



JFA
Purple Orange

**Submission to the Joint Standing Committee
on the National Disability Insurance
Scheme's inquiry on the transitional
arrangements for the NDIS**

Submitter details

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About the Submitter

JFA Purple Orange is a non-government, social profit organisation. Anchored on dialogue with people living with disability, their families, service providers, government and other stakeholders, we seek to identify policy and practice that has the prospect of advancing peoples chances of a good life. Our work is anchored on the principles of Personhood and Citizenhood. Our work includes research, evaluation, capacity building, consultancy, and hosted initiatives.

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“Instead of being the executive chef of a restaurant offering a highly personalised menu, the NDIA is at risk of being the reluctant short order cook in a fast-food joint”

1.0 Introduction to This Submission

JFA Purple Orange welcomes this opportunity to make a submission to the Joint Standing Committee on the National Disability Insurance Scheme's inquiry on the transitional arrangements for the NDIS.

JFA Purple Orange believes that the NDIS is a major, once-in-many-generations opportunity to invest in the life chances of people living with disability, to achieve a fair go, so that people living with disability take their rightful place as valued active members of Australian community life and the economy.

The NDIS is an opportunity for Australia to become a world leader in social welfare reform. However, many a good idea has been compromised in its implementation.

This submission gives particular reference to the terms of reference being the:

- a. the boundaries and interface of NDIS service provision, and other non-NDIS service provision, with particular reference to health, education and transport services;
- b. the consistency of NDIS plans and delivery of NDIS and other services for people with disabilities across Australia;
- c. the rollout of the Information, Linkages and Capacity Building Program; and
- d. any other related matters.

In considering these issues, we note that the committee will have regard to:

- i. the Bilateral Agreements between the Commonwealth and State and Territory Governments;
- ii. the Operational Plans between the Commonwealth and State and Territory Governments;
- iii. the risks borne by the Commonwealth and State and Territory Governments in the rollout of the NDIS nationally;
- iv. NDIS decision-making processes, particularly in relation to the Disability Reform Council and COAG; and
- v. the impact on rural and remote areas, with particular reference to Indigenous communities.

2.0 Summary of recommendations

Recommendation

That the state and territory government partners in the NDIS do not divest themselves from involvement in non-clinical mental health services without a comprehensive examination of the implications, and involving consumer stakeholders in those deliberations.

Recommendation

That the criterion of 'reasonable and necessary' be reframed in the context of closing the gap between the participant's current situation and the attainment of valued roles in mainstream community life

Recommendation

That the NDIA receive all necessary supports to implement a more person-centred participant pathway, and that this be paralleled by a sustained investment in the availability and capacity of DSOs and similar community agencies that can assist people to build vision and plan, so that participants can advance their plans and preferences as early as possible in the NDIS pathway

Recommendation

That the NDIS assessment instrument(s) be identical to the instrument(s) underpinning outcomes measurement

Recommendation

That the approach to the development of NDIS policy, NDIS sector, and related matters, be consolidated and simplified so there is single-agency accountability, and a framework that can be held properly accountable for ensuring the disability community perspective is engrained in every NDIS policy decision.

Recommendation

That the NDIS design and implementation be reframed around the two key consolidated role of NDIA Agent, and that the consequential surplus in FTE resources across LAC and Planners be repurposed across DSO's and other community agencies involved in community connection work and related activities

Recommendation

That the NDIS include a separate national strategic investment in DSO activity, including peer support networks

Recommendation

That the NDIS full scheme budget for information linkages and capacity building be reviewed and increased from its current level of \$131 million

Recommendation

That there be a long term strategy for investment in the demand sector of the NDIS market – people living with disability and their families – by building momentum for DSO-type activities including, but not limited to, peer networks. And that funding for existing demand side initiatives including the DSO project be continued and expanded until the demand side strategy is developed and implemented.

Recommendation

That ILC investments don't just happen via competitive tendering but also include direct investment in existing community agencies delivering effective ILC services but who have fragility because they are unfunded or underfunded.

Recommendation

That ILC contracts have a significant multiyear term, to assist agency continuity and capacity development.

3.0 About JFA Purple Orange

JFA Purple Orange is a largely self-funded social profit agency based in Adelaide SA.

Through the past decade and the work of its predecessor organisation, it has been involved with the disability community, older people and other vulnerable groups for more than 130 years.

JFA Purple Orange is not a service provider – we deliver research, evaluation and information services anchored upon the stories and experiences shared by people with a lived experience of disability and others in their lives. Through this work we articulate and promote policy and practice that has the potential to advance the life chances of people living with disability and other vulnerable people.

As such, we feel we are well positioned to offer comment to the inquiry.

4.0 Structure of submission

This submission is structured according to the three main elements of the enquiry:

- The boundaries and interface of NDIS service provision, and other non-NDIS service provision, with particular reference to health, education and transport services.
- The consistency of NDIS plans and delivery of NDIS and other services for people with disabilities across Australia:
- The rollout of the Information, Linkages and Capacity Building Program:

5.0 The boundaries and interface of NDIS service provision, and other non-NDIS service provision, with particular reference to health, education and transport services

5.1 COAG Councils

It is vitally important to the success of the NDIS that it operates in the context of an assertive coordinated implementation of the National Disability Strategy. This is so that mainstream services and community resources become more welcoming, accessible and inclusive for people living with disability.

COAG is a key mechanism for making sure the Governments of Australia are mutually committed and coordinated to ensure this happens.

Accordingly, we support the draft recommendation in the Productivity Commission's position paper on NDIS Costs (June 2017) that "each COAG Council that has responsibility for a service area that interfaces with the National Disability Insurance Scheme (NDIS) have a standing item on its agenda to address the provision of those services and how they interface with NDIS services. This item should cover service gaps, duplications and other boundary issues.

Through the review points of National Agreements and National Partnership Agreements under the Federal Financial Relations Intergovernmental Agreement, parties should include specific commitments and reporting obligations consistent with the National Disability Strategy. The Agreements should be strengthened to include more details around how boundary issues are being dealt with, including practical examples."

5.2 Psychosocial disability and non-clinical community mental health services

We are concerned that through the process of negotiating the bilaterals and the comparative costs therein, there may have been some unsafe assumptions about the extent to which locally-funded programs can be dropped so that the released funding can go in as part of the bilateral agreement.

Non-clinical community mental health programs are a good example where a state or territory jurisdiction may have concluded that the advent of the NDIS means that the target benefits associated with these local programs will become the purview of the Scheme rather than, say, the local health department/directorate. If people want these programs, then they will seek them through their NDIS individualised funding packages.

This type of thinking is flawed. The first problem is that not every beneficiary of such local programs will become an NDIS participant with an individual budget. So they will lose out.

The second problem is that it is easy to underestimate the impact of such programs. Because of their 'non-clinical' nature, they can be undervalued or even somewhat dismissed by the health system. However, they can place a critical role in terms of mental health first aid, grassroots case management and de-escalation. If a person with lived experience of mental illness starts to become unwell, it is often these types of service that can provide a 'stich-in-time-saves-nine' type of support.

Because good programs like this often fly under the radar, it is easy for them to be undervalued. The consequence of their defunding and removal, is that it creates a gap in the mental health service system, and can increase the chances that people are not picked up early, become more unwell, and eventually show up at the local emergency room or via the police. By that time, there may have been avoidable damage done in the person's work relationships, housing relationships, etc., that will now bring unwelcome consequences and costs, and also a larger-cost service response might have to be used, for example an inpatient stay.

Therefore, we argue that because such services make not only a contribution to NDIS-type considerations but also to the clinical mental health pathway, it is premature for a state or territory jurisdiction to divest itself of involvement in such services until such time that it is absolutely certain that it is not creating a gap that will be costly not only to its own purse but also to the life chances of the people affected.

In coming to such a determination, it will be important to involve local consumer stakeholders in such deliberations.

Recommendation

That the state and territory government partners in the NDIS do not divest themselves from involvement in non-clinical mental health services without a comprehensive examination of the implications, and involving consumer stakeholders in those deliberations.

6.0 The consistency of NDIS plans and delivery of NDIS and other services for people with disabilities across Australia

6.1 The context for reasonable and necessary

As alluded to in other parts of this submission and our submission to the Productivity Commission,¹ the context for *reasonable and necessary* should be the imperative to close the gap between the person's current circumstances and genuine participation in community life in the economy. For example, if the main issue for a 25-year old man with significant intellectual disability is that he is unemployed (or otherwise living on a low income due to attendance at an Australian Disability Enterprise), then one would want to understand the reasonable and necessary cost of achieving genuine waged employment. Through the good practice of Australian agencies such as Job Support (<http://jobsupport.org.au/main/>) successfully placing adults living with significant intellectual disability into sustainable mainstream waged employment, there is data available to provide an initial evidence-based benchmark of the reasonable and necessary costs involved.

A similar analysis could be undertaken across a range of life chances elements – supported decision making, independent living, inclusive education, circles of support, etc. – to develop and deepen a costed profile of *reasonable and necessary*.

As the gap is closed, this in turn can reduce pressure on Scheme finances, because if the gap in life chances is closing, this has corresponding implications for the size of the subsequent Scheme investment.

Therefore, on the basis of the above narrative we make the following recommendation:

Recommendation

That the criterion of 'reasonable and necessary' be reframed in the context of closing the gap between the participant's current situation and the attainment of valued roles in mainstream community life

6.2 The terms of the bilateral agreements have compromised the quality of the implementation and the work of the National Disability Insurance Agency

The NDIS transition arrangements, as set out in the bilateral agreements, mean a tsunami of new participants are being processed into the scheme over the next two years. During this time, any fledgling design features intended to advance what we understand to be the

¹ http://www.pc.gov.au/__data/assets/pdf_file/0017/216161/sub0186-ndis-costs.pdf

NDIS's underlying values – choice and control, and participation in community life and economy – are at risk, due to the provisions in the various bilateral agreements where a specific volume of people are to enter the NDIS in a specific timeframe and with an associated transfer of specific costs.

This places the NDIA in a very difficult position. Our concern is that these numeric imperatives within the bilateral agreements are setting the culture for decision making, both by the NDIA and also other government bodies whose work and decisions impact the design and implementation of the NDIS. In so doing, this culture undermines the advancement of control and choice, and of participation in community life and economy.

We have the feeling the NDIA's role has shifted from its no-doubt preferred role of administering a Scheme that facilitates genuinely personalised impactful solutions, to a role where its work is shaped by dominant external forces that have priorities other than consumer choice and community participation. To use a culinary analogy, instead of being the executive chef of a restaurant offering a highly personalised menu, the NDIA is at risk of being the reluctant short order cook in a fast-food joint.

For example, because of the timeline pressures created by the bilateral agreements, the transition time pressures appeared to have resulted in a reduction in the time available to assist people to resolve their plan; in some cases this is reported to have reduced to a 30 minute phone call. This could not be further removed from the feature of a 'person centred model of care and support' that is meant to distinguish the NDIS from previous approaches².

This has to change.

We are clear the NDIA are aware of this issue and want to strengthen their processes, and their current review of the participant pathway is a sincere commitment that can be expected to bring important gains.

However, any such changes are unlikely to completely fix this issue. As an alternative to slowing the implementation down, which would have unpalatable consequences for people waiting to enrol who are currently underserved or unserved by their state or territory system, is to make a significant and sustained strategic investment in the demand sector, particularly through DSOs and similar community agencies, so that NDIS participants can build their vision and plan, so that by the time they meet with the NDIA representative, they are well-advanced in their thinking and can move through the pathway quickly.

Recommendation

That the NDIA receive all necessary supports to implement a more person-centred participant pathway, and that this be paralleled by a sustained investment in the availability and capacity of DSOs and similar community agencies that can assist people to build vision and plan, so that participants can advance their plans and preferences as early as possible in the NDIS pathway

² Productivity Commission Issues Paper, March 2017, p3

6.3 Aligning outcomes measurement with assessment

Every decision made about the NDIS design during implementation must be with the key Scheme values of control *and choice* and *participation in community life and the economy*.

It is important that the success of the Scheme is properly measured according to closing the gap between where people are now and the goal of participation in community life and the economy.

We refer the Committee to our Citizenship model³ as a way of framing how to plan for and measure improvements in a person's life chances.

We further note the importance of consistency between outcome measures and assessment measures. It is harder to measure the return on investment if you don't first measure the pre-investment situation.

The current problem is that while the evolving framework for NDIS outcomes measurement might be focusing on measuring genuine outcomes in peoples' lives, the assessment tools largely appear to be focused on quantifying impairment.

It is not coherent to measure outcomes (the hoped-for situation) in one way and undertake assessment (the current situation) in another. For example, the only reason to ask if a 12-year old child living with Down Syndrome can climb a ladder (as is asked in the current NDIS PEDICAT assessment) is if a key outcome of the NDIS is that more 12-yr old children with Down Syndrome can climb ladders. It isn't.

NDIS outcomes relate to choice and control, and participation in community life and the economy. Climbing a ladder is not a key ingredient in the achievement of these outcomes, so why would we expend precious Scheme resources asking it.

The planning and assessment process requires participants to answer 126 questions. For most of these questions, we are not confident they have any significant correlation to outcomes in the plan.

Therefore, on the basis of the above narrative we make the following recommendation:

Recommendation

That the NDIS assessment instrument(s) be identical to the instrument(s) underpinning outcomes measurement, and that the focus be on understanding and closing the distance between the person's current circumstances and an ordinary valued life

6.4 Multiple points of policy leadership

³ Williams, R. (2013) *Model of Citizenship Support 2nd Ed.* Julia Farr Association, Adelaide

We are also concerned that policy leadership feels somewhat removed from the NDIA, with key aspects of the Scheme apparently being constructed elsewhere, such as the Disability Reform Council (for example, the original draft of the Specialist Disability Accommodation framework) and the Department of Social Services (for example the Sector Development Fund).

The problem with this is that it becomes harder to hold any one agency properly accountable for the performance of the Scheme if there are varied accountabilities for the policy and practice settings that affect the Scheme's implementation.

An example of this would be the placement of the Sector Development Fund with the DSS. The SDF is a key element to support the implementation of the Scheme, yet appears to have been transacted in ways that do not appear strategic, and which did not advance what the NDIA had identified as priority sector development investments. For example, the DSO project was funded via the Sector Development Fund, but midway through the commissioning process the control of the Fund shifted to the DSS and the original 50-agency scenario was reduced to less than 20, and was not extended beyond the original 2 years, despite the documented progress of the project in fostering the development of peer networks.

Also, it is difficult for the NDIA to really deliver on a systemic commitment to co-design if a number of policy decisions are externally driven and which are missing the disability community perspective in their design process.

The consequence is that the current pathway by which an NDIS participant moves through the NDIS system is not sufficiently geared to the handover of control and choice to the participant. If the Scheme is anchored on the value of people living with disability having greater control and choice, one might reasonably expect that the Scheme's own systems would reflect this. It is our view that currently they do not and this will inadvertently lengthen the time it takes for NDIS participants to grow into the potency of their role as customers, which in turn impacts the Scheme's outcomes and sustainability.

Recommendation

That the approach to the development of NDIS policy, NDIS sector, and related matters, be consolidated and simplified so there is single-agency accountability, and a framework that can be held properly accountable for ensuring the disability community perspective is engrained in every NDIS policy decision.

6.5 The role of planners and LACS

It is clear that the current NDIA arrangements, coupled with the timeframe and volume requirements of the bilateral agreements, are placing significant pressure on the NDIA planning process and planners.

We draw the Committee's attention to the Productivity Commission's proposal in its June 2017 Discussion Paper that the NDIA should delegate plan approval functions to LACs. Given the current expectation that Local Area Coordinators (LACs) undertake some work in relation to planning and related front-end activities in the NDIS participant pathway, it is understandable why the Productivity Commission might contemplate this.

We recommend extreme caution, because this will shift the problem but not solve it, and may make it worse.

The first problem would be that it would further blur the boundaries between the roles of an LAC and the NDIA planner. Such blurring is not a recipe for efficient and effective use of NDIS resources.

The second problem is that it will undermine the capacity for LACs to undertake the other important parts of their role which are to assist NDIS participants to get relevant information and connect into mainstream community opportunities and membership. South Australia's 1990s implementation of the Options Coordination role provides a cautionary tale of how in this mix of roles reactive gatekeeping tends to trump proactive community development and linkage.

JFA Purple Orange also have personnel who have extensive experience of LAC-type roles in other jurisdictions and who can testify to the difficulties inherent in a role carrying a mix of community development and linkage work plus funds gatekeeping.

This problem is exacerbated by the apparent current tendency for the NDIA to award LAC contracts to agencies that do not have track records of community development and linkages in the areas the LAC contract applies. An example of this would be Feros Care, a Queensland-based aged care agency who has secured the LAC contracts for the ACT and specific metropolitan and country areas of South Australia. In a role carrying competing elements between community development and funds gatekeeping, if an LAC service has shallow roots in terms of community knowledge and community embeddedness, it is more likely to find its attention drawn to the demands in relation to funds gatekeeping.

Given the current problems we assert that both the planner and the LAC roles be reconceived, to separate the work associated with community development and linkages and the work associated with Scheme gatekeeping.

We note the current LAC services are contracted on the basis that the average amount of time to be spent on each person is just a small handful of hours. This means the LACs will struggle to do much beyond the transactional assistance they can give to people living with disability in relation to Scheme information, eligibility and the participant pathway.

If this is so, then the LAC role is not so very different from the NDIA planner role and in fact could be merged into a single *NDIA Agent* role.

In exploring this alternative, we refer to our 2015 report on planning⁴ commissioned by the National Disability Insurance Agency. In that report we describe the mismatch between the design of the planning role at the NDIA and the planning elements the disability community prefers. As discovered through an extensive consultation, people's preferences are to plan in a timeframe that suits them, using a methodology they find accessible, and undertaken with someone they trust. Through no fault of their own, it is very difficult for NDIA planners to meet this brief because they are running a common methodology in a tight timeframe and do not have the longitudinal connection with NDIS participants on which a sustainable and trusting relationship can be built.

The logical way to avoid this is that the planning should be pushed upstream in the NDIS participant pathway, to arrangements where the NDIS participant is able to have more control and choice about the timeframe, the methodology and the planning partner. This would mean that by the time the NDIS participant meets the NDIA planner, they have already thought through and set out their plan. This means that their meeting with the NDIA planner is less about *planning* and more about *negotiation*, where the NDIA planner, as the gatekeeper of NDIS funds, tests the participant's draft plan against:

- the Scheme's values in relation to
 - control and choice
 - participation in community life and the economy
 - long term assurance of funds availability to the disability community (Scheme financial sustainability)
- the reference package cost of 'reasonable and necessary'
- the extent the participant's plan elements have a logical connection to the participant's current circumstances

If the NDIA planner and NDIS participant resolve these considerations, the planner can sign off the plan so NDIS funds can flow.

This creates a much cleaner relationship between the participant and the planner; it does not require the planner to know the participant well, and focuses the planner role on being a gatekeeper for NDIS resources.

For this to work well, the participant would need to have an early signal about the ballpark funding that might be available from the NDIS. In essence, this means that there would need to be an initial contact between the participant and an agent of the NDIA to signal the possible level of funding that might be available. This is not a guarantee of funding; it is simply a signal to assist the person to frame their planning. This is no difference to the budget signals that most people need in their daily lives for doing grocery shopping or

⁴ JFA Purple Orange (2015) *About pre-planning: An advisory report to the National Disability Insurance Agency (NDIA) on how people can best be assisted to prepare for the NDIS*

planning a vacation or other larger purchase. It is difficult for anyone to plan effectively without having some idea of budget parameters.

Armed with this signal about possible budget, the NDIS participant is then better able to think through their goals, their options for making progress, and how NDIS funding might assist.

So far in this analysis, two role elements have been identified for the NDIS agent; *signal* and *negotiate*.

The third role element is downstream in the participant pathway, once funds have flowed and supports have been delivered. This involves an engagement between the NDIS participant and the NDIA to *review* the extent that the arrangements helped the person to advance their life chances. In other words, did the NDIS investment produce a return in terms of the NDIS participant's involvement in community life and economy? The product of this engagement is outcome data that can inform the NDIA's understanding of the relationship between different types of investment and the impact on Scheme outcomes. In turn, this involves the actuary model and updates the accuracy of the reference packages for reasonable and necessary supports.

With the NDIS participant pathway reframed in this way, there are three key role elements for the NDIA agent:

- 1. *Signal***
- 2. *Negotiate***
- 3. *Review***

If the pathway were reframed in this way, this would resolve the conundrum of the interface between the LAC and the NDIA planner, because it replaces it. The NDIA planner role, together with the portion of the LAC role that relates to the NDIS pathway (which appears to be the main part of the role as currently commissioned), are merged into a new single role which for the purposes of this analysis might be termed the *NDIS Agent*.

We argue that an *NDIS Agent* undertaking the key role elements of *Signal*, *Negotiate* and *Review*, it is a much simpler and clearer approach, and better suited not just to the current implementation challenges but also to the longer term efficiency of the NDIS pathway.

We also argue that the creation of an *NDIS Agent* in turn reframes the community connection aspect of the LAC role (if ever it was there) to have a much sharper and less compromised focus on community development and linkages. This in turn reinforces the importance and benefit of selecting local, well-established, deeply embedded, highly knowledgeable community agencies to undertake the community connection work.

In our initial modelling of the numbers of NDIA Agents required to run the above three-step process, we estimate this will release thousands of FTE positions that can be reinvested

across a range of community agencies undertaking various work that can support people living with disability to connect into mainstream services, community resources, and to plan for better lives.

This arrangement also sets up the opportunity to ensure the participant has genuine choice over such community connection and planning assistance. Noting that such assistance often includes a blend of information, peer connection and capacity-building, this sets the scene for the NDIS to invest in the role and value of DSO's - agencies that provide information, peer connection and capacity building, and whose role was contemplated in the original Productivity Commission work in 2011.

In this way, there can be a clear separation between three important roles:

- *NDIA Agent (which could include that aspect of the current LAC role that is transactional, assisting people living with disability to navigate the Scheme pathway):* managing participant access to NDIS funds, and undertaking a specialist role in negotiating arrangements that provide the best possible fit between participant aspirations and the NDIS parameters
- *DSO and other community agencies (including any elements of the current LAC that :* assisting people living with disability and their families with the information and introductions they need to take up active valued membership of community life and to build associated knowledge, capacity and connections

Therefore, on the basis of the above narrative we make the following recommendation:

Recommendation

That the NDIS design and implementation be reframed around the two key consolidated role of NDIA Agent, and that the consequential surplus in FTE resources across LAC and Planners be repurposed across DSO's and other community agencies involved in community connection work and related activities

We note this reframing will also give the opportunity to provide further clarity on who can assist NDIS participants with service brokerage and support coordination (i.e. the pathway work that takes place between **Negotiate** and **Review**).

6.6 Acknowledgment of NDIA current work to redesign participant pathway

We acknowledge that the NDIA is currently undertaking a review of the participant pathway, to build a stronger model, and that this could have a positive impact on a number of the issues we have raised in this submission.

At time of writing, that review has some way to go, but early signals are encouraging.

Recommendation

That the NDIS include a separate national strategic investment in DSO activity, including peer support networks

7.0 The rollout of the Information, Linkages and Capacity Building Program

7.1 Funding

The provision of information, linkages and capacity building is critical to the success of the NDIS. We draw the Committee's attention to the draft recommendation in the Productivity Commission's position paper on NDIS Costs (June 2017) that funding for Information, Linkages and Capacity Building (ILC) should be increased to the full scheme amount (of \$131 million) for each year during the transition.

We support the Productivity Commission's recommendation that the funds that are required beyond the amounts already allocated to ILC to reach \$131 million should be made available from the National Disability Insurance Agency's program delivery budget. We agree that the size of the ILC investment needs to increase as soon as possible. However, given the critical role of information linkages and capacity building, and the importance of investing in community agencies that can deliver these types of service, we recommend that the current limit of \$131 million be reviewed and cast as a higher figure to better reflect the importance of the work, and that this include a separate strategic investment in the availability of DSO activity including peer support networks.

Recommendation

That the NDIS full scheme budget for information linkages and capacity building be reviewed and increased from its current level of \$131 million

7.2 Deeper investments in NDIS participant capacity building

As for many other countries, the prevailing experience of Australians living with disability, both historically and currently, has been one where life brings limited choices, limited opportunities, limited membership of mainstream community life, and limited supports. Typical models of service do little to challenge this. By their nature, congregate supports like group homes, day programs, special schools, sheltered workshops, and their like, present restrictions on choices and create distance between a person living with disability and other people living in the mainstream community.

Added to this is the underfunding of supports; an underinvestment in the life chances of people living with disability.

These experiences have been explained in the Shut Out report⁵ and gave rise to the Productivity Commission's previous inquiry conclusion that Australia's disability funding and support arrangements were 'broken'.

Because of this history, people living with disability and their families, in the main, have had little experience of exercising informed choices and making planning and commissioning decisions, in relation to the supports they seek and the goal to which they aspire.

Consequently, there has been recognition that the NDIS demand sector – an estimated 460,000 NDIS participants – may need to grow into their potency as authors of their own lives and commissioners of their supports.

The schedule of NDIS fixed prices has been one way to address this matter. In addition, there has been an NDIS Sector Development Fund, worth \$147m and administered by the Department of Social Services (DSS). It is not easy to accrue detailed information on how the Sector Development Fund is being used, how much has been spent on the demand sector and how much is being spent on the supply sector.

However, we suspect that the weight of investment has been on the supply sector because of government stakeholder anxieties about ensuring availability (and arguably continuity) of sufficient supply.

One significant investment in the demand sector has been the DSO project, which again picks up a key theme – Disability Support Organisations (DSO's) – from the original Productivity Commission inquiry. This 2-year project, which commenced in December 2014 and has been given a final extension to 30 June 2018 (by the NDIA and not the Sector Development Fund) has involved 18 DSO's from around Australia developing over 300 peer networks.

Working with these 18 DSO's, JFA Purple Orange assisted their community-of-practice, coordinated the development of a body of knowledge, and also administered an evaluation framework for their work. The subsequent evaluation report, submitted to the NDIS in December 2016, found a range of benefits as reported by peer network members and their supporters, including increased capacity in relation to navigating the NDIS and navigating broader community issues.

⁵ SHUT OUT: The Experience of People with Disabilities and their Families in Australia

<https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/shut-out-the-experience-of-people-with-disabilities-and-their-families-in-australia>

Given the low per capita cost of these peer network meetings, we believe they are a cost-effective way of advancing demand sector capacity. With meetings typically happening monthly for an average of 11 participants in each case, and with key recurring themes in relation to NDIS and broader community issues, these peer networks not only offer a way for people to access capacity-building early and often, but also offer a network of people connected to each other for information and support. This can serve as a further safeguard against someone being exploited when making choices about their supports.

We believe there needs to be a renewed and deeper commitment to demand sector development, to ensure continued investment in peer networks and other DSO-type activities that can help NDIS participants move into the potency of their role.

We hope this investment commitment will emerge as a result of the NDIA's current review of its participant pathway.

However, in the event that the review does not deliver a systemic investment in the work of DSO's, we are recommending that here.

That the NDIS and the Disability Reform Council develop a long term strategy for investment in the demand sector of the NDIS market – people living with disability and their families – by building momentum for DSO-type activities including, but not limited to, peer networks. And that funding for existing demand side initiatives including the DSO project be continued until the demand side strategy is developed and implemented.

Recommendation

That there be a long term strategy for investment in the demand sector of the NDIS market – people living with disability and their families – by building momentum for DSO-type activities including, but not limited to, peer networks. And that funding for existing demand side initiatives including the DSO project be continued and expanded until the demand side strategy is developed and implemented.

7.3 ILC Commissioning

There are already good things being done in the ILC space. We think it makes sense for the NDIA to enhance and build on the existing foundation of ILC type services provided at grass roots level.

This might include undertaking an exercise to map existing patterns of ILC-type activities in Australian communities, and to invest in those activities and agencies (particularly the smaller agencies) whose current work delivers to the ILC brief but who may lack critical capacity to deliver a compelling proposal in a competitive tender process.

For example, there is a small incorporated organisation in Adelaide called Our Voice, governed by people living with intellectual disability. In essence they are a peer membership network of self-advocates, and one of the very few places in SA where adults living with an intellectual disability have their own voice. Their activity, which includes an important narrative about the dangers of institutions, used to receive a very small amount of annual funding from the South Australian government.

Several years ago that funding was cut. The organisation now operates with fragility, but for the moment continues to do work in support of the voice of self-advocates. It is small agencies like these who, as a peer network for information and capacity-building and planning, can make an important difference for NDIS participants and the broader disability community.

Yet, they do not have the resources to participate in a competitive tendering process.

In keeping with the sentiments of approaches like Asset-Based Community Development, this group and others like them represent important assets in community and to the NDIS.

Therefore ILC investment should not hang exclusively on a competitive tender process, but should also include direct investment in active but fragile community agencies and groups working in the ILC space.

We further note that the contracts for the first competitive ILC round were for relatively short periods. Such shorter-term contracts make it difficult to deliver quality and sustainable information, linkage and capacity-building services to people with disability.

In its inquiry into introducing more choice and competition into human services, the Productivity Commission has recommended the use of 7-year contracts for family and community services². The NDIA's use of one-year contracts falls well short of this recommendation.

Recommendation

That ILC investments don't just happen via competitive tendering but also include direct investment in existing community agencies delivering effective ILC services but who have fragility because they are unfunded or underfunded.

Recommendation

That ILC contracts have a significant multiyear term, to assist agency continuity and capacity development.

8.0 Request to meet

We would welcome the opportunity to meet with the Joint Standing Committee to discuss the submission contents in more detail, and to provide additional information/perspective as required.

For further information about this submission, please contact:

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