to seven-month month delay between an access provision and a planning conversation. In the ACT we try and do that within several weeks, no more than a month.

THE CHAIR: My question is in relation to the review of pathway planning, which is currently under trial in Victoria. What improvements have been made under the trial?

Ms Gunn: Very much the key thing that participants have identified is a much clearer understanding of the process, to start with: what is reasonable and necessary, what the scheme fund, and what they should be entitled to or expect to receive from mainstream and community. A base understanding about what the scheme is is a really big improvement.

The second major improvement is the structure of the plan so that people have a much better understanding of what the document that is generated from the planning conversation actually means. We know that many of the delays in plan implementation simply arose from: “I do not understand the language, the lines, the structures. What are core supports? I do not understand that.” We have made in the pilot an explicit commitment to sit with people and explain the nature of the supports that are funded and then the options for plan implementation. In particular, LAC partners who have been part of that pilot have started doing lots of different processes, from an individual to a group-based conversation, targeting the step-by-step process that a person needs to do for plan implementation.

The pilot experience has been well regarded by the participants in that pilot. We have not had any review requests in the process as a result of a lack of understanding of their need.

THE CHAIR: What differences in approach are there for different disability types? You mentioned that there are different approaches to the pathway. Can you provide an example of that?

Ms Gunn: The groups that we have focused on are psychosocial, early childhood, rural and remote in particular, and those with very complex disability-related needs. They have not been piloted yet. We have finished the consultations and the design processes for those. I should have mentioned CALD and Aboriginal and Torres Strait Islander groups as well.

In essence, for each of those groups it is about generating communication and information that is useable and connected and comes from trusted sources from their communities, putting it into language that makes sense for their community, and describing the nature of the support that might be available and that they are used to within the community that they operate in.

It is better communication, better connections to the community, opportunities to work with the trusted organisations from their own communities, and longer lead times for the connection and planning processes for them.

THE CHAIR: What is the expected time line for the implementation of the outcomes of the trial nationally? And in the ACT in particular?

Ms Gunn: Our board is considering the recommendations and the findings from the evaluation from the pilot this week.

MRS KIKKERT: Thank you for being here today. My question is about carers. We have spoken to parents of adult patients of the NDIS and they have said to us that they are really exhausted. They are really tired of having cared for their children ever since they were babies. They are their 30s, 40s or 50s now. They are looking into the future when they are no longer here to care for them and they are quite concerned about leaving them behind. They are hoping to be helping them to transition from being dependent on their parents to being independent. Since the NDIS is an insurance scheme, how can you support a family in that situation, where you can actually help them transition from dependent living into being independent once their families or parents die? It is a genuine concern for many parents.

Ms Gunn: I am happy to speak on that. Then, Chris, from your experience, working directly, you might be able to add something. The key for those families is to ensure that we can develop a relationship based on trust and a full understanding of the context of that family. Often we have found, when people have come into the scheme, that there are many urgent and unmet needs met, and that conversation about transition is not embedded from early on.

One of our disciplines that our own staff have to have is to ensure that at that plan review time we are supporting and encouraging the family to start engaging with us about that transition strategy. We will fund in a person’s plan a range of supports to explore alternative accommodation arrangements, to build capacity for living independently. The future for our specialist disability accommodation housing, in particular, provides another option for those families to find a kind of real future.

But it is very important that we have a longer term relationship with that family to agree what is the right time frame to start talking about that. When we lost our way a bit in our planning process, that time was not spent with families. The experience from the pilot really confirms that when you spend time and you build that one-on-one relationship, those things become much clearer.

Ms Faulkner: As you would have heard before, there have been concerns with respite. We believe now, after long discussions with our colleagues and the ACT government, and with the issues raised about the respite prices, that that has been addressed. That provides an option for families to increase their time in respite while looking for alternative accommodation for their loved ones.

Ms Gunn: As a result of similar concerns being raised with our minister, we have a dedicated team that will take inquiries from the 1800 number who are now very experienced in working with elderly carers and can make sure that they get the right connections into our regional offices and prioritisation for their plans, or plan reviews, should that be the case.

Ms Faulkner: I would just like to also add that the challenge is that the NDIS is part of the system as a whole. That is working with mainstream interfaces such as social housing, housing options, to find accommodation for people with a disability. The accommodation of individuals is not specifically the role of the agency. We are very keen to work with all those sectors to get the best outcome, and we certainly make sure that we have sufficient support for independent living within those plans.

MS LE COUTEUR: It has become obvious, at least to me, from listening to many people as a part of this inquiry, that the key for a participant in having a successful NDIS journey, if that is the word, is having good advocacy, whether they can do it themselves or whether it is someone close to them who can do it for them.

I know you said you were improving things, but how do you think this can really be addressed? I also draw your attention to the fact, as I am sure you already know, that the ACT government has said in its pre-budget announcements that it is going to be funding what is effectively advocacy for some ACT residents. How can the NDIS system change so that this advocacy is not needed? Or how can people more easily access it?

Ms Gunn: Advocacy, in the design of the scheme, was always remaining the responsibility of the state and territory governments, importantly, so that it remains independent from the NDIS and NDIA funding. Nevertheless, your point is a very valid point about how we ensure that if the processes are working right, the need for advocacy would be decreasing.

MS LE COUTEUR: Yes, particularly for some participants who clearly are not in a position to well advocate for themselves.

Ms Gunn: Yes. Our commitment is to build those understandings and relationships. We are now four years old. Many of those relationships with the old state systems are 20 or 30 years old and require a deep understanding of family circumstances, of individual need, of individual communication requirements and styles. In the process of transition, it is fair to acknowledge that some of that subtlety in our connection to a participant has not been as strong as it needed to be.

MS LE COUTEUR: Probably also one of the most concerning things—you were here for our discussion with the minister—is very early intervention. In particular, we have heard evidence about babies with hearing loss.

Ms Gunn: Yes.

MS LE COUTEUR: And how they are not just automatically slotted in.

Ms Gunn: I am sorry; I should have addressed that immediately. I do have some stats. There are 4,251 people in the scheme nationally with hearing impairment. Of those, there are 710 who are in that zero to six age group. I do not have the ACT figures explicitly, but nationally I know that from the point of receipt of a valid access request to access approval, our national average is 11 days.

What we know also is that plan completion does vary. As I say, there can be the six-month submission before an area is phased in. Having said that, I really want to address your concern about the linkage into Australian Hearing Services. We are working very closely with Australian Hearing Services to refresh that understanding that they remain in that process as a major mainstream commitment to community. As soon as that child is diagnosed, the referral pathway should be to Australian Hearing Services. It always was and it always should be. They are there as Australia’s specialists in hearing support.

MRS DUNNE: So why is it not happening?

Ms Gunn: I do not know why that broke. I think that there was a lack of communication and understanding about the role of Australian Hearing Services in the national disability insurance scheme framework. There has been a lot of work over the last six months or so, particularly in response to the concerns about those delays by the Shepherd Centre and other hearing service providers.

We are working now on ensuring that we have a much more streamlined pathway, for young babies in particular and children with hearing impairments. The logic would be that as soon as you are diagnosed from the hearing check in hospital, you are referred to Australian Hearing Services, and Australian Hearing Services then assists and advises you on what your options for hearing support are.

MRS DUNNE: But is that happening today?

Ms Gunn: I do not believe it happens today consistently. It will be the future expectation that will be rolling out.

MS LE COUTEUR: How long off is the future in terms of this expectation?

Ms Gunn: It is a current piece of work that is underway, with negotiations with Australian Hearing Services and hearing providers.

Ms Faulkner: Can I add that, with our technical advisory team, we are increasing the numbers of special advisers in that team to make sure they are available to address questions to planners when we have children with a hearing deficit.

MRS DUNNE: Is the problem in the hospital? Do hospitals not understand what they need to do? If the system worked before NDIS, something has happened and we probably should find out what happened so that we can learn from it; it is not necessarily about blame. I am just a legislator, but it seems to me that it is not beyond the wit of an organisation as large and as populated as yours to be sending out a directive to the people who do the hearing tests in the hospital that says, "Nothing has changed. Refer these people to Australian Hearing." It should not be a large body of work that takes six months, Ms Gunn. By your own admission, you have been working on this for six months. It should take a couple of letters to people in key places. I am baffled as to why it takes so long.

Ms Gunn: The recognition of the need for clarifying and streamlining that pathway is a priority. It has been a priority from the board from their recent meetings. Work is underway immediately to address it.

Ms Faulkner: Then we can work with our colleagues in the ACT government to get that information to the appropriate sources, such as hospitals. I think that can be addressed.

MRS DUNNE: That is good, because we are principally interested in people in the ACT, but if the system is falling down elsewhere, it needs to be fixed elsewhere as well. It seems that it was a system that worked well, and now it does not. My substantive question is: why did you not put in a submission to this inquiry?

Ms Gunn: There is now a tabled submission. Apologies for that. We have made many submissions to many other inquiries, such as the Productivity Commission and the JSC overall implementation, and then there was cohort focus from the JSC. You are the first government to ask us to do that as an independent process at a jurisdiction level, compared to our national obligations.

MRS DUNNE: But we have a submission today?

Ms Gunn: Yes, a very short submission.

MRS DUNNE: Members have not seen that submission.

MR PETTERSSON: It is my understanding that participants are unable to review a draft of their plan before it is finalised. I also understand that this policy has changed; it has gone backwards and forwards. Where is that at currently?

Ms Gunn: That was a key component of looking at the pathway in the pilot, in our new pathway considerations. One of the challenges was that—and it is why looking at a draft was so very important for participants—they were struggling to translate "what I told you about my life" into this written document.

Our commitment, as the minister outlined, is now to do side-by-side planning where the LAC, who will have talked to the person, explains the scheme, gathers all of their information and comes up with some ideas and priorities that the person is seeking, documents that for them. The idea of the side-by-side planning is that the LAC assists the person to explain those needs with the planner—the planner is an agency staff member who is the delegate for the approval of the funding in the plan—to ensure that the planner understands the person's needs and they can see what the plan looks like in that planning conversation.

Ms Faulkner: At the same time. As they are having their plan, they have an opportunity to look at it at the same time, to make sure it reflects what they have said.

Ms Gunn: Articulated as their needs, yes.

MR PETTERSSON: Can you just clarify that for me. That was quite a long answer. You are saying that they work side by side in coming up with a plan and that in essence they are seeing a draft before the final version is submitted?

Ms Gunn: They are seeing the plan as a result of "my" conversation with "you". We have the document between us; we are seeing what that is going to look like. Then the planner approves it.

MR PETTERSSON: I guess I am somewhat confused hearing that, because we have heard testimony that people have worked on a plan and then they come back and receive, in some cases, 80 per cent less.

Ms Faulkner: Yes, as part of the participant pathway work that has been undertaken from the trial site in Vic North. That is expected going forward, but once we have had sign-off through the board and dealt with any nuances that need to be adjusted, the expectation is a side-by-side planning conversation with an individual so that the piece of paper, the plan that they see in front of them, is actually the plan that all parties have agreed to and understand.

MR PETTERSSON: At the moment that is not in place?

Ms Faulkner: At the moment that has not occurred.

MR PETTERSSON: At the moment you do not see a draft before it is finalised?

Ms Gunn: That is correct.

MR PETTERSSON: Any idea of the time frame for that to be implemented?

Ms Gunn: The board is considering the evaluation of the pilot this week.

THE CHAIR: I have a question in relation to the future role of the Quality and Safeguards Commission and the federal Disability Discrimination Commissioner in regard to taking complaints and mediating the resolution of issues. With plans in particular, you have mentioned that quite a significant number of people are seeking merit review through the AAT. Is there a way through this new Quality and Safeguards Commission to mediate these issues before they have to be escalated to that level?

Ms Faulkner: We are currently trying to do a significant piece of work in that space by remediating before we get to the AAT, acknowledging the stress that does cause participants and families. We believe that we are getting close to that as new cases come forward. We still have a backlog of internal review decisions because of scale and volumes coming through and the expertise of planners. I do believe that the national safety commission will address that. We are now at a point in time of addressing those very issues as well, trying to remediate before we get to the AAT. Often it is about not understanding how to implement their plan. It is a big piece of work for us to address, to ameliorate that stress for a participant when it is just about trying to implement a plan.

THE CHAIR: Is it envisaged that the Quality and Safeguards Commission will provide that mediation role or has that not yet been determined?

Ms Faulkner: That has not been determined.

Ms Gunn: That is yet to be determined. The scope of the commission and their role in relation to the functions of the agency are being finalised with the agency and DSS and the commission now.

THE CHAIR: Our Human Rights Commission here in the ACT lost jurisdiction in relation to covering disability matters under the NDIS. What role does the federal Disability Discrimination Commissioner have in mediating some of these disputes?

Ms Gunn: A person is absolutely able to submit a request to the Human Rights Commission or the Disability Discrimination Commissioner under the scheme.

THE CHAIR: Is it common for that to occur?

Ms Gunn: I do not know, to be honest. I do not think we have had very many—I know that we have had one or two—go to the Human Rights Commissioner. In relation to other stats, I would need to take that on notice for you.

THE CHAIR: Thank you.

MRS KIKKERT: How often do you communicate with the ACT government in helping individuals?

Ms Gunn: Probably every day.

Ms Faulkner: We have regular formal meetings between the ACT government and ourselves. At a local, regional level, our senior officer there will work with the ACT government on individual cases as they are brought forward. We hope to respond immediately with that relationship that we have at the moment.

MS LE COUTEUR: We talked earlier about early intervention in the context of hearing. I mentioned that because it is very easy to understand. The kids are tested in hospital. We have heard equally disturbing evidence on autism—that it is taking kids a long time to be diagnosed and finally accepted into the NDIS. Again, autism is one of these things where my understanding is that early intervention makes a huge difference. Can you comment on how this can be improved and what is happening?

Ms Gunn: I think the conversation that Michelle mentioned around the processes that we have gone through and equivalents in other jurisdictions where we are identifying the respective roles and responsibilities for mainstream, for education and health, for family services, for what our partners should do, for what our scheme more broadly should be able to offer, has been a really important design piece of the work, to understand that the diagnosis and assessment processes remain outside the NDIS and that a family should at all times be able to access and rely on that support in the time frames that they need.

They need to then have the confidence that, once that is in place and there is an indication that they would meet the access requirements for the scheme, there will be a very smooth and rapid support process through us. That is the work that we did with the ACT government most recently, a couple of months ago, in a workshop to really map out those roles and responsibilities and streamline the referral pathways. I think we will see ongoing improvement in the ACT.

MR PETTERSSON: Something was raised with us recently by the ACT Human Rights Commission. They have tried to represent and advocate on behalf of Canberrans, and the NDIA would not engage with them. Can you enlighten us on that at all?

Ms Gunn: The position has been documented very clearly to the Human Rights Commission. The agency's position is that, regarding the rights of investigation and referral in relation to a complaint or concern about a person's planning experience, the pathway is set out very clearly in our legislation, which includes going through to the AAT process if that is required.

THE CHAIR: One of the roles of the local area coordinator is to help NDIS participants to build their capacity to implement their plans. What resources are provided through the LACs to support participants to implement their plans?

Ms Gunn: One of the strengths of having multiple LAC partners is that each of them has developed nuanced tools and processes to support individuals. We have a diversity of processes, such as having Tuesdays and Thursdays in the library in X and saying, "Come along." We do group implementation sessions. That has been tremendously powerful because you are building peer-based support at the same time as you are walking through ideas and strategies for implementation.

We know that many people have struggled with the portal processes, so LACs across the country run portal education sessions for participants or do one-on-one sessions with participants. We know that they offer individual sessions. They can identify the registered providers in their area, talk to the person about the sorts of supports they are seeking from those providers and give them the lists that they can choose from. LACs can accompany a person if they have no other person or advocate in the broader sense of the word to help them choose. A LAC can go with them or just be there, walk beside them in that conversation about their own decision-making process.

Ms Faulkner: Can I also add, though, that participants with very complex needs do have specialist support coordination in their plans to assist them.

THE CHAIR: One NDIS participant suggested to me that the portal is not very user-friendly in terms of the day to day management of their plan. They want to see some offline resources; it could be as simple as a spreadsheet or some sort of planning tool that they can simply refer to. It might even be on their fridge. What sorts of resources are available in that regard? Or is your focus really on getting the portal up to scratch?

Ms Gunn: That has been raised in many of the consultation processes that we did for opportunities for improvement. There are lots of those little tools that have been identified by participants in those consultation processes, and there are a range of activities underway by the agency now, developing a range of tools that have been suggested. We will then make sure that they are circulated via the LACs' early childhood partners and on our website when they are finalised.

MRS DUNNE: One of the things that I do not particularly understand is that in the ACT we have a LAC who deals with a proportion of the case load. How do you decide which ones go to the LAC and which parts of the case load stay with the NDIA?

Ms Gunn: From the trial we identified, not surprisingly, that there is a huge diversity of skills, confidence and capability in engaging with the agency and their idea of individualised planning and being able to articulate the directions and supports that a person was seeking in their lives.

From the trial the guesstimate was that about 70 per cent of our participants were what we called "had general and supported needs", not needing a lot of assistance to understand and articulate the supports that they were seeking. Our LACs are targeted to assisting those individuals.

Those individuals who need more assistance, whose needs are multiple and complex or who maybe do not have any informal supports or supported decision-making capability with them, are supported by experienced planners who remain internal to the agency, with the funded support for support coordination in their plan.

MRS KIKKERT: How many NDIS planners do you have working here in ACT?

Ms Gunn: I will take that on notice. I do not know off the top of my head; I am sorry.

THE CHAIR: I have a follow-up on that one. Is the ACT regional manager for the NDIA based in the ACT?

Ms Gunn: Yes.

MS LE COUTEUR: I am reading, as I am sure you have, the ACT government submission to us, the same area that I was reading earlier to the minister. Basically ACT Health are saying that they are finding it very difficult to effectively discharge people to the NDIS. There have been a number of patients aged under 65 in Canberra Hospital with extended lengths of stays. They are dependent upon support from the NDIS to be discharged into the community. ACT Health are saying that they are finding they have to support these people. If they are in ACT Health's care, presumably they have reasonably effective advocacy. Certainly they have clinicians who know what the problems are. Why are we still having these problems?

Ms Faulkner: Our expectation is that if you are a participant in hospital—if you are a new participant, for example, in hospital with a catastrophic injury—an access request form would be put in at the start of your stay in hospital to make sure we can have that streamlined exit out of the hospital system as part of good discharge planning.

I have not got the numbers here for the ACT, but we are aware that there have been a number of new participants who have stayed in hospital for a length of time because accommodation is an issue. That has always been the case, since before the agency came along. I am not sure about the number of participants in ACT hospitals that have been there for a very extended length of time, but if there is accommodation available for a participant and/or we need to do home modifications to get them home, we endeavour to do that as quickly as possible.

It comes back to what you mentioned before. This is a new scheme and they have done old practice. They have forgotten the old practice. When you are a participant, part of an inpatient's stay is doing those OT assessments. That is not the agency's role. The agency's role is once they exit that hospital system. The health system can continue to do those OT assessments and provide them as part of their pre-planning package for the agency to exit the hospital system.

Ms Gunn: We welcome the announcement by the ACT government for ongoing funding and recognise the role of the ACT government in the services that the scheme does not provide to those individuals. It is a great model that has now been established in the ACT that we have been talking to other jurisdictions about. It is very much understanding that we will fund their disability-related supports; we will do home modifications. We do not necessarily provide housing directly for individuals. There are a range of medical supports that are needed when they are discharged. The collaboration between the ACT government in ensuring that those individuals get timely support and have a stable, safe, appropriate place to be in the community is a great opportunity for the scheme.

MRS KIKKERT: Can I just follow up on home modifications. What is the average time that someone will have to wait for their home to be modified?

Ms Faulkner: As soon as a participant has had access to the scheme and we can get those assessments and documentations, we can start the process of home modifications upon discharge. First, that will depend on the quote, on reasonable and necessary, and, second, it will depend on the ability to get someone to do those modifications. It can be varied.

MRS DUNNE: What about somebody who is in the scheme but whose needs change? How do they go about getting home modifications?

Ms Faulkner: If their needs change whilst they are in the hospital, we would say—

MRS DUNNE: No, once they are in the scheme.

Ms Faulkner: Once they are in the scheme and their needs change, that would be a change of circumstances. We can do a plan review and put the appropriate AT or home modifications into the plan for that to occur.

MRS KIKKERT: How long does the plan review usually take? We have heard of people often waiting for months and months.

Ms Faulkner: Unfortunately, that has been the case, but in the ACT we have brought the plan reviews down to quite a lesser number. I cannot give you the exact figures—I will provide those back to you—but plan reviews in the ACT have decreased. There has been a very concerted effort from the staff here, leading to the ability to bring that down.

MRS DUNNE: I want to go again to the relationship between the NDIA and the local area coordinator. Exactly how do you and the local area coordinator know that if someone has required a service, and they have contracted someone to provide that service, the person contracted to provide that service is actually providing the service?

Ms Gunn: The LACs increasingly are doing a four-week and then another four-week checking for the person: "Have you connected to a service provider? "Is your service happening?" We are trying to standardise those processes across all of our partners now. We will see where the funds are being drawn down by the provider as an indication of a service agreement operating, a service booking in place, and the provider claiming the funds for the delivery of the service.

MRS DUNNE: But how does it work? I have a service which might be that somebody comes in, provides me with personal service for an hour every day, to shower or whatever. If the person who is providing that service does not turn up to give me a shower on a particular day, how do you know that that is the case, and how do I, as the owner of that service, indicate that somebody did not turn up and they should not be paid for that service?

Ms Gunn: You should immediately contact your LAC to say, "Can I get your assistance in helping me talk to this provider, because I am not happy with the quality of their support and engagement with me."

MRS DUNNE: What if I am not with the LAC?

Ms Gunn: Or with your funded support coordinator. The key role of the funded support coordinator—remembering that 43 per cent of people in the ACT have this as a funded support—is to maintain contact with you, to ensure that your service providers are doing what they are supposed to be doing, and to assist you to change a service provider.

MRS DUNNE: And if I am self-managing, what happens?

Ms Gunn: If you are self-managing, you are taking the view that you are capable and engaged: capable of engaging your own providers and dealing, conversing and negotiating with those providers.

Ms Faulkner: And able to put in a formal complaint.

MRS DUNNE: If I have a bucket of money and somebody does not turn up to provide one of those services, how do we stop them being paid? Do I sign off every day, when somebody comes to give me a shower, that that service has been provided and that that money can be released? How does it work?

Ms Faulkner: If you are self-managed and they have not shown, there would be an expectation that you would have the ability to complain, and they would go to that provider to say that they have not shown and that they will not be paid, because the individual is doing that, funding that provider. They would not release the funds to that provider.

MRS DUNNE: So it would be a matter of that individual being vigilant when they are invoiced to make sure that that—

Ms Gunn: That on that day the person did turn up.

MRS DUNNE: What happens when there is a LAC managing that? How do you marry the no-show with the payments on a case-by-case basis?

Ms Faulkner: The LAC does not manage that; that would be where the individual would contact the LAC to say that the provider is not providing the service, and the LAC would make representation to the provider. If there is no satisfaction from there, there is a discussion about changing to a different provider, and a notification to the agency to cease a payment to that provider.

MRS DUNNE: Who notifies the agency to cease payment?

Ms Faulkner: Our LAC coordinators would talk to our planning staff.

MRS KIKKERT: Can I just follow up on that? Some services are provided by the coordinator or the coordinator decides what is the best service provided for a client. However, the NDIS planner has something completely different from what the local coordinator has in store. Is there a miscommunication between the NDIS planner and the local coordinator? Have you heard that feedback?

Ms Faulkner: No. The coordinator links the person into service provision; they are not providing the service. It is a matter of discussion with the planner as to the service delivery they want. Then it is the responsibility of the support coordinator or the LAC to link them into those services. They do not provide a service as such; they are the coordinator for services.

MRS KIKKERT: They do link.

THE CHAIR: We are out of time. On behalf of the committee, I would like to thank you for attending today. A transcript of today's proceedings will be provided to you to make any corrections.

The committee adjourned at 3.02 pm.