

COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

Joint Standing Committee on the National Disability Insurance Scheme

Wednesday, 6 April 2016

Townsville

BY AUTHORITY OF THE SENATE

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Joint Standing Committee on the National Disability Insurance Scheme

Wednesday, 6 April 2016

**Members in attendance:** Senators Lindgren, Siewert, Urquhart and Mr Billson.

**Terms of Reference for the Inquiry:**

To inquire into and report on:

a. the implementation of the National Disability Insurance Scheme;

b. the administration and expenditure of the National Disability Insurance Scheme;

c. any matter in relation to the National Disability Insurance Scheme referred to the committee by a resolution of either House of the Parliament.

ARMSTRONG, Ms Paige, Chief Executive Officer, Queenslanders with Disability Network1

CAMPBELL, Ms Colette, Wheelz Mobility, Townsville1

DOUGLAS, Ms Margot, Private capacity1

EDWARDS, Ms Merle, Private capacity1

GLANVILLE, Ms Louise, Deputy Chief Executive Officer, Stakeholder Relations, National Disability Insurance Agency22

GURR, Mr Peter, Board Director, Queenslanders with Disability Network1

HOGAN, Mr Michael, Director-General, Department of Communities, Child Safety and Disability   
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HOPPER, Mr Lincoln, Chief Executive Officer, MS Queensland1

LLOYD, Ms Louise, Executive Officer, Down Syndrome Queensland1

McCARTHY, Mr Christopher Terrence, Chief Executive Officer, Hear and Say Centre for Deaf   
Children1

MEWETT, Mr Peter, Chief Executive Officer, Cutharinga, North Queensland1

MORAN, Mr Garry, Acting Community Development Manager, Deaf Services Queensland1

NELSON, Mr Richard, State Manager, National Disability Services1

O'BRIEN, Mr James, Director, Market Engagement, National Disability Insurance Agency22

O'TOOLE, Ms Catherine Elizabeth, Chief Executive Officer, Supported Options in Lifestyle and Access Services Ltd1

OWEN, Ms Jessica, Private capacity1

RUSSELL, Ms Amy, Speech Pathologist, Hear and Say Townsville1

SPAVEN, Ms Lea, Director, Stakeholder Management, National Disability Insurance Agency22

STEELE-WAREHAM, Ms Pam, Regional Director, Far North Queensland, National Disability   
Insurance Agency22

WASHINGTON, Ms Paula, Family Relationship Services Manager, Centacare North Queensland1

WEBBER, Ms Ruth, Chief Executive Officer, Down Syndrome Australia1

WOODS, Ms Geraldine, Executive Director, Whole-of-Government National Disability Insurance   
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**Committee met at 10:33**

CHAIR (Mr Billson): Ladies and gentlemen, thank you for joining us on another beautiful day in North Queensland. I apologise for looking very much like a southerner wearing a tie, but that is out of respect and courtesy to all of you. I am trying to look the part, and I thank those who have followed my lead.

I declare this hearing of the Joint Standing Committee on the National Disability Insurance Scheme open. These are public proceedings, although the committee may determine or agree to a request to hear evidence in camera if that is something you would like to discuss with the committee. I remind all witnesses that, in giving evidence to the committee, they are protected by parliamentary privilege. It is unlawful for anybody to threaten or disadvantage a witness on account of evidence given to a committee, and such action may be treated by the parliament as a contempt. It is also a contempt to give false or misleading evidence to a committee. If a witness objects to answering a question, the witness should state the ground upon which the objection is taken and the committee will determine whether it will insist on an answer, having regard to the ground which is claimed. If the committee determines to insist on an answer, a witness may request that the answer be given in camera. Such a request may also be made at any other time. I remind all contributors that you cannot divulge confidential, personal or identifying information when you speak. If you wish to supplement your evidence with written information, please forward it to the secretariat after this hearing.

After that very warm and engaging welcome, we are here to learn from you and to draw in your evidence. The committee's job is as an oversight on behalf of the parliament to see that the scheme is achieving its objectives and to account to the parliament for progress and to interact with the agency, service providers and the broader community. We are at a very early stage in the North Queensland rollout but we are keen to draw in your insights and wisdom to help with a successful rollout of this initial phase in North Queensland, to apply learnings that we have had from other regions that will help with the success of the rollout and to make sure that we build a very solid foundation for a successful, full implementation of the scheme. We are describing this on some occasions as a bit like flying a plane while we are building it. There are character-building moments and insights and things that we can learn along the way, and that is a key part of today's proceedings.

For those who are not aware, we were on Palm Island yesterday to see how preparations were going there. We were encouraged to hear that they were on track and on time with the progress on Palm Island. There are also a number of national disability insurance agency staff who will be with us today. Later in the day, we will be questioning them, along with representatives from the Queensland government, about preparations.

That is essentially where we are at. Now the good part of it is that it is over to you. We welcome any observations, insights or comments that you would like to make, whether it be a service provider, your preparedness to respond to clients looking for your services, changing business modes from block grant funding and predictability to needing to delight and enchant clients with flexibility and adaptation to the service offering and how well clients and their carers are navigating this new system, which is not only empowering in terms of the choice available but also one where navigating those choices to best achieve a client's ambitions for a fulfilling and meaningful life can be quite challenging and needs some capacity building. Who is courageous and would like to open the batting with some observations?

Ms O'Toole: Thank you for the opportunity to speak today. SOLAS stands for Supported Options in Lifestyle and Access Services. We are a specialist mental health service. I would like to briefly touch on three key areas: firstly, mental health; secondly, Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities; and, thirdly, rural, remote and very remote communities.

SOLAS is a specialist mental health community managed organisation with a head office in Townsville. We have an office on Palm Island, which you would have seen yesterday.

CHAIR: Thank you for accommodating us.

Ms O'Toole: That is okay. We have offices in Charters Towers. There is soon to be one in Hughenden and in Mount Isa.

What we do know about Queensland? We know that that 4.7 million people live here in Queensland. We know that 240,000 people live in the Townsville region. We know that 8,000 to 9,000 people live with serious to severe mental illness. We know that 3,700 people are supported by the state clinical mental health services. We know that 1,000 people live with severe and persistent mental illness and that 1,000 people with psychosocial disability are eligible for the NDIS individual funding package. What we do not know: what is the percentage of the 8,000 to 9,000 people who are not actively help-seeking? What is the total number of people help-seeking within the NGO sector and the total number of people help-seeking with GPs and private services?

Last year, we provided support to 1,097 people living with mental health conditions, and we have done similar work over the past 20 years. We constantly have waiting lists. Based on the information from the NDIS trial sites that we visited in Barwon and Hunter, we anticipate that 768 of the people that we support may not be eligible for an individual funding package. So, from a mental health perspective, it must be recognised that the NDIS is not the only solution for people living with a mental health condition. This means that the implementation of the Australian government's review into mental health programs and services must happen.

The NDIS solutions for Aboriginal and Torres Strait Island people and the culturally and linguistically diverse community need great attention. Certainly, that has happened in Townsville with Palm Island, and my commendation absolutely goes to the NDIS for listening to the community and engaging a local area coordinator who lives on Palm Island and is part of that community. That is something we think needs to be rolled out across the remote communities. However, my observation would be that, in terms of the culturally and linguistically diverse community, there needs to be much more attention. Aboriginal Torres Strait Islander people as well as people from culturally and linguistically diverse backgrounds are far more collective communities in the way that they think. They do not think from a position of individual entitlement. So that is a very different position, and the way that we work in and support those communities needs to be looked at. The cultural and linguistically diverse background is really important here because Townsville is a resettlement city, so there is a great population of people here.

In terms of the provision of NDIS supports in remote, very remote and, to some extent, rural communities, transportation will be an issue. On Palm Island, you would have observed that yesterday. You need to fly in and fly out. The boat does go relatively regularly, but it only stops for 20 minutes and then it returns back to Townsville. So transportation is an issue, and you would have observed that on-island transportation is an issue; the communities are spread quite widely on the island.

On the need for local supports to be delivered by local people, one of the things that we have observed in our organisation is that it is possible—and it is the most rewarding, effective and efficient way to deliver services—to build the capacity of local people to deliver their own services. We have been on Palm for about nine years, and we employ local residents of Palm Island and we have trained those people to deliver the work. You get instant buy-in into the community, people know who they are talking to and there is immediate trust; it is much more effective.

Access to high quality internet connectivity to enable the use of telemedicine telehealth and Skype type services will be absolutely crucial to a successful delivery, particularly when you are talking about allied health type services. For example, if you think about speech therapy, a speech therapist would visit the person maybe weekly or fortnightly, but for that therapy to be effective, it is absolutely essential that that child practices every day. So the investment in working with families to support them to understand the need for the practice is it appropriate type of practice would be critical as well as looking at how we can build a community of therapy assistants in some rural and remote communities. On the issue of connectivity—from my experience here, in terms of Palm Island, Charters Towers and Mount Isa—we have huge difficulty in connecting with our offices via Skype type arrangements for meetings and education.

CHAIR: On that point, Cathy, you would have your specialists, wherever they are, beaming in and interacting with the clients?

Ms O'Toole: Yes. Local area coordination and community connection activities need to be delivered by local people. As I said, I have to offer great congratulations on that on Palm Island, because that will be very effective. We believe that that is the only real way to get a genuine buy in in rural and remote communities, regardless of whether or not they are Aboriginal and Torres Strait Islander communities. The other issue would be understanding what the existing the technologies and supports are in those local communities—for example, what does the School of the Air and have to offer? What technology do they have? There would be existing technologies and supports. How do we capitalise on those?

Another issue is around pricing. When you look at rural and remote capacities—and if you take Palm as an example—transportation costs by air are not cheap. We need to be really cognisant of that.

In closing, what I would like to say is that investment upfront in building the capacity particularly in local, remote and very remote communities will be expensive, but it will be far more efficient in the long term. Given that the premise of the NDIS is to create the best opportunity for the person to live the best life they can live in terms of choice, control and supports that are necessary and reasonable, there is also an expectation that people will have the right to access employment, which is absolutely a human right and crucial. Building these sorts of services in those local communities also builds their economies. So, it is not just about supports; it is also about how you have a sustainable economy in a remote community. If you look at our drought-affected areas at the moment, that would be a welcome relief. Thank you very much.

CHAIR: Thank you, Cathy. A great contribution.

Senator SIEWERT: You have raised lots of issues in your very good submission.

CHAIR: It's about eight that I've got!

Senator SIEWERT: Yes, not just the three that were first listed. I want to go to the issue of capacity and capacity building in local communities which you were talking about. Our experience in Palm yesterday was really important in terms of the work that has been put in to build capacity. How aware are you of the access of organisations in North Queensland to the money that is and was available for organisations to start doing that capacity building?

Ms O'Toole: I cannot answer that question for other organisations. My observation and our experience is that we did not get access to much of that at all, and when the opportunity to bid for it came along it was very quick and complex. I guess because we have been working in this space for quite a while we have been doing it anyway. There are ways that you want to gear that capacity building. On Palm, we employ people who have never had a job, so there is that whole understanding of what it is to go to work. The other thing is the lateral violence on Palm; to be really honest, it is really challenging. Those people are getting up and going to work and doing the best they can. It is not always easy for them at home either. So we need to think about that. For us, it is not only education in terms of 'what is it that you are doing and how do you do that in the best possible way?'; it is also about us having to take on flexible work arrangements—and we have done that. We have used full-time positions, FTEs, and created more jobs, because for people who have not worked before—the island is very different, as communities are—full-time work seems to not work but 20 to 30 hours creates more jobs and people come to work. This myth that people will not work is absolute rubbish, but it does require a huge amount of effort on our part to ensure that we put the right supports in place.

Senator SIEWERT: Do you think further support for capacity building is required? I am seeing another nodding head! That is a general question, so other people can address that issue as well later.

Ms O'Toole: I think it is. What you need to do is come to the communities and ask: 'What might that capacity building look like?' We tend to have a system where it is all about what other people think we need. If you come to us and engage in a way that is purposeful, meaningful, trusting and genuine, we will have very good conversations and be able to tell you what we think we need. I think that will be effective, particularly when you are talking about remote and very remote and rural communities.

Senator SIEWERT: There is the issue around pricing that you raised. Obviously, it is common across Australia, but I particularly want to ask about the rural and remote pricing. Do you have suggestions around what should be done there?

Ms O'Toole: We are having a look at that internally ourselves at the moment. We have an expert coming up next week to work with us for a couple of days in our organisation, so I will be a bit clearer about that then. The issue on Palm, for example, is that to get good services and resources to Palm is incredibly expensive. For example, if I need the car serviced and the mechanic is not working, it is $500 to get the car from Palm to Lucinda. I have not put in any cost for a staff member to drive it, get it to Townsville and then get it serviced. To buy a loaf of bread on Palm Island is $5.60. That is outrageous. Everything costs more. It is about being aware of: how does that economy work; and what are the burdens, issues or challenges that we face? And I think you will find that they will be discrete and quite individual across different communities. Probably a one-size-fits-all may or may not work.

CHAIR: One of the things that we heard constantly yesterday was about accommodation: that the Palm Island community, as a family, would feel some responsibility towards a family member living with disability but that that may manifest itself in the family member, perhaps, spending different periods of time with different family members. It was put to us that supported accommodation was crucial and then an agile mechanism for home modifications and some stability in accommodation would be a key foundation to have all the service delivery achieve its goals. Could you reflect on those observations?

Ms O'Toole: I would absolutely agree. You would find most of the new houses that were built over there are two-bedroom, which is interesting enough on its own. We have a real issue with accommodation for people who suffer severe and persistent mental health. As it is, we do not have any accommodation here. The supported accommodation on Palm would provide the respite that people need when they need it. What we observe is that a number of people we support are literally couch surfing from maybe the women's refuge shelter to a family friend then maybe a grandma or an aunty—it really is a big issue. Then you lose traction with the support as well, because people are hopping around all the time, so I think it is a major issue on Palm but it is also an issue in the north.

CHAIR: Both supported accommodation and respite?

Ms O'Toole: Yes. There is very little respite, and you probably have got some people on Palm in the aged-care facility who probably do not need to be there.

CHAIR: The case where there is one in the health facilities that was the nearest, neatest, correct entry for appropriate accommodation and that had a domino effect.

Ms O'Toole: We have that here: we have people whose home is the acute mental health unit—that is nowhere to live.

Senator URQUHART: I wanted to ask about the housing—thanks, Bruce, for raising that. When we were on Palm, we heard exactly that: that there was not enough adequate type housing. We did hear a lot about supported accommodation and the need for that but, particularly, the need for respite as well. We did have a little bit of a drive around. Daphne took us around, and we saw where there was some new accommodation being built. It looked to me to be on the sides of hills. It was quite steep. I guess I do not know whether any of that—you talked about two-bedroom—caters, or do they look at catering for people living with a disability when they are actually building those new houses?

Ms O'Toole: I think there were a couple, and I would say a couple.

Senator URQUHART: That is not enough?

Ms O'Toole: No, and if you look at those houses, there are elderly people living in some of those properties on the side of a hill as well. The other thing to understand is: the population on Palm is quite transient between Palm and Townsville, Charters Towers and Mount Isa. People move around, because family is in all of those places, so it is a bit hard to get a handle on exactly how many people live there. However, I think, when you look at it from the NDIS perspective and housing, that is a very different lens. When those houses were built, they were not built with that lens; they were built because there was no accommodation.

Senator URQUHART: Okay. They were built purely, because they needed housing as opposed to the type of housing that was considered.

Ms O'Toole: That would be my view.

Senator URQUHART: Is your organisation working in any way with the Queensland government to try and overcome some of those issues and work with them? I guess you raised the issue about mental health particularly, and that the NDIS is not going to be the answer to some of that. I assume that, if someone has not got a home to go to, that must be anguish for them as well to not have a permanent place of residence, which obviously would not help their mental health. Are you working with the Queensland government in terms of how you deal with that problem?

Ms O'Toole: We have been. The most recent bids that came out for housing—we were at the beginning of the process—were people who were well-established. We need to do a bit more work on that, and it appears that there are some funds coming through. I think we need a collective solution. I think that is the other thing about the NDIS: it is not about us as service providers; it is about the people who need the service, so we have to put our egos in our back pockets, work a little bit more collectively, and ask 'What is the solution that we need for this community?'

Senator URQUHART: Does that happen now? As service providers, do you feel like there is a network or can that be improved?

Ms O'Toole: In the mental health community—and that is the only community I can really speak to; I do go to some of the other meetings—yes, it does happen. You will find in communities like this, because we are so far from the capital, that we do do that.

Senator URQUHART: I come from a region in north-west Tasmania, so I am aware of the isolation from larger cities. Thanks, Cathy.

Senator LINDGREN: You may not be able to answer this question, but since you have some knowledge about the housing on Palm Island: would you be able to confirm what you believe the cost of a two-bedroom house might be on Palm Island, for example?

Ms O'Toole: I do not know the exact figure, but I could suggest to you that it would be double what it would cost you to build the same house here. If it was a $300,000 house, it would be $600,000 over there. I know that from renovations I have had to do.

CHAIR: Cathy, spectacular opening. Thank you. Are there other observations, polite heckles or early insights?

Mr Nelson: I am National Disability Services' state manager here in Queensland. If I could just briefly respond to the question around capacity building: we do need more. It is absolutely critical. We have had some conversations just recently about the federal Sector Development Fund and how that might be spent in Queensland. We are certainly looking to work with colleagues in the state as well as the NGO sector. We think that there is still quite a lot of work to do in that space. We have used what resources have been available to us, as a sector and as service providers, to do the preparation that we need to do. With great courtesy and respect to both my state and federal colleagues, it is not an easy task, as you are probably aware. We have got to do a lot of change.

I will just make a couple of notes around the way we might understand the demand for service, so how that might look. We are doing a lot of work with the NDIA and the market stewardship group around what that might look like in terms of data. But we have got to look at changing a range of things within our organisations. I am told that we need to look at our procedures and our processes, we need to have a look at our organisational structures, we need to do planning, we need to look at our culture and we need to look at our leadership. I know I am not telling you anything; but that job in front of us is a significant one. Not that we have only got three years, because I think we have got plenty of years.

We have got a really good network here, and the network has said, 'We, as service providers, want to look at transition in the best way possible.' We need to talk to our colleagues in the NDIA and the state department about how we might do that transition, how the state might exit and how we might enter a new market. We want to do it together. We want to understand what the issues are to try to solve those together, take some leadership as the sector here in this community and do that together. We have got our own group; it is called a transition group. There are many members of that transition group here today. We want to grapple with those issues and keep a watching brief on those things that are important to us today, but we know that we cannot solve those issues right now because we not that far into the transition and we are not that far into the NDIS. We understand what is important.

As new things come to light that we had not anticipated, because we cannot predict the future because it is very uncertain, what are we going to do about those issues when we find them? How might we take leadership as a sector? If I imagine a question from you about what sort of support do we need, I think we need support in looking at how we might monitor the transition and understand what the issues are, how our actions are responding to those situations, what we are going to do about those actions, what impact those actions are having on our services and whether we actually meeting the supply demands necessary to meet the service demands. Maybe that is a little bit convoluted, but what I am saying is that the task in front of service providers is significant. We have had support from the state and federal levels, but we need more.

CHAIR: Thank you for your contribution. With that market stewardship function of the NDIA, how is that interaction happening? They have been quite helpful in mapping broadly what the service demand is likely to be. Are you not certain whether there will be a follow-through of observation on how it actually plays out? Is that at the heart of your concern?

Mr Nelson: There are probably two things. From what I understand, the response to Western Sydney's data in this state has been very positive. I think that is good data; I think it is quite comprehensive. If we can see that kind of data being available to the Townsville region in the coming months, that will be most useful for service providers. There is some work going on at the state level, which we have discussed with people like Esther Kerr-Smith. There are some really interesting collaborations that the NGO sector and the NDIA can work together on with our own local data and then responding to it in a local way. For example, workforce: there is a local network, in addition to that transition group I mentioned before, looking at workforce from the point of view not just of service provision but also, 'What are the universities doing, what are the TAFE training systems doing and what are the employment groups doing? How might we respond to the unemployment situation here in Townsville?' We are doing a lot of work at the local level too.

I think it is very positive. We need to understand that that data can be used at the local level. What we have seen coming out of the NDIA for Western Sydney was very useful here, but I think that we need to work more closely with the NDIA at a local level to understand how we might put into play here and how service providers might be assisted to analyse that information and use it to plan.

CHAIR: A dynamic process.

Mr Nelson: A very dynamic process.

CHAIR: An event of, 'Here's what we think it'll look like. Knock yourselves out.' That sort of thing.

Mr Nelson: That is right. One of the things I know that we have been talking a lot about is that we will get some information but then how might we analyse that information, what we do we do with it, what are the consequences of that information and what action might we take? That is, we put that action into place and then we have got systems thinking approach which it might impact on our management levels, it might impact on our culture within our organisations and it might impact on our capacity to collaborate.

One of the things that we have been talking a lot about are the conundrums that we face. We have to be innovative and efficient; we have to be collaborative and we have to compete. We face these kind of conundrums almost every day. That sector development fund, for example, might help us to assist in understanding how we might manage what appear to be almost polar opposites that we have to learn to live with, like be mission driven but make a profit. There is a whole range of conundrums that we face. Those are only just a few.

CHAIR: So Kolb's learning cycle should be brought to the task.

Mr Nelson: Absolutely.

CHAIR: In the change dynamism that you describe, one that you did not mention to us that we are interested in—you talked about procedures, planning, leadership and those program design issues—was financing. One of the bits of feedback we have picked up as the committee has travelled around early trial sites is that a block funding model with an expectation of activity for a known client group is a more predictable financial platform for an organisation compared to one that is market responsive, where there is some uncertainty and there are cashflow implications. Have you or your colleagues been grappling with that as part of the preparations?

Mr Nelson: Sometimes it is probably the only thing that we grapple with. I do not mean that lightly; I do mean that. There are probably others in the room who can talk more effectively about this, but it is that very nature of business. We spent 30, 40 or 50 years understanding how block funding works and using it to plan, deliver our services and bring around a zero budget at the end of the financial year. We have done it very well. But those skills, those attributes and that expertise may not be as useful in the future as what we have come to expect in the past. I think it is that challenge—which includes what the price might look like, how we might implement a new pricing structure and how we might look to the future, where it may be deregulated and business might be very different again—that is sometimes taking a lot of our attention away from the whole gamut of issues.

It does not mean that pricing and costing is not important; in fact, it is. If we have not got a good business model, we are not able to survive and we would trade insolvent. That will not help anybody. It is a significant issue. We do find that we will need some assistance to change our approach to it. We will continue to need that assistance.

CHAIR: Part of that capacity building—

Mr Nelson: Yes, it is very important.

CHAIR: is that financial sustainability, transitioning and the systems that support that.

Mr Nelson: And the culture and thinking that goes with it, like the new wave management and the entrepreneurial skills that will be required—et cetera.

Senator SIEWERT: Is that part of the process of developing your organisation and the sector? Is that part of what is needed? Is that change of moving to the new world, as you said, part of the capacity building that you think is needed?

Mr Nelson: It is. It is interesting that a lot of organisations in this room have done a lot of work around their pricing and their costing—two different things. They have looked at their business models, they have looked at how they might structure their organisations and many, I am sure, will talk about this in a moment. It certainly is a part of that. The other bit that people are now starting to talk about is the culture of the organisation that this new way of thinking brings. It might be one thing to talk about how you might implement a new process around your rostering that enables you to be able to understand your invoicing systems really well and therefore be able to get your invoice to the NDIA on time and know that you are invoicing for the business you are carrying out, but it is another thing to actually understand what it means for your staff, your management and your board to understand the new way of approaching business which that takes and then, as you implement those changes, the impact it is having on your organisation. That is the bit that I think we will probably need to spend some time on as well. It does not mean that those other things—like pricing, costing, marketing, IT and IT support—are not important, but culture is important too.

Senator LINDGREN: I have heard you talk about the word 'innovation' quite a bit throughout your speech, but are there any old and tested methods that still work? Since the word 'innovation' is being thrown around quite a bit, is that an issue for you?

Mr Nelson: I have used it a bit lightly, haven't I! Yesterday I talked to a CEO of a large organisation based in the Sunshine Coast. That person was telling me about how they might look at employing people into the future and what that might look like; how we might do it differently; what IR and the modern award look like for us; how we might change our capacity to be more responsive and flexible to people's needs and demands for service; how we might think differently about how we employ people; and what people will want, as staff, from us as an organisation. 'We find that, at the moment, our turnover is very high,' he said to me. When I talk about innovation—he was just one example yesterday; he was talking about recruiting staff differently; he was talking about how he will provide professional development to staff in a different way. He might have to understand that people might not just work for their organisation, but work for two or three other organisations at the same time. How he will understand how the rostering system will work and maintain flexibility for people?

Senator LINDGREN: You talk about a high turnover; what are some of the reasons that they might find other positions?

Mr Nelson: How they might—sorry?

Senator LINDGREN: Why they might find other positions? Is it because they have better opportunities, better money or they see they can make a difference elsewhere? What are the reasons for the high turnover?

Mr Nelson: I did ask him that question, and he said, 'It is money, Richard. In the areas that we work, it is interesting that even a dollar an hour will change people's minds and will move to another organisation for that dollar an hour.' I was quite surprised at that. The reason I was surprised is that I have been hearing that people really value permanency and stable employment, but what he was saying is that many of the staff that he has been employing value their capacity to move, to be casual and to have the hours that they want. He said the money was the mover. We talked a lot about incentives, rewards and recognition and how you might keep staff, but he said it was the money. I am sure there are lots of other reasons and, again, there will be lots of people in this room who have more experience than I and who would be able to answer that question—which will probably come up.

Senator LINDGREN: That gives me a fairly good insight. Thank you very much.

Senator SIEWERT: Can I just pursue that issue? One of the issues that has come up elsewhere is the issue around employment and, in fact, the concern about the increase in casualisation of the workforce and the lack of certainty now and the difficulty that raises not only for staff, but also the providers, in terms of their industrial relations requirements and things like that. How are you addressing that particular issue? Is that a concern here?

Mr Nelson: I would imagine that it is a concern here, and I think we will probably hear a little bit from my colleagues here to my right. One of the things that we did do—the NDS understood that industrial relations was a significant issue for people, so we were able to introduce some workshops into Queensland to talk about industrial relations. We did that across the state. I think we touched the tip of the iceberg for a lot of these industrial relations, but the concern and the consideration that I am hearing from managers is that they want to be able to offer the best opportunities for staff because they say that happy staff—staff that are well looked after, supported and given loyalty by the organisation—are the ones who provide the fantastic service. But we also know we are going into a different environment where people will expect different things from people. How might we manage that expectation around being focused around the individual and wanting to support them in the best way possible when sometimes the award or industrial relations do not allow us to do that as effectively or as flexibly as we need to? And, at the same time, how might we manage what you mentioned before about how we ensure that we are actually making an appropriate contribution to our community and providing people in our community with employment opportunities that are meaningful? As many of my colleagues talked about before, we are seen to be a fixture of our community and not just a service provider. I do not know if I have answered your question fully, but it is certainly a concern. I am certain that my colleagues will be able to answer it. Thank you very much.

CHAIR: Thank you, Richard. We are grateful for your contribution.

Senator SIEWERT: People want to contribute.

CHAIR: We appeal to participants or carers, if we could. We are being encouraged to think about the future life and strengths, interests and networks, supports that are currently in place and what might be helpful into the future in collecting relevant information and creating some understanding about what are good goals for the NDIA. Are there some people who would like to offer a contribution? That was handy. All of the people are pointing towards you.

Ms Washington: I am not convinced it is a good or a bad thing, but I shall speak anyway. To follow on from Richard's words, it is incredibly important and integral for me that we fully acknowledge the impact on the workforce here. We have an obligation and a responsibility to ensure that we have a workforce that is meeting the needs of those that matter most, and they are the people who are accessing services. We have had a traditional workforce that has been largely female—and I anticipate that it will continue to be—with employees who have had either part- or full-time positions and the predictability, as far as employment, that comes with that in a changing workforce. In fact, we will be moving towards a—as it was termed to me two days ago—'part-timeification' or a casualisation. That means there is less certainty and less predictability, and that is a disadvantage.

What it means for those employees is that their access even to things like loans becomes impaired or impacted by their employment status. The other thing it means is that organisations, instead of having 10 full-time staff, will have 30 or 40 casual staff. All of those staff are deserving of training, support and the ability to be a part of an organisation that provides them with their professional development needs. They are not providing that to a group of 10—it will be a group of 30 to 50. Those staff may work for more than one organisation, so the requirement, not just the need, for us to work collaboratively has grown exponentially.

To go back to my point about the workforce being largely female—and I am open to being contradicted on that, but I would say it is by far a majority—to look through a gendered lens at that and to think about what that means for a workforce that is largely female that will have an unpredictable income based on the needs or the demographics of their community is something that cannot be overlooked. That was certainly a feature of the award modernisation that we have recently been through in the past few years.

I would echo what was said earlier. When you look at the Townsville demographic, we have a large military base or bases where the majority of the workforce are men, whose partners come to Townsville and often need employment. Again, that is almost amplified in our community because we have a large male-dominated industry in mining; perhaps it is not quite the boom it was two or three years ago, but, still, it is an industry that is part of our local economy. That in itself creates a challenge in employment opportunities for people. For example, if someone's partner is in defence or mining, it means that their transience is dictated by a third party, and that is often the case with their employment because contracts and accommodation can sometimes be reliant on the person that works in those industries. Thank you.

Ms Owen: Hi. My name is Jessica Owen. I am the parent of a young special-needs child. I would just like to raise my concerns about the Queensland government's plans to close the ECDP units across Queensland, with the rollout of the NDIS. The ECDPs provide special-needs children who have disability or developmental delay with access to the school environment and a program that helps them become school ready so that they can transition into the education system a lot more easily than they probably would—well, definitely would—if they did not have it. So the Queensland government is planning on closing this program, with the rollout of the NDIS, but it is my understanding as a parent that the NDIS have made it perfectly clear that they will not fund programs to do with education. So it has created a grey area, I guess you could say, about where those supports are going to come from, because at the moment there does not seem to be an alternative. And there cannot be, in my opinion, from a parent's perspective, because ECDPs are in a school setting; therefore, that is the only model that can give our children exposure to what school is going to involve for them.

CHAIR: Is this from a prep-school age upwards?

Ms Owen: No, it is prior to prep.

CHAIR: It is prior, and then it prepares them for school?

Ms Owen: Yes. My understanding is that this program has been run in Queensland and funded by the Queensland government for 30-odd years, and it is only now that they are getting rid of it, because the NDIS is taking over. Kids can access the program prior to being three years old, but it is at three that the program actually gives them school-readiness skills and capabilities.

CHAIR: Okay. We will ask the Queensland government about that when we speak with them later, because I know there is quite an extensive early childhood strategy that is engaging the NDIA and the Queensland government. I think Ruth Webber has some visibility about what is going on. So can we take that query on notice and we will ask Ruth for some insights from her organisation's point of view and we will pursue that this afternoon with the government. Thanks, Jessica. Ruth?

Ms Webber: My name is Ruth Webber. I am the CEO of Down Syndrome Australia and I am here with Louise Lloyd, who is EO of Down Syndrome Queensland. Before I start with our perspective, if I can refer to the question that was just put, it is our understanding from last week that funding for that program will be continued at least till 2020. That has come from Minister Porter's office. He has been talking to the Queensland government. By all means, put it to the officials when you get to them, but our understanding is that that program will continue. That may have not been rolled out properly, but that is very new news.

Ms Owen: My understanding on that is—I have a statement here from education minister [inaudible]—

Ms Webber: Okay. That was not my understanding from them. It was going to continue to—

Ms Owen: it is only for children that do not access the NDIS.

Ms Webber: Okay. The way it was communicated to us was that it was going to continue the way it is now. There is obviously some vagary.

CHAIR: That is useful to know. We will try and get some clarity about that this afternoon.

Ms Webber: Absolutely. That would be great.

CHAIR: I know there is a very extensive early childhood strategy that is trying to monitor developmental delay or disability related functionality challenges at varying stages, with early intervention, and then working through what a proper strategy looks like. There has been lots of work done on how you accurately diagnose at certain ages, taking into account a range of factors. The NDIA has been trying to work with the state governments on how you do a multiple-assessment strategy and interventions and see what the impact is on the young person's development and ability to access and engage effectively with mainstream services. It is quite a complex piece of work going on there that I am aware of. The nitty-gritty about how it is operationalised in Queensland we will have to ask the government officials about later today.

Ruth, while you have the mic, is there a further contribution you would like to make?

Ms Webber: From a Down Syndrome Australia or Down Syndrome Australia point of view, we speak on behalf of the participants, so we are interested in a different definition of capacity building, which is capacity building for our members and their parent advocates around how they will access the scheme. If we do not have capacity building there then the whole scheme falls over, so we are interested in that definition of capacity building. Whilst we welcome all the work that is being done by the service providers around cultural change and collaboration, there is a lot of work to do from our perspective.

Louise was telling me just before that, when the NDIA announced the disability service organisation funding, there was one organisation in Queensland funded for 4½ million people. There is a lot of work to do in Queensland to build the capacity of participant and membership based organisations to make sure this scheme flourishes the way it should and that that person centred funding stays the way it should.

CHAIR: Given your national visibility of how the scheme rollout is going, are there areas where that has been done well or better than others? Are there insights from the Blue Mountains or something that we should seek to replicate here? Do you have some observations on that?

Ms Webber: As is the case with any great big new social change—and this is why I think it is great that the committee has come to Townsville as we are starting—it has all been a bit patchy and lumpy at first, but probably our highlight at the moment in terms of where we think it is working really well is actually Tasmania. It is working very effectively. It was very patchy early on as it is everywhere, but we are now starting to see the full-on community and economic benefits that we all predicted and that the Productivity Commission predicted would come from the full rollout of the NDIS. So it is working well, including in capacity building there.

CHAIR: What has brought on that capacity capability?

Ms Webber: The communities are actually getting together. It probably goes back to what Senator Urquhart was saying. When you live in a regional or more isolated centre, communities come up with their own solutions and support one another, but the agencies allowed that freedom and flexibility. They have supported families as they have come through to have some innovative solutions in their plans to get the best plan possible for the individuals who are joining the scheme. So it is well worth going back and having another look there.

CHAIR: Thank you.

Mr Gurr: I am also a convenor for the Townsville local support group, a peer facilitator and QDN ready-to-go NDIS participant readiness workshop facilitator. I am here today with my support, Paige Armstrong, the CEO of QDN. QDN is an organisation of and for people with disability. QDN has 700 members and 500 supporters across the state. QDN is currently funded to undertake the NDIS participant readiness work across the state, with a focus on people with intellectual disabilities. We also are funded and operate as a DSO in Queensland, establishing up to 20 local support groups in Queensland, one of which is in Townsville. From the NDIS participant ready work today, we would like to discuss the importance of the NDIS prereadiness work and capacity building with people with disabilities. We have done 141 workshops for people with intellectual disabilities and have had 2,100 people with disabilities attend.

We also want to discuss the importance of peer co-design led NDIS support activities. A key learning from QDN's NDIS readiness work to date is that people with disabilities need time to prepare for the NDIS—need time to prepare for anything, really—and preparation needs to focus upon having the right information, support and development opportunities and a user-friendly format and process in the lead-up to the scheme coming into the area. Having the opportunity to come together and share their information around their dreams, goals and planning is what we do at the local support group. Given the high unmet needs of some people in regional areas to get disability services, people have told of some pretty negative experiences. Getting people to even talk about or think about goals and dreams in a positive way is a big challenge, but we are slowly working on that and having some success.

Having the information and support above provided in an accessible way—for example, people with intellectual disabilities benefit from pictures and symbols, not written words, as they generally have low literacy skills, with some a lot higher and some a lot lower. Through the ready-to-go project local group work QDN has done, we have seen people with disabilities also learn best when activities are peer co-designed and delivered by people with disabilities for people disabilities. A peer-learning-and-mentoring approach enables people to share their lived experiences more easily and to learn from and be supported by each other. Most of them have the same experiences somewhere along the line. For example, our Townsville local support members are now very keen to share their stories about their current life and their hopes and dreams for the future once they are on the NDIS. Now that it has been rolled out with the bilateral agreement and it is coming to Townsville first, it is easier for them to discuss what they want out of it and what they can get.

Group members have also been excited to hear about the NDIS and how it will work, the eligibility criteria, what a goal is and whether the NDIS can support them living a good life for them and their families. A good news story is that we had one guy who came along. He was a young fellow who had a brain injury in the last couple of years and had no support. Once able to be at the meeting for a period of three or four meetings, he is now so active in the NDIS that my phone does not stop ringing. He is really active in trying to work out his planning and the approach that he needs to take.

CHAIR: The fact that the conversation started around the NDIS really activated him and others to think about things.

Mr Gurr: Yes. I think that it is to try to forget their past and move on to future thoughts and what we may be able to achieve, not dwelling on the negatives that have happened in the past. Some people have had really good experiences and some people had really bad ones, so it is just a matter of them putting that behind them and moving forward.

CHAIR: Fresh beginnings.

Mr Gurr: Yes. I feel that with what we are doing, being able to talk to somebody who also has a disability, whether it is sitting in a chair or an intellectual disability or whatever, they are coming across a lot easier and wanting to participate. I would like to pass to my CEO if she wants to speak, Paige.

Ms Armstrong: Some of the things that we have been stressing very much with both the state government and the NDIA include the importance of people having that opportunity to undertake some pre-readiness work. It is not necessarily a formal planning process but engagement around getting information around this NDIS and what it is. We talk about what is in it for them. For some people, the NDIS may not be something they want now. It may be something in the future. For other people, they may not necessarily fit that eligibility criteria but may want some other form of disability support that continues to be provided by the state government.

We have had a focus in our work of working with people with intellectual disability. We feel that more needs to be done in this area, given people with intellectual disability and dual disabilities will make up over 70 per cent of the likely target group of funded disability supports under the NDIS. We have also been stressing very much the importance of getting to those groups who we see are harder to reach and more marginalised. Currently across Queensland, there are over 7,200 people living in what are now called supported accommodation residentials. They were formerly known as hostels or boarding houses. We have been doing work in those facilities and we would estimate quite a number of those people would be people who would fall within the eligibility of the scheme.

We have also done work with people from culturally and linguistically diverse backgrounds and people from Aboriginal and Torres Strait Islander backgrounds across the state. We have supported some of the other organisations. There have been 10 organisations that the Queensland government have funded to do what they call 'participant readiness activities'. For those groups, we have found it is especially important given some of the cultural issues and their lack of access to current disability services.

We have about 25 peer facilitators. As Peter said, they are people with intellectual and other disabilities. It is a process involving co-design and it has actually run our work that we do by our peer facilitators. We have found that that works really well. It allows a different conversation to take place because it is that conversation about people's lived experiences.

We have also found in the work that we have been doing over the last number of months that part of that pre-planning needs to be the thinking about the interface issues. By that, we mean some of the issues that have been raised in the room today. It is the interface with housing and housing options. It is around accessible, affordable housing. It is around people wanting jobs. It is around people having a streamlined access through the health services and disability services so that things come together. People do not see that they get it from different areas. Of course, it is about getting supports around your life.

The other thing we would support is that we have funding as a disability support organisation. We are the only one in Queensland. We feel that there is quite a hole in that respect. We are establishing local support groups. Those groups are doing a wonderful job in undertaking activities now that increase people's social and economic participation, working with local councils besides just talking about the NDIS and sharing stories. We would be the first to say that there needs to be complementary groups that support families.

We know that a number of organisations up here in Townsville applied to get that funding when it first came out. I think they originally thought about 500 organisations across Australia would get it, but currently only 18 organisations have been funded.

We see that some of the major successes of the NDIS, if it is truly about social and economic participation, are about moving people who have been seen as clients—and see themselves as clients and recipients of services—to being empowered customers. For that to happen, not only does that cultural shift need to take place across organisations; there needs to be a massive change of thinking for many Queenslanders with disabilities and their families. It is a change from a paucity mentality of 'Getting anything is absolutely better than getting nothing, so that is what we will put up with and we will tell the worst story to get it.' It is talking to people from that background about having dreams and goals—let alone the fact that they now have choice and control and, in the NDIS environment, will be the empowered customers who actually purchase services from many of the organisations in the room. For that to be truly realised, we strongly believe that there needs to be work done not just around readiness but across those other areas of capacity building and leadership development, because it is people with disabilities talking to other people with disabilities that will put in place some of the main planks of cultural change in communities.

CHAIR: Thank you very much for that, Paige.

Senator SIEWERT: That was very comprehensive, thanks. I want to come back to the issues you just mentioned of capacity building and leadership, but I first want to ask about the issues of seamless transition and access to services, which takes us to the mainstream provision of health and, in some instances, education. How is that process—and this is a question to the whole of the room—operating at the moment? How are you finding it with the Queensland government and, obviously, the federal government in terms of knitting together those wraparound services and supports for people?

Ms Armstrong: We know that the Queensland government and the NDIA have had working groups at a high level across a number of regions in the state. QDN have been engaging a lot around the housing sector. We are currently undertaking a project with Griffith University and Shelter in relation to affordable, accessible housing. We have been working closely with the department of housing around that because we see some of those seamless issues sitting very much in the private sector, not necessarily in a social housing sector, but with leadership coming from the state department.

As far as issues with health and education, I would have to say that we have found that patchy. There are some hospital and health services that have very actively moved to embrace work around the NDIS and to put changes in place. However—and I may not have the right title for this, so someone else in the room might like to help me with it—a report has just come out from the Office of the Public Advocate in Queensland in which they talk about the very negative health outcomes for people accessing the health system in Queensland. They are people with disabilities. There have been unintended deaths, so these are very serious issues and they relate to health services' lack of understanding at times of fundamental needs: communication, assistance with feeding, how people get information and how they give consent. We would say that there needs to be a greater focus in that health arena. Our work with education has been much less, so I would leave that to other people in the room who are probably more qualified to give an answer.

CHAIR: On the health issue, we heard from some medicos that there is so much information washing around them in a clinical sense that understanding public policy moving parts is sometimes not front of mind, and that where they look for guidance is through their professional clinical body. Do you think it would be helpful if we had more of a 'What is the NDIS about for clinicians?' channel of communication into those other key parts, but through their own channels rather than trying to inject it from outside? A GP said to us: 'We don’t read anything other than the stuff that comes through our Primary Health Network. All we need to know comes through there.' Is that something you think we could encourage greater focus on?

Ms Armstrong: We would encourage a greater focus on it. We know that there is work happening across primary healthcare networks and across hospital and health services, but I would say that it is not just on the diversity or the range of information—it is also about the way that some of that information is presented. We undertake presentations and do work with some of the local hospitals and we have heard from people with disabilities and family members, being front and centre and having those discussions, about what it has meant for them—what has been the good thing about their hospital experiences and their medical treatment experiences compared to things that they think would need to change. We find that that is a very powerful thing, because it is moving from a clinical academic understanding to the concrete reality of what it means when you are having a face-to-face consultation with a person.

CHAIR: So at a practice level—the how-to part of finding stuff?

Ms Armstrong: The actual practice front.

CHAIR: That is useful.

Senator SIEWERT: Going back to the issue you were talking about in terms of the amount of funding for pre-preparation and also this issue around leadership: basically, you are talking about leadership from participants, really, and enabling them to become their own advocates. You are the only organisation that has been funded in Queensland—is that correct?

Ms Armstrong: We are the organisation in Queensland that picked up disability support organisation funding, which is around establishing local support groups. I should only say that it is two years of funding, so it runs out at the end of this year.

Senator SIEWERT: Financial or calendar year?

Ms Armstrong: At the end of this calendar year. It was a two-year initiative.

Senator SIEWERT: So in June that funding runs out. That was more to set up the group to support people, but then you were talking about the need for what seems to me like more specific support training and support for people to then participate and support others in that process. Is that correct?

Ms Armstrong: Yes. We are very strong on both that capacity building with people generally, like with people with disability being core and central to the change process that is needed. We are very strong on work around leadership. There has been a lot of work done, and we fully support the work that has been occurring by government and by the community sector across the service system and with the workforce. We think that is absolutely key, but we also feel that another strong component is that focus on people with disability. We have not seen many opportunities for people with disabilities to be part of actual leadership development programs. They operate across the workforce; they operate across community services, industries, government departments. It is one of the things that we have been pushing very strongly with the state government up here, and we have also been having conversations with the state NDIA people.

We would like to see that happen not just because it is a good thing to be a leader, but because from the work of our local group convenors and from the peer facilitators we have seen those people go into places. They come from areas like a supported business service and they will go back into those business services and have conversations with their workmates about the NDIS, or they will go back to an organisation they are associated with and talk with the service users about the NDIS and what it might do for them. It is that added power of investing in people with disabilities as leaders and getting them to lead some of these conversations.

CHAIR: You are talking about leadership not exclusively in a policy or program sense but as a pathfinder—someone who can help others navigate choices, options, possibilities and how to engage effectively with them—the ecosystem that is the NDIS. Have I got that right?

Ms Armstrong: Absolutely. We are talking about them engaging with that ecosystem and being proactive change agents working in local communities around issues that impact upon social and economic wellbeing.

CHAIR: Are there any other comments?

Mrs Edwards: I am from Home Hill, and that is in the Burdekin region. I am a carer of a person with complex disabilities and she is 54. I have been involved in disability for many years and in many different aspects. I have been listening to what has been said here today, and some of the things that have been said I want to endorse.

Coming from the Burdekin region, one of the problems is transport. We have no public transport and, for people with disabilities, that is a big issue. From transport, I will go into health. I would like to endorse what was said over there, because the health system is lacking very much in addressing the needs of people with disabilities. To be able to address those needs for people with disabilities again presents many problems, particularly for people in rural areas. Some of these issues we would be looking at are state issues. Maybe with the pilot schemes with Charters Towers, some of these things may have been addressed or they have looked at them. We have the Patient Travel Subsidy Scheme, which sounds wonderful but there are big problems for a person with a disability to try to use it just to get to where they have to go.

CHAIR: When you say patient, that is for a health service, let alone—

Mrs Edwards: It is funded by the health system. It sounds great but, for people in rural areas with a disability, it presents many challenges.

CHAIR: If there were other services of a quality of life variety that would be a transport challenge of an even greater order in your area?

Mrs Edwards: We only have one. We have no choice. This is what is happening in the Burdekin region. They come to Townsville on Monday, Tuesday, Wednesday and Friday. If you have an appointment on Thursday, you cannot use it. You have to change your specialist appointments. To do that with the public system is very difficult.

The next one is that they have to work in with the number of people using that scheme that day. Sometimes they have to leave at six o'clock in the morning and they do not know what time they will be coming back home. Lots of times people with disabilities have to have a carer with them to be able to use the system. They may need help at the toilet stops. So that is a big one.

Let me tell you what we have to do just to get into the Patient Travel Subsidy Scheme. This gives you the reality. You get a form from the doctor first, so you go to your GP and you get a form. Then, if you have a local hospital, you take it to the local hospital. Then you are given a specialist form, and you take that specialist form with you to Townsville, because Townsville is where all the specialists are. You get that form filled in by the specialist. You then take it back to your local hospital.

I know, as a carer, that creates a lot of problems for me. It creates more problems for a person with a disability. So it is an issue that I believe needs to be looked at. I believe it can be simplified; I think it is far too complex. The way it is addressed also needs to be looked at. If we look at the Department of Health again—I was only raising it last week with a lecturer at James Cook—there is a need in medical training to understand people with disabilities and their needs. There is a dreadful lack of knowledge there. They may have knowledge in their specialist area, but when it comes to a person with a disability they seem to lack that.

I have been astounded, over my life, where people with a disability are disregarded, in a sense, and put in the lowest category. They do not give much value to a person's life if they have a disability. I have experienced it—big time. So the two things that, in our life, we are certainly struggling with now are transport and the Department of Health.

However, I would like to say a thank you, because I am at the age where I am looking at the aged area, but I also have to look at the disability area. When I started hearing of the NDIS—which was about five or six years ago—I was involved with just about every workshop and I was there for anything that came up with the NDIS. If I could get to it, I was there to learn about it. But I do know that many parents have not done that.

I did not think I would see the NDIS. I believe now I will, and I am looking forward to it. But I do know that some parents kept saying, 'This is not going to happen.' They could not see it; it has only been in the last few months that they have realised that this is going to happen. I have seen parents sitting there, shaking their heads and saying, 'How I am going to cope with this?' They don't know; they are so bewildered. I have been listing for five years. In the aged-care area we were not given that opportunity. The consultation in the aged-care reform did not happen like this one. The consultation has been there, so I want to thank you for that. However, there are a lot of people who did not realise, and they are just coming in now. They are so bewildered by it, and I can understand that. They sit there, shaking their heads and saying, 'How am I going to cope with this?' They cannot understand it, and it is so different.

CHAIR: What do you think we could do to do capacity building with parents, carers and participants. What do you think would work be best? A nice, easy question!

Mrs Edwards: I think the realisation has now hit them. In other words, we need to keep doing all of the preparation that we have been doing for the last five years, because they have only started realising that this is going to happen. So, whereas I came onboard five years ago, they are just coming onboard now. I know what it felt like five years ago.

CHAIR: We might need you to help with a highlights package!

Mrs Edwards: I am a person that was involved back in the eighties. If you people know anything of what was going on then, we were actually talking about this in the eighties. I was going down to Canberra and Brisbane and we were talking about this then, but then it died. So, to hear this coming out now—as I said, for five years—I am actually ready. I believe I am ready! But I know that many parents out there and many people with disabilities are not. This is a new ball game. This is the biggest change I have ever seen in disability. I have been there for 54 years. I have seen changes, but this one is big. When I see parents shaking their heads and saying, 'I don't understand this. How am I going to cope?' I think to myself, 'You've got to realise that—that they are still there.'

CHAIR: We might need a 'Merle's must-know guide' for parents.

Mrs Edwards: There is another concern. In these last five years I have been involved as well with getting to know different services. Some services are starting to cut back on what they are doing, which is a concern. Some services are becoming picky as to what they will do—not all. I think to myself, 'They're the ones to be watching.' In the rural area, we do not have competition. Competition is great. To me that is what this is all about—competition, for the consumer. I heard a service yesterday use the word 'customer' and I thought, 'Wow, that service is on the ball.' So some services are with it and some services are not quite with it. They are a little bit like some of the parents. You might be looking around here! This is what I am finding—some services are becoming selective as to what they will do. Where is that going to place people with disabilities? I am looking forward to this. I want to thank the government. I have a number of times. When I compare what has happened with the aged reform and the disability reform, the disability reform has a lot more pluses.

CHAIR: Thanks, Merle. Are there other carers or participants who would like to make a statement?

Ms Douglas: I have become a carer for my sister with a disability in the last 18 months. I share that care with another sister, because my father died and my mother is in care. Trying to access and work your way around what care is available and what can be available and finding out about the NDIS—I think the middle of last year was the first time I had any connection with it. Then, in going back to try to find service providers—what can be available and what there is—no-one seems to know. At this stage, they are saying, 'You need to plan; you need to do this.' But, in going to where my sister currently receives care or goes to respite, they are saying: 'Our agreements aren't in place, so we don't know what we can offer. We haven't got anything to offer you yet.' So it is very hard to prepare for this new system at this stage. That is what I am finding, which is why I have come along today—to see what extra information is available.

CHAIR: Thanks, Margot. Senator Siewert?

Senator SIEWERT: What you are saying is you are trying to find a degree of certainty about what services will be available but—

Ms Douglas: Or what service we can plan to use that we want for her. There are some services in place now that are excellent and what they are providing is great. But they do not know whether they can provide those services into the future.

Senator SIEWERT: Yes. So there is uncertainty on both sides—

Ms Douglas: Yes.

Senator SIEWERT: for providers that will probably be providers—

Ms Douglas: Exactly.

Senator SIEWERT: and from the future participants' point of view, they cannot plan because—

Ms Douglas: They were saying they did not have agreements in place, I guess, with the government to know what they were going to be able to provide, and—

Senator SIEWERT: Part of that, though, is because we are going to individualise decision making and consumer choice. You are saying that your sister cannot start making her choices yet because she does not know which providers are going to be available to choose from.

Ms Douglas: Yes. We do not know what is there. In some cases, she says, 'I want to keep doing what I am doing with them now'. It works really well for her. They do not know whether they are going to be providing all those services.

CHAIR: The interesting thing is in the new model the agreement will be with you and your sister and the provider, not government saying to your provider, 'We want you to provide X hours of this kind of care for this group,' so it is going to change that dynamic—

Ms Douglas: I understand that model is there. But they have not received the information they need to be able to give it to us, for us to plan.

CHAIR: There are some NDIA officials here. Perhaps they could find their way to catch up with—if any of you are looking for more information, that would be—

Ms Douglas: This was six weeks ago. It may have changed in that time.

CHAIR: Thank you.

Ms Campbell: My name is Colette Campbell. My husband and I run a provider service, Wheelz Mobility Townsville. I would have to agree with the lady next to me. From the provider's perspective we have actually come into this a little late. We are a very small business. We repair and maintain wheelchairs. We sell mobility scooters. Because we are so small, I have had a lot of trouble trying to find something that I can relate to, regarding the information. There has been plenty out there. But it is 60 pages that I—

CHAIR: It sort of overshoots your needs—

Ms Campbell: I cannot find me in it, if that makes sense. We are just a small business. It seems to be aimed at organisations that provide all the lovely things that they provide. But, when I am trying to find where we fit in or what it is all about for us and how can we move forward with this, I am really struggling, even talking to other small business owners—they are saying: 'I don't understand. It is too complex. Is it like a HICAPS system?' This is what we are trying to understand, because we want to provide the best service possible. We do provide service now to some government related departments. But how are we to move forward without—like this gentleman down the back said—going to the wall?

CHAIR: I know there are some NDIA people here that—

Ms Campbell: I would love to talk to them to find a link, yes. Thank you.

CHAIR: I know they are here because we have asked them to come along. I think we have a range of NDIA people here that can cover the participant and carer perspective. We also have some provider wisdom here as well.

Ms Campbell: That is wonderful.

CHAIR: And in your particular area—even at mission control in Canberra, there is a mobility aids specialist there because it is something that comes up regularly. It came up at Palm Island. Someone said: 'Look, I've got a wheelchair that is great for the ward at the hospital but there are just not that many flat places on Palm Island. I need almost an all-terrain version of it.'

Ms Campbell: And even just understanding the clusters. Where do we belong? I have been through the NDIS website and we have the newsletter and everything coming, but—

CHAIR: Could I just ask the NDIA team to signal their presence?

Ms Campbell: Thank you.

CHAIR: In terms of the NDIA team, can those that have the participant perspective as forefront of their responsibilities pop up their hands? Wendy is exceptionally good. I cannot spot who—oh, it is Pam. Pam is our front-of-house—'Gee, I hope this goes well in North Queensland, Pam'. She is someone that is really good to know. From the provider point of view we have a couple there, if you want to—

Ms Campbell: Great. Thank you.

CHAIR: We might even be a bit cheeky and truncate this conversation to about 10 more minutes and then the invitation might be to catch up with them. We can be a dating service. That is really worthwhile, given where we are with the rollout in North Queensland.

Ms Campbell: That is great. Thank you.

CHAIR: Thank you to the NDIA team. A couple more quick observations? Sir?

Mr Mewett: I am Peter Mewett. I am CEO of Cutharinga, North Queensland. We operate from Sarina up to the cape and across to the border. I am not going to go over territory that has already been gone over, other than—Merle, could you let the people on the committee know just how far away Home Hill is from Townsville for those trips that you need to make here?

Ms Edwards: About 150 kilometres.

CHAIR: I was trying to check that out myself.

Mr Mewett: To put it into context, if you are in a wheelchair and you need to use a taxi, what is the cost of that?

Ms Edwards: To just go from Home Hill across the bridge to the other side to Ayr, it is about $50.

Mr Mewett: And then from Ayr to here would be probably another $200.

CHAIR: It is interesting. We could just share with you an observation from one of our other hearings, in Newcastle. Even for day programs that were highly valued, trying to come up with a transport arrangement that would work in with that service and not rely on an episodic transport payment was something that was really upfront and very important, because if you just did the episodic upfront episodic transport you would wipe out half your budget just getting around, let alone getting the help that you needed.

Ms Edwards: I can actually see mileage as being a really big challenge for services. I do not know how it is going to be addressed, but we have to do it.

CHAIR: In the Newcastle example, some of the service providers, as part of offering their services to participants, bundled within that service offer a transport arrangement. They were saying: 'Look, we know we've got two or three clients. We need certain degrees of supervision on certain travels.' Those were some of the workarounds. And the NDIA is quite agile and innovative in dealing with those things. Sorry, sir, back to you.

Mr Mewett: Firstly, I will just support all of the statements that have been made much more eloquently than I could. The support for participants to actually get ready to take their role of customers—and enlightened customers as opposed to passive recipients of services. We in our own way have been trying to assist people with preplanning and life-goal planning, and we have had exactly the same experiences with people coming out of that much more sophisticated in their understanding, not so much of services—it is not about services; it is actually about: 'How do I articulate a life goal? What is a life goal? What does this mean? How do I go about knowing what it is? How can I express what I want?'

Regarding interaction with the mainstream—and this is a point I might make a little bit further on—right across North Queensland I would have to say that 'patchy' is the most generous term I could give to an interaction with the transport, health and education systems. We have just been informed this week that we are no longer welcome in a number of special schools to provide allied health because only their preferred provider and education therapists will be allowed in those schools because of the NDIS.

CHAIR: Can we get a little bit more information about that?

Mr Mewett: Yes, and I will provide that to the state government people. The disability portfolios at state and Commonwealth level and across everything that has been put in place have been working brilliantly; it is not an issue there. It is a broader issue—and it is not necessarily at the policy level. I have been there. It is a level of how it is interpreted on the ground, particularly in hospitals but also in local schools and by individual principals.

As far as sector readiness is concerned, the thing that disappoints me that I find most interesting is: where are the industry development portfolios in actually preparing a sector for a transformational change? If this was the mining industry, industry development portfolios would be falling over themselves to assist providers to assist industry prepare for this huge change. They are nowhere to be seen. It is left to a disability portfolio or a disability agency to try and prepare a sector with a huge—a $12 billion change—increase.

The point I really want to make comes back to a point that was made by Cathy before. When you know one remote or rural community, you know one; you do not know them all. In North Queensland, if you look at the remote and very remote—we were in Adelaide just last week—the majority of townships in remote or very remote situations in Australia are in Queensland.

The issue is that the NDIS is predicated on the success of having mainstream services available, but it goes further than that. The issue goes to the fact that a lot of the townships and communities in which we work have market failure of their basic economy underlying that, and that is not being taken into account. So, not only do you have to be concerned about market failure within the specialist end, the tier 3 part of the NDIS and market failure in tier 2, in the information linkages and capacity-building areas; there is also basic economic failure, and I do not see that being built in—what are the prevailing economic conditions and what are the trends that are happening in those economies?—so that we can get an understanding. Cathy's point was around this being a potential boom to economies in those communities and a services-led drive to employment and improving those economies. But we need to understand the prevailing conditions and economic conditions in those communities to assist us to do that.

Mr McCarthy: I am the Chief Executive Officer of Hear and Say and my colleague here is Ms Amy Russell, who is our lead clinical specialist here in Townsville. Hear and Say is a children's charity which teaches children who are deaf to listen and speak just like we are doing here today. In 2016, the wonderful newborn and hearing screening process that we have, the wonderful technology like cochlear implants and digital hearing aids and therapy mean that we can really see children limited by who they are, not their hearing loss. We can see them realising their full potential through listening and speaking.

We have provided a submission for the committee to consider in much more detail. Certainly I would echo many of the comments that have been put here today. To echo one comment: this does herald a new age for the sector, specifically for us, because pretty much none of our families actually receive services from Disability Services Queensland and they probably do not align themselves with the disabilities services space. We receive little or no funding from Disability Services. Most of our funding comes out of the community through fundraising and philanthropy.

There are a couple of key things of interest to us, but we are here to specifically talk about the referral pathway. A baby starts to hear at 20 weeks in utero. So a baby born deaf is already at a disadvantage. At Hear and Say we believe that hearing loss in newborns is a neurological emergency. It is important to set children up to succeed for life, and to do that you need to put down neural pathways for the auditory brain and you need to give them the skills and the technology. So any delay to that referral pathway in accessing sound is crucial. I acknowledge the wonderful work of the family support facilitators at Queensland Health and the work that the NDIA here have done already, but I think what warrants further investigation or monitoring by the committee is the fact that most of the children or families who will access our services and the NDIS funding that goes with that do not yet know that they need us. So any delay to that referral pathway potentially compromises the outcomes that we may see.

A lot of the comments today talked about 'disability specific', and I think the challenges that the NDIA team face are quite significant in terms of understanding some of the nuances of each of the difference disability sectors. One of the things that we would recommend and would be very willing to support is initial and ongoing training for NDIA planners, local area coordinators and staff involved in that referral pathway and direction to accessing services. Obviously, customers are the people we need to be supporting, but they are going to be looking to those trusted advisers to make their decisions.

We have been in Townsville for 15 years, and we have centres on the Gold Coast, Sunshine Coast, Toowoomba, Cairns, Brisbane and an e-health or an outreach program to get to those rural and remote families who cannot access centre-based services. We are collocated here with James Cook University, and I think that demonstrates through us the importance around research and evidence based outcomes and training. We are actively involved in those at James Cook and many other universities across the state.

Of importance to us are the issues around professional accreditation, providers of accreditation, ongoing acknowledgement of outcomes for our customers and ensuring that we do not see those sorts of fresh-air therapy providers come through accessing funds because they have glossy brochures and because they are there on the ground—and we have expanded on these issues in the submission that we left for you to consider. We need to make sure that there is an evidence base behind the program, that professionals are accredited and that there is ongoing accreditation and training for professionals and individuals.

The initial distribution of the clients is another issue. Our understanding is that NDIA here will be rolling out to 600 clients and 300 of those will be existing clients or customers of Disability Services. None of our families are in that cohort. So there is a level of concern for us that, because of a pre-existing perception around how children who are deaf access services and how they communicate, we may have families at risk of not receiving services.

I could certainly talk all day about many of these things, but I leave for your consideration the paper that we have put forward to the committee and offer our services to NDIA or yourselves in further helping people understand the significant change that is going on in this sector, how not all the people who are going to access it yet know that they are going to access it and that many of our families and we as an organisation and other organisations out there are not traditional Disability Services Clients. So it is a bit of a change for us. Again, thank you for the opportunity to present today.

CHAIR: Thank you. Amy, is there anything you want to add?

Ms Russell: Thank you. I am speech pathologist and listening and spoken language specialist at Hear and Say in Townsville. I would like to talk about the funding models. I think it is important to ensure that the funding models are adequate to support not only the intensive early intervention but also our transdisciplinary program, which ensures that our children with hearing loss achieve age appropriate speech and language outcomes and that this achievement is also maintained. I think that is an important point to note.

CHAIR: Just to pick up on Chris's point: yes, you are right in that about half of the first tranche of 600 are expected to be existing clients as part of that transition and then, for the other half, that is not a precondition. That is an effort to recognise that there is a transition task but there are also participants who are not actively in the system now who will benefit from it. So it is an effort to try to get the feng shui of that right.

Mr McCarthy: I would also note that we are on the Hearing Reference Working Group for NDIA, and we commend the committee to look at the model that has been done in South Australia for, particularly, this intensive early intervention phase. Some of the funding there—and we would endorse this and have evidence to support it—is $20,000 to $25,000 for that really intensive early intervention phase.

CHAIR: I am just trying to knit your observations and others. An issue raised with us by some clinicians on Palm Island was that, to get a referral is one thing but to actually have the appointment to see the specialist to get the evidence base to present is another challenge. I can imagine in your case, in the vast region that you traverse, getting that referral activated is quite a challenge. Is that something that you—

Mr McCarthy: Very much so. We would again stress the importance of the transdisciplinary nature of providers in making sure that the people who are there to make the decisions and to help support families to make the decision for their kids are all under the one roof or are virtually there in supporting them where they need to be.

Senator SIEWERT: I have actually done quite a lot of work in the area of health in the past and acknowledge the excellent work that your organisation does. Now that we have newborn screening, are we seeing a seamless approach yet or is that still to come? I am just wondering what is failing here if we already have that point of diagnosis for newborns.

Mr McCarthy: The Queensland experience is that the family support facilitators do a great job, and I know that there has been work done already here in Townsville to make sure that that linkage is enhanced as opposed to distracted. We are part of a national alliance called First Voice, which has centres in other states, and the experience in South Australia, I think, has been positive as well.

There have been challenges though around understanding the funding and the intensiveness of that early intervention piece right up-front to, as Amy has suggested, achieve and maintain age-appropriate speech and language outcomes for kids or babies who are deaf.

Senator SIEWERT: Do I interpret that to mean that questions are being put around the need for that intensive support—it is important in those really early years?

Mr McCarthy: I think the evidence is there to support that and, again, in the hearing space, there is a growing wave of evidence to support that early intervention and that listening and spoken language outcomes are achievable and age appropriate for kids. Again, it comes back to my point about research in evidence based programs and training for professionals being such a key part of the success of delivering outcomes for these customers.

CHAIR: Thank you and just for the audience: at Palm Island, your speaking language intervention strategy was praised. There was a case of a young person learning Auslan, which was great, but no-one in the community that they were a part of knew it. It was like one person being able to speak a foreign language and no-one else could understand it. They said that was hardly helping with engagement in the community and life options.

Mr McCarthy: We often talk about the fact that we connect a child to their first community, and that is their family. The language that they speak is the language that the child should speak.

CHAIR: We have got about five minutes before the dating service starts. If we could have brief observations, so everyone gets that opportunity and then get your dance cards ready to bond with the team at NDIA.

Mr Moran: I am the acting community development manager for Deaf Services Queensland. I agree with what a lot of people have said today about capacity building within the organisation and also within the communities that those organisations represent. Our feedback from the deaf community and hard of hearing community is that a lot of the information they have received they have felt quite overwhelmed by. The information was given in a very short period of time in large chunks and they found it very difficult to grasp.

I would also like to identify that they actually state themselves to be a cultural and linguistic minority and therefore a lot of other things that were stated around cultural linguistic minorities apply to this community in itself, particularly around capacity building and understanding the information so that it is delivered culturally and linguistically in an appropriate way.

Our experience is that early intervention is crucial, and we agree that early intervention is certainly crucial in terms of individuals' development and growth in being productive and accessing the broader community. We believe accessing Auslan, Australian Sign Language, is fundamental in that it is the person's language of the community they are born into, despite being born into a hearing family.

Whilst I understand it is very difficult and frustrating to the community—the smaller community of the deaf community—that understanding Auslan and having no-one else around you use it or know it creates isolation, we are trying to look at early intervention by teaching Auslan in the home with the families so that families actually grasp the language. It has been confirmed that a lot of deaf children, particularly those who are profoundly deaf, find it very difficult to access speech through auditory education systems and therefore language itself is crucial. If the individual has Auslan and they can access written English through the bilingual programs or access the broader community using Auslan interpreters, they are quite empowered to do so.

There currently is amongst the community a petition to state that they respect their right to access their own language and that they believe that language is a human right and that their language, Auslan, is also a human right.

Around capacity building for individuals, we, Deaf Services Queensland, in terms of team leaders and role models within our community, have a lot of deaf and hard-of-hearing staff who actually work within that community. They have also fed back that they themselves do not completely understand the process, because it is quite convoluted and, when they have spoken with community members, they require more engagement in order to do that.

CHAIR: So that is your own team?

Mr Moran: Yes, my own team. There are 12 staff members: three identify as profoundly deaf and one hard of hearing. That is the information that they have also fed back themselves and from the community they have engaged with.

Furthermore, one major concern that the organisation and the deaf community have is to date a lot of information around the NDIS has been translated into a multitude of languages but it has not been translated into Auslan. I think part of the difficulty there is that there is an assumption that the person who is profoundly deaf has good written English literacy. This is not always the case. Sometimes this is because a lot of the education time was spent on learning to speak and lip-read and therefore the literacy was not provided. It is quite crucial for a lot of community members to have access to the information through Auslan.

CHAIR: Video segments?

Mr Moran: Yes, through YouTube. Deaf Services Queensland do offer that as a translation. We have that as a program. I know there has been some discussion with NDIS or NDIA previously in terms of having the information translated to Auslan but to date that has not been agreed on or supported.

CHAIR: Thanks.

Ms Lloyd: I am the CEO of the Down Syndrome Association of Queensland. We are a parent body. We support people with Down syndrome to live inclusive, productive and meaningful lives within their local community. We have been around for 40 years. I respect what Chris was saying about a trusted advisor. I would like to reiterate that as well. Our families walk the journey with us, we walk the journey with them and we are trusted in what we say and in what we do.

Getting back to one of the comments before about capacity building of families, without capacity building of people with a disability the whole scheme falls over because it is actually about the person with the disability. That is crucial to the implementation of the scheme. But how do we do that when a person has an intellectual impairment? We do that through trusted family members and trusted advisors, which our parent associations are. How do you build capacity of people with intellectual impairment? Fund us to support those families would be a good start.

I also support what has been said around leadership and leadership of people with an intellectual impairment to self-advocate and to have a format and a structure that allows them to access the meaningful life that they want. That is largely through having a support organisation that understands them. A lot of our guys can and will advocate for themselves but they need people who can then interpret that, otherwise they will go and choose what they like to do.

The second point is support for mainstream providers. As I mentioned before, we believe in a productive and inclusive life. We have capacity building for providers and we have capacity building for people with the disability but what about the local community—your Guides, your Scouts, your church group and your club? If we want our guys to engage in the community we need to support the community to understand our guys and what their needs are and how to best access those local community services. Again I am talking from an intellectual impairment perspective, not necessarily from a physical disability perspective. That needs to be included in the dialogue because, as one lady said, we are moving from clients of services to supports to live a meaningful life.

Service providers raised the issue too. They need to change their culture and mentality, not just their financial services. I think we need to address some of those fiscal and business issues. It is like any business. My husband is a software engineer. If his company does not make money then the people do not have a job. I think the best way to counteract some of that is to actually listen to the customers and find out exactly what services and supports they need to live a productive life and provide those supports and then you will have a good business model and hopefully a sustainable model.

The third point is that Queensland is the largest decentralised state. I think the rollout may look quite different to what it does in some other areas, like Tasmania or the ACT. I support what Cathy said earlier. Maybe we could ask the locals what their local perspective is and what the rollout looks like in their area to start to do some design and modelling of how we roll it out in Queensland. NSW stands for Newcastle, Sydney and Wollongong. There is a bit of dirt around the outside of that. Townsville is a major city, Toowoomba is a major city and Mackay is a major city. It is a quite different dynamic up here. I flew up this morning from Brisbane. It took 2½ hours. That is almost as far as to Melbourne. I guess what I am saying in terms of rolling it out in Queensland is that it would be really pertinent to listen to the locals and how the flavour might look in Queensland. I think it could be quite different, and there is not a one-size-fits-all kind of rollout.

CHAIR: I would like to thank Senator Urquhart who is having to return to the southern island.

Senator URQUHART: Thank you. Thank you, everyone.

Senator SIEWERT: You make some really good points. I would like to make a point and ask a question around decentralisation. I think it is a really good point. What you have in Queensland is a series of really big areas. There are issues around some of the more regional and remote centres and the big coastal cities. You have a bit more opportunity to have competition in services, which was talked about. You have bigger cities in Queensland and there are bigger population bases in the region. So there will be vast differences here to other states. For example, if you are talking about Sydney, Newcastle or Wollongong in New South Wales, we have Perth—and some large cities, like Geraldton and Bunbury, but nothing like you have here. There will be a lot of learning here.

Ms Lloyd: I just ask the committee to consider that in the rollout: it is not just a rubber-stamp of what has gone on before, particularly as we are so late in entering the rollout. We are only starting now and some states have been in it for three, four or five years. It is a really tricky thing for us.

Mr Hopper: I am the CEO of MS Queensland and chair of a collaboration known as NeuroCare Network, which is 11 not-for-profits working on progressive neurological disease. I just want to make an observation on that through that lens. Why? Because for those particular groups, especially in terms of their episodic disease, there is the complex nature that goes with it and the progressive nature of it. That simply means that we need to respond to those in a really unique way. There is a risk potentially through some of the processes of the rollout of the NDIS that we miss sight of that and apply a one-size-fits-all solution, particularly through ILC, and not take into account the unique specialisation that is required for those people.

A good point building on comments made earlier is that some people with a progressive neurological disease do not see they have a disability; they see it as a health challenge. They will be customers of the NDIS. The linkages between them and the NDIS are, ultimately, the organisations that provide the specialist services to them now, many of whom are small and niche based and are totally reliant on ILC type block funding at present and have no capacity to reform, and indeed are likely to disappear as a consequence of this change. The current framework and investment through the commissioning consultation that is focused on specialisation and cohort-specific approaches we would sincerely endorse, but, by extension, we would suggest that it could still apply to local area coordinators as well, on scale, by grouping some of those cohorts together, such as progressive neurological disease. That takes into account things like MS, Huntington's, Alzheimer's, MND, Parkinson's et cetera. Many of those organisations are at risk of disappearing as a consequence and, therefore, decades of specialisation, experience and reputation would go with that. I would simply suggest that that needs to be taken into account in terms of the framework and/or approaches that might be seen as more stable on a national—

CHAIR: Are your umbrella groups seeking to bring some of those together?

Mr Hopper: Yes, indeed. I spoke to the panel last time about the NeuroCare Network. Next month we are kicking off a service here in Townsville funded under our own steam to see if those approaches are possible. It is simply a way of combining what for many groups are small and niche specialisations and preserving them in the marketplace going forward.

CHAIR: Thanks, Lincoln. Thank you all for your contributions in the prelunch segment.

**Proceedings suspended from** **12:35 to 13:37**

GLANVILLE, Ms Louise, Deputy Chief Executive Officer, Stakeholder Relations, National Disability Insurance Agency

O'BRIEN, Mr James, Director, Market Engagement, National Disability Insurance Agency

STEELE-WAREHAM, Ms Pam, Regional Director, Far North Queensland, National Disability Insurance Agency

SPAVEN, Ms Lea, Director, Stakeholder Management, National Disability Insurance Agency

CHAIR: Ladies and gentlemen, thank you. Apologies for being a few minutes over. Congratulations to all of those who participated in the speed dating service that was the feature after our morning session! Just so you are aware, Senator Lindgren is joining us on the phone, so we can keep things moving. I particularly want to offer a warm welcome to the officials from the National Disability Insurance Agency. I have to go through this spiel which is terribly unenthusiastic in its influence on people, but we will do it anyway. I remind officials that the parliament has resolved that an officer of a department of the Commonwealth or of a state or territory shall not be asked to give opinions on matters of policy and shall be given reasonable opportunity to refer questions asked of them to superior officers or to their minister. This resolution prohibits only question asking for opinions on matters of policy and does not preclude questions asking for explanations of policy or factual questions about when and how policies were adopted. Thank you for appearing before our committee today. I invite you to make a brief opening statement if you wish.

Ms Steele-Wareham: Thank you for the opportunity to provide a brief overview of where we are at currently. We had our memorandum of understanding signed on 22 October for the early transition of the scheme. We have recently done a readiness check on how ready we are to commence planning and implementing the scheme. Together with the Queensland government, we are really feeling confident that all of the key elements required to be in place for the early transition are in place. We have started making people eligible in Townsville, Charters Towers and Palm Island, and we have started planning with people. We have our first person with a plan and supports through the scheme. We have a number of other participants who have been made eligible and who have been referred to us. We are starting to work with them in planning. So it is really exciting to be at that stage.

To be able to do that we need to have infrastructure in place. We have our staffing complement—we have 32 staff in the early transition site. The majority of those staff are local area coordinators and plan support coordinators. Twenty-two of the staff are seconded from the state Department of Communities Child Safety and Disability Services, and that has been important and beneficial for us, because they bring with them knowledge of the local communities, the disability sector and a number of the people they will be working with. That has really built the competency of the team of planners and LACs.

We also have initiated the early childhood, early intervention approach here in North Queensland with our access partner, Uniting Community Care. That is a really important new approach for the agency to look at working with families—0-6 year olds—to have a more responsive family focused early intervention approach. Children under the age of six are being referred to our access partner, Uniting Community Care, who will do the early intervention work with them, information linking and support generally, along with small amounts of intervention, if necessary. If children require more intensive disability support, they will then work as our agent and do a plan up for the child with recommended supports and that will come through to the agency, as we have the delegation for the approval of those reasonable and necessary supports. We have a number of 0-6 year olds who are eligible and have been referred to Uniting Community Care. They have started contacting and working with those families.

CHAIR: What are the early numbers for that?

Ms Steele-Wareham: There are approximately 20, I think, who have gone out to Uniting Community Care at this point.

We have had a very strong partnership working with the Queensland government and particularly the Department of Communities Child Safety and Disability Services. We have worked together on the implementation team, which has been important for us, and on a number of engagement activities with participants and the sector. As we have heard, there is always more work to do in that space. It is important that we have been able to get the benefit of a lot of learning from other trials sites. I was previously in the Western Sydney area—the Nepean and the Blue Mountains—implementing a new early transition and some of the learning from there I have been able to bring here to help us be ready with the time frames that we need. As you saw yesterday on Palm Island, we have utilised a lot of learning from the Barkly area as well to have a community-based implementation on the island with local support. They are the key things I would like to say to commence.

Ms Glanville: I am the deputy CEO of the NDIA, based in Geelong. In this role, it is important to move around the country and there are certain jurisdictions that I spend quite a bit of time in because that is where a lot of our learning is. It is great to come up here to see the progress we have made. I think about the rollout of the early childhood, early intervention approach, for example, as a trial in the Nepean-Blue Mountains area, where Pam was; we now have about 170 families and children who have gone through that wide gateway and we know that is something that will significantly contribute to a national approach to an area that is very contested and challenging. It is wonderful that we are now also rolling it out here.

That is the beauty of a national scheme, if I can put it that way—to be able to take those learnings. We hope that it will become fully national in the not-too-distant future. It has been really helpful. I think we are just very keen to meet our targets here. We know the targets are quite challenging, as they always are when we are asked to do things reasonably quickly, but I think the agency is well positioned and well on track with our ICT developments and with our service delivery operating models. Really, the way in which we are engaging locally, I think, is far more sophisticated than we have historically. I think we have learned; our mantra of listen, learn, build and deliver has been one which has really helped us to get to where we have got to today.

Ms Spaven: I am the director of stakeholder management in North Queensland; most recently I came from South Australia where I had been working in the same role there. Again, it is very much an agile workforce, working across the country in different roles and bringing that experience from that trial site. In South Australia, of course, we were a children's trial site—and state-wide—so there are similarities here to the environment that we were working in.

Mr O'Brien: Until last week, I was the director of market engagement with the market and providers division within the agency. As of this week, I have taken up a new role with the agency, setting up the North East Melbourne site, which is coming online shortly. In the last year or so I have been working on the transition of the sector from their existing state-based arrangements into the new, more market-driven, open and competitive model of the NDIS. I have been spending a lot of my time with the existing providers, but I have also been working with prospective providers about the sort of advice and information they need to get involved with the NDIS, to ensure that we have sufficient supply to meet the huge amount of growth that will come through with new participants seeking supports in the scheme.

CHAIR: Pam, perhaps you and your team heard some of the conversation this morning. I can try and rattle them off, but I am sure you have some notes of those as well. Could you bring an NDIA perspective on that range of issues, and then I and Senator Siewert might backfill a little bit, if there are things that we want to talk further about.

Ms Steele-Wareham: I think I will just summarise, in terms of some of the issues that were raised from the service system and from families and people with a disability around the engagement activities that have happened and around the readiness work that has been done. Just for some context, the agency invested in three engagement staff in Queensland early in 2014. In the absence of having a trial or anything underway in Queensland, we saw the importance of starting to engage with the Queensland community. We had an officer up here from 2014 as well—one officer in North Queensland. To maximise that approach, we have worked very closely with the Queensland government. They have put in place a number of participant readiness activities that they have funded across Queensland. We maximised our effort by coordinating that work together with the Queensland government.

We have been here in Townsville since October last year and we have had a number of forums for service providers, in terms of readiness. Our local area coordinators have held, I think, approximately 24 readiness workshops for prospective participants—about 77 to 80 people have attended that. It was an attempt by us to do as much work as we can to have people understanding the scheme and being more confident about the planning conversation. The local area coordinators have been working broadly in the community, with community groups also looking at how we can build the capacity more broadly in the community.

CHAIR: Just on that, if I may: Merle was making the point that for some it was not quite front of mind—what is going on in the background—but that people are only just beginning to engage and they are feeling a little overwhelmed, perhaps, by navigating the system and by the choices and the opportunities before them. Is it the intention to reactivate those readiness processes now that it is more front of mind for some participants and families?

Ms Steele-Wareham: Yes, certainly as we start to plan with people we are looking at being able to have those small groups of people come together. What we have learnt from some of the earlier engagement we did was that people got overwhelmed. They were fairly big groups of people and there was a lot of information and PowerPoints and people just got overwhelmed by that. So this work that we did recently had a maximum of six people and working through—

CHAIR: It was more of a workshop kind of thing, was it?

Ms Steele-Wareham: A workshop: a personal approach sharing 'What does this mean to you?' The feedback we had from that was very positive, so we will be looking at replicating that. The approach that the LACs and planners take in planning is also about acknowledging that this is a new experience for people and it takes time for people to be comfortable about thinking about the future, let alone what it means tangibly for them. There is that balance of bringing people through and also making sure we are doing it in a timely way for people, and it is reflecting where we are at.

CHAIR: I am getting some traffic on the phone about whether there was some discussion about cohort specific engagement—increasing the relevance of the information for people with particular circumstances that may be in common. Is that part of this more intense workshop style engagement? Is that what you are doing as well?

Ms Steele-Wareham: We are modifying the tools that we use when we are engaging with people. We have actively changed the formatting of a number of the tools that we have so that they are less busy and so that they concentrate on the key things that we have learnt that families actually need to understand. We have modified that to something that is meaningful for people and that is where we have had the good feedback. They have said, 'I now understand what it is that this is all about,' so that is a learning for us as well.

Ms Glanville: Could I add two points to that. The first is we very much hear the comments about the disability support organisations, and I think that peer-to-peer support is a really important one.

CHAIR: Yes, I was going to come back to that.

Ms Glanville: You will probably remember, or be aware, that the agency funded those 18 DSOs a couple of years ago now. The agency no longer has the sector development fund. That was administratively moved to the Department of Social Services, but the feedback we are getting from those projects, which we are still managing, is very similar to what you heard here. That is that they are very valuable, they are really helping build this awareness of the sorts of things that need to be thought about and they are really assisting in that way.

CHAIR: So a sense of a need to revisit that and re-energise that?

Ms Glanville: Yes, I think it is a good initiative. It has still got a little bit of time to run, but I think it is something that is very powerful in helping people think through the sorts of things that will help them make the most of the NDIS. The second point is about the national front—for example, the early childhood early intervention approach, where we developed materials that can actually be used in different parts of the country. For example, we are in the process of developing a whole series of case studies, which come, in large part, from Nepean Blue Mountains but also elsewhere, that try and give life to how this approach will work with different groups in different communities. I think that is important so that often people can see themselves reflected in the material that is being presented because, while we want consistency, we do not want one size fits all, and it is all very much about the individual and their reasonable and necessary needs.

Senator SIEWERT: You went to a place I was going to go to begin with. How is the changing to smaller forums being conveyed to people? How do you engage the people in the smaller workshop type approaches? Are you reaching out to specific groups, which goes to the cohort issue, or to families?

Ms Steele-Wareham: How we have tried to manage the number of people who can come through into the scheme initially is we have worked from the data that we have around people who are receiving existing services, who we know will be coming through into the scheme, and people who have registered an interest with the agency through our national access team. So we are able to target our energy, if you like, to maximise the experience for people who are coming through the scheme as part of our first 600 people.

CHAIR: Essentially, they are the people that are in the frame now, and there is work to be done to find others.

Senator SIEWERT: Obviously, there will be other potential participants out there. Are you trying to get the first group and work with them through and then start doing some more engagement with the broader group once you have got that group more underway?

Ms Steele-Wareham: There are concurrent activities happening. We are working with the people who are coming through initially, because it is important that this is an authentic process for them and it is maximised. But we are also continuing to do, through our engagement team, broader forums in the community for families, family groups, and, certainly, I have listened to Merle's comments. Merle and I worked together about 20 years ago, so that is an example of how we will be in contact with parents groups and saying, 'Bring those people together, Merle, who aren't understanding and are unsure and let's have an engagement with that group of people.'

CHAIR: Do you know who frames that a little bit as well, with a mix of clients—those that are transitioning from existing service and those that are new?

Ms Steele-Wareham: Yes. There is an ongoing engagement schedule that we have, so, while we have got our planning people coming through, there is broader engagement happening concurrently with the sector and with families, family groups, and service providers also have a really important role here. We work with service providers so that they can start working with the families that they are supporting to prepare them.

CHAIR: I will ask you to pause there, because we will come back to service providers. I just want to make sure Senator Siewert has had a turn.

Senator SIEWERT: I just want to go back to the peer-to-peer support program and go back to DSS. Do you feed back to DSS that this had come up here, for example? How do we now progress this issue? It seems to me there is a need for more peer-to-peer support programs and funding. Do groups here then have to go to DSS? Or is there a process where you can feed back to DSS?

Ms Glanville: I think it is always useful for people to go directly to departments. That is right. But we certainly indicate from our perspective in our trial experience what we think has worked and what has not worked, and that can be quite useful. The point I make is that it is no longer our responsibility to just make decisions about those resources.

Senator SIEWERT: I totally understand that, and I understand it is being shifted. I also understand the need for its happening. But, for the broader community, I know they then see a multiplicity of agencies.

Ms Glanville: That is right. The other way this type of information is relayed is that the chair of our IAC, Rhonda Galbally, has a keen interest in peer-to-peer support, as do a number of members of her council, and she would meet from time to time with the minister and others in the department. She would convey those views as well I am sure. We will see what the results show, but clearly we get this consistent feedback that it is something that is highly valued.

CHAIR: Pam, could you move on to the service provider piece, please.

Ms Steele-Wareham: I will let James speak about the sector capacity work and data analysis work that is occurring, but, in terms of the work that we are doing with the sector, we work closely with Richard Nelson and the NDS. We also attend and align ourselves closely with the northern Queensland alliance, which is the representative group for all of the funded disability service providers. We have held a number of forums with service providers to prepare them for the scheme. We have held a forum with them around how you register for the scheme and what this means for the scheme, and we visit service providers individually to speak with them.

So we have quite a thorough set of engagement activities in place with the NDS, the NQ alliance and individual service providers to assist them to understand what this means for them and how they will interface with families, because this scheme is about the families having the choice and control and the families making the decision about which service provider they select to work with them. So it is about helping service providers understand that this is not about them having a contract with the NDIA anymore. They now need to be working closely with the people who are selecting them or the people who are providing the service.

CHAIR: I was looking at your non-verbals as I tried to explain that to see whether you thought I was on the right page or not!

Ms Steele-Wareham: It is about preparing providers for the very different relationship that they have where the power dynamic changes from government and service provider to the individual participant.

CHAIR: My observation—and I could be dead wrong, and I hope I am—is that there seem to be two categories of service providers. I would roughly group them as the continuously engaged service provider who is providing week-in week-out care and support and who has a level of sophistication and experience navigating funding arrangements, and then there is the episodic service provider. We heard about mobility aids. I have heard similar feedback from people doing home mods and all those sorts of things. They are kind of feeling like the cousin that is thereabouts but not quite in the groove for how they should engage and what this looks like. Is that a reasonable characterisation, or are you adopting different engagement strategies with that different kind of provider?

Ms Steele-Wareham: Yes. We have facilitated some forums for the broader business community, not just registered disability service providers. There are a number of businesses who are looking at being able to provide supports through the NDIS, including all of those types of organisations. So we have engaged with the broader business community to talk to them about: how are they going to engage with the agency; what are the economic benefits for them to do that and what will that look like? It is also to give them a point of contact so that if they have got questions and inquiries they know where to come to and who to ask.

CHAIR: Is that portfolio expertise idea that I think, Louise, we spoke about in Canberra cascading out of mission control, if I could use that term, into the regions? Is that happening?

Ms Glanville: Yes. The term we use is that it is a national scheme but it is delivered locally. We heard some questions and comments from people this morning which very much indicate that it cannot be a one-size-fits-all. In some places there will be thin markets, for example. We need to understand what is going on locally and get a really good feel for that. A good example of this—and we will soon be doing the same up north in Queensland—is the local area market statement that we recently put out for New South Wales and Western Sydney, which for the first time—and we see it as part of our role as a market steward—gives indication of what we think the demand will be for certain supports in these communities. That is a hugely powerful document and we have had a lot of good feedback on it from providers around the country. We will do something similar here. We are actually preparing something similar for this community. For people trying to get a handle, particularly the smaller businesses, of what might this work will be like—for example, what might be the spend on assistive technology in a community like this; what might that look like?— this is the sort of platform that then helps our local colleagues to be able to work within that and to encourage people to be looking at and understanding what the demand is likely to be.

CHAIR: Senator, on providers?

Senator SIEWERT: Yes. While I see the categories that you are talking about, because the big providers have got the grunt—

CHAIR: And the balance sheet.

Senator SIEWERT: and the balance sheet, they have been able to prepare. I know providers who have been thinking about this for quite a long time—some of them are national, and even the large state ones have been. Then you have the smaller specialist providers who have not had the capacity to do that. They maybe thought it was not coming or they just have not got either the expertise or resources to invest. They also provide valuable services and I know that some of them are concerned about fading away and that participants are concerned that some of these smaller providers, which they actually rely on and get really good support from, may fade away. Has that been the experience elsewhere and is it something that you have been able to work with people here about?

Mr O'Brien: Certainly, over the trial sites to date we have seen a fair bit of diversification in the number of providers and the sort of providers who are offering services in the NDIS. We have about 2,200 registered providers across the country, and they will provide a diversity of services. They are not all historically the traditional NGOs. Increasingly, there are greater opportunities for small and medium enterprises and sole traders—particularly in the allied health space, where there has been a lot more money going into early intervention and assistive technology therapies. That has certainly created opportunities in the market. We are trying to, as far as possible, understand some of the market dynamics. Noting that the scheme is very much in its infancy and participants are still building capacity in understanding how to navigate and operate in more open markets, we certainly see that at the heart of the NDIS is this notion of choice and control, and choice very much goes to choice of who provides your support. We would see that the market is certainly open for existing, traditional not-for-profits to reinvent themselves and offer new and different services or, indeed, for new organisations, individuals, sole traders or whomever it might be to enter and provide the sorts of supports that people will be increasingly demanding.

The other aspect of this, which we are keen on given the amount of demand that we need to cater for in the scheme over the next few years, is to build strong links with mainstream businesses. As Pam mentioned, there have been efforts up here at the Townsville site and indeed some of the other trial sites to get strong relationships going with other mainstream providers, employers and other parts of the economy who could be providing supplies and supports in the NDIS.

Senator SIEWERT: You make a really good point around the allied health providers. In terms of this region, are there enough allied health professionals in that space?

Ms Steele-Wareham: We have certainly seen an increase in new players coming in here in Townsville with the registration process for service providers. That is really encouraging. We have also seen a service provider who specialises in allied health therapeutic supports and who provides support out to the west and up to the gulf registering with us as well. We are very pleased to see that as we move further out. We have engaged with the allied health professionals, through the hospital networks and their own professional networks, for some time now, giving them information about the scheme and what the opportunities are. I think the numbers that we are seeing starting the registration process show some of that work has been helpful, and I think it is a good sign.

CHAIR: Senator Siewert touched briefly on the adjustment needed among service providers. Some feedback this morning was that capacity development money was perhaps rarer than hens teeth to get hold of. Is there ongoing work there? I get a sense from the evidence we take as we travel around that a lot of people know there is a capacity development challenge ahead of them, but I would hasten to add that there are varying degrees of progress on that journey. How is that being cultivated as part of the rollout and the upscaling of the scheme?

Mr O'Brien: The overall approach around sector development is guided by what is called the Integrated Market, Sector and Workforce Strategy, which is a strategy which the Commonwealth and the NDIA—and, indeed, the states—have signed up to. It is generally to guide the development of the sector through transition and into full scheme. Different states have had some different contributions towards sector development.

CHAIR: It is my understanding that the bulk of the federal funds have been distributed, though, under that arrangement, and now—

Mr O'Brien: I would need to check in terms of that, because DSS administered the Sector Development Fund.

CHAIR: The cupboard is reasonably bare now, because it has gone out.

Ms Glanville: We do see examples of it. A good example was in Victoria last year, I think, where the state government committed $5 million to provider support in terms of transition. I think some states are continuing to do that.

CHAIR: There is a high expectation that the states and territories will be very active in that space.

Ms Glanville: There is a mix of the Sector Development Fund that exists and also other contributions that are made.

CHAIR: Are we optimistic about that transition and capacity building amongst service providers? Or, on our traffic lights of things to keep a close eye on, where is this one—is it on amber or green, or is it starting to get a red tinge?

Ms Glanville: I think the market development, in terms of having a deep and diverse and rich market that does really facilitate choice and control, is certainly one of the risks in the scheme. That has been well documented and is well known. It is a big endeavour. I think Pam's comments about what she has seen locally certainly are heartening and we have, from trials in the way that James has referred to, seen good progress in some areas. The agency thinks about its market stewardship role, though, in the context of what I term 'thin markets', and we are keeping an eye on this. We see this as a 10-year journey to develop the markets in a way that we are referring to, so we are keeping an eye on different parts of the country where perhaps we are not seeing the signals that we might want to see. But I do think things like providing data to service providers about what demand they are likely to see will help to build that business confidence. In fact, we have seen some pretty interesting examples of providers coming together and collaborating to grow their own businesses in a more networked way. That is pretty interesting.

CHAIR: We had an example of that this morning.

Ms Glanville: Exactly. That is right. It is very heartening, I would say, but I think there is still a lot more to be done.

Ms Steele-Wareham: What we have seen here locally is that, while there is a mix of readiness, we have been encouraged by the proactive approach from a number of service providers here in the region—not just the larger organisations, but some of the smaller ones as well—who have been working for some time to start to get ready for the scheme. I compare it to the starting place I have seen in Tasmania and even in Western Sydney a little while ago—I can see that the sector generally is maturing in its understanding of the scheme and its approach to readiness. So there is still work to be done here, but we are very active out in the service provider community and working with people to help to bring them on board and to answer the questions that they have.

Senator SIEWERT: The question that came up from Lincoln, from the MS Society and those peak organisations—

CHAIR: Progressive neurological disease professionals?

Senator SIEWERT: Yes, and the points they made about their engagement; I do not know who is the most appropriate person to ask this question of but, obviously, that has come up previously around Australia. Is it DSS that we should be talking to here, or is it you we should be talking to?

Ms Glanville: I can certainly comment more generally on that. The way in which the agency approaches it is always to look at it through the lens of reasonable and necessary supports for individuals as part of their packages. In that context, that has often involved the development and the work with particular groups who may, for whatever reason, have not had a lot to do with the disability sector generally. So in a lot of trial sites we have done some more particular work when we have identified particular groups. For example, sometimes when we look at who we think should be coming in as participants in an area and we see some gaps then that might trigger us to think about who else might be out there that we would have expected to have seen as part of the scheme

A good example was, of course, what we did in relation to mental health. I think there was some early concern that people with mental illnesses were not actually getting access to the scheme and becoming participants. As a consequence of that—and I think it was actually this committee that identified that as a particular issue several years ago—we looked at who had been found ineligible in the scheme to check whether that was working well and whether there was something happening within that. We set up a reference working group on mental health chaired by Eddie Bartnik that really worked on these sorts of issues. Very happily now, we are at about the figure that the Productivity Commission said we should be at which is that 14 per cent of our participants who have as a primary disability one that relates to mental illness. It varies. I am not sure what has been done specifically here in relation to that question. I would have to defer to you about that, Pam.

Ms Steele-Wareham: Similar to what you were saying, Louise, is that where we identify that there might be some gaps in understanding or knowledge, we certainly respond and work with people to look at how we can assist and respond with that.

Senator SIEWERT: I understood that one of the points being made this morning was that some of the work being done there is being done by the peak groups and that they are not able to access funds to do that because of the change in the nature of funding—not block funding anymore and those sorts of things.

Ms Glanville: Where we most see this issue playing out is in the ILC space. I think we have given evidence to this committee before. You know the general lay of the land, that the Disability Reform Council has the framework and we are seeking to operationalise that framework. We did a lot of consulting and engagement around the country. We put a draft up around what we thought ILC should be about and now we are continuing to engage with that, with a view to having that settled by the middle of the year.

What that process is also useful for is throwing up areas where there might be some need to look more closely at how something would work. There was an example in the conversation this morning with the early childhood development program. That is an interesting one. We are working closely with the government here to figure out what that program is. Yes, it is based in schools and of course we are great supporters of the mainstream supports and that is what the National Disability Strategy is all about, with the NDIS just being one part.

With some of those more specialised areas, that is the way it is becoming known to us. It is through our commissioning framework work as we move around the country—and we are moving all around the country. That tends to be how it gets raised. Then we get a chance to look at that more specifically to see whether in fact what is being offered fits within the ILC framework. Sometimes that is—and state governments do this with us—working with some organisations so that they can think about how they could change their service model so that the—

Senator SIEWERT: To fit within the framework—

Ms Glanville: Absolutely. A good example of that is some of the work in the ACT. Technical Aid to the Disabled is the group. They do quite well through block funding, but of course there are some ways in which they could work to change their service delivery model that would fit within the individualised model. You need to look at what is going on for each of the particular groups to get a sense of that. I think that is probably right—it has been thrown up through the ILC work.

CHAIR: On the workforce issue more broadly, Paula made some points around the 'part-timisation'—I think that was the term—or a casualisation, a portfolio type work. We have heard in other evidence that the growth in pure numbers available to match increasing demand as the scheme is rolled out is an area of some concern. Have you had any early insights, either in very thin markets or even in pushing out from a major regional city like Townsville, that the staffing horsepower might not be there to operationalise some of the ambitions of the plans and the scheme?

Ms Steele-Wareham: I think it is a little early for us yet to have any tangible evidence around there not being the capacity for the workforce to be able to respond. Certainly it is front of mind for the service sector, looking at how we recruit the numbers of people that we need. The NDS, on behalf of the service system, has received some funding through the Queensland government to help work up a workforce strategy. There is a significant piece of work happening there to look at what that is going to mean for service providers and at how we can structure our staffing complement in a way that enables that flexibility but still gives people confidence that they want to be in the sector, because there is some guarantee of hours of work available.

CHAIR: Linked to that are the issues of referrals, diagnosis, reports on condition and impact on quality of life functionality and the like. We urge people in our material to start collecting and assembling that material now. Is there any early indication about whether there is a choke point in that process? We have talked about an auditory impairment and getting to see the right people to give the right reports. Are we seeing any problem in getting that material available in a timely way?

Ms Steele-Wareham: To date, here with the small number of people coming through initially, we have a focus as a priority under the MOU for our phasing that existing participants coming through as a priority into the system, alongside some new people, come with a diagnosis, and they bring that across, which makes it a quick and easy process. We do not require additional information to support that eligibility decision. For new people coming through, it is early days for us yet to have a look and see whether it is a particular issue here.

Ms Glanville: Chair, it is probably also important to note that the scheme is not reliant on diagnosis. It is a functional aspect that is most important to us.

CHAIR: We have used the word 'reports', and I appreciate that, but a number of people have said to me, 'What is a report?' It is my use of mainstream language.

I am sure you are very perceptive. Did you pick up transport as an issue? I certainly picked it up. Do you have any early observations? In this vast part of our continent that this particular early transition program is targeting, this must be a topic of biblical proportions. What can you tell us, other than, 'Yes, it is'!

Ms Steele-Wareham: Availability of public transport—

CHAIR: Or private.

Ms Steele-Wareham: Yes. It is of course something that we come across in each site. It does continue to be an issue for people trying to get access to public transport. But there is evidence that people are thinking laterally about how they might approach that. Certainly with the transport that is able to be provided to participants as part of their plans, they are looking at working together with families about whether they might consider using those dollars in different ways to be able to provide some options, and for service providers and families to look at rolling up supports for two or three people to be able to do things. People are trying to be as creative as they can with that, but it does remain a difficulty in most locations—access to public, affordable transport. The provision of accessible taxis for people to be able to use is also always a challenge: to be able to get an accessible taxi as they need, depending on where they are, and then for that to be affordable for people as well.

CHAIR: We spoke in Newcastle about some service providers bundling suitable transport in as part of the service offer, and that made some sense. It reflected an appetite of the agency to be quite innovative and flexible. We modify private homes; do we modify private vehicles?

Ms Steele-Wareham: We can, yes. As part of people's plans, if part of the reasonable and necessary decision-making sees that as the most cost-effective and possible option for somebody to be able to access the community—

CHAIR: So if the need is clear, and that is the most direct, cost-effective way of meeting that need, then there is an appetite for the agency to—

Ms Steele-Wareham: Yes, we have assisted families in those circumstances, when you have explored every other option. If not being able to have some access to a modified vehicle means that you become isolated, unable to achieve the goals you have in your plan, then we have considered them under those circumstances.

CHAIR: And if that was to be accepted, is there scope to have driver volunteers trained and with insurance cover? I am just trying to think through what that would mean.

Ms Glanville: That would not be something that we would do.

CHAIR: So that would be an ILC conversation or a Rotary chat or something like that.

Ms Glanville: Yes, that is right. Capital expenditure, whether it is homes or for other stuff, is an area we are very careful with, I should say. Think of a person who might have contracted motor neuron disease, for example: it is a fast-progressing disease, the expenditure in an insurance sense has to be commensurate with, and it is very bald to say it, all of the elements of that person's life. But it certainly is possible, and has happened.

Senator SIEWERT: I want to draw this out, because it applies to accommodation—I am sure you are going there too.

CHAIR: Next cab off the rank, no pun intended.

Senator SIEWERT: On Palm Island, the two were obviously linked, but there are huge issues around transport as well as accommodation, and that applied to accommodation because there is not good transport. We heard this morning about the wheelchair that was suitable for pavements and hospital and things, but was not an all-terrain vehicle. I suppose that is why I am winding the two in together. Particularly on Palm Island, and I know it applies in other regional centres: what planning is there and where are you going in terms of addressing the issues around providing supports in those sorts of circumstances, where you have obviously got—it applies in other Aboriginal and Torres Strait Islander communities—transport interwoven with the accommodation? I know accommodation is separate, but they are obviously linked.

Ms Steele-Wareham: For transport, we really need to work with the service providers that are in place in the community to look at how we can partner, how we can leverage off what is there and what is not there and what some options might be—some new things or new ways of looking at this. There has not been an opportunity to do that before in the community because we have not had the NDIS making other options available. Certainly we would be looking at working in the community with the networks there. Dependent on the people coming through into the scheme and what their individual needs are—because their goals and their necessary supports need to be a focus too—how do we work more broadly in the community to identify where these gaps are, how can we start to partner and what might be some options there?

Senator SIEWERT: Obviously it is a question that we need to be asking the Queensland government—I know it does not just rely on you. The value of the package—of what is reasonable and necessary—is undermined if people have not got accommodation. We heard yesterday why potential participants or even, I think, some of the group that has already gone through the access requests process do not have one place of residence. In fact, they are going from—

CHAIR: You have to find them first to deliver the service.

Senator SIEWERT: friends and relatives, because they have not even got a permanent address.

Ms Steele-Wareham: One of the opportunities with the scheme—and the people coming through under the scheme—will be that this will be an opportunity for those gaps to be evidenced very clearly. We will gather, in time, a quantum of information that will say that in any community, really, we have specific issues around accommodation and around transport. That data and evidence, I think, will be very powerful in our ability to work with our mainstream partners in the departments of housing, transport, state and Commonwealth, around the evidence we are seeing over time. We have not really had an opportunity to enter into that discussion in a systemic way with evidence.

CHAIR: With the appetite of the mayor, for instance, it is conceivable, with that unmet need being quite compelling, that the agency would assess accommodation as being reasonable and necessary and provide support for accommodation services. Then the council might finance a facility, knowing that there will be some capacity at least to fund a portion of that over time. Is that the kind of scenario that you are anticipating might be realistic on a place like Palm Island?

Ms Steele-Wareham: It is; definitely. I think it will be a matter of us working with council and the community there to look at what this evidence is telling us. One of the things that is different about this scheme in terms of accommodation, which has not necessarily been the case before, is that this is support for somebody across a lifetime. There is certainty for people, and certainty for people who are making decisions about investing in accommodation. The support needed for somebody to maintain a tenancy successfully depends on there being strong support in place for people to make sure the rent is paid, to make sure the home is looked after and to make sure that somebody is not vulnerable in that home. That lifetime of support, and the certainty of that, changes the dynamics of people who are looking at whether this an investment and an opportunity that they should now be taking notice of.

Ms Glanville: I think the bigger picture example of that is the release last week of the Specialist Disability Accommodation paper that the agency has put out, which, once again, is within the framework that governments around the country have given us. That, really, is a document which says, 'Well, this is how the agency will price for housing.' It poses lots of interesting things in that position paper. It is out for some consultation. It sort of looks at things like what risks should the agency bear in terms of vacancies or not—

CHAIR: That has come up in Canberra where there is a bundle of gentlemen in a place—and sadly one passed away and that was a tragedy in its own right, but then all the cotenants were traumatised by that. Then their carers were traumatised because they were one down they might not be able to fund the accommodation any longer and it was quite a difficult time for them.

We have run out of time. Could we have a couple of quick responses to two outstanding issues? One is the observation around service withdrawal or tapering, if I could use that term, some examples of that. Then the other one is around pricing, whether you are in the gulf or on Palm Island, and the remote pricing platform framework that is being used until at least the middle of the year. I picked up a suggestion that that might still struggle to fund activities. Any quick comments on either of those two, please?

Mr O'Brien: In relation to pricing, the agency released the prices for Queensland a couple of months ago. Concurrently, there are a couple of reviews of key pricing areas at the moment in relation to supported independent living and in relation to group activities, so whether they be delivered in community or centre based. In particular, looking at what we call the 'intensity mechanism,' so how do you appropriately price supports for people who have, for example, complex and challenging behaviours. That is across the board nationally. Those price reviews will inform any changes to the price guides, which will come out for 1 July for the next financial year. There is also an examination of remote and very remote pricing as part of that. At the moment we have higher loadings for services delivered in remote and very remote settings. There is an examination of their adequacy at the moment. Without pre-empting where that review might go, we would hope to have pricing arrangements in place.

CHAIR: So some visibility around that as an issue?

Mr O'Brien: Yes, so there has been some consultation with some of the peak bodies, and indeed some of the providers, around some of those aspects. We would hope that we would have at least draft pricing out, I think, in May.

CHAIR: Service tapering or withdrawal—have you seen any of that yet or is there—

Ms Steele-Wareham: No, we have not seen any specific evidence of that. I could only suggest that maybe organisations thinking about their business model, and thinking about what are we going to focus on and make our core business, might be making some of those business decisions about what their future service delivery will be like.

Ms Glanville: It is interesting. If anything, I have seen the opposite of that. It was interesting to hear that evidence and that is something we will watch. We are in a situation of competition and I accept that competition is different around the country, but I have seen organisations actually looking at enhancing their service offering in order to provide the choice and control for pick up—

CHAIR: Charm offensive—

Ms Glanville: Yes, we had a couple of great examples from Tassie recently in that vein.

CHAIR: Thank you also for your facilitation yesterday, it was very generous. Thank you for putting that time in to make providers, participants and local government available for conversation. We are very grateful for that. Thank you very much.

HOGAN, Mr Michael, Director-General, Department of Communities, Child Safety and Disability Services

WOODS, Ms Geraldine, Executive Director, Whole-of-Government National Disability Insurance Scheme

[14:39]

CHAIR: Thank you for joining us. I am sure you were here for the absolutely compelling oration of what officials can be reasonably expected to offer at these hearings, or do you need me to run through that again with a more melodious tone? You are okay with that? Fantastic. I am mindful of that resolution. We will not be probing you on matters of opinion on policy but more about implementation and how things are actually going with those policies. Thank you for being available today. Is there an opening statement you would like to make?

Mr Hogan: Just a short opening statement. Thank you for the opportunity to present and speak to the committee. Thank you as well for the flexibility that you have shown in arranging times for me to be able to get here. We acknowledge the very important role of the committee in overseeing the NDIS. We welcome you to Queensland and to Townsville. We also would like to acknowledge—and I think our colleagues from the NDIA have just left—the close working relationship that we have had with the NDIA in Queensland. I would also like to acknowledge for the record the efforts of my own staff and our partner agencies, the providers, the consumers and families that we work with and others who are contributing to the planning and now the delivery of the NDIS in Queensland with this early launch.

Queensland is enthusiastic about embracing the National Disability Insurance Scheme. Like everywhere else, it will see the transformation of the opportunities and lives of Queenslanders with disability and their families. For Queenslanders it will mean effectively a doubling of the number of people who get access to specialist disability supports. It will double the investment in disability and it will double the workforce in the Queensland disability sector. So it is a huge transformation.

We are very pleased to have the early launch, which you are here to inquire into. It enables us to learn by bringing forward some of the rollout and the key elements of the national scheme—test, learn from those, make sure we pick up the learnings and apply those for our part in other areas where the NDIS will roll out across Queensland. As you have probably heard, it will mean 600 people coming into the scheme between April and June and another 1,000 people from July. We have had the opportunity to second a number of our staff into the NDIA. We have been very flexible with the NDIA to make sure we have staff available who can come across and assist and support the early launch.

We are very pleased as well to have a bilateral signed between the Prime Minister and the Premier. It was signed off on 16 March. That provides much welcomed clarity and certainty to Queenslanders with disability and the disability community more broadly. That will mean about 15,000 people come in the first year, 16,000 people in the second year and 60,000 people in the third year. We are very pleased to have that bilateral in place. We are well advanced on all of the other plans that go with the operational plans.

Whilst we have not been a trial site, Queensland has been very proactive and committed around getting the state ready for the NDIS. We have had a suite of initiatives running now for a number of years around participant readiness, sector readiness and workforce strategy. We brought a MOU forward with the NDIA, so we have actually had them up here for 18 months, with a small team firstly in Brisbane and then more recently up here in Townsville. We have had a very proactive approach about readying our own organisation and working with our sector in a collaborative partnership to get ready for this momentous change. I am very happy to provide any further detail or information about those readiness activities that I think have got us in as good a position as we can be for the commencement of this early launch and then the rollout statewide.

CHAIR: Ms Woods, is there something you would like to add?

Ms Woods: No.

CHAIR: Mr Hogan, you may have picked up the observation that for a number of participants, the carers and families, it has been over there and not something they have been fully engaged with. Now it is much more present and there is a tsunami of information that people are having to navigate in a short period of time. Is there a subsequent reiteration of that preparedness effort for the group that is now turning their mind more fully to what the NDIS might mean for them, their loved ones and their service requirements?

Mr Hogan: We are now almost to the end of our second year of funding 10 non-government organisations to work across Queensland through our Participant Readiness Initiative. That has, so far, been a commitment of about $8 million. Up till the end of last year they had run 877 workshops and had over 10,000 participants in those workshops. Queensland Disability Network, the Community Resource Unit, Open Minds—10 organisations—have partnered with us to run that program for the last two years, and we are committing again to another year of that participant readiness work.

CHAIR: That is about one in nine of the anticipated participant group. Are you contemplating differing strategies?

Mr Hogan: Part of our strategy was to choose different providers to try to target different cohorts, in particular the cohorts that are harder to reach or less likely to engage. Carers Queensland, for example, is another one of the organisations. We have met with them recently to reflect on some of their learnings and observations. They have had a great response. There have been a lot of people with great interest—early adopters, if you like. People have come in quickly because they want to get ready. Others have not engaged, and the sense is that when it is real, when it is about to happen, they will begin to engage. We do not think the job is finished. We obviously will now work more closely with the NDIA, given the signing of the bilateral, and we look forward to further investment coming from the Commonwealth sector development funds to continue this participant readiness work in Queensland.

CHAIR: We heard some evidence that it is one thing to be briefed on the moving parts of the scheme—and there was some discussion about how in certain groups without normal communication modes, Auslan, for example, practitioners found some of the material difficult to navigate—but leadership, in the sense of a pathfinder, a peer or an ally, was needed to help people navigate the options and imagine possibilities. Could you talk to us about that. It struck me as a really useful insight about how to operationalise this new potential.

Mr Hogan: Some of the feedback we have heard from those folk who have engaged with the Participant Readiness Initiative is that, as useful as are the toolkits, fact sheets and other resources and information being produced by the 10 organisations, it is actually about hearing other people's experiences.

CHAIR: Have you thought about conversations?

Mr Hogan: Indeed. Some of the most powerful workshops, I understand, are those where peers share their experience of their own planning. We have had participants come up from the trial sites in some places. With the initiative that we commenced some years ago—the Your Life Your Choice initiative—again, one of the most powerful ways to promulgate that has been to have families talk to other families about their experience.

CHAIR: The closure of early learning intervention was raised. There was a very compelling concern amongst some this morning that the early intervention, early diagnosis, early childhood program that people were familiar with was coming to an end. There was a sense that there would not be something equally effective to place it. Can you shed some light on that, please.

Mr Hogan: There are probably two issues here. One of the recent issues that has had some attention is people's continuing access to the early childhood development program provided through the Department of Education and Training. Ms Jones, the state minister responsible, has made it very clear that that program will continue until 2020 or until people have transitioned across into the NDIS.

CHAIR: Do I feel a press release from the minister coming on?

Mr Hogan: I think there is already one out there. She has beaten you to it.

CHAIR: Excellent. No, it would not have been from me.

Senator SIEWERT: This is in fact one of the areas that I did want to go to. I understand the point you have made about what happens until people transition across. I am making a leap here, but I think it would be fair to say that not all children who would necessarily access that scheme would then transfer to the NDIS.

Mr Hogan: No, indeed. Minister Jones has also made it very clear that children who are not eligible for the NDIS will continue to be supported through our departments' continuing investment in the early childhood education and care sector. I said that was only one component because there are other components of our work in Queensland around early intervention. My department has for many years had a suite of initiatives around early intervention. Since 2004-05, we have had an autism early intervention initiative, which has been one of the leading initiatives in Australia. We have partnered with organisations to effectively do what we would now call a specialist LAC type role with Parent Connect, where we engage NGOs who provide dedicated navigators to help families who have newly diagnosed children or newborn infants with disability through the complex system. We have another program called Baby Bridges. So we have actually had a suite of early intervention initiatives, and we are very, very mindful of ensuring that we have both continuity through the transition period and a seamless transition for those families or for new families.

CHAIR: And you are double-teaming with the NDIA on that, through their early intervention and early childhood strategies, to try to land people with the right support and keep track of developments, obstacles or growth and intervention opportunities over there?

Mr Hogan: Indeed. We have taken quite an interest in the NDIA's recent announcement about the early years gateway in discussions up here, in terms of how that is being applied in the early launch, and I have encouraged the NDIA to run community and industry workshops to explain how that is going to work practically, on the ground, here and in Brisbane, because there are a range of key provider organisations in the child space who we really want to be very au fait with how that arrangement is going to work.

Senator SIEWERT: I wanted to nail down—sorry; I am like a dog with a bone here—that the program will continue after 2020 for those that are not eligible for NDIS, or will it morph into something else? I was not sure.

Ms Woods: There will be consideration of how many people are not eligible. At the moment, my understanding from the Department of Education and Training is that most of those children will be eligible for the NDIS, so it would be a very, very small cohort that are not part of that program. But, as they run through the transition period, they would be looking at: what is the right service to complement the services that are available under the NDIS and then into school? So they would be looking at individual circumstances. It would be much more on an individual-by-individual basis. But I do not think they really know yet. That is the sort of thing they would be looking at in the next three to four years.

Senator SIEWERT: The obvious question that comes out of that—I apologise; I do not know—is how many children miss out currently in terms of the eligibility criteria for the current Queensland program?

Ms Woods: I am not sure, sorry. That is not a question that I have ever explored.

Senator SIEWERT: Obviously, the reason I am asking is unmet need. Now, speaking from my experience in WA, we had a hell of a lot of people with unmet need. It is all very well to say that the people that are currently eligible, that are eligible under the current program, will be eligible for NDIS, but there could be a cohort of children out there who have unmet need.

Mr Hogan: Yes. Senator, we are happy to take that question on notice.

Senator SIEWERT: That would be great.

Mr Hogan: I will talk to my colleague the director-general of education about that. Perhaps we can come back to the committee with—

CHAIR: That would be useful. I suppose the correlation, Mr Hogan, is that, for instance, the ABS statistics for Palm Island said there were no children with a disability under the age of 14 on the island. That is what the data said. Then we had the field evidence presented in spades that there were. So that was something that came up about nailing what that unmet need is, how you engage and a whole lot of other factors that are at play.

Senator SIEWERT: I am particularly interested in the FASD space, because I am sure you know that—

Mr Hogan: Just on the FASD issue, Queensland was actually one of the first jurisdictions where the disability service system was available to children with foetal alcohol syndrome. Whilst that has been a continuing public issue in some other jurisdictions, we have done that for over a decade.

On your broader issue, though, about unmet need, absolutely we know that Aboriginal and Torres Strait Islander Queenslanders have half the levels of access to disability services and twice the levels of disability, as a rule of thumb. In fact, one of our participant readiness providers is an organisation called Synapse, which is actually a brain injury association but the CEO is a very significant leader in the disability sector—an Aboriginal women, Jennifer Cullen—

CHAIR: Just on that, our note suggested that they were a cultural advisor. You are saying there is more to it than that, there are some clinical, technical and service delivery capability?

Mr Hogan: In fact, Synapse have a particularly dedicated role around engaging Aboriginal and Torres Strait Islander Queensland clients with disability, with brain injury in particular, but including in the FASD space. The greatest motivator for Queensland's commitment to the NDIS has been unmet, broadly. As I indicated at the outset, we expect to double the number of people who are supported in Queensland. So that would suggest that for all cohorts and all ages there is unmet need.

Senator SIEWERT: Okay. One of the biggest issues I am now hearing is what is happening with the delivery of services to people who are not necessarily eligible for NDIS but still have needs for disability support.

Mr Hogan: On that point, at the moment we fund about 27,000 Queenslanders through our specialist disability system and about 18,000 to 19,000 people who get community care support, whom we expect will be NDIS eligible, and another 19,000 people who get community care support, whom we expect may not be NDIS eligible. The government have made a commitment that we will continue to be a funder for community care services for people who are not NDIS eligible.

Senator SIEWERT: I appreciate that information because obviously that is really important too, but I am also interested in the early childhood cohort.

CHAIR: I understand that the Indigenous advisory group has been notionally formed but has not met—is that right?

Mr Hogan: We have a Queensland transition advisory group.

CHAIR: So you have an on-the-ground team?

Mr Hogan: Yes. We have a transition advisory group at a state level that advises Minister O'Rourke, the Minister for Disability Services. We have a transition steering committee of the NDIA, DSS and ourselves. There is a local transition group overseeing the transition here in Townsville with the early launch. Synapse, through Jennifer Cullen, is a member of the Queensland—

CHAIR: The fact that the federal one has not—you have state based infrastructure—

Mr Hogan: Indeed. We also have a Queensland disability advisory council and regional disability councils, many of which have Indigenous representatives.

CHAIR: Thank you. Ms Woods, your whole-of government role must be quite character building. Congratulations on that. I have two particular issues. I think someone said that the most favourable way they could describe the intersection of disability with transport and education across the state is that it is patchy, and there have been a number of accounts of people coming in and out of primary care or even community care that kind of got it and some did not. How is that going? The National Disability Strategy that sits over the NDIS seeks to get to that effort right and aligned well. I imagine that is probably what keeps you awake at night. How is that going?

Ms Woods: We have a number of ways that we try to make sure that the connections between state agencies are as tight as they can be and that the information is flowing between the agencies. It is supported by a director-general's group that Michael chairs, called the RLG. Underneath that is an interagency working group. We hold series of meetings with that working group and various members to come and go, so you can have the conversations about the development and the rollout of the scheme. That sort of sets the scene about trying to make sure that everyone is clear on the scheme and the transition and how the rollout should happen.

Then, at a more agency-by-agency level, there are actually meetings between the NDIA and each of those government agencies to make sure that the interface arrangements between each of the agencies is understood and connected. That happens at a state level, probably mainly in Brisbane, but also that is what we have been trying to connect and make happen in the Townsville area because, obviously, getting that connection into the mainstream services is very important to the scheme. How well that is actually working may be patchy and that is the sort of thing that we do need to understand; what do we need to learn from that to make sure that it actually works well across the whole state.

CHAIR: I think the feedback was that, institutionally, those conversations are taking place, and the leadership and executive of the agencies kind of get it, but operationalising it on the ground is a different set of challenges and a different story.

Mr Hogan: If I could add to Geraldine's answer; that is not a new challenge. It is probably not unique to Queensland or to North Queensland. Part of our arrangements that the government have put in place is every agency that touches the NDIS is expected to have an agency transition plan, and part of Geraldine's role is to actually make sure that those things connect. Now, at an area level, we will want to see, and will be working with our colleagues in the other agencies, that the transition plans and operational plans at a regional level—

CHAIR: You are going to ride those more, I suppose, in concert with the rollout, is it?

Mr Hogan: Indeed, for example, the issue you raised before around the Early Childhood Development Program, was raised by a number of citizens in this area; that was addressed at both a regional level and at a state level very quickly to clarify the government's intent around the continuation of that program.

CHAIR: So we think the back swing is good, and the follow through will happen with concerted effort along with the transition in the—

Mr Hogan: And part of our role of our regional management team here, is to bring those other regional directors for transport, education, health, justice and housing to the table on a regular basis, to be working through where there is a rub now, and obviously, ongoing.

Senator SIEWERT: Can we ask about Palm Island, and how, for example, the process would work there. In terms of, for example, issues around transport on the island and the housing issue, how does Queensland intend to address those particular issues? It seems to me there are some significant barriers to—and you heard me asking the NDIA this earlier—how effective can people's supports be if they are facing massive barriers, such as, not being able to get around the island and not having accommodation. Essentially, in the rest of Australia we call it couch surfing, but we were told yesterday, people with disability on the island who, in fact, have not got any accommodation of their own, are basically moving between relatives or friends for care and accommodation.

Mr Hogan: It is fair to say here, like elsewhere in Palm Island—it is one example, but again, by no means unique—where access to affordable and accessible housing, suitable housing, appropriate housing to people's aspirations and capacities, will be a challenge and a potential constraint on the rollout.

Senator SIEWERT: I know. That is why am asking. I know it is not just here. I understand that.

Mr Hogan: Minister O'Rourke and her colleague, Minister de Brenni, the Minister for Housing and Public Works in Queensland, have been very active in endeavouring to engage with their federal counterparts, and other state and territory ministers, around the link between housing and disability, and so, through the Disability Reform Council too. Indeed, last week when the housing ministers met in Brisbane, the disability ministers asked for the housing ministers to have that on their agenda to be working through what are the strategies to deal with the supply to meet the demand. Our colleagues in the Queensland Department of Housing and Public Works have this as one of their critical priorities as part of their work on a new Queensland housing strategy. They are very interested in looking at the supply options and innovative ways of financing housing supply. We are working together to match our databases. We are matching our existing client register with their client register—as well as our register of need and their housing waiting list—to get a handle on levels of demand and undersupply, on where that is and on what types of housing, to then share that, hopefully, with the NDIA, the Commonwealth and, potentially, the market to inform where either non-government organisations, private investors or others might come through and work with the state government in trying to fix some of those supply issues.

CHAIR: On behalf of the committee, I would emphasise that we see this as pretty fundamental. If you have accommodation chaos—Maslow's needs hierarchy—if you do not have a roof over your head, all the rest of the potential in the service delivery model is going to be vastly compromised. There were 60 new places being built I think three spillways away from the town centre—let's hope there's not a storm event! Even though it was three spillways away, a hospital-ward grade mobility device does not quite cut the terrain to get from where they are. It just seemed a real disconnect that was quite troubling, I must say.

Mr Hogan: In the meantime, I am just letting you know, our department of housing colleagues have, for some years now, prioritised access to housing for people with disability and people with mental illness. Indeed, my own agency has retained responsibility for either providing, or partnering with non-government organisations to provide, specialist housing—the heavily-adapted housing arrangements. The recently released State Infrastructure Plan includes a commitment of $25 million for specialist disability housing with the commission, largely through partnering with the non-government sector.

CHAIR: I think there was some awareness of it. We were just troubled about the execution. The 60 new houses were a long way out of town and they almost had a Toowoomba range crossing to get to them. We thought, 'You'll need supercar brakes to pull you up and down the hill!'

Mr Hogan: We will have to take any particular issues around the housing supply on Palm Island on notice and come back to the committee.

Senator SIEWERT: What is the timeline for melding the databases and doing that work?

Mr Hogan: We started that last year and we have already done a match of that. As part of the work with the NDIA that the representatives mentioned earlier around the pricing framework for specialist disability accommodation, we have supplied significant data to inform the pricing framework as it pertains to Queensland. Obviously we will keep on working with them as the rollout occurs, to inform the NDIA about where we understand there to be need and demand for appropriate housing.

Senator SIEWERT: There have been a lot of areas raised, but in terms of transport—

CHAIR: I have that one here: simplifying the patient transport scheme. 'What a nightmare that is,' is the paraphrase I would bring to the table.

Senator SIEWERT: That interacts with transport and health obviously.

CHAIR: That was for health episodes. We were imagining that, as the social ambition of the NDIS takes hold, if it is that hard for a clinically-activated transport service, what is it going to be like if there is a social need as part of the care plan?

Mr Hogan: One of the benefits of having my colleagues at the table with our NDIS Reform Leaders Group is that these issues are on our agenda. Each of my colleagues are as committed to the scheme and to dealing as well as we can with the resources available to each agency to manage those interfaces. My colleague, the director-general of transport, is working closely with us on some of those issues around community transport, the taxi subsidy scheme and so on. I would need to follow up with the director-general of health if there are any particular issues around the patient—

CHAIR: Could you do that and let us know what arises? Once Merle has finished her 'Merle's must-know guide for parents,' she is available for a consultancy to help provide the scheme for you.

Mr Hogan: I know Merle well. She has been a really fabulous member of the Queensland Carers Advisory Council for many years, and I was very pleased to see Merle.

CHAIR: She did not hold back either!

Mr Hogan: No, I am sure Merle wouldn't!

Senator SIEWERT: The *Hansard* has all the details of the concerns.

Mr Hogan: I did hear you ask the NDIA reps about vehicle modifications. We have had a scheme in Queensland for a number of years called the Vehicle Option Subsidy Scheme. We actually provide grants to people, to families, to adapt or buy vehicles.

CHAIR: Will you keep that going?

Mr Hogan: That is one of those areas of further discussion with the NDIA. As it picks up aids and equipment, our expectation is that people will continue to have access to funds to support vehicle modifications.

CHAIR: Does that extend to community organisations? For instance, again going to Palm Island, a properly modified bus would probably make a world of difference for the whole community there, and perhaps that is something the Palm Island Community Company or the council might be interested in facilitating.

Mr Hogan: I would be very happy to talk to the Palm Island Community Company or the council about that opportunity because I cannot see a reason we could not do something in the meantime.

CHAIR: There was some suggestion that there had been some tapering of services and some cuts. Are there no signs of that that you are aware of?

Mr Hogan: I can assure you that we certainly have not cut funds to services. The government has made a very substantial commitment to increase its investment over the period through the transition to full scheme to $868 million. There were some reductions in funding to disability services a number of years ago, and we have obviously got a significant commitment from this government to invest towards the rollout of the NDIS.

CHAIR: You used the word 'funding'. I know in other jurisdictions we have seen—my language, not theirs—provider inflation and some impact on the contest for the workforce that an allocation of 12 hours of a particular kind of support amounted to this much money, and the money has continued. But now the costs have gone up and it is now 10. Is that possibly what is going on or have you not seen any signs of that either?

Mr Hogan: I have probably heard similar feedback, particularly around access to clinical services under some previous federal initiatives. That had some impacts in the market around price and quantity. That is an issue, a concern and a risk that we have identified and it is a regular topic in our discussions with the NDIA, and particularly its market area, around how they are going to mitigate and manage those sorts of risks with the rollout in Queensland.

Senator SIEWERT: I wanted to go back to the interaction with the mainstream services. Where does the buck stop in terms of the intersector working group and the RLG?

Mr Hogan: It is the Queensland NDIS Reform Leaders' Group.

Senator SIEWERT: Is there somebody who then drives and makes sure that the KPIs are met or is there a process where agencies are held accountable? Because, quite frankly, in some states they keep going, 'Yes, mainstream services will pick up this and that,' but often things are falling through the gap.

Mr Hogan: Firstly, the Queensland government signed off on the interface principles that indicate the accountabilities of the NDIS and other mainstream service systems—health, education, justice, transport, housing and so on. The Queensland government has signed off on those through COAG. The accountabilities and those systems obviously continue to be the accountabilities of those portfolios and those agencies. My role as the chair of the Reform Leaders' Group, and indeed Geraldine's role as the executive director for the whole-of-government reform program office—

Senator SIEWERT: The character building role.

Mr Hogan: If these issues arise, if there are rubs or gaps or if things do not work as they are intended, then that forum that I chair is the place where we bring those to the table and work through them. In between time, I will pick up the phone to one of my colleagues and say: 'Have you heard about this? This is an issue. Can you have a look at it and can you come back to me? What can we put in place to ensure that that doesn't happen or that that is sorted out?' That is a role that we take. But the accountabilities, strictly, fall within the particular portfolios and agencies.

Senator SIEWERT: What capacity do you have then to say to—let's pick on another group that is not transport, health or education—justice, for example, who often get left off that list, 'Your key areas here have not been met.' What capacity do you, as the chair, have to go, 'Lift your game—this is a major block to our achieving delivery here.'

Mr Hogan: We are managing with some vigour and robust arrangements the expectations of all agencies to deliver Queensland into the NDIS. The CEO group has a regular report prepared by our program office on where that is tracking, where there is risk and, where we are not on track, what we need to do to fix those issues. We do follow those issues through. The Director-General from the Department of Justice and Attorney-General is a member of that group. At that level and at a senior officers' level and at my deputy's level those issues hopefully get erased and sorted before they even need to come to the CEOs but, if there is a problem, then the CEOs will put it on the table and work it through.

CHAIR: The frame of the question is that we have received evidence that a lot of people, particularly Indigenous people, who come into trouble with the law then get viewed as a justice client even though some of the factors that contributed to their incarceration may be well within the NDIS suite of issues, and that support was not available. In in some cases, in another jurisdiction, without that support being put in place they are not released. To achieve that you need some synchronicity of effort and understanding about how to approach those cases. That is what Senator Siewert is alluding to.

Mr Hogan: Again, those issues are not new. They are a sign, particularly in Queensland, of a system that has not been able to meet the needs and aspirations of Queenslanders with disability—so there are too many Queenslanders with disability who do not get reasonable, necessary support. That is why the NDIS will double that. The benefits will then flow to those other systems, because if people are getting appropriate supports, early supports, then hopefully they will not end up in the same sorts of situations that require a policing response or a justice response or another crisis response from those other systems.

CHAIR: The Office of Public Advocate report had some interesting insights in it. Could you give us a feel for what that means in terms of practice on the ground and implications for the scheme's rollout?

Mr Hogan: That is a good example to illustrate the process. We have the benefit of an independent statutory official, the Public Advocate in Queensland, that takes an investigative inquiry approach into key issues of concern around the vulnerability of people with disability in our system and the other service systems. Their recent report, which inquired into deaths of people with disability, raised some significant issues around people's access to health services, housing issues and disability service issues. We participated fully in the Public Advocate's process and I, with my colleagues, will lead an interagency response to the public advocate's report. Where that has identified systemic issues or problems or gaps I will work with my colleagues to provide advice back to government and a response to the public advocate.

CHAIR: With the mistreatment issue that it was drawing out, are there any implications for our work in the NDIS to recognise that that may be a factor influencing engagement and getting full benefit out of the schemes?

Mr Hogan: One of the things it does illustrate—I do not know whether you have noticed in the interface principles—is that a couple of lines were included in Queensland's—

CHAIR: Some good work there, sir.

Mr Hogan: thank you—around how the NDIS needs to work collaboratively and jointly with other service systems. While the interface principles are largely about setting the specific boundaries and roles of the NDIS, vis-a-vis other service systems, we were as keen to ensure that there was an appropriate interface and connection between the NDIS and other service systems. Indeed, for clients with complex disability and complex health or complex mental health needs, what I would like to see come out of the rollout of the NDIS—and we have achieved some examples of this pre NDIS—is a truly integrated approach to dealing with that range of issues in their lives. If I can take the example of children in care with disability: we get an integrated plan—

CHAIR: Rather than a silo response to that.

Mr Hogan: rather than repeating siloed responses from different systems, so that a child in care with a disability ends up with an integrated plan that has a disability component, an education component, a care component and a housing component—whatever that might need to be.

Senator SIEWERT: That answered one of the questions that I was going to ask. I suppose this question does relate to mainstream services.

CHAIR: We are very free range at this hour of the day, Senator.

Senator SIEWERT: Hear and Say talked about some of the services that they provide and about ensuring that the parents of newborns who were identified through the screening process were then given access to information about the NDIS and the early intervention processes.

CHAIR: The context was hearing impairment and neurological conditions.

Senator SIEWERT: They said they do not get a lot of funding support for their services through disability services.

Mr Hogan: They are a fantastic organisation and we are very pleased and proud to have them in Queensland. They are largely supported through the Department of Health and—I am not sure—perhaps also through the Department of Education. One of the reasons that I mentioned having spoken to senior NDIA colleagues after the release of their early years gateway paper is that I wanted to organise a community and industry workshop in Brisbane for organisations such as Hear and Say. We have obviously got a number of disability service organisations who specialise in the children's area and we are in very close and regular contact with them. But there are organisations like Hear and Say and some others who provide specialist assistance. We want them to be part of that loop and to be involved in working through how to make this work.

Senator SIEWERT: So, even though they are not funded through disability services, other services that are funded through other departments will be brought into that process?

Mr Hogan: Indeed. I have already flagged with our colleagues in Education and Health that if and when we have the NDIA organise this with us in Brisbane or up here for that matter then we will talk to them about who their partner organisations are in that space who need to be at that workshop.

CHAIR: They also talked about a real, rigorous evidence base to interventions. It is probably a question I should have asked the NDIA but their time has expired so I get to ask you, sir. In terms of that framework and the collaboration, I think in that case with James Cook University and others, are you happy that those intervention insights and that what is effective and backed by evidence is finding its way well into the architecture of the NDIS?

Mr Hogan: Mr Chair, I would have say that I am more confident that NDIS will make greater progress on this than we have been able to see over time in the state systems, to be frank. We again have some fabulous relationships with a number of researchers in the academic institutions, the universities. We have a number of centres of excellence—for example, one in autism at Griffith and another at Bond. They are very important informants for us. One thing that we are very keen to see is that that existing hub and spoke of academic excellence and research continues to be built on.

CHAIR: And you think that infrastructure is better to support that 'curation', if I could use that term, of best practice insights from—

Mr Hogan: To be frank, I think that is an area for further clarity with the NDIA and our federal departmental colleagues, because we would like to see a national network of those centres of excellence that all Australians with disability get to better benefit from them. We have had the benefit of a number of centres of excellence in Queensland—Autism Queensland, in particular, and organisations like Hear and Say. It has allowed us to do some groundbreaking evidence-based intervention and investment in those areas. It would be fabulous if the whole NDIS was nationally informed by that network of national—

CHAIR: We need that ecosystem to nurture the innovation, to sort out the blue sky fluff from the stuff that is making a real difference.

Mr Hogan: Indeed.

CHAIR: My last question relates to Stanley Street 235: do you have people there?

Mr Hogan: Stanley Street?

CHAIR: That is the NDIA front-of-house in Townsville.

Mr Hogan: I gather it is not ready yet.

CHAIR: I heard that it was.

Ms Woods: We have seconded staff, but not actual staff.

CHAIR: So if someone comes in and they might not be an NDIA client, it is an opportunity for them to discuss some issues in their lives and their family's lives. You are happy we have a concierge service through there as well as navigating the NDA?

Mr Hogan: I think I mentioned earlier, we have 23 staff seconded across to NDIA roles. Many of those are from our service access teams, who do exactly that. They have been recruited across to the NDIA to support the early launch.

CHAIR: Thank you very much; we are very grateful for your time today. On behalf the committee I thank you all for your time—not just to those who provided evidence, but to everyone who has been a part of this today. This is a shared enterprise. It is up to our generation to get this right, and it is an enormous challenge. The goodwill and full engagement of everybody gives us the best possible prospects of getting it right, and I am grateful for the interaction. Thank you very much.

Ladies and gentlemen, I also thank you for being a part of the committee hearing today. If you have any further follow ups or any 'ahas'—where you go, 'Aha, that's interesting'—that you think we need to spend some more time on, we are interested in that as well. Thank you for having us in your beautiful city.

**Committee adjourned at 15:27**