

24 March 2017

Reference No: SQ17-000062

## PLAN CONSISTENCIES – PLANNERS AND LACS

A number of submissions have raised concerns about the variability of plans being prepared, both across different individual planners and LACS. What steps has the NDIA taken to ensure consistency and fairness across plans? What qualifications must a person have to become a planner?

### Answer:

The first plan approach currently used by the National Disability Insurance Agency (NDIA) during transition, is underpinned by reference groups (groups of participants with similar characteristics, like age, disability type and level of function) and reference packages (also known as typical support packages). Reference packages are an essential element of constructing National Disability Insurance Scheme (NDIS) plans that are fair, equitable and financially sustainable while also reflecting a person's individual needs and circumstances.

In the first plan process participants are asked a series of questions to capture essential information for the development of the first plan. Information gathered is used to shape the typical support package to take into account the participant's individual circumstances and goals. In practical terms, this means a plan that matches the participant's level of function and support need with required supports.

The Reference packages and first plan process will be subject to ongoing refinement based on research and emerging experience.

The NDIA Quality Management Framework is designed to ensure planning and funding decision making is monitored through sampling and peer-based analysis.

To provide ongoing advice the NDIA has established a specialist technical team which assists planners and NDIS partners with the application of the NDIS Act, guidelines and reasonable and necessary decision making framework.

The NDIA is also establishing consistent structures and governance across all sites through regular leadership meetings, communities of practice and data provision that are designed to build awareness and performance and ensure participants and providers experience consistent engagement with the NDIA.

The development of a strategy for plan reviews that will improve the efficiency and consistency of scheduled plan reviews, and ensure they reflect the participant's most current circumstances is currently underway.

In terms of qualifications and training, all internal and partner staff meet essential skills and personal attributes criteria. The NDIA provides training and guidance through a structured and tailored induction program. Planners and planning partners specifically complete an additional three days of pathway training following NDIA Induction that covers pre-planning, planning and implementation stages of the participant pathway and the reasonable and necessary decision making required for these tasks. The training involves active use of NDIA tools and guidance materials.

Following the roll out of new processes and specialist information is supported throughout the NDIA by a *Train-the-Trainer* model. The model allows for subject matter experts and experienced facilitators to support local trainers to gain specific skills and then share that knowledge with their local teams.

## CONSULTATION WITH STAKEHOLDERS ABOUT REFERENCE PACKAGES

What input has the NDIA sought from stakeholders during the development of the reference packages used by NDIS planners in preparing support packings for deaf and hearing impaired people?

### Answer:

The National Disability Insurance Agency (NDIA) established the Early Intervention Hearing Expert Reference Group (EIHERG) to comment and advise on a range of issues including implementation of National Disability Insurance Scheme (NDIS) access criteria, the referral pathway from newborn hearing screening programs and other diagnostic services and clinical standards, governance and expertise required to deliver specialist hearing services for infants and young children.

The current EIHERG membership consists of

- Telethon Speech and Hearing
- Hear and Say
- Office of Hearing Services
- Monash Health
- Shepherd Centre
- Taralye
- Aussie Deaf Kids
- Cora Barclay
- Royal Institute for Deaf and Blind Children
- Deafness Forum
- Speech Pathology Australia
- Australian Hearing
- Parents of Deaf Children
- The Deaf Society of NSW

The NDIA has consulted with the EIHERG on six occasions through a series of face-to-face, full-day workshops with preparatory phone consultations.

EIHERG workshop outcomes have been incorporated into practical guidance for staff. The first workshop informed the development of draft access guidance for hearing impairment which ensures a consistent approach to access for children to the NDIS. The initial 'reasonable and necessary' framework—a qualitative description of the reasonable and necessary supports for hearing impairment—was drafted at the second workshop. This ensures consistent, evidence based approach to funding provided to children. The third workshop focused on quantifying reasonable and necessary supports for early intervention of hearing impairment, which is informing the development of benchmark packages, due for finalisation by the end of April 2017.

The EIHERG provide comment on the impact and application of possible approaches to key elements of work including:

- Appropriate age and hearing threshold guidelines for early intervention.
- Inter-agency referral mechanisms that enable streamlined service access at each point of the service pathway.
- The functional impact of different types and degrees of hearing impairment; and the type and quantity of reasonable and necessary early intervention supports for the different types and degrees of hearing impairment and any other important characteristics.
- Co-existing conditions which are likely to affect the intensity or types of early intervention supports required, as well as quantify the additional supports known to address the additional needs associated with these conditions.

The NDIA will continue to work with the EIHERG to ensure they have appropriate input to the typical support packages for deaf and hearing impaired people.



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Reference No: SQ17-000064

## GUIDED REFERRAL PATHWAY

During the inquiry some stakeholders have suggested that a guided referral pathway, funded by the NDIS, be created for children diagnosed with permanent hearing loss prior to 6 years of age. Has the NDIA explored this option?

### Answer:

The National Disability Insurance Agency (NDIA) is looking to improve all of the referral pathways for early childhood early intervention in the National Disability Insurance Scheme (NDIS).

The NDIS Early Childhood Early Intervention (ECEI) approach will help all children with developmental delay or disability and their families to achieve better long-term outcomes through support services in their local community, regardless of diagnosis.

The NDIA will source experienced early childhood intervention service providers to work with it as community partners to ensure the NDIS supports all children as early as possible. To become a community partner, service providers will need to demonstrate clinical expertise, community networks and utilise best-practice approaches. The community partner will have knowledge in supporting families to access supports and services to best support their child and family needs. This will include pathways available through mainstream services for assessment and diagnosis if this is required, along with knowledge of specialist early childhood services, including hearing.

The NDIA acknowledges the need for an effective and efficient referral pathway for children diagnosed with hearing impairment. The NDIA established the Early Intervention Hearing Expert Reference Group to comment and advise on a range of issues including implementation of NDIS access criteria, the referral pathway from newborn hearing screening programs and other diagnostic services, and clinical standards, governance and expertise required to deliver specialist hearing services for infants and young children.

It is the intention of the NDIA to ensure it has the most efficient and effective referral pathways from diagnosis/detection to NDIS funded early childhood intervention supports. As part of this pathway development the NDIA will ensure that parents are given the right supports and information to exercise choice and control for their child on the types of interventions and supports that will suit their child and family circumstance.



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Reference No: SQ17-000065

## INTERPRETING SERVICES – MEETINGS AND PLANS

Throughout the inquiry stakeholders have identified issues with interpreting services being provided for planning meetings, or included in individual plans. What is the NDIA position on the provision of interpreting services?

**Answer:**

The National Disability Insurance Agency (NDIA) is committed to ensuring participants and potential participants can access interpreting services when engaging with the NDIA and our partners.

Where the need for interpreting services relates to the person's disability, funds to assist this interpretation can be included as part of a person's reasonable and necessary supports. This would apply for example to a person who is hearing or vision impaired or speech and other communication impairment.

Assistance to access supports for Translation and Interpreter Services (TIS) can also be made available to assist a person in their engagement with the Agency, our partners as part of preparing a plan where they require language interpreter services. For example, the NDIA pays for a person to have their plan interpreted into a language other than English.

The NDIA has been made aware of the need for access to TIS supports when a participant is engaging with providers of supports. The NDIA is working closely with the culturally and linguistically diverse reference group to design nationally consistent arrangements to ensure that this type of support is also available.

Access to the Indigenous Interpreter services remains a primary focus to ensure effective engagement with Aboriginal and Torres Strait Islander communities and the NDIA has developed robust procedures to ensure this is carefully planned when travelling to and engaging with these communities.



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## FUNDING FOR DEAF AND HEARING IMPAIRED PEOPLE

Concerns have been expressed about difference in the actual and funded costs of services and assisted technology to deaf and hearing impaired people. Is the NDIA aware of any concerns in this regard?

### Answer:

As of 30 June 2016, approximately 700 National Disability Insurance Scheme (NDIS) participants with a primary disability of hearing impairment (two per cent of NDIS participants) have average annual plans of \$15,000.

The National Disability Insurance Agency (NDIA) acknowledges there may have been some inconsistencies in the interpretation of 'reasonable and necessary' during the NDIS trial, and is working with an Early Intervention (Hearing) Expert Reference Group (EIHERG) to develop best practice guidance.

Membership of EIHERG includes parent representatives, academics, peak bodies and service providers.

With input from EIHERG, the NDIA has developed a draft framework for considering 'Reasonable and Necessary' supports for hearing impairment. This encompasses seven hearing impairment severity levels and six key domains across the lifespan. The six key domains are:

- Early identification, diagnosis, hearing surveillance, and streamlined referrals
- Assistive technologies
- Family support and education
- Evidence based therapies
- Auslan Services
- Transition to mainstream services

The draft framework:

- articulates the relationship between hearing impairment severity and type and quantum of reasonable and necessary supports across the six key domains;
- consistently applies the significant body of evidence in hearing impairment early diagnosis and intervention to support reasonable and necessary decision making and to streamline planning; and
- accounts for the significant impact of both age and age at diagnosis in reasonable and necessary supports.

The framework forms the basis of benchmark packages and includes a decision matrix for considering supports above benchmark.



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Reference No: SQ17-000067

## TELE-PRACTICE FUNDING

A need for improved use of and funding for the delivery of services via tele-practice, especially to support people living in rural and remote communities, has been suggested by a number of inquiry participants. What support does the NDIA provide for the delivery of services through tele-practice?

### Answer:

The National Disability Insurance Agency (NDIA) acknowledges that there can be challenges associated with access to services and achieving 'choice and control' in rural and remote areas, and that these challenges pre-date the National Disability Insurance Scheme (NDIS).

In response, the NDIA has developed a Rural and Remote Strategy to:

- identify and draw upon the strengths and unique characteristics of rural and remote communities to enable greater service delivery opportunities;
- support local planning that builds on community strengths and is informed through collaboration, engagement and co-design; and
- develop creative supports and services to increase opportunities for people with disability living in a rural or remote area.

NDIA market monitoring functions include consideration of 'thin markets'. Where markets require support the NDIA will consider a broad range of supports to assist market development.

The Commonwealth Government and all state and territory governments have a role to play in the development of services for participants of the NDIS. This includes consideration of proposals for the use of technology and innovation in the delivery of services to rural and remote Australia.

The NDIA will continue to fund best practice evidence based 'reasonable and necessary' early interventions through the participant's plans. The mode of delivery of these services can include the use of tele-practice.

The NDIA continues to work with providers to encourage innovative models of service delivery. For example, the Royal Institute for Deaf and Blind Children Teleschool uses technology to provide education and therapy services to children with hearing or vision loss in regional and remote Australia.





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Reference No: SQ17-000068

## PROVIDER SERVICE STANDARDS

A number of submissions have identified a need to develop a program of quality assurance, which includes service provider accreditation and professional credentialing with routine reporting of outcomes. How will high service standards be maintained across the country, including in regional and rural areas

### Answer:

The National Disability Insurance Agency acknowledges the high level of expertise required to deliver hearing services to children and adults and recognises the effectiveness of Australian Hearing as the current sole provider of specialist supports.

The functions Australian Hearing currently performs will be carefully analysed and understood, with a view to understanding good practices in this area that may be helpful to maintain and replicate under the National Disability Insurance Scheme.

During transition, providers are required to maintain standards as required by the Hearing Services Program, including in relation to Aboriginal and Torres Strait Islanders, People from culturally and linguistically diverse backgrounds, and people living in regional and rural areas.

At full Scheme, a new, independent Commonwealth body will implement and oversee a national system to ensure the safety and quality of supports for participants.



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**Reference No:** SQ17-000069

**AUDIOLOGICAL SERVICES**

Some inquiry participants have suggested that the provision of audiological services to young children should remain the sole responsibility of Australian Hearing. What is the NDIA's view of this proposal?

**Answer:**

During transition, young Australians aged 0-26 currently receiving Hearing Service Program Community Service Obligation services from Australian Hearing will continue to receive their services from Australian Hearing as an in-kind contribution to the National Disability Insurance Scheme costs.

The National Disability Insurance Agency is not able to respond to questions relating to the future arrangements for Australian Hearing. These are policy matters that should be referred to the relevant Commonwealth Government policy Department.



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**Reference No:** SQ17-000070

**NDIS AND IMPACT ON NATIONAL ACOUSTICS LABORTORY**

How will the transition to the NDIS impact on the role and responsibilities of the National Acoustics Laboratory?
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**Answer:**

The National Disability Insurance Agency (NDIA) has consulted with the Department of Health who advised the Department of Human Services (DHS) has portfolio responsibility for the National Acoustics Laboratory.

The NDIA cannot provide any comment and recommend the Joint Standing Committee direct their question to DHS.



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**Reference No:** SQ17-000071

**STATUS OF TRANSFER OF AUSTRALIAN HEARING**

Concerns have been expressed regarding the potential transfer of Australian Hearing into non-Government ownership. What is the status of discussions relating to such a transfer, and what would be the implications if it were to occur?

**Answer:**

The National Disability Insurance Agency (NDIA) has consulted with the Department of Health who advised this is a matter for the Department of Finance. The NDIA cannot provide any comment and recommend the Joint Standing Committee direct their question to the Department of Finance.

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Reference No: SQ17-000072

## PHASING ARRANGEMENTS

**Ms MACKLIN:** What is the phase-in arrangement for newborn babies?

**Ms Rundle:** Really, I will have to take that on notice. I have not got the phase-in arrangements for South Australia with me now, but we can provide those, and they are publicly available as well.

**Ms MACKLIN:** The phase-in arrangement, Louise, you should know. I thought all newborns came straight in.

**Ms Glanville:** I think that is right. But what I am saying is that I do not think it is happening in every instance. That is why we are looking at why this is occurring.

**Ms MACKLIN:** This really goes to the heart of the committee.

**Ms Glanville:** Agreed.

**CHAIR:** I think I can speak on behalf of the committee here, but my colleagues can differ if they wish to. It would be our position, I believe, that the default arrangement for newborns ought to be exactly what applies at the present, and there should be no diminution of the timeliness or the service which is provided. I think that is a very strong unanimous view on this side of the table.

**Ms Glanville:** I think we need to provide an answer to you in writing, and I think that needs to explain some of the things that Vicki has been referring to about the way the arrangements are set up and the numbers of new people that can come into the scheme. And we need to give you examples of what is happening now, where we have seen it work well, and what we are doing to correct those instances where it is not working well. That is what I think we need to do.

### Answer:

For new born babies/young children with hearing loss, the National Disability Insurance Agency (NDIA) makes every effort to ensure priority of access to early intervention reasonable and necessary supports.

Access for newly diagnosed children is governed by the phasing rules. Under the phasing rules in each bilateral agreement, the National Disability Insurance Scheme (NDIS) has limited capacity in some instances to allow new entrants into the NDIS.

The NDIA has recognised the need for prioritising at risks groups where early intervention is highly desirable, including

- Infants, children, and young adults
- Aboriginal and Torres Strait Islanders
- Newly detected instances of development delay or disability for very young children

This requires the NDIA to think carefully and strategically as to how to manage new places in the NDIS through transition.

For children aged 0-6, this management approach must consider:

- those children who will gain maximum benefit from the NDIS through early childhood early interventions consistent with the aims of this part of scheme,
- those that require access to the scheme due to identified risks which will place the likely participant 0-6 of the scheme and their parent/carers in highly stressful situations.
- those that have clear life time care and support needs due to permanent disability and will enter under section 24.

This is balanced against all other at risk participant groups seeking access to the NDIS.

The NDIA is implementing a priority of access policy position for new entrants into the NDIS through the remainder of transition that will ensure new born children with hearing loss gain timely access to the NDIS. This will be complemented by an efficient referral and response process for new entrants to ensure the parents of newborns with hearing loss receive family centred supports to assist them at this emotional time and provide them with the information that will assist their decision making.

Access to the NDIS is determined by the criteria set out in the NDIS Act. NDIS access decisions are based on a range of evidence including assessment of functional impairment. The NDIS relies on objective assessments where available to aid consistency in decision making.

The NDIA has developed guidance on the levels of hearing impairment likely to require access to the NDIS, in order to ensure the consistent application of eligibility decisions that are evidence based and consistent with the NDIS Act.

Access to the NDIS is not based solely on hearing threshold levels. However, the access guidance *streamlines* access for some hearing impairment on the basis of severity.

Ongoing eligibility to the Hearing Services Program is a matter for the Department of Health.

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Reference No: SQ17-000073

## REASONABLE AND NECESSARY

**Senator SIEWERT:** Can you build on that in terms of what has been happening in South Australia? Because what you said is definitely in conflict with both the evidence we have received and also the personal communication I have had with South Australia. While I have the floor, if I may, what you said about how things are happening is not how I read the submission that you gave us, both in terms of your general comments but also in terms of the specific comments in the terms of reference. Where you talk about 'reasonable and necessary' and the approach that is being taken, to me that does not sit with what you have just said. What you have said is more along the lines of what, personally, I would expect and what I think the chair has just articulated on our behalf. The two do not sit together. I am sorry, but it is not what I take from your submission.

**Ms Glanville:** I think what we are trying to suggest here—and I do think we will put it in writing for you—is that 'reasonable and necessary' sits within a construct of how people move into the scheme, what is agreed between governments and the numbers of new people that can come into the scheme. So I just think we need to lay all this out. We accept the proposition completely, but we just need to explain how this happens practically. South Australia in particular, as you know, has been a site for children coming in. It is an area where we have been able to look at this more carefully, and that is I think what we need to do.

**Senator SIEWERT:** In the information you provide, could you just qualify what you said earlier about what is reasonable and necessary? So if we accept the proposition that there should not be anything different to what is happening now in terms of newborns going straight through, how are we working 'reasonable and necessary' into that? Because to me they may conflict.

### Answer:

The National Disability Insurance Agency (NDIA) acknowledges the significant body of evidence in relation to hearing impairment and early intervention, and the individual differences in the experience of disability. One of the benefits of the National Disability Insurance Scheme (NDIS) is the capacity to recognise the impact of the impairment on the individual.

The NDIA acknowledges the impact of unilateral and mild hearing impairment. However, the NDIA's position, on the basis of evidence, is that:

- Mild and unilateral hearing impairment in adults is unlikely to result in 'substantially reduced functional capacity' and therefore unlikely to satisfy the requirements under the *NDIS Act 2013*.
- The type and quantity of 'reasonable and necessary support' for mild and unilateral impairment in children differs from that required for bilateral impairment.

The NDIA acknowledges some inconsistencies in the interpretation of 'reasonable and necessary' during the NDIS trial relating to hearing loss. The NDIA submission to the Joint Standing Committee on the NDIS includes details about the range of activities being undertaken to ensure support under the NDIS for people with hearing impairment is appropriate, evidence based and consistent with the NDIS Act.

**Reasonable and necessary** – reasonable means something fair and necessary means something you must have. The NDIS funds reasonable and necessary supports relating to a person's disability to help them live an ordinary life and achieve their goals.

The NDIA has developed a draft framework for considering 'Reasonable and Necessary' supports for hearing impairment which encompasses seven hearing impairment severity levels and six key domains across the lifespan:

- Early identification, diagnosis, hearing surveillance, and streamlined referrals
- Assistive technologies
- Family support and education
- Evidence based therapies
- Auslan Services
- Transition to mainstream services

The draft framework for considering 'Reasonable and Necessary' Supports for hearing impairment:

- explains the relationship between hearing impairment severity and type and quantum of reasonable and necessary supports across the six key domains;
- consistently applies the significant body of evidence in early diagnosis and intervention for hearing impairment to reasonable and necessary decision making to streamline planning;
- accounts for the significant impact of both age and age at diagnosis in reasonable and necessary supports;
- will form the basis of funding that will be made available for the supports required;
- includes a decision matrix for considering supports above benchmark.



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Reference No: SQ17-000074

## LOCAL AREA COORDINATORS AND PLANNERS

**Senator GALLACHER:** Can we get a snapshot of the plan which you are using for the LACs and these planners?

**Ms Rundle:** They are the same plans.

**Senator GALLACHER:** No. You tell us how many you have got, what the turnover is—

**Ms Glanville:** We will come back on that.

**Senator GALLACHER:** because that is absolutely critical.

**Ms Rundle:** Yes, we can do that.

**Ms Glanville:** Can I just add two more points here that are quite pertinent. The other thing that our staff and others have available to them is a technology advisory team.

**Ms Glanville:** I think Vicki did not mention that, and it is pretty important because it is something we have constructed over the last few years. It is a virtual team sitting in different parts of the country. It is made up of people who have particular expertise in areas. If a planner, internally or externally, comes across a person whose circumstances are complex or with a particular type of disability that we are not particularly familiar with, the planner can utilise this TAT, this technology advisory team, to assist with their work. I think that is a really important point. The other point I want to make is that, unlike any other Commonwealth agency, 15 per cent of our workforce are people with disability and, in the figures we have just seen, some of our local area coordinators and partners, wonderfully, because we are asking them to be recruiters of people with disability in the same way that we are, have in excess of 20 per cent of their staff being people with disability. Now, to me, it is not just necessarily about the qualification. It is about the orientation, the approach, the way in which we are practising what we preach in terms of inclusion in workforces. I think one of the things that is terrific about the scheme to date is that, with our community partners and in the agency itself, the recruitment of people with disability gives a richness to our planning work that comes with the lived experience that they themselves bring. I think that is something important for the committee to know.

**Senator GALLACHER:** Is that contained in your snapshot of the LAC?

**Ms Glanville:** Yes, we can actually give you all that.

**Answer:**

National Disability Insurance Scheme (NDIS) Partners in the Community (Partners) operate under Grant agreements with the National Disability Insurance Agency (NDIA). As per the requirements of the Grant Agreements the Partner must ensure that:

- workforce is representative of, and able to provide the NDIS Partners in the Community Services to all people with disability in the Service Area, regardless of religion, culture, values or language requirement;
- they undertake effective recruitment strategies for the employment of people with disability, people from Aboriginal, Torres Strait Island and Culturally and Linguistically Diverse backgrounds;
- they do not require Personnel to be affiliated with, or sympathetic with, any particular religious denomination or values;
- they comply with clause 42 of the Grant Agreement (Vulnerable Persons, Police Checks and Criminal Offences) in relation to all Specified Personnel who perform the role of Coordinator.

The NDIA is committed to ensuring the principles in the United Nations Convention on the Rights of Persons with Disabilities are implemented and that the NDIA is acting in compliance with provisions in the Relevant Disability Laws. The NDIA has an obligation under section 4 of the NDIS Act 2013 to support people with disabilities in all their dealings and communications with the NDIA so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances and cultural needs.

As such, to comply with these obligations Partners have a requirement under the Grant Agreement that they must:

- (a) to the extent they apply to the Partner, comply with all Relevant Disability Laws;
- (b) provide all Material under their Grant Agreement in a format that is compliant with Web Content Accessibility Guidelines; and
- (c) provide the Agency a Disability Employment Strategy that includes details about how the Partner actively supports disability employment including how the Partner:
  - (i) creates a welcoming workplace and fosters an inclusive culture, where people with a disability feel valued and encouraged to participate;
  - (ii) attracts, appoints, retains and develops employees with a disability;
  - (iii) ensures an ongoing commitment to the success of the strategy through the development and use of accountability measures; and
  - (iv) will achieve a target of at least 15 per cent of personnel employed to perform the Activity identifying as a person with disability by 30 June 2018;
- (d) provide regular reports to the NDIA in accordance with the Grant Schedule of its progress in meeting the targets for employment of people with disability set out in its Disability Employment Strategy.

The Partners who were in operation for the delivery of Local Area Coordination (LAC) Services in Quarter 2 (as at 31 December 2016) submitted reports on their achievement of the 15 per cent workers with Disability Key Performance Indicators, as well as their employment of people from Aboriginal Torres Strait Island and Culturally and Linguistically Diverse workers. Two Partners exceeded the target, being Brotherhood of St Laurence achieving 22.3 per cent, Baptcare achieving 19.8 per cent and Latrobe achieving 13.6 per cent close to the 15 per cent target. Please note that this data is self-reported by the Partners and can be audited by the NDIA.

These statistics are a requirement of all Partners noting that reports for Quarter 3 (as at 31 March 2017) are due to the NDIA mid-April 2017 and will include the newly appointed partners in the Community delivering LAC services to people aged 7 years and over, and/or Early Childhood Early Intervention services to children aged 0 – 6 years.

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Reference No: SQ17-000075

## ABORIGINAL AND TORRES STRAIT ISLANDER PLANS

**Senator SIEWERT:** I want to go specifically to Aboriginal and Torres Strait Islander hearing issues. You know the background as well as I do. In your submission you said there are about 220 Aboriginal and Torres Strait Islanders. Sorry, I am reading the wrong statistics. I thought I read somewhere there were 200.

**Ms Glanville:** I think the figures we gave you were from June. I can give you some updated figures. This is in terms of people with hearing loss or related?

**Senator SIEWERT:** Yes.

**Ms Glanville:** The most recently published figures are from 31 December 2016. As you know, we publish quarterly and it goes through the minister and CDRC before it becomes public. We currently have, at December—so you can expect this figure to be lower than what we see now—1,426 participants with approved plans, of which children nought to 18 years were 740, and adults 19-years plus were 686.

**Senator SIEWERT:** And that is with hearing?

**Ms Glanville:** Yes. That actually would not include perhaps where there was a secondary diagnosis. We could pull that out too if you are interested. We could get them for you.

**Senator SIEWERT:** Yes, that would be very handy as well, thank you. Are you able to break that down according to the percentages of where they are around the country?

**Ms Glanville:** We could certainly get that for you. We cannot give you that today.

**Senator SIEWERT:** And the sorts of plans that people are getting—in particular, the nought to 18s?

**Ms Glanville:** The sorts of things that might be funded in it?

**Senator SIEWERT:** Yes.

**Ms Glanville:** Yes, we can give you a general indication today. I think this is something that Vicki knows quite well—or I could find it in my head. In terms of what might be funded in people's plans?

**Senator SIEWERT:** Yes. I am also interested in the breakdown of how much you are picking up in newborns. I am trying to work out the percentage that we are picking up and what sorts of plans they are getting, and how many are for early literacy and numeracy. I am trying to work out how it is all coming together in Aboriginal communities.

**Ms Glanville:** I think it is probably better if we come back with that complete answer.

**Senator SIEWERT:** If you could. I want an overall picture of how that is all fitting together, if possible. I think it is probably better if you take it on notice.

**Ms Glanville:** Yes.

**Answer:**

The National Disability Insurance Agency (NDIA) engages with Aboriginal and Torres Strait Islander peoples, community by community. The NDIA operates from a three tier engagement approach which ensures connection and relationship building with Traditional Owners, Elders, key Aboriginal and Torres Strait Islander organisations and corporations, as well as individuals with disability, their family and carers.

The NDIA also works closely with Aboriginal Health Services (AHS) to ensure they understand the National Disability Insurance Scheme (NDIS) and can promote the scheme to their clients. It is typical for a baby with hearing issues to be identified through the AHS, or other early childhood or maternal system. Where relevant, the AHS can contact the NDIA.

As our reach extends into communities, families are increasing their knowledge of the NDIS and how it may support their child. The NDIA will continue to invest in these critical community relationships. In particular, we are working with AHS in rural and remote areas to manage the transition of existing clients to the NDIS where relevant.

As at 31 December 2016, there were 1,426 participants with an approved plan with a hearing impairment as their primary disabling condition. When including participants who also had a hearing impairment as a secondary disabling condition, there were a total of 1,990 participants with plans.

Of these 1,990 participants with approved plans, 955 were aged 0-18 years. 43 of these participants are under 2 years of age.

Of the 955 participants aged 0-18 years with hearing loss with an approved plans, 29 identify as Aboriginal or Torres Strait Islander. One participant of these 29 is under two years of age.

Of the 1,035 participants aged 19 years and over with hearing loss with approved plans, 43 identify as Aboriginal or Torres Strait Islander. Due to small numbers in each location, these numbers have not been presented by jurisdiction. None of these 43 participants are under two years of age.

The table below, shows the split by age of participants with approved plans with hearing loss by jurisdiction.

**Table 1 – Approved plans by age – participants with hearing loss**

	0-18 years	19+ years	Total
NSW	371	670	1,041
VIC	87	118	205
QLD	62	59	121
WA	27	38	65
SA	289	0	289
TAS	9	12	21
ACT	108	132	240
NT	2	6	8
Total	955	1,035	1,990

The following tables outline the annualised average plan costs as well as the split between 'core', 'capacity building' and 'capital supports' in those plans. Note that for small numbers of plans in some jurisdictions, the split of supports will not be indicative of national trends or expectations.

'Core' support category budget is to assist a person to manage aspects of their daily living such as self-care and accessing the community where they are unable to do these things without assistance.

‘Capacity building’ supports assist a person to increase their ability to manage their lives independently. These supports are designed to deliver an improved outcome for the participant whilst reducing the need for funded supports in the future.

‘Capital supports’ relate to modifications and pieces of equipment or technology that will assist a person to participate in their natural environments. This includes assistive technology.

**Table 2 – Approved plans amounts – support type split – 0-18 year olds**

	<b>0-18 year olds</b>			
	Average annualised plan	Core	Capacity Building	Capital
NSW	\$22,393	49%	8%	43%
VIC	\$21,725	52%	2%	45%
QLD	\$20,737	48%	6%	46%
WA	\$30,168	56%	9%	35%
SA	\$15,972	72%	13%	15%
TAS	\$31,431	34%	0%	66%
ACT	\$14,388	80%	6%	14%
NT	\$8,867	70%	30%	0%
Total	\$19,653	58%	8%	34%

**Table 3 – Approved plans amounts – support type split – 19+ year olds**

	<b>19 years and over</b>			
	Average annualised plan	Core	Capacity Building	Capital
NSW	\$37,440	16%	10%	75%
VIC	\$18,773	32%	16%	52%
QLD	\$79,478	17%	1%	81%
WA	\$29,389	27%	7%	67%
SA				
TAS	\$19,994	38%	5%	58%
ACT	\$28,763	26%	19%	55%
NT	\$22,497	50%	13%	36%
Total	\$36,017	18%	10%	72%

24 MARCH 2017

Reference No: SQ17-000077

## WORKFORCE PLANNING

**Senator GALLACHER:** Just to flesh out Mr Wallace's questions, I would ask if the committee could get a workforce planning schedule. Presumably you get a build-up to full scheme, then you are going to drop planners off and have people on maintenance of plans, and new participants. There will be a building workforce and then a reducing workforce. One of the concerns that is always expressed to me is the access to planners in remote or regional locations. So it could include those sorts of parameters, state by state or territory, and city versus country.

**Ms Glanville:** Yes, we can do that.

**Ms Glanville:** Yes. The agency itself will never be bigger than about 3,000. That is our commitment; that is what we think is needed. Our extended workforce makes up the other 5,000 to 6,000.

**Senator GALLACHER:** And logically they would be the people that remain to monitor the scheme

**Senator GALLACHER:** But in terms of your workforce planning for planners, I would like to know what you think, when you are at full implementation. Would the planners reside with the private sector groups?

**Senator GALLACHER:** If we are to monitor the implementation of the scheme, the critical thing is the workforce that does the plan. If we got a snapshot of what you are doing, it would be very useful for us.

**Ms Rundle:** Yes, we can do that for you.

**Mr WALLACE:** There may be a very broad cross-section of people, but what does a planner earn per week?

**Ms Rundle:** Crikey, I really would have to take that on notice

**Ms Glanville:** Planners would exist across the APS and into the EL cohort. There is a grading in the Commonwealth. We could give you those pay scales and, if it assisted you, we could indicate how many of our staff fitted into APS5-6 and EL staff.

### Answer:

The National Disability Insurance Agency's planning workforce (APS4/5/6) grows to approximately 1,600 FTE as the National Disability Insurance Scheme (NDIS) transitions across Australia. When the NDIS reaches full Scheme it is expected that 57.7 per cent of its planning workforce will be working within a capital city (and surrounding suburbs) and 42.3 per cent working in a regional and rural area.

The planning workforce will be lead and supported by Executive Level cohort within each region. When the NDIS reaches full Scheme it is expected that approximately 72 per cent of its Executive Level employees will be based in a capital city with the remaining 28 per cent based in regional and rural areas around Australia.

Further details of our planning workforce including the salary scales can be viewed in [Attachment A](#).

The NDIA will have a close working relationship with Partners in the Community via Grant Agreements that will help deliver the NDIS across Australia. Partners in the Community will undertake Local Area Coordination and/or Early Childhood Early Intervention services, excluding in remote and very remote areas. The NDIA's Partners in the Community are expected to reach approximately 5,250 FTE when the NDIS reaches full Scheme.

<b>Service</b>	<b>2016/17 (FTE)</b>	<b>2017/18 (FTE)</b>	<b>2018/19 (FTE)</b>	<b>2019/20 (FTE)</b>
Local Area Coordination (LAC) Services	1249	2546	3937	3888
Early Childhood Early Intervention (ECEI) Services	532	1106	1531	1358

### **Attachments**

Attachment A: FINAL City Country Planners

State/Job Level/Annual Salary	FY2017	FY2018	FY2019	FY2020
<b>ACT</b>	<b>33.26</b>	<b>39.11</b>	<b>35.81</b>	<b>36.09</b>
<b>Metro</b>	<b>33.26</b>	<b>39.11</b>	<b>35.81</b>	<b>36.09</b>
APS 4 (\$63,127 - \$70,068)	10.05	11.59	11.01	11.40
APS 5 (\$71,261 - \$76,715)	10.82	12.78	11.70	12.12
APS 6 (\$79,580 - \$87,981)	9.95	11.89	10.91	11.39
Exec Level (\$99,154 - \$132,684)	2.44	2.84	2.19	1.18
<b>NSW</b>	<b>259.79</b>	<b>500.49</b>	<b>574.02</b>	<b>533.46</b>
<b>Metro</b>	<b>128.79</b>	<b>256.68</b>	<b>305.11</b>	<b>291.14</b>
APS 4 (\$63,127 - \$70,068)	34.69	71.34	90.50	88.19
APS 5 (\$71,261 - \$76,715)	43.81	87.45	104.23	99.51
APS 6 (\$79,580 - \$87,981)	41.65	80.32	92.59	94.40
Exec Level (\$99,154 - \$132,684)	8.64	17.56	17.80	9.04
<b>Regional/Rural</b>	<b>131.00</b>	<b>243.81</b>	<b>268.91</b>	<b>242.32</b>
APS 4 (\$63,127 - \$70,068)	35.73	69.14	81.26	73.48
APS 5 (\$71,261 - \$76,715)	43.10	83.21	93.66	82.61
APS 6 (\$79,580 - \$87,981)	47.27	83.72	87.25	82.94
Exec Level (\$99,154 - \$132,684)	4.89	7.76	6.75	3.29
<b>Northern Territory</b>	<b>11.74</b>	<b>25.79</b>	<b>27.95</b>	<b>39.23</b>
<b>Metro</b>	<b>2.53</b>	<b>7.11</b>	<b>11.90</b>	<b>18.29</b>
APS 4 (\$63,127 - \$70,068)	0.09	1.48	3.79	5.76
APS 5 (\$71,261 - \$76,715)	0.47	1.67	3.81	6.08
APS 6 (\$79,580 - \$87,981)	1.09	2.25	3.14	5.50
Exec Level (\$99,154 - \$132,684)	0.88	1.71	1.17	0.95
<b>Regional/Rural</b>	<b>9.22</b>	<b>18.68</b>	<b>16.05</b>	<b>20.93</b>
APS 4 (\$63,127 - \$70,068)	1.38	3.67	5.23	6.58
APS 5 (\$71,261 - \$76,715)	2.74	6.04	5.40	6.91
APS 6 (\$79,580 - \$87,981)	5.09	8.97	5.42	7.44
<b>Queensland</b>	<b>72.89</b>	<b>195.87</b>	<b>370.38</b>	<b>417.19</b>
<b>Metro</b>	<b>0.67</b>	<b>14.81</b>	<b>119.21</b>	<b>158.18</b>
APS 4 (\$63,127 - \$70,068)	0.27	5.65	39.95	52.14
APS 5 (\$71,261 - \$76,715)	0.21	4.70	39.87	52.87
APS 6 (\$79,580 - \$87,981)	0.14	3.37	32.03	48.07
Exec Level (\$99,154 - \$132,684)	0.05	1.10	7.36	5.10
<b>Regional/Rural</b>	<b>72.22</b>	<b>181.06</b>	<b>251.18</b>	<b>259.01</b>
APS 4 (\$63,127 - \$70,068)	22.09	54.19	81.95	85.34
APS 5 (\$71,261 - \$76,715)	22.99	59.66	83.83	85.76
APS 6 (\$79,580 - \$87,981)	22.60	56.61	72.60	81.02
Exec Level (\$99,154 - \$132,684)	4.54	10.59	12.79	6.89
<b>South Australia</b>	<b>48.43</b>	<b>106.66</b>	<b>146.92</b>	<b>134.44</b>
<b>Metro</b>	<b>40.49</b>	<b>88.95</b>	<b>123.44</b>	<b>111.32</b>
APS 4 (\$63,127 - \$70,068)	14.79	27.23	36.35	34.40
APS 5 (\$71,261 - \$76,715)	12.23	28.88	41.72	37.02
APS 6 (\$79,580 - \$87,981)	10.72	27.03	38.50	36.53
Exec Level (\$99,154 - \$132,684)	2.75	5.80	6.86	3.37
<b>Regional/Rural</b>	<b>7.94</b>	<b>17.72</b>	<b>23.49</b>	<b>23.12</b>
APS 4 (\$63,127 - \$70,068)	2.61	5.23	7.36	7.31
APS 5 (\$71,261 - \$76,715)	2.41	5.88	8.17	7.65
APS 6 (\$79,580 - \$87,981)	2.91	6.61	7.97	8.15
<b>TAS</b>	<b>11.29</b>	<b>21.90</b>	<b>40.54</b>	<b>44.68</b>
<b>Metro</b>	<b>6.39</b>	<b>11.93</b>	<b>21.51</b>	<b>23.40</b>
APS 4 (\$63,127 - \$70,068)	1.48	3.19	6.64	7.13
APS 5 (\$71,261 - \$76,715)	1.48	3.48	6.90	7.45
APS 6 (\$79,580 - \$87,981)	2.25	4.18	6.91	7.80
Exec Level (\$99,154 - \$132,684)	1.18	1.08	1.05	1.02
<b>Regional/Rural</b>	<b>4.90</b>	<b>9.97</b>	<b>19.03</b>	<b>21.27</b>
APS 4 (\$63,127 - \$70,068)	1.54	3.05	6.23	6.88
APS 5 (\$71,261 - \$76,715)	1.49	3.21	6.38	7.02
APS 6 (\$79,580 - \$87,981)	1.87	3.71	6.41	7.37
<b>VIC</b>	<b>90.09</b>	<b>210.65</b>	<b>402.42</b>	<b>442.14</b>
<b>Metro</b>	<b>46.01</b>	<b>116.29</b>	<b>277.33</b>	<b>318.11</b>
APS 4 (\$63,127 - \$70,068)	15.29	37.29	88.93	105.41
APS 5 (\$71,261 - \$76,715)	16.22	37.97	94.49	107.05
APS 6 (\$79,580 - \$87,981)	10.95	33.46	79.59	97.04
Exec Level (\$99,154 - \$132,684)	3.54	7.56	14.32	8.61
<b>Regional/Rural</b>	<b>44.08</b>	<b>94.36</b>	<b>125.09</b>	<b>124.03</b>
APS 4 (\$63,127 - \$70,068)	13.86	30.88	40.66	41.27
APS 5 (\$71,261 - \$76,715)	14.65	31.86	42.64	41.45
APS 6 (\$79,580 - \$87,981)	13.56	28.56	39.22	40.06
Exec Level (\$99,154 - \$132,684)	2.02	3.06	2.58	1.26
<b>Grand Total</b>	<b>527.49</b>	<b>1100.47</b>	<b>1598.04</b>	<b>1647.23</b>