

Response to the Joint Standing Committee on the National Disability Insurance Scheme on gaps in service

Background

In July 2014, the Joint Standing Committee (JSC) on the National Disability Insurance Scheme (NDIS; the Scheme) released its *Progress report on the implementation and administration of the National Disability Insurance Scheme* (the Report).

Recommendation 2 of the Report states:

3.72 The committee heard evidence that ‘gaps in service’ have been identified in each of the trial sites. The committee recommends further work is undertaken by the Independent Advisory Council which is well-placed to identify and inform the Agency about where there are gaps in service and possible options for addressing these shortfalls.

The Independent Advisory Council (the Council) welcomes the Report and acknowledges the important work of the JSC in gathering information and reporting on how the Scheme is working in a practical sense for participants, their families and carers, along with providers and other stakeholders.

In preparing a reply to this recommendation, the Council was informed by its expertise in disability issues that give it knowledge about what services are needed and through both its formal consultation processes, in particular roving visits to trial sites, and more informally through the knowledge of its extensive networks and feedback.

The Council’s trial site visits program has exposed Council members to gaps in service. A variety of members participate in the visits providing all members with an opportunity to engage with local communities. In 2014-15 Council members visited the Tasmanian, Hunter, South Australian, Barkly and Barwon trial sites. The visits have included roundtable discussions with the organisations from all three parts of the disability sector as well as meetings with Agency staff and participants. The Council understands what the challenges are in moving from specialist disability services to innovation in service provision in the move to mainstream and has had many opportunities to analyse innovative service providers and to reflect on what opportunities could be adopted by the Scheme going forward.

Council members also have extensive academic, government and disability sector networks, which ensures its advice is informed by best practice and supported by a strong evidence base.

The Council asked the National Disability Insurance Agency (the Agency) to also provide its advice and analysis on this issue of service gaps to help inform its perspective. The Agency reflected on the trial sites of the NDIS, which have provided useful insights into supply gaps across a range of geographic locations. While each trial site has a unique set of circumstances there are some common themes. These include limited specialist services in regional and remote areas (including Indigenous communities), insufficient support brokering, coordination and plan implementation services, and interface issues with mainstream services, particularly in accessing social housing and in developing demand for other mainstream housing solutions, mainstream transport, education, employment and health services. While these issues exist there are also some positive developments with excellent models in community based innovative solutions emerging, including in Indigenous communities.

It is this context that has informed the IAC's response to the JSC request. It has approached the issue of supply gaps in the broader context of service delivery from innovative disability and mainstream services, as well as providing an update on the role of the Agency in responding to issues within its scope of responsibility.

The document focuses on themes, initiatives and emerging and possible responses to service gaps.

The Council acknowledges that the Agency is aware of the service gap issues raised in the JSC Report and is working to identify and implement practical solutions at trial sites. In addition, it notes the work the Agency is undertaking at broader policy levels through its discussions and negotiations with the Department of Social Services and its participation in cross- jurisdiction working groups and mechanisms. The Council considers that this systemic developmental work is critical in improving NDIS – mainstream interface issues and highlighting other service gaps that will need to be addressed through the NDS.

The Council's work program

The Council has a comprehensive work program and has been developing a number of key pieces of work which have already or will contribute to addressing some key service gaps. The key areas of contribution include:

- Reasonable and necessary supports – offering analysis and advice about reasonable and necessary supports and the connections between this issues and the take-up of mainstream services, as well as informal and community supports.
- Mental Health – providing advice on how to make the Scheme more responsive to the needs of participants with disabilities due to mental ill-health.
- Intellectual disability – The Council's Intellectual Disability Reference Group will work together to develop guidelines on the provision of direct supports, approach to engagement and communication, and customising the Information, Linkages and Capacity building (ILC) and Local Area Coordinators (LACs), in relation to the particular needs of people with intellectual disability.
- Improving flexibility in scheme design to enhance people with disability and their families' capacity to flexibly integrate their use of mainstream, informal and NDIS-funded supports.
- The need for more joined-up solutions particularly in relation to the specific challenges faced by rural and remote communities.
- The need for more innovative and effective strategies for increasing mainstream employment opportunities for people with disabilities.
- Acknowledging that the numbers of participants from a culturally and linguistically diverse (CALD) background are underrepresented and therefore working with the Agency on a CALD Strategy this year.

Operating context & the National Disability Strategy

The Council notes that the NDIS sits within a broader commitment by governments to advance the interests of people with disability, their families and carers across Australia as outlined in the National Disability Strategy (NDS). The Council notes that the disability community has found the NDS valuable for communicating both the need for change and the aspiration for an inclusive Australia. Its strength lies in its breadth, its foundation in sound evidence and universally agreed principles, and its endorsement at the highest levels of government.

The aim of the NDS is to develop responses, facilitate and track a national effort to transform the experience of people with disability across six key policy domains, which comprise:

- inclusive and accessible communities
- rights and protection
- justice and legislation
- economic security
- personal and community support
- learning and skills and health and wellbeing

Of note, these domains align with many of the service gaps identified in the JSC Report – which broadly covered equipment, case management and coordination services, transport services, mental health, and housing.

Through the commitment to the implementation of the NDS, all governments have agreed that the NDIS should not replace other service systems but should instead reinforce the obligations of mainstream and other service delivery systems to people with disability. This is clearly outlined in governing rules and legislation:

The NDIS will fund personalised supports related to people’s disability support needs, unless those supports are part of another service system’s universal service obligation (for example, meeting the health, education, housing, or safety needs of all Australians)

While the NDIS has a specific role to play in terms of individualised plans and facilitating access to services through ILC– this must be done in concert with the broader mainstream and disability sector if goals of the Scheme are to be achieved. This, in part, is why the NDIS sits alongside the NDS.

While service gaps are evident in trial sites, as highlighted by the JSC Report, progress is being made and the Agency has demonstrated a sound awareness of these issues. In each trial site, it is clear to the Council that the Agency is developing working arrangements with mainstream systems and raising issues through escalation points agreed with trial site governments as well as through the COAG Disability Reform Council (CDRC) structure.

In this context, the Council met Senator the Hon Mitch Fifield, Assistant Minister for Social Services, in February 2014 and discussed the importance of the NDS. The discussion touched on how the successful realisation of the NDS remained critical for the implementation of the NDIS and of the need to reinvigorate the NDS to ensure it delivers on its stated objectives.

Professor Rhonda Galbally AO, Principal Member of the Council, wrote to the Chairman of the NDIA Board in July 2014, Mr Bruce Bonyhady AM, regarding the NDS. As the NDS is not the responsibility of the NDIA Board, the Chairman forwarded the letter to the Minister in his capacity as Chair of the CDRC.

The Council noted that all governments need to ensure their services are responsive to people with disability and that if this role is not well understood “the NDIS, will not, on its own, viably increase the social and economic participation of people with disability and their families.” In fact, the biggest danger is that if the mainstream systems continue to exclude people with a disability, the NDIS will replace the need for the mainstream to include people with disability.

The Council recommends that a concerted effort is needed from all governments to reinvigorate the NDS, including implementing a robust outcomes framework which should be in sync with the NDIS outcomes framework that is now being trialled. This is an essential key to all strategy and plans for dealing with the issue of supply gaps. We all have a shared responsibility to stimulate demand for mainstream services that are available and accessible to people with disability.

The Council also notes that the two yearly NDS progress report (when released) will include trend data which will be important in identifying service gaps and failures more broadly. The Council draws this to the Committee’s attention as an important report to note when released.

Integral to the success of the NDIS is the goal of ensuring people with disability have choice and control and have access to mainstream services necessary for living an ordinary life. The NDIS must put pressure on this goal by itself emphasising mainstream supply.

A Strong Market

As noted above, the Council considers that attention needs to be given to reducing specialist service gaps while also ensuring that these specialist service models begin to transition and morph into mixed and fully mainstream service models. The Council understands that the assumption underlying the Scheme and the work of the Agency is that strong market development and innovation will be essential to addressing the gaps in the NDIS funded market as the Scheme grows and rolls out to full scheme.

There continues to be a range of service gaps and access difficulties in regard to mainstream services, in particular housing, transport, community recreation, mental health, health and employment opportunities.

A strong market - focusing on both supply and demand – should underpin any discussion about supply gaps. Central to the issues discussed in the JSC report, is the need for the market to be participant-focused, responsive and efficient market and based on competition and innovation. Demand has a very important role to play in inducing the market to grow.

To enable this market to grow, participants need to be well informed, capable, ambitious and demanding consumers who have access to responsive mainstream and specialist providers that deliver innovative and competitive supports and services. Participants must also be able to ‘vote with their feet’. If providers know their participants are a ‘captured’ market, then there is no incentive to innovate or improve their value proposition.

That said, with limited opportunity to effectively exercise choice and control in the past, it will take time for many people with disability and their families to build the knowledge and skills that are required to become active consumers.

The Agency is aware of this and is focused on the need to foster the demand side of the market while developing the long-term vision of the market, which also addresses the short-term supply risks for the Scheme. This work is being undertaken alongside the capacity building projects being led by the Agency, including: capacity building projects in each of the trial sites, the Disability Support Organisation (DSO) project, and embedding capacity building in the design of the participant pathway for full Scheme. The Council has been informed that the Agency will also build on the DSO work to develop other peer-to-peer initiatives, and (consistent with the recommendations from the Council) is building better support coordination into plans.

Through the Sector Development Fund, the Agency has funded 18 peer support organisations to act as a DSO. Each DSO is working with people with disability and their families and carers to develop demand of participants through information, education and mutual support and encouragement to try new options. Each DSO is facilitating and supporting up to 20 new local peer support or mutual support groups including online groups, so that all people with disabilities and families will have the opportunity to participate in this market demand development program. The support groups will provide information, resources and build community networks between participants and with others.

The DSO project has a number of objectives. The first is to increase the capacity of people with disability and their families to engage effectively with the NDIS. The introduction of any new system results in a period of adjustment as participants become more familiar with new processes and operations. There is a demonstrated need for the DSOs and the local support groups they operate to continue to build basic understanding of the Scheme, the principles which underpin it and key features of its operation to reduce fear and uncertainty.

But beyond increased understanding, there is also a need to work alongside people with disability and their families to begin to increase their knowledge, skills and capacity to meaningfully exercise greater choice and control. Local support groups are therefore assisting participants with information and support both in the area of pre-planning (including goal setting and decision making) and in plan activation and coordination (what supports might be available or suitable and how they may be organised). DSOs are also well placed to ensure the focus of groups' moves from funded supports to exploration of the full range of opportunities for community inclusion. DSO's also provide a unique opportunity for participants to come together to identify shared needs and push existing or new providers to develop solutions.

The intended outcome of the project is to build a growing group of consumers who understand and can confidently express their needs, are aware of market alternatives in meeting those needs and are able to engage effectively not only with the Agency but with the market itself. Informed, active and confident consumers will drive existing providers to be more responsive to consumer needs and shape demand for new and innovative services. Engaged and assertive consumers will also push mainstream programs and supports to become more inclusive, potentially reducing demand for specialised supports.

In the Council's view this DSO work should be developed into a comprehensive network across Australia so that all participants will have the opportunity to be part of a peer-to-peer organisation that supports their aspirations and demand for more independent, mainstream and innovative supply. With this in mind, the Council has strongly recommended the full implementation of this, systematic organisational response to market demand.

The Council notes the Agency's vision for the 'end state' of the market is a vibrant, competitive and softly regulated market with sufficient levels of supply and demand for it to meet participant demand. This market would comprise of many interdependent and interconnected submarkets. In this situation, the Agency would, where necessary, play a role in facilitating demand and supply, encourage greater efficiency and have a strong focus on monitoring participant outcomes, and observe the qualities of the market. In the short term, it is evident the Agency is focused on managing short-term risks to supply, and considering what interventions are required to mitigate those risks and avoid market failure. This includes activities such as a pricing analysis, and the finalisation of a Market Architecture Framework which will include a preliminary assessment of supply and demand gaps in differing segments of the market, and the identification of appropriate market interventions.

As outlined above, it is important to recognise that market interventions and responses are not simply the responsibility of the NDIA, but extends to all jurisdictions as part of the commitment to implement the NDS.

A Strong Market: Consumer choice and control

The Council strongly and consistently recommends that the Agency foster further improvement in consumer choice by harnessing a broad and interactive NDIS marketplace and community. This must include engaging with mainstream organisations to discuss entry into the NDIS marketplace in order to diversify supply.

A strong market: Assistive technology

The Council sees the Agency's assistive technology strategy as a major initiative in relation to market. The term assistive technology applies to any equipment used to support people with disability live an ordinary life. It could span from a walking cane to an iPad. Assistive technology items are included in many participants' plans and it is recognised that there have been some delays in the provision of this equipment. The Agency is taking action on this. For example, at the Hunter trial site the lag was due to delays in claiming for items and this has now been resolved. The Barwon trial site has a secondee from the State Wide Equipment Program (SWEP) to assist with the delays in relation to the provision of equipment. The Agency is continuing to work with each of the jurisdictions on the equipment issue. While actions have been taken to remedy these delays the assistive technology strategy takes a long term view.

The Agency has informed the Council that its strategic priorities for assistive technology are to 1) support and stimulate innovation, 2) maximise participant choice and control; and 3) ensure sustainability and value. These priorities are consistent with the recommendations for human services in the Competition Policy Review (Harper Review) which recommends introducing contestability to markets to ensure high quality, innovation and fair prices are incentivised.

The Agency is also looking to establish an innovation hub to stimulate research and design in assistive technology.

A strong market: Growing the workforce

CDRC's 'National Integrated Market, Sector and Workforce Strategy' (Workforce Strategy) is due to be published in June 2015 and represents an essential step in preparing the sector for the transition to full scheme. The Workforce Strategy is being led by the Department of Social Services, with close involvement from the Agency. The Council received a briefing on this work at its meeting in December 2014. This Strategy will outline how governments, people with disability, the NDIA and the sector and workforce can work together to develop an NDIS market where people with disability exercise choice and control and have access to a full range of quality supports.

To support the Workforce Strategy's implementation, the Agency will shortly commence mapping local supply in each jurisdiction. This will allow the Agency, with the support of states and territories, to identify strategies appropriate to local markets where there may be a risk of supply not meeting the needs of participants.

Council notes that aligned with its responsibility to encourage choice and control for participants, the Agency has also engaged Allied Health Professionals Australia to provide training to allied health professionals to prepare them to work in the NDIS context. There is ongoing strong registration activity by allied health professionals to provide services, including physiotherapy, occupational therapy and early intervention, in most jurisdictions.

The Council is particularly pleased to note the emerging evidence that participants are starting to shape the workforce. In Tasmania, the trial site has hosted three self-management workshops to empower participants and their nominees to manage their own plans, including contracting or employing their own staff. Anecdotal evidence suggests that some participants in the Tasmanian trial site, who are young adults, are choosing to employ support workers that they can identify with and with whom they may have shared life experiences.

Remote and regional services

While the NDIS is a national scheme, it is recognised that each trial site is unique and the Agency needs to modify its approach to service delivery to ensure positive outcomes are delivered across the whole country. This is particularly relevant in remote Indigenous communities.

Trial site experience across the Barkly region of the Northern Territory (NT) and APY Lands in South Australia have provided useful insights into service gaps which are assisting in shaping the Agency's *Rural and Remote Strategy* which is due to be considered by COAG by the end of 2015.

In March 2015, two Council members visited the Barkly trial site. Both members identified service gaps and the need to develop local responses to these. In particular, they identified interface issues with the education system. They commented on the valuable work of the Agency in effectively engaging local communities. They observed a small but growing sense of ownership of the NDIS by some local communities. While it is still early days, community based non-specialist service models appear reasonably responsive to the arrival of the NDIS in Tennant Creek.

Many of the service gaps encountered in the NT and APY Lands are symptomatic of ongoing challenges in rural and remote locations and highlight the difficulty of attracting service providers to isolated regions. Local capacity building and drawing on existing local resources is essential to help overcome these issues. For example, the NT Government has provided allied health services for the Barkly region through its Allied Health Team based out of Alice Springs.

The Agency has advised the Council that it is taking an innovative approach to service delivery in Tennant Creek and is reaching out to a range of partners including NT based Registered Training Organisations and Group Training Organisations. Some have indicated an early interest in growing future workforce requirements to support the successful rollout and continued growth of the NDIS. This could potentially apply to not just the Barkly region, but the NT more broadly.

The Barkly trial site is also working with the local Anyinginyi Health Aboriginal Corporation to increase the number of locally based allied health services operating out of Tennant Creek. Consequently the Corporation has increased its range of allied health services and will review demand over coming months. Early trends suggest that demand is high.

Options to build local capacity for the provision of a range of in-home care and support services that many participants require are being explored. This type of support does not lend itself to a 'drive-in drive-out' workforce.

In a small community in the trial site, the Agency has been able to connect with a suitably qualified local who will undertake a local coordination role. This community has also decided to establish a 'disability committee'. One focus for the committee will be building the capacity of a locally based workforce to provide local care support, including respite. The community have identified the desire to grow associated local employment opportunities for young people.

Similar to the approach in NT, the South Australian trial site is working in partnership with local Aboriginal controlled health organisations and has identified a Local Area Coordinator (LAC) to work in the Tullawon Health Service in the remote western region of SA and in the NPY Women's Council in the APY Lands.

By working with community based LACs, mainstream service organisations and services for early intervention in early childhood commenced in the APY lands and west coast communities in Yalata and Oak Valley in 2014.

Support coordination services

As discussed in the JSC Report and also identified by the Agency, support coordination services remain an ongoing priority and will be a key component of its full scheme service delivery model, and design of the market.

Trial sites have undertaken initiatives to increase support coordination and work is continuing. In the ACT and WA trial sites, the need for coordination services has been minimised by creating Plan Support Coordinator (PSC) positions. PSCs combine the Planner function with the Local Area Coordination function.

The Agency is also undertaking a 'deep dive' exercise on how support coordination could be better embedded in the NDIS. Developing these services, particularly by attracting new providers, will be a core component of the Agency's work in developing the market. Engaging with intermediaries, brokers and other potential new entrants to the market will increase the choices for NDIS participants. The Agency will need to cautiously commission any interventions in this market so as not to restrict consumer choice by inadvertently stifling competition and innovation.

Once the Agency's proposed approach to Information, Linkages and Capacity Building and the Agency's approach to Local Area Coordination is implemented it is anticipated that more people will be supported to interact with their local community and the need for "formal" support coordination may diminish. Intermediaries, along with family and natural supports, will play a key role in enhancing independent and informed choices and access for people with disabilities, including NDIS participants.

Mainstream services

Housing

As identified above, the NDS plays a key role in ensuring mainstream services are delivered for people with disability.

It also acknowledged that the lack of accommodation is a supply gap and is impacting on participants. It is therefore important that the funding for housing through the NDIS adds to new net supply and that the housing pilots announced by CDRC provide some evidence about how different models contribute to positive social and economic outcomes for participants.

The Council notes that the Agency has formed a partnership with Tasmanian community social housing organisations to maximise access to affordable and sustainable housing for NDIS participants. In Barwon, the Agency has held two housing forums and further are planned so as to increase understanding and information available to participants about alternative housing solutions.

The Council is particularly interested in finding solutions to ensure the people with disability can access new innovative solutions for housing, including separating support from accommodation. The Council will continue to closely follow this issue as it progresses and in doing so is happy to provide the Committee with further information.

Transport

The JSC's Progress Report also noted that some participants were finding it difficult to access transport services.

The Agency must continue to work with each of the jurisdictions to assist in ensuring mainstream services, including the provision of accessible transport.

In Tasmania, following representations from the Agency, there has been an increase in accessible taxis in Devonport in North West Tasmania. The Agency has also participated in a Transport Working Group together with National Disability Services (NDS) Tasmania and Department of Health and Human Services regarding services operated by the Tasmanian Government's State Transport

Department. The Hunter and Barwon trial sites are exploring whether there is the option for more efficient use of community transport options in their areas.

The Council is pleased that there is some increased flexibility in the Scheme in relation to facilitating participants' transport needs. For participants who cannot use public transport because of their disability they now have an option to receive an automated payment for their transport. This gives participants "choice and control" over what modes of transport they use and when. It is a participant's choice whether they want to use a taxi or pay a friend for transport assistance, for example. This example demonstrates how participants can start to shape demand.

There are a number of issues that remain the subject of discussions between governments in relation to transport services, such as the Taxi Subsidy Scheme.

The Council is also undertaking some work on transport in Tasmania. A Council member is currently analysing the existing transport policy in Tasmania, to determine, how and where access to transport can be improved for people with disability. In particular, the Council member is looking at the existing demand versus supply of transport in Tasmania, and how this links with the quality and safeguards issues.

The Council is of the view that much more needs to be done in relation to transport issues, particularly in Tasmania and notes that ongoing discussions are occurring.

The Agency has also noted that it will continue to work with jurisdictions towards the resolution of these issues.

Employment

The Council has been vocal about the need for more innovative and effective strategies for increasing mainstream open employment opportunities for people with disability – this is one of the Council's current areas of focus.

It is encouraging that the Government has stated its commitment to providing more people with disability the opportunity to work and is pursuing this through a number of initiatives.

The Council notes that the announcement in the 2015 budget of \$25M over four years to start to shape disability employment towards a new model in 2018 is a step in the right direction. The Council understands that this new model, led by the Department of Social Services, will seek better alignment with the NDIS's person centred approach to planning.

In addition to the new funding for Disability Employment Services (DEs) and incentives for ensuring that Australian Disability Enterprises (ADEs) transition to new models (including social firms that are used extensively used in mental health), the Council is interested in the creation of the *JobAccess Gateway* for people with disability and employers. The Council is interested in how the issue of peer workers, as per the mental health experience, will also be explored.

The Council recently received a briefing from the Agency on the work that it was undertaking in relation to employment opportunities for people with disability and how this will increase participant's independence and social and economic participation.

The Agency has developed a high level strategy to begin to address the broad range of barriers for scheme participants to become more economically independent through employment. This strategy covers five areas of focus to support better employment outcomes for scheme participants:

- Early Intervention and pathways to employment and careers
- Supports/Sector and Personalisation
- Performance Framework, Data, Monitoring and Reporting - includes family and carer benefits
- Maintaining economic participation supported by the NDIS
- Economy, Employer opportunities/Engagement and Benefits

The Council is working with the Agency on the further development and implementation of the Strategy.

Trial in Tasmania

Tasmania has a high level of youth unemployment across the state. The transition from school to work (or further education and training) is a critical life event impacting on long term outcomes for all young people. Young people with disability are underrepresented in open employment and often have low expectations in regards to economic participation.

An early intervention approach will decrease future welfare dependency and reduce reliance on specialist disability services and high cost state systems (e.g. youth justice). Working in partnership with participants and across governments on an appropriate early intervention approach for this critical life transition has been developed for 2015-16.

This approach will see the Agency work with participants, the State Government, schools and employment service providers to support scheme participants through a school leaving process, which encourages a post school pathway that is focused on employment outcomes and skill building for a career. The strategy is designed to assist people with disability to determine their own best interests and make decisions that affect their own lives, and to support the independence and social and economic participation of people with disability throughout their adult life.

It is clear to the Council that the Commonwealth, State and Territory Governments and the Agency are aware of the need for greater open employment opportunities for people with disability. The Council will continue to be involved in the development of advice on strategies for increased employment and is happy to provide the Committee with an update on this work.

Mental health

The recent report of the National Mental Health Commission has provided a national analysis of areas for reform in mental health services. The Council notes the report's analysis of significant gaps in the provision of mental health services across the country and notes its recommendations for reform. The Council has noted the intention of the Government to undertake a fifth national mental health plan and recognises this future document as a significant future policy statement for driving future reform of mainstream mental health services. The provision of quality clinical mental health services will be a key element of a good life for NDIS participants with mental ill-health.

In the early phase of the NDIS, there was considerable comment and discussion from the mental health sector about the adequacy of the NDIS model for people with mental ill-health. The Council recognised the need to make the Scheme work better for people with mental ill-health and put the issue of improving services for people with mental ill-health on its work plan early in 2014. The Council has provided advice to the NDIA Board in relation to implementing the NDIS for people with psychosocial disability, which outlines the importance of harnessing opportunities to improve engagement with the mental health sector and mainstream services.

A key part of the Agency's co-creation approach was its establishment of the Mental Health Reference Group. Two Council members sit on the group. In addition, prominent mental health and disability expert, Eddie Bartnik, was appointed as a strategic adviser.

These two strategies have addressed many of the issues being raised by mental health consumer and carer groups and service providers. They have contributed to improved understanding in the Agency about how to better respond to the requirements of participants with mental ill-health and will form the elements of a more effective approach to assessment and service planning and co-ordination. This work addresses one of the issues raised by the JSC in 2014.

Trial sites and the Agency have been actively building a better understanding of the needs of participants in this area. For example, the Barwon trial site has established an ongoing dialogue with mental health providers to provide more information about the NDIS

The Agency is also undertaking a joint project with Mental Health Australia to identify some typical supports needs and possible individual supports to meet those needs, including identifying any gaps in the Agency's support cluster definition and pricing document. This project is due to be delivered in mid-2015.

Conclusion

This document outlines the Council's response to the JSC recommendation to consider service gap issues in trial sites by discussing the issue of supply gaps in the context of the NDS – which the Council considers an essential element of ensuring a comprehensive approach is taken to service gaps.

The Council recommends that a concerted effort from all governments to reinvigorate the NDS, including implementing a robust outcomes framework, will essentially assist with the issue of supply gaps on a national level, across both mainstream and disability specific services.

An inclusive society for people with disability and their families in Australia will require continued focus by all governments on social and economic participation for all.

The Council recognises that specialist service gaps exist and that in many instances the Agency is encountering barriers regarding the interface with mainstream service providers. In the Council's view it is essential that specialist services shift to hybrid models and look to provide housing, community participation and employment options by utilising a social firm model.

The Council believes that further clarity around whose responsibility it is to provide a particular service could lead to the more efficient use of resources. It is evident that the Agency must play a

strong role in encouraging and informing the development of mainstream services and also in its important responsibility to be inclusive, however, it remains the case that this is not the sole responsibility of the Agency. The Council would also like to reinforce the important role the ILC work can play in this regard - the ILC approach creates an excellent opportunity for LACs to work at the local level with mainstream services towards more inclusivity and ultimately to create a better Australia for all.

Overall, the Council notes that while progress is being made across the trial sites in response to specific issues, all governments, the Agency and both mainstream and specialist service providers have a role to play to ensure that people with disability have access to the services they need to live an ordinary life.