

Chapter 3

The Tasmanian trial site

3.1 This chapter presents the committee's evidence from the Tasmanian trial site. Again, the focus is on the achievements and the challenges of the National Disability Insurance Scheme (NDIS) in the trial site in its first nine months of operation.

The public hearings

3.2 The committee held public hearings in Hobart on 16 and 17 April 2014. On 16 April, it took evidence from 3 participants, a carer and 15 service providers. On 17 April, the committee heard from Tasmanian Department of Health and Human Services officials and Tasmanian-based National Disability Insurance Agency (NDIA) officials.

3.3 On 16 April, the committee held an 'in-camera' session to take evidence from an NDIS participant and from service providers in the Tasmanian trial.

3.4 The committee's public hearings in Hobart raised a number of issues specific to the progress of the Tasmanian trial site. These include the challenge of supporting people with disability in making the transition from study to a work environment, and providing NDIS participants with services in remote parts of the State.

Progress of the Tasmanian trial site

3.5 The first stage of the NDIS in Tasmania started on 1 July 2013 and will provide support for people with significant and permanent disability between the ages of 15 and 24. This is a critical life stage for young people with disability, their families and carers. The Tasmanian trial will provide valuable information about how best to support young people in the transition from school to work or further training.¹

3.6 Table 3.1 presents the statistics of the Tasmanian trial site up until 31 March 2014. It shows that the bilateral agreement between the Commonwealth and Tasmanian Governments planned for a total of 792 participants over 2013–14 in the trial site. Up to 31 March 2014, there had been 744 access requests, 685 participants had been accepted into the Scheme, and 585 participants had plans. The committee notes that Tasmania is on track to meet its intake target under the bilateral agreement.²

1 National Disability Insurance Agency, *National Disability Insurance Scheme Sector Development Fund Program Guidelines*, February 2014, p. 4, <http://www.ndis.gov.au/document/764> (accessed 23 July 2014).

2 Seventy-four per cent of the planned intake for 2013–14 had been achieved after nine months of the trial. See Table 3.1.

3.7 In the first nine months of the Scheme, the Tasmanian trial site recorded the most number of days of the four trial sites in terms of the average length of time from the access request to plan approval. Notably, there was not a single request for a review of a decision in Tasmania until 31 March 2014.

Table 3.1: Key statistics of the Tasmanian trial site (after 9 months)

	Tasmania	Barwon	South Australia	Hunter
Number of participants in bilateral agreement	792	4,076	1565	3000
Number of participants with plans, 31 March	585	2,113	979	1,724
Access requests	744	3,108	1,449	2,720
Accepted as eligible	685	2,495	1,152	2,042
Ineligible (i)	19	205	116	461
Other (ii)	59	613	297	217
Average days from access request to plan approval	56	49	51	54
Average time from application to commencement of services	90	101	76	79
Review of decisions	-	26	12	14
Participants accessing mainstream services (% of total)	76	92	88	68

Source: National Disability Insurance Agency, *Quarterly Report to COAG Disability Reform Council*, 31 March 2014.

3.8 The committee observed a relatively smooth and well planned implementation process for young people transitioning to the NDIS in the Tasmanian trial site. The NDIA appears on track to meet the targets in the bilateral agreement. The Tasmanian trial site manager, Ms Sue Ham, told the committee that 'we will be phasing in 80 per cent of the around 1,000 young people that will be involved in the trial in the first year'.³

3.9 The committee was particularly impressed by the relationships that have been forged between the NDIA and the non-government sector and the maturation of non-government service providers.

3.10 Of particular note, with the exception of housing and respite services, there are now no waiting lists for young people with a disability in Tasmania. The issue of waiting lists for equipment is discussed later in the chapter.

3.11 One of the key challenges for the NDIS is to effectively manage complex life transitions. The main transition in the 15-24 age cohort is the shift from a school to a work environment. The Tasmanian trial site manager and her team demonstrated to the committee a very good appreciation of this issue and are planning accordingly.

3 Ms Sue Ham, Tasmanian trial site Manager *Committee Hansard*, 17 April 2014, p. 15. The intake number in the bilateral agreement in Tasmania for 2013–14 is 792 people.

Table 3.2: Phasing arrangements in the Tasmanian site

Category of participant	Date of transition				
	1 July 2013	1 October 2013	1 January 2014	1 April 2014	1 June 2014
A person who is receiving, or on the needs register for, an individual support package or a community access package					
A student with a disability who has finished school in 2013					
A person receiving formal out of home care provided by the Tasmanian Government					
A person who is receiving community based mental health services provided by the Tasmanian Government					
Client of Australian Government Personal Helpers & Mentors					
A student with a disability aged at least 15 and under 18; A person who is receiving flexible respite assistance					
A person who is receiving therapy funded through Tasmanian specialist disability services					
A person living in large residential care facilities; A person who is receiving therapy funded through Tasmanian specialist disability services					
A person living in large residential care facilities					
A person who is receiving supported accommodation services and doesn't live in a large residential care facility					

Source: Fact Sheet: *Entry for existing clients of Australian and State Government funded disability programs – Tasmania*, <http://www.ndis.gov.au/document/234>

Phasing participants into the Scheme

3.12 Table 3.2 (above) shows the phasing schedule for participants in the Tasmanian trial site for the first year of operation (2013–14). The gradual intake has been designed to ensure that everyone who meets the access requirements of the Scheme receives the appropriate level of supports. The priorities for the first year have been young people with disability in the 15–24 year old age cohort with Individual Support Packages or Community Assistance Packages, those transitioning from state care (formal out of home arrangements), and 2013 school leavers.

3.13 Table 3.3 shows that all 58 Tasmanian respondents to the NDIA's survey indicated that their experience of the planning process was either 'very good' or 'good'.

Table 3.3—Participant feedback

YTD	Total responses	Very good	Good	Neutral	Poor	Very poor
Overall, how would you rate your experience with the planning process today?	784	571 (73%)	169 (22%)	33 (4%)	10 (1%)	1 (0.1%)
NSW	179	148	27	4	0	0
South Australia	272	157	83	21	10	1
Tasmania	58	52	6	0	0	0
Victoria	275	214	53	8	0	0

Source: National Disability Insurance Agency, correspondence received 8 July 2014.

3.14 The committee was interested in the extent to which the Tasmanian trial site's success to date can be attributed to geographic and demographic considerations (the 'contained' nature of the trial site, the small population size and stable community of clients who do not move as frequently). Ms Ham acknowledged that although it was a contained space with fewer participants, the comprehensive engagement strategy⁴ used to build strong relationships could be just as effectively employed by other jurisdictions.⁵ She noted that close arrangements with peak bodies, such as the Mental Health Council and National Disability Services, and regular conversations with participants, families and providers had meant that key issues were dealt with effectively through a number of channels.⁶

3.15 The committee notes that the Tasmanian trial benefitted both from the 'contained' nature of the trial site as well as the engagement strategy. These aspects facilitated strong relationships across a range of stakeholders. The committee is of the view that this framework of engagement could be effective in other jurisdictions.

3.16 The committee recognises that the Tasmanian trial has benefitted from the availability of comprehensive data from the state government and the Tasmanian gateway service about people with disabilities. In particular, having access to participants' contact details enabled tailored consent processes and early planning measures to be established prior to 1 July 2013.⁷

3.17 The General Manager of Baptcare, Ms Marita Scott, stated that:

We have identified early indicators of unmet need which include accommodation, respite and access to services in rural areas. Rural areas

4 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 16.

5 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 23.

6 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 16.

7 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 15.

require recognition of the cost implications of providing services across large geographic regions with small participant numbers.

We view the Tasmanian approach as scalable and able to respond to some of the issues experienced within the other launch sites. The key element that underpins the Tasmanian success is the creation of a robust partnership between government and the non-government sector.⁸

3.18 Local Area Coordinators (LACs) in Tasmania operate in a different structure than in the other trial sites. Ms Scott noted that she believed that outsourcing of the LACs should be expanded into all jurisdictions and that Bapcare would encourage the outsourcing of other key functions of the NDIS such as assessment and planning.⁹

Achievements of the Tasmanian trial site to date

3.19 As in the Barwon trial site, the committee heard various achievements that had been made in the rollout of the Scheme in Tasmania over the previous nine months. This section discusses the following achievements:

- participants' positive feedback;
- waiting lists reduced;
- the pre-existing 'Gateway' model in Tasmania;
- the interface with mainstream services and the School Transition Project; and
- the NDIA's improving communications with service providers.

Participants' views

3.20 As in Barwon, the Tasmanian trial site manager commented that participants had expressed strong satisfaction with the planning process and their outcomes:

Ninety-five per cent of participants who have completed the surveys that have been undertaken by the agency have indicated their strong satisfaction with the process in the planning conversations that they have had with the agency and with the outcomes that they have had to date.¹⁰

3.21 Chapter 6 notes some suggestions to improve the NDIA's surveys.

3.22 At the time of giving evidence, the NDIA reported they had received two compliments and 12 complaints, but no requests for internal review.¹¹

8 Ms Marita Scott, General Manager, Bapcare, *Committee Hansard*, 17 April 2014, p. 2.

9 Ms Marita Scott, *Committee Hansard*, 17 April 2014, p. 2.

10 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 15.

11 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 15. The complaints pertained to the planning process, issue of funded supports in plans and timeliness of responses and providers.

3.23 The committee also received some very positive stories from participants and their family members about the impact of the NDIS in the Tasmanian trial site directly. Mr John Coyle, a father and full time carer of three children, two of whom have severe intellectual disabilities, spoke of the challenges of the previous block funded system:

...in accessing the block funding we always found ourselves at the tail end. You are triaged and put on what was available, and you got what I would deem the minimum. You were always filling in forms even though my children are deemed permanently disabled from a congenital condition. We were asked to fill in forms and confirm that every two years. That is with Centrelink, that is with disabled services and that is with state government. You tell your story over and over and over again.¹²

3.24 Mr Coyle explained that under the NDIS, his situation has now improved dramatically:

With the advent of the NDIS we are given a lot more individual control. We go armed with the funding; so, when we approach a service provider, we are spoken to differently, we can tailor our situation and my children's development can be targeted... That was non-existent before...

The NDIS is probably a godsend for us and I hope it continues. This is not about holidays overseas or new cars; it is about the basic quality of life, lifting it up to become a community member, accepted at a basic level just to get out there and enjoy the sunshine. Now I have one-on-one support for my daughter, I can be the carer for my son. We can go out as a family unit and I do not have to constantly worry about traffic and people's perceptions etcetera...¹³

3.25 Mr Coyle had immense praise for his NDIA planner and a planning process which facilitated the development of a flexible, 'living' document:

All in all, from inception to now, the NDIS has been nothing but positive for us. It has been hard work. There has been a lot of negotiation and there are some absolutely wonderful people behind it. I tell you what, my planner at the NDIA was second to none—compassionate and caring, someone who came to my home, sat down and got every detail. The result is a living document and, for me, that is the beauty of it. It is a living document. We have already fine-tuned it once and it is still an open book. So while that is happening, I am a more relaxed person and I have a better and more positive outlook for my children's futures.¹⁴

12 Mr John Coyle, *Committee Hansard*, 16 April 2014, pp 1–2.

13 Mr John Coyle, *Committee Hansard*, 16 April 2014, pp 1–2.

14 Mr John Coyle, *Committee Hansard*, 16 April 2014, pp 1–2.

3.26 Mr Coyle also told the committee of some of the changes which he is seeing in his children as a result of having more choice and control in the selection of providers:

That is a crucial key with my kids—being repetitive and consistent. If you chop and change that, you go three steps forward and two steps back. This is about a slow progressive development. When they employed someone, they included me in the selection process. They let me read the résumés and they thought about how the applicant was going to adapt to my child's needs. We have never had that opportunity before. It puts so many positives into my children's lives in that they are not second-guessing who is coming the next day and how they are going to be treated.¹⁵

...

3.27 Ms Ham also told the committee:

One compliment that I can recall was high praise for their planner—the creativity and the approach that that planner took with a participant and family. This planner is a very visual planner and so works in a very visual way with those participants to draw out what the goals and objectives are. So she went back to do the final plan presentation, and the family still had the sticky notes up on the wall because they had such confidence in that planning process.¹⁶

Waiting lists reduced

3.28 The NDIA told the committee that with the exception of those seeking housing and respite services, there are no waiting lists in the Tasmanian trial site.¹⁷ However, the committee had heard that there can be long wait times for equipment in Tasmania, particularly for prosthetics.

3.29 The committee asked the Tasmanian Government to comment on the strategies that it has available to assist a participant if equipment cannot be made available. The Tasmanian Department of Health and Human Services (DHHS) explained that:

The former State Government committed an investment of \$1 million per annum over four years to reform the current service provision and to provide additional funding for equipment and assistive technology...

15 Mr John Coyle, *Committee Hansard*, 16 April 2014, p. 2.

16 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 23.

17 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 16.

The program is expected to be fully operational by December 2014. In the interim, any waiting lists are currently being managed with high priority clients being targeted for funding.¹⁸

3.30 Mrs Ganley of DHHS told the committee that there may be waiting lists in terms of NDIS participants accessing equipment. As she explained:

Our equipment program is run through the health side of our business, so it is sitting outside the trial.

...

The access to a package would assist with purchasing equipment, but if there is a waiting list to get that piece of equipment to the state, then that would apply.¹⁹

The pre-existing 'Gateway' model

3.31 A significant factor contributing to the success of the Tasmanian trial site has been the State's 'Gateway' model, which has been in operation since July 2009. The Gateway model is unique to Tasmania. It is a centralised intake point for people with a disability providing an entry point for the intake, referral and allocation of disability care packages.²⁰ Under this model, the delivery of disability services is a collaborative effort between the Tasmanian government, Mission Australia and Baptcare.²¹ Baptcare and Mission Australia work with mainstream and specialist disability support organisations providing services to more than 6,500 Tasmanians with disability.²² Previously, these services were run by the State Government. The committee was told that the current arrangement will continue for another three years.²³

3.32 The information from the Gateway has assisted to expedite the process of moving eligible people with disability in Tasmania into the NDIS planning process. Ms Scott told the committee that outsourcing Local Area Coordinator (LAC)

18 Tasmanian Department of Health and Human Services, *response to question on notice number 2*, received 23 June 2014.

19 Mrs Ingrid Ganley, Director, Disability and Community Services, Tasmanian Department of Health and Human Services, *Committee Hansard*, 17 April 2014, p. 8.

20 ProBono, *NDIS Gateway model already operating in Tasmania*, <http://www.probonoaustralia.com.au/news/2011/08/ndis-gateway-model-already-operating-tasmania#> (accessed 14 February 2014).

21 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 15. Baptcare and Mission Australia act as a partnership to serve different regions of the State. Baptcare provides Disability Gateway services in the South West and North regions of Tasmania while Mission Australia provides these services in the South East and North West regions of the State.

22 Tasmanian Department of Health and Human Services, *Mid-term Review of Disability Gateway Review Report*, November 2013, p 6.

23 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 15.

functions to the community sector has led to positive outcomes for participants. She elaborated:

The LACs have been involved in the development and implementation of high-quality plans, they participate in handover and ensure that accurate information is available during the planning process.

The LACs work with the participant providers and planners to implement a plan that is responsive to their individual needs. We note that participants are often anxious about current and future needs, and our role is to reassure participants that the planning process will accurately respond to their needs and that over time different supports are built in as required.

We see considerable value to LACs being embedded in the community as they act as the bridge between the agency and the sector. On the occasion that a plan requires adjustment, the local area coordinator supports the participant to advocate for these changes. LACs are able to be the conduit to assist a conversation between participants, service providers, the agency, and to rapidly amend plans to ensure they meet the clients' needs and reduce any potential perceptions of conflict of interest. LACs work with the service providers to be flexible and creative in their response to individual participants' needs.

Experience over the trial period has been that LACs provide a seamless client pathway. The community development aspect of the LACs role assists service providers and mainstream agencies to include people with disabilities.

We have received feedback from the sector of high satisfaction with the roles and function of the LACs.²⁴

Interface with mainstream services

3.33 The NDIA's *Third Quarterly Report* shows that 76 per cent of Tasmanian participants with plans are accessing mainstream services (447 participants of 585 people with plans).²⁵ The NDIA in Tasmania reported some success in establishing an interface with mainstream services by establishing early, strong working relationships with mainstream partners, particularly education providers. The trial site is currently piloting the School Transition Project which looks at improving the pathway for young people from school into employment through an integrated planning model.²⁶ This model is also being replicated with mental health and employment services,²⁷ although the committee was not provided with specific details. The committee is encouraged by this approach and emphasised the importance of continuing to ensure

24 Ms Marita Scott, *Committee Hansard*, 17 April 2014, pp 1–2.

25 National Disability Insurance Scheme, *Quarterly report to COAG Disability Reform*, 31 March 2014, p. 34.

26 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 16.

27 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 16.

that all parties maintain a concerted effort to resolve the challenges posed by complex interface arrangements.

The School Transition Project

3.34 The School Transition Project was developed to integrate planning for students with disability in years 11 and 12 through a series of meetings. It brings together a number of key stakeholders including the NDIA, Disability Employment Services, the Department of Human Services, Australian Disability Enterprises (ADEs), the school and the student. This model looks to streamline an otherwise complex transition process which potentially involves up to four different plans: one with the NDIA; another with the school; one with a disability employment service provider; and a fourth related to the receipt of the Disability Support Pension (DSP). The NDIA's primary function in this project is to:

...ensure that relevant personal supports are in place. A student's Individual Education Plan is updated by school staff to reflect their integrated goals. A final school/NDIA planning session is held in term 3 of year 12 to ensure that all efforts are aligned in preparation for a student to transition from school. A representative of the chosen post-school activity (e.g. TasTAFE, DES (open employment) or ADE (supported employment) may also be present if appropriate.²⁸

3.35 The committee asked the NDIA for examples of how the School Transition Project for people with disability in Tasmania is working and how many people have successfully made this transition, compared to the previous capped system. Ms Ham told the committee that 130 young people are now getting these services under the NDIS.²⁹ Through close collaboration and a Project Advisory Group that includes key stakeholders, the approach to developing these separate plans is reported to be working well.³⁰ On notice, the NDIA listed the following achievements of the School Transition Project to date:

- the establishment of a Project Advisory Group;
- the development of a Best Practice Guide endorsed by key stakeholders, incorporating the Integrated Planning Model;
- an engagement strategy developed and commenced with State and Catholic Education Colleges and High Schools: "Informing Aspirations" Forums scheduled for the week of 10 June 2014 to;
- develop a clear implementation plan and working arrangements for State-wide roll-out in term 3 of 2014; and

28 National Disability Insurance Agency, *response to question on notice no 11*, received 16 June 2014, p. 12.

29 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 21.

30 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 21.

- establish roles and responsibilities state-wide; and
- commencement of negotiations with Department of Social Services (DSS) to gain limited access to ESS for NDIS staff.³¹

Communication with service providers

3.36 Service providers in the Tasmanian site noted the evolutionary nature of the planning process, and were optimistic that recent measures would improve the planning process. In particular, providers welcomed the apparent shift in the NDIA's attitude to consulting with them about the planning process:

...there has been a fairly significant shift from not talking to providers and not seeking the appropriate information to actually now coming and talking to us, because the tos and fros between the agency and service providers—of which the family are the tennis ball in the middle—were pretty complex with up to as many as four or five iterations. That is not anyone's fault. We are learning as we go; and, through that process, sometimes clients who are not able to advocate well for themselves or their families who do not fully understand the service suite or do not have the language of the sector come back with a plan that is not sufficient to meet their needs. A lot of our clients and their families are disadvantaged. They are not working. They have poor literacy. There are a number of compounding factors that make that journey a lot more difficult for those families under the arrangement as it is. It is improving, but there has been a process of learning and getting that right.³²

Challenges for the Tasmanian trial site to date

3.37 As with the Barwon trial site, there are several challenges facing the Tasmanian trial, many of which relate to the capacity of the market to deliver services. This section discusses the following challenges:

- the planning and assessment process;
- the role of advocacy;
- the flexibility and self-management of plans;
- the enactment of plans;
- providers' transition to a fee-for-service model;
- gaps in service provision, particularly respite services;
- achieving greater economic participation for participants;
- training and qualifications for disability support workers;
- service providers and travel costs;

31 National Disability Insurance Agency, *response to question on notice no. 11*, received 16 June 2014.

32 Mr Drew Beswick, *Committee Hansard*, 16 April 2014, p. 24.

- the interface with mainstream services; and
- accommodation and housing.

The planning and assessment process

3.38 Notwithstanding the positive accounts discussed earlier, further work is still required in Tasmania around the planning and assessment process. Ms Ham acknowledged that one of the shortcomings of the planning and assessment processes, in the early stages at least, was the absence of a proper method or adequate data to identify all the existing supports for people transitioning into the Scheme. Amendments to the plan were frequently required as a result.³³ At times this occurred when participants and their families did not know which of the supports they were receiving were funded. To address the issue, the NDIA has been working with the state implementation team to obtain more information about the funded supports each individual is currently receiving through the state.³⁴

3.39 The NDIA also reported it has been trialling pre-planning workshops in Tasmania, drawing on the successes of these workshops in Barwon and South Australia. In these launch sites, these workshops had a positive impact on preparing participants for the planning process. It is hoped that these workshops will assist participants better prepare for the planning conversation by encouraging them to look at their goals and aspirations and receiving information.³⁵

3.40 Ms Ham told the committee that as part of the trial site team's engagement strategy over the next three years, the intent is to have a more structured approach to receiving ongoing feedback. She explained that as part of this approach, the NDIA will continue to support its staff through training and development that embeds the culture and values of the agency as a learning organisation.³⁶

3.41 The committee did hear from a service provider that NDIA planners were under some workload pressures, which had meant less access to the planner for the service provider. Ms Louise Sullivan from Able Australia told the committee that while planners are 'really hard working', her preferred option of working with the planner was not always possible. Instead:

...we have to work with a case manager. One of the reasons we have been told is, 'We're too busy now because it was trickling in and now there's a tsunami of clients, so we can't talk to you,' so we have to go through a case manager.³⁷

33 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 16.

34 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 16.

35 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 16.

36 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 18.

37 Ms Louise Sullivan, *Committee Hansard*, 16 April 2014, p. 22.

The role of advocates

3.42 The committee heard in Hobart of the need for better advocacy and support through the planning stage and in the process of self-management. Mr Coyle told the committee that while his experience was overwhelmingly positive, there is generally a lack of advocacy and information about the supports that are available:

What is needed is someone who understands the system to sit down with people and actually explain to them what is available and how it is going to work.

...

I was fortunate I had a wonderful planner and a lot of people I spoke to said the planners who worked with the NDIA were just wonderful. But some people cannot convey their message, they cannot get across what their needs are, so I think there is a need for advocacy and a keener assessment of what support is out there to tailor for these people. What I struggled to find was the information that was available about what was provided by service providers, how many of them there were, how they were funded and who has access to them. That is quite confusing.

...

The local area coordinator should have all that information about everyone that is available, about who was providing what in Tasmania.³⁸

3.43 Mr Coyle told the committee of the need for independent, trusted and well-founded advice for participants about the nature of services provided by all organisations, not just those in the mainstream.³⁹ To this end, he recommended the development of a handbook.⁴⁰ The Chief Executive Officer of Guide Dogs Australia, Mr Daniel English, suggested drawing on the existing model used by the Department of Veterans' Affairs of a 'trusted intermediary' for an automatic assessment of the suite of services available to them prior to the planning conversation.⁴¹

The flexibility and self-management of plans

3.44 The committee also received evidence in Hobart on the level of flexibility associated with the self-management option, and the assistance offered to those who choose this option. The experiences of those who have chosen this option have varied.

3.45 Mr Coyle expressed satisfaction at the level of flexibility he has had as a self-manager of his children's plans. In contrast to the experience of some witnesses at the hearing in Geelong, Mr Coyle was informed that any need to change times or dates of

38 Mr John Coyle, *Committee Hansard*, 16 April 2014, p. 5.

39 Mr John Coyle, *Committee Hansard*, 16 April 2014, p. 6.

40 Mr John Coyle, *Committee Hansard*, 16 April 2014, p. 5.

41 Mr Daniel English, *Committee Hansard*, 16 April 2014, p. 33.

a pre-arranged activity could be achieved by approaching the service provider directly (instead of the planner). Although he was also aware that he could employ someone himself if he wished to, this raised other challenges around the legislative frameworks in place at a state level that did not necessarily support this from happening in practice:

I have spoken to a few parents who have said, 'We are thinking about employing someone ourselves and creating a contract and doing all that sort of stuff', but they would then have to look at what the business overheads are, with workers compensation, public liability and all those things that come into it. That is why I opted for established businesses.⁴²

3.46 The committee was pleased to see that the NDIA is working toward improving the process for self-managing with participants and their families.⁴³

The enactment of plans

3.47 Tasmanian service providers reported incidences of participants not enacting their plans for substantial periods of time. Participants did not always seem to understand the process for activating their plan. Ms Linda Glover told the committee:

So there was that step: 'I've got my plan; how do I enact it?' That plan is a couple of months old and not much seems to have happened from the perspective of the individual.⁴⁴

3.48 Mr Symonds agreed:

That is an experience that we had. We have had a number of people rolling through our door: 'What do I do with this?' I can back up what Linda [Glover] said.⁴⁵

3.49 The NDIA has identified plan implementation as a challenge for participants and their families, service providers and the Agency itself in its six month review with the Tasmanian Gateway.⁴⁶ Ms Ham noted that Local Area Coordinators can play a greater role in explaining the requirements for plan implementation.⁴⁷

42 Mr John Coyle, *Committee Hansard*, 16 April 2014, p. 6.

43 Ms Sue Ham, *Committee Hansard*, 17 April 2014, pp 22–23. Ms Sue Ham also discussed a small project that has been funded in the non-government sector to build the capacity for self-management which will be another resource. Mrs Edwards noted the role of the LACs and the NDIA in providing assistance for self-managers.

44 Mrs Linda Glover, *Committee Hansard*, 16 April 2014, p. 25.

45 Mr Peter Symonds, *Committee Hansard*, 16 April 2014, p. 25.

46 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 16.

47 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 16.

Recommendation 1

3.50 The committee is concerned about the number of NDIS plans that appear not to have been activated and recommends that independent work be undertaken to establish the veracity of the evidence that plans have not been activated and what the causes and consequences this may have on the Scheme.

The transition to a fee-for-service model

3.51 As in the Barwon trial site, in Tasmania, the committee heard of the challenges that face service providers in their transition from a block funding to a fee-for-service model. While there are common challenges of access to capital and timely payment for services, other issues are specific to particular organisations.

3.52 OAK Tasmania offers both lifestyle and training and employment services for Tasmanians with disabilities. Its Chief Executive Officer, Mr John Paton, told the committee:

I think the issue for us in Tasmania is that, as a day service provider, we get—on 1 July—40 per cent of that annual grant, which actually sustains the organisation through a whole range of ups and downs throughout the year. What is going to happen in the NDIS world is that you will get it on payment of invoices. So the ability to have a cash injection at a particular critical period in time is certainly not going to be there. The viability of a whole range of providers in Tasmania, and probably around Australia, is going to be called into question, particularly issues to do with a whole range of things, like the SACS [Social and Community Services] award issues that are happening now. The impact on service providers is absolutely monumental at a time when there are so many critical issues happening in the sector. In a way, the NDIS could not have happened at a worse time from the prospect that there are so many other things happening. It obviously has to happen. Service providers need to now get their act into gear and come up with viability issues. We can talk about mergers, alliances and whatever needs to happen, but the lack of choice that is potentially out there for people with disabilities is a bit of an issue too.⁴⁸

3.53 Mr Ralph Doedens of STAR (Supported Tenancy Accommodation and Respite) Tasmania also highlighted the challenge of both the quantum and the timing of payments under a fee-for-service model. He told the committee:

One of the big challenges with NDIS is the rates that they have established based on the block-funded amounts that were given. The block-funded amounts given were just enough, but the good thing about block funding is that it covers all the beds you have and all the houses you support, regardless of whether somebody actually vacates it or you have a vacancy for three months, and you are paid up-front. So we are getting interest on the money we are given, we are guaranteed money for the beds we provide

48 Mr John Paton, *Committee Hansard*, 16 April 2014, p. 26.

and we obviously try to fill them, but they are not always full. Under NDIS, they will not be all full, there will be more vacancies and you will get paid in arrears. So the rates have to be looked at and they have to take into account those two things. If they do not, most of our service provision will go broke. We are supporting around 20 NDIA clients at the moment, and I can tell you that we are losing money on the whole lot. It is just not covering it.⁴⁹

3.54 Mr Doedens also noted that substantial work needs to be done to market the organisation, to have in place record keeping system for regular billing of clients and to ensure that staff are recording this information. He also noted the importance of having staff that recognised that they are now part of a business and that work needs to be undertaken with the business model in mind.⁵⁰

3.55 One option raised by some service providers in Tasmania to adapt to the fee-for-service model was to share resources and service arrangements. Ms Tracy Mackey, the Executive Director of Life Without Barriers, told the committee:

The other thing that is really clear to us is that as a sector we need to start thinking about shared service arrangements. We cannot continue to think that we can all afford to invest in the IT that is required. We know that even as a really large provider we are moving quite quickly in terms of some of the quite sophisticated technology that is needed to allow clients to opt in and manage themselves, but it is very costly. So we are working with other larger providers, one in particular that is across four states, to try and develop that technology and then make it available as a shared services platform.

...[W]e see that you can work together in alliances and partnerships and not necessarily take away what makes up the particular organisations that are already there. It is quite a mature conversation that the sector needs to have. There is not support for that mature conversation at the moment because everyone is focused on the how-to, rather than on what is the future we imagine as a sector.⁵¹

3.56 The committee does foresee benefits to the disability services sector—particularly in a small state such as Tasmania—from collaborative arrangements that share resources and rosters between service providers. It may be that effective delivery of services and supports to participants in regional areas of the State will come to rely on these arrangements.

3.57 Mr Dale Eastley of the Multiple Sclerosis Society of Tasmania told the committee that his organisation was 'probably in a better position than most' given it

49 Mr Ralph Doedens, Chief Executive Officer, STAR Tasmania, *Committee Hansard*, 16 April 2014, p. 30.

50 Mr Ralph Doedens, *Committee Hansard*, 16 April 2014, p. 30.

51 Ms Tracey Mackey, *Committee Hansard*, 16 April 2014, p. 29.

had relied on government funding for only 23 per cent of its operations. However, he noted that there are 'some real risks' in terms of fundraising capability:

We started to make changes in terms of where we have done the traditional fundraising side of things, but we do expect that there will be a drop. The fundamental thing for us is to recognise that this is a new start and that we must start from the fundamental premise that this is for the clients. What are the services that we want to be able to provide and who might be attracted to us as an organisation as a quality provider?

For the board to get around that, I basically went to them and said that we have got two choices: either we close the shop or we get on with it. They signed off on the latter, and it was reiterated at the weekend: we want to make that fundamental change. For us to do that, we will have to substantially retrain two-thirds of our staff because they have never worked in a commercial environment. Our clients have never had to pay for the services they have received. So we are going to have a cultural change, with us saying, 'Yes, you've got a care plan and we'll help you through that process, but you're going to have to pay for the specialist advice that you receive from our staff.'⁵²

3.58 Mr Daniel English of Guide Dogs Australia feared that the fee-for-service model will encourage for-profits to grasp commercial opportunities and thereby pose a threat to the financial viability of not-for-profit service providers in Tasmania. As he told the committee:

There are going to be for-profits that will move in, and they will cherry-pick. They will take the services that are the cheapest to provide and yield the highest returns, because they have a requirement to build a profit for their shareholders. There are organisations in this space that do not have access to capital, that do not have access to the resources, that cannot run at a loss for 12 months or two years, but these for-profits can actually run a loss leader, price us out of the market, and yet long term the benefits for participants will be significantly less. This is why we are looking at a process where we have got to make sure that organisations have that access.⁵³

3.59 The organisational structure of Riding for the Disabled has led to some uncertainty as to how it should register with the NDIS and structure its financial arrangements under a fee-for-service model. Ms Cathy Bantick from the organisation's Tasmanian State branch told the committee:

We are a voluntary organisation. We have no paid employees. We are currently not a member of the NDIS. We would like to become one but we are uncertain of the procedure and protocols for doing so, because we are a

52 Mr Dale Eastley, Chief Executive Officer, Multiple Sclerosis Society of Tasmania, *Committee Hansard*, 16 April 2014, p. 28.

53 Mr Daniel English, Chief Executive Officer, Guide Dogs Tasmania, *Committee Hansard*, 16 April 2014, p. 32.

state body with centres running under us. They are all voluntary, but we provide equestrian activities to people with disabilities. With the NDIS packages coming up, and I understand that the plans will be made to suit that individual, we are not certain as to whether we should be a member of the NDIS or whether both the state and centres should register. We do not get any payment for those clients who go horse riding or carriage driving or vaulting. The centres actually get it. Currently, the participants pay the centre.

...

We have a national body—state is a member of the national body—then we have centres under state, which are members of the state body. State gets funding through DHHS, currently, and the centres do not get funding other than grants—or their local councils or whatever—but they charge the clients to access their programs.⁵⁴

3.60 The committee suggested that Riding for the Disabled discuss its arrangements with the NDIA. At the time of writing, the organisation had not had any further discussions with the NDIA about funding arrangements.⁵⁵ It would seem logical that registering the state body as a registered service provider for the NDIS would enable the state body to invoice the NDIA for rides for participants whose plans the Agency manages, while participants who self-manage would pay the centre directly. Riding for the Disabled is unsure as to whether, and if so when, its grant funding from the Tasmanian Government will discontinue.⁵⁶ The committee understands that the state and territory governments are currently participating in workshops to clarify Tier 2 arrangements.

Market information for service providers

3.61 In theory, markets work effectively where information is transparent and known by all competitors. However, as economists recognise, there is often information asymmetry, where one party has more or better information than the other.

3.62 In the case of the NDIS, the NDIA does—and should—hold important information about the number and the composition of packages and where participants and service providers are located. There is a question, however, as to whether service providers should be privy to this information to enable them to plan and make decisions, or whether disclosing this information may risk giving a competitive advantage to particular providers.

54 Ms Cathy Bantick, Office Administrator, Riding for the Disabled Association of Tasmania, *Committee Hansard*, 16 April 2014, p. 21.

55 Telephone conversation with Ms Cathy Bantick, 3 July 2014.

56 Telephone conversation with Ms Cathy Bantick, 3 July 2014.

3.63 These issues have not been pursued by the committee in any detail to date, but they were hinted at in evidence from some service providers in Tasmania. Mr Scott Harvey from the recreation service provider COSMOS told the committee that one of his organisation's concerns was to identify the quantum and the nature of the demand from the NDIS for his service. In his view, there was a lack of information on these matters which was affecting business planning:

The issue for us at COSMOS now is looking at our sustainability. There is uncertainty around where we are going as far as the number of clients we are going to get coming through the NDIS. We fully understand the contestability and that sort of thing and we agree with that. Our problem is that on the other side of that we are not getting much information about what services are being required. So while we are doing our current services it is very hard for us to project into the future and say what we will look like as an organisation, because under the current funding that NDIA is providing for our cohort, we would need to do something different or something more. That is going to be our major issue.⁵⁷

He added:

I think the difficulty we are having as an organisation is working out what the market is and where we can go. I think the details of what types of packages have been given, what the specifics are of what people have been funded to do, is important for us to look forward as far as deciding where as an organisation we are going to position ourselves.⁵⁸

3.64 Mr Glenn Campbell, the Chief Executive Officer of Optia, also identified this as a problem for his business:

We are largely an accommodation and respite support provider. When you project that lack of information long term, we have respite clients who are coming through NDIS and we need to be able to make provision for that respite care, and we need reasonable lead times to be able to make those capital investments. Notwithstanding the sustainability issue and the fact that probably most organisations do not have the balance sheet to be able to develop facilities, even if you are able to get access to capital to be able to do the development, there is a long lead time with that sort of work—whether it be around group homes or respite provision. Even beyond the current lack of understanding of the clients that are coming through, that longer-term ability to project where they are going to be is really critical information for us.⁵⁹

3.65 The committee did hear some positive stories from Tasmanian service providers about their planning for a fee-for-service model. Optia's Chief Executive

57 Mr Scott Harvey, COSMOS, *Committee Hansard*, 16 April 2014, p. 26.

58 Mr Scott Harvey, *Committee Hansard*, 16 April 2014, p. 34.

59 Mr Glenn Campbell, Chief Executive Officer, Optia, *Committee Hansard*, 16 April 2014, p. 26.

Officer, Mr Glenn Campbell, noted that his organisation was making a number of changes to prepare:

One of the peculiar issues here is that we are not able to build any sort of funding reserves. We are doing a lot of the work, and we can talk about some of the preparation work that we are doing. We are doing a lot of work around the way we roster staff and moving to flexible industrial awards, and we are doing a lot of work around our branding, our marketing and rebuilding our structures. We are doing all of that work and the heavy lifting so that in 2½ years we are able to make the transition to a market based environment and will be ready for it.

The issue in Tasmania is that, once we have done the heavy lifting and we are able to build surpluses in sufficient to be able to sustain us for the shift in cash flow, we have to give them back. We have to give back the savings under the funding. That constraints you because, if you make a loss, then you wear your loss; if you make a profit, which is to build reserves for the future, you have to give it back. So you are never able to get there. One of the things for us is a real need for change in the contracting environment with the state government. That is a particular issue.⁶⁰

Gaps in services

3.66 An obvious concern in a small market such as Tasmania is whether there will be an adequate supply of services and service providers to satisfy demand in a system based on individualised supports through a fee-for-service model. The advent of the NDIS trial has attracted more service providers to the State. As Ms Ham told the committee:

We do have an increased number of providers that have now registered to deliver funded supports. I think when we started there were around 45 specialist services in the state. We now have around 130 registered providers, ranging from sole traders to the specialist disability sector to mainstream organisations that are starting to register to think about what they can offer to participants, and also the private sector.⁶¹

3.67 On notice, the NDIA added :

Sixteen providers are mainland-based while the rest are all local organisations. All organisations that provide only disability-specific services have registered, and over the past few months many of those organisations have increased the range of services that they are registered to provide. The NDIA has also seen an increase of registered providers from the non-disability-specific 'mainstream' service sector – for example, taxi companies (to enable invoicing to the NDIA for participants) and the not-for-profit sector. Disability organisations have increased the services they were initially registered for, thereby suggesting an expansion of service

60 Mr Glenn Campbell, Chief Executive Officer, Optia, *Committee Hansard*, 16 April 2014, p. 27.

61 Ms Sue Ham, *Committee Hansard*, 17 April 2014, pp 16–17.

delivery. New providers are coming into the sector, either as sole providers or new not-for-profit organisations, established specifically to meet the needs of NDIS participants.⁶²

3.68 The NDIA told the committee that one of the problems compounding the challenge of plan implementation in Tasmania has been the lack of services available, particularly in transport, housing and informal supports such as respite.⁶³ The committee highlights that the issue of adequate funding and support for respite services has been a serious issue for people with disability for a long time.

3.69 Mr Glen Cockerell, a parent of an NDIS participant in Tasmania, told the committee that the shortfall and irregularity of staff meant that continuity of respite was a problem for his son. He noted the importance of having the same carers for his son's development.⁶⁴ Ms Ham told the committee that the NDIA would be talking with providers about how to address the inadequacy of respite service, particularly in regional areas of the State.⁶⁵

3.70 The committee is encouraged that the NDIA in Tasmania appears to have a systematic approach to identifying and responding to service gaps. Mrs Jenny Edwards, the NDIA's Director of Service Delivery in the State, told the committee:

What we are doing as a matter of routine is making sure that, where there are gaps in services, and where people cannot enact components of their plan because of that, we capture that, and that that becomes a piece of work for our LACs in conjunction with the engagement team to address. I come from the deep north-west, where there are fewer services than elsewhere. So we are making sure that we collect that information and do something with it.⁶⁶

3.71 The committee notes that the problem of gaps in service provision is not unique to Tasmania. Chapter 4 on the Hunter trial also identifies some shortfall in service provision.

Recommendation 2

3.72 The committee heard evidence that 'gaps in service' have been identified in each of the trial sites. The committee recommends that further work be 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.

62 NDIA, *answer to question on notice number 12*, 22 May 2014 (received 16 June 2014).

63 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 21.

64 Mr Glen Cockerell, *Committee Hansard*, 16 April 2014, p. 11.

65 Ms Sue Ham, *Committee Hansard*, 17 April 2014, p. 22.

66 Mrs Jenny Edwards, Director of Service Delivery, National Disability Insurance Agency, Tasmania, *Committee Hansard*, 17 April 2014 p. 22.

Achieving greater economic participation for participants

3.73 A critical factor in the success of the Tasmanian trial—and indeed the Scheme generally—will be the capacity of providers to support participants to gain and maintain employment. The committee acknowledges that there are some complex challenges in this area, such as the link between NDIS funding on the one hand and an employer's obligations on the other. Ms Donna Bain of the Tasmanian Association of Disability Employment Services told the committee:

There may well be a situation that arises in the future with a participant employee where, for whatever reasons, their funding support changes. Their employment with me remains unchanged—I still have an obligation as an employer under fair work legislation and all the other bits and pieces to continue to employ them—but there may well be some viability issues that arise if that funding package decreases substantially or disappears and that employment obligation still exists. So probably over the next few years we need to tease out some of those issues about how we might work those arrangements so that we do not disadvantage people with a disability; so that they can continue to work for as long as they want to and do a variety of things but understand that the employment context in which that occurs in supported employment is a little bit different to the relationship they have with a community service provider or their accommodation provider.⁶⁷

3.74 Ms Bain emphasised that the NDIS is not the panacea to all the barriers faced by people with a disability in achieving economic participation.⁶⁸ She told the committee that broader cultural issues also need attention, one of which is the attitude of corporate Australia:

There are a whole series of cultural issues that we need to change in Australia. Until businesses catch up, I will continue to have a job, but there are other ways for the commercial world to be involved. For example, we are constantly working with customers about providing labour force teams—that is, taking a team of my employees out to their workplace, working alongside their workers to do all sorts of bits and pieces, whether that is packing timber, catering, washing cars, all sorts of things. That is part of the way of engaging my supported workplace in their business: they are my employee, but they are in their business. That starts to dismantle some of the barriers.⁶⁹

...

The other thing is about encouraging corporations to procure from ADEs. For example, we have developed a wonderful relationship with a Melbourne based company. They came to us and said: 'We would like you to cut parquetry flooring. We will buy you the parquetry cutting machine,

67 Ms Donna Bain, President, Tasmanian Association of Disability Employment Services, *Committee Hansard*, 16 April 2014, p. 19.

68 Ms Donna Bain, *Committee Hansard*, 16 April 2014, p. 20.

69 Ms Donna Bain, *Committee Hansard*, 16 April 2014, p. 20.

we will install it at our expense, we will write the safe work method statements that go with that, we will put in all the ducting and wiring and then we will provide you with the parquet flooring to cut.' They have worked out that we are really good at providing supported employment; we know what we are doing. It does not make sense for them as a business to try and do that in their enterprise. What they want to do is build our capacity in our enterprise so that we can do that and employ more people.⁷⁰

3.75 Mr Peter Symonds, General Manager of the Ability Tasmania Group, told the committee that the introduction of the NDIS threatened the viability of successful State-funded programs to transition people with disability into work. He explained:

The rollout of the NDIS in Tasmania has created a significant barrier for people with disabilities, who may need extra time and real experiences to learn about real work...The COAG Reform Council showed that in the period 2005 to 2010 there was an 18 per cent increase in the number of people going into non-work segregated day programs. The research shows that for people with cognitive impairments a longer transition period post school needs to occur, as the maturation process is slower. We know that people with cognitive impairments need real work experiences to understand what work is like in a particular setting and how it is done. We know this not only through the study of the successful programs overseas but from what we have done here in Tasmania. We self-funded a program with TasTAFE in 2013, assisting 12 school leavers in their transition to work process. Seventy-five per cent of those 12 found work two months within leaving school. The national average for people with disabilities finding work in the employment program is 30 per cent. Sixty-six per cent of those people will go on to hold their job for 26 weeks or longer. The national average is 28 per cent, and here in Tasmania it is only 25 per cent. Pre-NDIS such a work experience program which produced these outcomes was funded by the Tasmanian supporting individuals pathways program. That no longer exists because it was taken over by the NDIS at the end of 2013.⁷¹

3.76 Mr Symonds told the committee that if a person is deemed to have a work capacity of eight hours-plus in their job capacity assessment, he or she is ineligible to have work preparation or work in their NDIS plan, or funded through their NDIS plan.⁷² He argued:

So...what needs to happen...is that the NDIS needs to allow work preparation to be included in the plans of any NDIS participant who wants that work component in there. Otherwise, we condemn or re-condemn a

70 Ms Donna Bain, *Committee Hansard*, 16 April 2014, p. 20.

71 Mr Peter Symonds, Chief Executive Officer, Ability Tasmania Group, *Committee Hansard*, 16 April 2014, p. 15.

72 Mr Peter Symonds, Chief Executive Officer, Ability Tasmania Group, *Committee Hansard*, 16 April 2014, p. 16.

number of young Australians with a disability into the segregated and disadvantaged lifestyle that they currently experience.⁷³

3.77 The committee sought clarification on this point from the NDIA. The NDIA noted that work and work preparation can be included in a participant's plan.

In developing a plan with a participant, all planners are mindful of the need to address likely employment options with participants, if this is at all feasible – from working in Australian Disability Enterprises through to full time employment.

...

Some programs are available through mainstream services such as private training colleges, TAFE or University and some are provided by disability specific providers such as Australian Disability Enterprises and Disability Employment Services. NDIA will directly assist or fund the means of accessing mainstream services and will link the participant with disability specific services.

Examples of initiatives by NDIA are: funding a place in an Australian Disability Enterprise to enable a participant to obtain specific work skills following which he will be linked to a Disability Employment Service to find appropriate employment; a contract with TAFE Tasmania to cost effectively provide necessary personal care and other assistance for school leaver students with disability commencing at TAFE colleges in 2014; a mother who was able to return to the workforce because assistance was made available for her child who had a severe disability.⁷⁴

Recommendation 3

3.78 As people transition to the NDIS, the committee is cognisant of the need to assist people develop the necessary skillsets to enable them to successfully move into the workplace environment and participate in the workforce, where possible. The committee recommends that work be conducted through the relevant Commonwealth departments of education and employment to assess what is and can be done to help participants make these choices. The committee also recommends working with employers to appraise issues concerning disability discrimination in the workplace, and remove barriers through education and reform to better integrate NDIS supports.

73 Mr Peter Symonds, Chief Executive Officer, Ability Tasmania Group, *Committee Hansard*, 16 April 2014, p. 15.

74 National Disability Insurance Scheme, 'Employment Opportunities through NDIS', *response provided to committee on 10 July 2014*.

Training and qualifications for disability support workers

3.79 The committee heard of the impediments facing disability support workers in accessing appropriate and affordable training to continue providing a quality service to their clients. Mr John Ferguson, a disability support worker with Able Australia, noted that being able to receive direct support for studying a Certificate IV would suit his needs better than the current system of being funded through his employer. As he told the committee:

Able Australia have to get funding to put staff through it. Then you attend the class once a month, through them, and it takes 18 months. You have got to sign a contract to do that—to commit for the full 18 months with one organisation. Personally I would find it more beneficial to do it through correspondence or attending part-time study at night and doing it individually. But, to do that myself, from what I have looked at, the courses are between \$3,000 and \$5,000 if you go through an organisation in Tasmania that is not polytechnic. As a support worker, the way it affects me, I know another state like Victoria they fund courses like that for the disability industry. So you can do the course and there is funding for it through the private training organisation. Would there be any implementation for that in Tasmania—so you can do it individually and you do not have to go through your organisation and go through the processes of that?⁷⁵

3.80 Mr Nathan Balcombe of Anglicare noted that the lack of staff qualification is a 'big issue', particularly given the requirement of a Certificate IV for higher needs support positions.⁷⁶ The committee makes a recommendation on the need to develop a workforce capacity building strategy in chapter six (recommendation 14).

Travel costs

3.81 At the Hobart hearing on 17 April 2014, the committee asked the NDIA whether it will take into account the time it takes a carer to drive to the participant's location and back, and to complete their paperwork, as part of the Agency's unit pricing. Ms Ham explained the rationale for the development of unit pricing as follows:

The prices that have largely been used in Tasmania are based on the unit pricing that the Tasmanian government developed when they outsourced all of the disability services to the non-government sector. As I understand it, that unit pricing took account of back office administration into that hourly rate.⁷⁷

75 Mr John Ferguson, *Committee Hansard*, 16 April 2014, pp 8–9.

76 Mr Nathan Balcombe, *Committee Hansard*, 16 April 2014, p. 12.

77 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 19.

3.82 The NDIA's responses to the committee's questions in Tasmania on how it deals with transport costs reflect inconsistency and a lack of clarity.⁷⁸ At the public hearing, the NDIA suggested that if an hour is allocated, then this is interpreted by the NDIA as time to be spent with the participant.⁷⁹ It had built up to ten kilometres of travel costs into the unit price of the service being provided, but beyond this, providers were only eligible for mileage based on the Australian Taxation Office rates.⁸⁰ Unless 'part of the service is to collect that participant and take them somewhere in the car'⁸¹, the NDIA indicated that providers were not otherwise compensated for travel time beyond the ten kilometres.⁸² Again, this was based on the 'understanding [that] the unit price that was established by the state government also took account of the fact that a support worker may have to travel to deliver that hour of service...'.⁸³

3.83 On notice, however, the NDIA provided the following response:

Providers are reimbursed for travel beyond a 10km round trip *at their usual hourly rate* (emphasis added). A calculator is available on the National Disability Insurance Scheme website to enable Agency planners, participants and providers to calculate these amounts.

This pricing arrangement was developed to encourage efficient rostering by providers.

It is an aspect of the current pricing review being conducted by National Disability Insurance Agency in conjunction with National Disability Services (NDS).⁸⁴

3.84 The issue of transport costs is raised in later chapters of this report. The committee flags here that it is an area that the NDIA needs to address the conflicting advice and interpretation provided both to the committee and the sector as a matter of urgency.

Accommodation and housing

3.85 Housing has long been a significant issue all across Australia (i.e. this issue has not emerged with the launch of the NDIS). The NDIS presents an opportunity to address the issue of housing for people with disability. This will require discussion by participating governments through Council of Australian Government (COAG) about

78 See the evidence of Ms Sue Ham and Mrs Edwards, *Committee Hansard*, 17 April 2014, pp 18–19.

79 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 17.

80 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 18.

81 Mrs Edwards, *Committee Hansard*, 17 April 2014 p. 19.

82 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 19.

83 Ms Sue Ham, *Committee Hansard*, 17 April 2014 p. 19.

84 NDIA, *answer to question on notice*, 22 May 2014 (received 16 June 2014), p. 11.

appropriate strategies for developing mainstream services to ensure an adequate supply of appropriate housing as the NDIS rolls out across the country.

3.86 Parents of participants voiced significant concerns they held about the lack of availability of long term supported accommodation options:

My next step now is to aim for fully-supported accommodation for them. I am no spring chicken—I am 60 this year—and I have to project where my children go from here and I am hoping that the NDIS will be able to provide that. I am not demanding it or expecting it, but I am hoping. The infrastructure in Tasmania for fully-supported accommodation seems to be lacking. The next focus for me is to try to have built accommodation—whether it be state or federally supported accommodation—with real estate that will allow fully-supported accommodation to be long term and not short-term rentals with support provided to them, an actual residence that is long term and permanent and theirs to live in and resourced accordingly.⁸⁵

3.87 Mr Glen Cockerell, the father of a 23 year old man with autism, told the committee that he had commenced discussion with his NDIA planner to try and find long term supported accommodation. He recognised that while it is 'a slow process', '[I]t will happen eventually, hopefully'.⁸⁶

3.88 In response, the Committee Chair emphasised the need for more work on housing options through close collaboration between the NDIA, the Commonwealth and State Governments:

We on the committee all recognise, and the whole sector does, that that is a really big problem. We do not have the answers for that yet, but we have to work towards those answers. The NDIA has done some work, which they will release shortly. There are regulations around how you can build houses that allow more than two families to live in them, and there are all sorts of things which are different in Victoria to Queensland to New South Wales and to Tasmania. That is why we say this has to be a holistic approach. It is at every level. If we are going to come up with supported accommodation options beyond what has always been there, we will need people to work together and perhaps change some of the things that are way beyond disability. They are about building codes and things like that which might work. That is the level of detail that people are going into, Glen, so that people like your son can have options in the years to come.⁸⁷

3.89 The Director of Disability and Community Services at the Tasmanian Department of Health and Human Services, Ms Ingrid Ganley, outlined for the committee some of the accommodation projects that the state government is currently financing:

85 Mr John Coyle, *Committee Hansard*, 16 April 2014, p. 2.

86 Mr Glen Cockerell, *Committee Hansard*, 16 April 2014, p. 11.

87 The Hon. Mal Brough, *Committee Hansard*, 16 April 2014, p. 11.

We have a project on the go at the moment which is called Trinity Hill, which is a mixed accommodation model for young people, and we are building 18 units for people with disability as part of that overall complex. It is actually inner city, co-located near educational facilities, with the aim to bring that in, and we are targeting that at our NDIS participants. That should come on line. It is being conceptualised at the moment. It will take a while to get built.

We also have a model that is being built in the Kingston area from some SAF funding—that is the supported accommodation fund. A group of families got some funding, and they are building a unit complex with a house. Part of that facility is being targeted for this cohort group when that gets built.⁸⁸

3.90 In addition, Ms Ganley mentioned that she was aware of other work currently underway at a national level through the NDIA on accommodation more generally:

We are aware that the agency is working on a paper around housing and housing options, and the state government housing sector has met with the agency to discuss that. There has been a housing conference that both Housing and the community sector were at. I think it is happening more at a line agency and agency level at the moment about: what are the options? I think the will is there; it is just really: how can we look at the capital investment and get the buy in for the funding?⁸⁹

3.91 Mr Noel Mundy, the State Director of Mission Australia, Tasmania, added:

It is absolutely a major issue, but also the state government started—12 months ago, Mission Australia took over 500 properties as part of Better Housing Futures, which is a rollout of the tenancy management, and then in March they announced another three organisations in other various regions of the state, so there are about 4½ thousand properties in total. Certainly I know from our organisation and from discussing with the other housing providers as well that, as part of rejuvenating those local communities, we will be building new properties, and a percentage of those will be available for people with disability. Again, we will not be providing the service, so we will be working with the various disability agencies. That is another thing that will come online over the next few years. By the end of this calendar year, our organisation is planning to build another six properties in the location we are in.⁹⁰

88 Mrs Ingrid Ganley, Director, Disability and Community Services, Tasmanian Department of Health and Human Services, *Committee Hansard*, 17 April 2014, p. 12.

89 Mrs Ingrid Ganley, *Committee Hansard*, 17 April 2014, p. 12.

90 Mr Noel Mundy, *Committee Hansard*, 17 April 2014, p. 12.

Committee view

3.92 The committee recognises the many achievements made in the first nine months of the Tasmanian NDIS trial and congratulates everyone involved.

3.93 As of 31 March 2014, three-quarters of the nearly 600 young Tasmanians with plans were accessing mainstream services. The pre-existing Gateway system has undoubtedly helped to ensure that participants have received supports and advice in a timely manner. The feedback from participants seems overwhelmingly positive, and the service provider sector appears to be growing, energetic and engaged with the challenge of moving to a fee-for-service model.

3.94 There remain some significant challenges, however, for both the market and the NDIA to provide adequate services in regional and remote areas of the State and to ensure that eligible participants are enacting their plans and receiving supports. There are also challenges in Tasmania that are common to all trial sites, such as the accessibility and readability of information for participants and carers and the need for a more coordinated and strategic approach to housing and supported accommodation.

3.95 The committee emphasises the importance of planners canvassing NDIS participants' employment options. A successful transition from a school environment to the workforce where possible is crucial in terms of the long-term well-being of a person with disability and the outcomes for the community as a whole. To this end, the committee emphasises two key issues:

- the importance of enabling work preparation, and work itself, to be included in a participant's plan where possible; and
- that the NDIA, the Commonwealth Government and the Tasmanian Government to work closely with those Tasmanian businesses and educational facilities that train and employ people with a disability, and encourages corporations to continue to procure from disability enterprises in Tasmania.

