



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE

INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000237

ELIGIBILITY AND ACCESS

Question:

The committee understands that the NDIS access criteria are being interpreted by some to mean that children with only one area of delay are not eligible for a Plan under the Scheme.

1. Can you clarify this for the committee?

Under the developmental delay section of the access criteria, it states that your child must be aged less than six years, and have substantially reduced functional capacity that 'results in the need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are of extended duration, and are individually planned and coordinated'.

This last sentence is being interpreted to mean that children must require support from more than one allied health practitioner in order to be provided with a Plan.

2. Is this correct? Does this mean if a child requires only one therapist, for example a speech therapist at a particular point in their development, they are ineligible for a Plan under the Scheme but are still able to access short-term supports from a Partner.

Answer:

The term 'developmental delay' is used in early childhood when a child's development is slower to develop in one or more areas compared to other children of the same age.

The definition of developmental delay in section 9 of the *National Disability Insurance Scheme Act 2013* requires understanding of the functional impact of a child's developmental delay/disability on daily life and the nature of the supports required to address this delay.

If a child presents with a single developmental delay that has a functional impact on daily life, and this delay does not impact on the child's other developmental domains which are developing age appropriately, this single developmental delay is addressed by mainstream services.

Children in this circumstance can be assisted by the Early Childhood Partner to connect to appropriate alternative support services.

The National Disability Insurance Scheme (NDIS) does provide for access if the single development delay is of such a significance that that the supports required for this child evidence the need for coordinated, longer term, multidisciplinary service response that is extended in duration.



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE

INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000238

LIST D

Question:

1. What are the origins of List D? How was it developed?
2. What is the process for the NDIA to amend the list?

Answer:

There are five lists of conditions or programs that the National Disability Insurance Scheme (NDIS) uses for the purposes of facilitating access for participants:

- List A – Permanent impairment/functional capacity – no further assessment required
- List B – Permanent impairment/functional capacity variable – further assessment of functional capacity required
- List C – Defined programs
- List D – Permanent Impairment/Early intervention, under 7 years – no further assessment required
- List E - Qualifying Programs

Conditions on List A and List D are considered to result in a disability that is attributable to a permanent impairment that results in substantially reduced functional capacity. As such, the person meets all elements of the disability requirements in section 24 of the *National Disability Insurance Scheme Act 2013* (NDIS Act) without requiring additional evidence.

The lists were originally created by the National Disability Insurance Agency (NDIA) based on advice from a health professional. The inclusion of an additional condition to any of these lists is a policy decision made by the Chief Executive Officer from time to time, as the need arises. Changes to the policy are then reflected in updated NDIA Operational Guidelines.

These lists are not exhaustive and in no way suggest that a person with a condition different to those listed would not have a permanent impairment that results in substantially reduced functional capacity. For people with a condition which is not on the aforementioned lists, they will be asked to provide further evidence of their substantially reduced functional capacity and how that is attributable to a permanent impairment to meet all the elements of the disability requirements in section 24 or section 25 of the NDIS Act.

The review of the Operational Guidelines (including attachments such as Lists A,B,C,D and E) is scheduled to occur annually and is led by the NDIA Technical Advisory Team in consultation with relevant stakeholders.

If any person wishes to make comment on or provide feedback about an Operational Guideline, including lists of conditions, they can do so through Feedback Manager. The NDIA welcomes any feedback or input regarding its practices or processes.



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE
INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000239

COST OF ASSESSMENT

Question:

Under Part 10 of the Operational Guidelines: Determining whether a prospective participant meets the access criteria, it states that 'where the NDIA has made a request that a prospective participant undergo an assessment or examination, the NDIA will support the prospective participant to comply with the request by providing assistance, including financial assistance where appropriate (section 6).'

In what circumstances might financial assistance be appropriate? (The committee received evidence at its hearing in Sydney that families are being asked to repeatedly pay for assessments and they have not been offered any financial assistance.)

Answer:

Part 10 of the “Operational Guideline: Access to the National Disability Insurance Scheme (NDIS)” provides the National Disability Insurance Agency (NDIA) can reimburse prospective participants for costs associated with obtaining assessments or examinations which have been directly requested by the NDIA.

The Operational Guideline also provides NDIA staff with guidance on when it may be appropriate to request such an assessment or examination. Paragraph 10.1 of the Operational Guideline confirms the NDIA will gather the minimum amount of evidence required to determine a person's eligibility to access the NDIS. As such, making a request to a participant to obtain assessments or examinations is considered only as a last resort where other avenues of obtaining the necessary information to make an access decision have been exhausted.

The decision to fund or reimburse the costs of obtaining assessment reports is typically made where there is inconsistent information provided by existing reports, or where the NDIA is seeking an independent review, and that information is considered necessary to make an access decision.



**PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE**

**INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME**

Reference No: SQ17-000240

PEDICAT

Question:

1. Can you please confirm whether Early Childhood Partners are using the Pedicat tool or the Pedicat ASD tool in their assessments of children?
2. What training or qualifications are required to use the tool, and apply the results of the Pedicat appropriately?

Answer:

Early Childhood Partners are using the PEDI-CAT tool in their assessment of children, as part of a range of routine assessment and observational processes to understand the nature and extent of the child's function and impact of their disability on daily life. This supports the development of consistent pre and post intervention measurement of functional change and is essential for consistent reporting of participant outcomes across the National Disability Insurance Scheme.

Qualifications are not required to administer the tool. It may be administered by professional judgment of clinicians, educators who are familiar with the child, or by parent report. Partners using the tool have typically employed a mix of paediatric, allied health and early childhood professionals. The expertise of the Early Childhood Partner is utilised to apply the results of the PEDI-CAT appropriately, identifying the support needs of the child to ensure the right supports are provided at the right time.

No one single functional assessment is the sole determinant of the reasonable and necessary supports that may be funded. For children under the age of six, the PEDI-CAT contributes to a range of information the Early Childhood Partner collects on the impact of disability on the child's participation in everyday activities.



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE
INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000241

SELECTION AND SCOPE OF EARLY CHILDHOOD PARTNERS

Question:

1. Who is responsible for the selection of Early Childhood Partners? What early childhood and disability expertise do they possess?
2. Why is only one ECP being appointed for the state of SA? Why is there inconsistency in the selection and implementation of Partners across jurisdictions
3. Where can members of the public find information about the recruitment process and the reasoning behind the differences in scope?

Answer:

To become a National Disability Insurance Scheme (NDIS) Partner in the Community (PITC) to deliver Early Childhood Early Intervention (ECEI) services, applicants must apply through the NDIS PITC grant program. Applicants are required to demonstrate their experience in supporting children with a development delay or disability and their families through family-centred and capability building approaches. Partners delivering ECEI services will also need to demonstrate they meet specific disability requirements and must have staff with early childhood experience and clinical expertise in a range of areas, including early education and allied health.

The assessment for PITC to deliver ECEI services is undertaken internally by National Disability Insurance Agency (NDIA) assessors who have expertise and experience across the field of early childhood intervention. Additionally, the assessors receive assessment training to ensure consistency in assessing all applications, as well as specialist ECEI approach training provided by the ECEI national practice team. A detailed financial and legal risk assessment is also undertaken. The NDIS expert panel will consider the overall value for money of assessed applications to make a recommendation to the delegate to determine the preferred applicants to progress to negotiations per service area.

The NDIA uses a variety of assessment criteria in line with the Department of Finance *Commonwealth Grants Rules and Guidelines* to determine PITC grant recipients and to ensure the achievement of outcomes and achievement of value with relevant money under the PITC grant program. This includes awarding grants as a result of competitive or non-competitive selection processes, where particular criteria are satisfied.

In mid-2016, the NDIA approached the market in South Australia (SA) through PITC grant program Round 1 to source an ECEI partner across the whole state of SA. At this time, the NDIA made the decision to approach the whole state of SA, taking into consideration the current SA market and the geographical nature and population profile. No suitable responses were received at this time.

The NDIA is exploring the options for sourcing an ECEI partner in SA. As the national rollout of the PITC program continues, the NDIA will incorporate its learnings to ensure any re-approach to the market is consistent with the national approach, per service area and service type.

For an open, competitive selection process that is available to organisations operating in the market, assessment criteria are provided in the Grant Round Summary and application form for each grant round, available publically on Grant Connect at: www.grants.gov.au.



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE

INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000242

FUNDING AND TENDER REQUIREMENTS FOR EARLY CHILDHOOD PARTNERS

Question:

1. How the level of funding is determined for an ECEI Partner given that ECEI Partners are not funded on a cost per child basis? (see p. 12 of NDIA submission).
2. One of the Performance Indicator Target placed on ECEI Partners is to ensure that less than 50 per cent of children who connect with the partner are referred for access to the NDIS. Why is this KPI in place? What happens when a partner reaches its 50 per cent quota but more children meet the eligibility criteria to qualify for access to the NDIS?
3. The ECEI Partner tender does not support a combined role of Early Childhood Services (ECI) as an NDIS registered provider and as an ECEI Partner. Ostensibly, this is because of a perceived conflict of interest. However, some ECI are calling for a review of this requirement and argue that it will have a number of significant consequences. Quoting ECIA/NSW they are:
 - ECI services are not able to apply and in many regional and rural areas could cause market failure;
 - There will be a likely loss of locally based services with expertise in ECI
 - Loss of connections for families with their local service providers;
 - A forced choice to be either an Early Childhood Partner or an ECI Registered Provider – financially unsustainable and dissociating the core business of Early Childhood Intervention;
 - Large organisations, however well intentioned, with no expertise in ECI will tender and attempt to sub-contract with local ECI services (which they are not able to do under the tender);
 - Many ECI services will not be sustainable without the broader funding models of the ECEI Approach. What is the NDIA response to these claims?

Answer:

1. National Disability Insurance Agency (NDIA) grant funding is based on the NDIA Service Delivery Operating Model (SDOM). The funding is based on the phasing numbers set out in bilateral agreements which cover the service areas, together with estimates of participant volumes as well as the number of children unlikely to need funded supports. The overall value of the grant is proportionate to the volume of work expected to occur in each quarter.
2. Answered at the hearing. Also refer to NDIA response SQ17-000184 – Performance indicator target for ECEI Partners – from the 20 October 2017 hearing.
3. The NDIS Partners in the Community Program (the program) seeks to partner with suitably qualified organisations to deliver ECEI services. The program has already been rolled out in Queensland, Victoria, Tasmania and the Australian Capital Territory. In New South Wales, the NDIA is progressively implementing the program in line with agreed transition arrangements.

As Round 3 of the program is a competitive grants process and is now open, for probity reasons, the NDIA is not in a position to comment on the program, including the SDOM for the delivery of ECEI services and Local Area Coordination (LAC) services. However, the NDIA can confirm its position on the eligibility of Registered Providers of Supports (RPOS) and conflict of interest is grounded in the person-centric approach of the NDIS, and the rights of the person to exercise choice and control.

Partners work closely with participants, their families and carers. The NDIA recognises this places partners in a position of influence and the opportunity (perceived or actual conflict of interest) to undermine, or be seen to undermine the Participant's choice and control. To minimise this influence, the NDIA position is that there should be a clear separation between the Partner and the RPOS.

The NDIA also recognises that in some instances, including in ECEI services, there may be exceptional circumstances to support the appointment of a partner who is a RPOS, in particular in areas where further market development is required. Exceptional circumstances will be considered on a case-by-case basis, as the NDIA has done with all partners to date. This has resulted in a mix of non-registered and registered providers working with the NDIA as partners. One of the key factors in considering these case-by-case proposals is the clarity and effectiveness of the approach to management of conflict of interest.



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE

INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000243

INTERFACE WITH MAINSTREAM SERVICES

Question:

Can you see emerging boundary issues between the ECEI services funded through the NDIS and mainstream services? What are the pressure points for the NDIA?

Answer:

There is some evidence that community and mainstream supports are changing in some areas where the National Disability Insurance Scheme (NDIS) has rolled out and that children are being referred to the Early Childhood Early Intervention (ECEI) gateway even though their needs can be met by mainstream services.

This is particularly noticeable across the health interface in some jurisdictions where services available through community health and hospitals appear to be changing. Additionally, the National Disability Insurance Agency (NDIA) has experienced requests to support what is the responsibility of the education or early childhood services, such as funding for inclusion in kindergarten, childcare and schools.



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE

INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000244

CONFLICT OF INTEREST

Question:

How are ECEI Partners and NSW Government-selected ECEI Providers required to manage conflict of interest?

Answer:

The National Disability Insurance Agency's (NDIA) position on conflict of interest, and the eligibility of Registered Providers of Supports (RPOs) to apply to deliver Early Childhood Early Intervention (ECEI) and/or Local Area Coordination (LAC) services is outlined in the Partners in the Community (PITC) Program Round 3 documentation and is grounded in the person centric approach of the National Disability Insurance Scheme (NDIS) and the rights of the person to exercise choice and control. This documentation includes:

- the Assessment Criteria provided in the Grant Round Summary,
- Application forms for both LAC and ECEI services for each Grant Round,
- Statement of Requirements for Early Childhood Early Intervention (ECEI) Services, and
- Statement of Requirements for Local Area Coordination (LAC) services.

Partners work closely with participants, their families and carers which places them in a position of influence and the opportunity (perceived or actual conflict of interest) to undermine, or be seen to undermine, the participant's choice and control. To minimise this influence, the NDIA position is that there should be a clear separation between the partner and the RPOs.

The NDIA understands that in some instances in the delivery of ECEI services there may be exceptional circumstances to support the appointment of a partner who is a RPOs, in particular in areas of the market where further development is required. It is the preference of the NDIA to appoint partners who are not RPOs – however, the NDIA will consider exceptional circumstances on a case-by-case basis.

Where an applicant proposes that it, its subcontractor or its related entity, will deliver services as an RPOs to participants aged 0-6 years in a service area in which the applicant is seeking to provide these ECEI services, the NDIA will further consider:

- whether families with additional needs would be unable or unlikely to engage with a separate RPOs after significant effort has been taken by the applicant or subcontractor to develop rapport and trust;
- the availability of appropriate supports from other RPOs; and
- how this actual, potential or perceived conflict of interest is proposed to be managed.

The NDIA requires partners to address and provide updates on the management of any conflict of interest mitigation strategies at each quarterly strategic meeting with the NDIA.

To minimise the risk of actual or perceived conflict of interest occurring, the NDIA's position is that there should be clear separation between the organisation's department and management representatives delivering services as the partner for the NDIA and the department delivering the RPoS services.



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE

INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000245

ACCESS REQUEST FORM

Question:

The committee understands that families used to be able to download an Access Request Form directly from the NDIS website to apply for supports under the early intervention criteria of the Scheme.

1. When was this form removed? When did the process change?

Answer:

The Access Request Form (ARF) was never made available on the National Disability Insurance Scheme (NDIS) website.

A person may however request, and receive, an ARF via phone, post, email or from a National Disability Insurance Agency (NDIA) shop front which enables the requests for access to be better monitored.

From 1 July 2016, the ARF has been available via the NDIA participant portal to prospective participants who have made contact with the NDIA and subsequently created an online profile. Access to the ARF is removed from a person's online profile once that person has been confirmed as access met.

A Verbal Access Request approach has also been implemented to ensure that the person's needs and enquiries about the National Disability Insurance Scheme are able to be addressed.



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE

INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000246

ACCESS AND PLAN APPROVALS

Question:

The committee has received feedback that families of young children who require critical intervention services and supports are waiting for up to six months for access approvals and plan approvals to be completed by the NDIA. While the committee appreciates some cases may be complex and require evidence-gathering:

1. Has the NDIA considered an expedited process for access and plan approvals for children under 7 years of age?
2. What arrangements are in place to protect providers who continue to provide services to these families in the interim while they wait for access and plan approvals?

Answer:

Due to transitional arrangements in some locations, some crucial pathways between existing health and specialist areas with the National Disability Insurance Scheme (NDIS) have taken longer to establish than anticipated. This is improving and will remain a key focus of training and communication with Early Childhood Partners and the National Disability Insurance Agency (NDIA).

If a child requires long term specialised disability supports, the Early Childhood Partner will assist the family to submit an Access Request Form with the required information and evidence to the National Access Team without delay.

Children who require critical intervention and who are transitioning from state services will continue to receive those funded supports until an NDIS plan has been approved. If a provider has lost funding and still has a child who has not transitioned, they need to speak to their existing state or program manager. If the child has an NDIS plan, they should contact the NDIA immediately.



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE

INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000247

GENERAL PRACTITIONERS AND THE NDIS

Question:

GPs are often the first to meet with families who have concerns about their child's development. Yet, GPs report they have received little information from the NDIA about the Scheme and the ECEI Approach to give to families. Why is this occurring? What steps are being taken to improve communication with this cohort?

Answer:

The National Disability Insurance Agency (NDIA) has produced a range of publications that specifically target General Practitioners (GPs) and other health professionals:

- Factsheet: [A GP's guide to the NDIS](#)
- Factsheet: [Psychosocial disability, recovery and the National Disability Insurance Scheme \(NDIS\)](#)
- [Completing the access process for the NDIS](#)

The NDIA has hosted information booths at the GP Conference and Expo in Melbourne in November 2016 and Brisbane in September 2017. The NDIA has delivered presentations about the NDIS at the Sydney and Melbourne GP Conference and Expo in May and November 2017. The conferences, held over three days, attracted around 1,000 GPs and practice managers.

The NDIA placed an advertisement about the NDIS on the Australian Medical Association's (AMA) 2017 General Practice Year Planner to raise general awareness of the NDIS brand. This large wall poster is distributed to over 27,000 GP clinics around Australia. 27,000 copies of the NDIS factsheet for GPs were also included in the mailout. The NDIA will also be using the AMA's 2018 Year Planner to continue to raise awareness of the NDIS brand and to distribute the updated *GP's guide to the NDIS* fact sheet.

The NDIA sent an NDIS update to the 31 Primary Health Networks (PHNs) through the Department of Health and has distributed information packs containing posters and NDIS factsheets to interested PHNs.

A detailed article about the NDIS is due to be published in the December 2017 issue of the Royal Australian College of General Practitioners *Good Practice* magazine, a monthly publication which goes out to more than 35,000 readers, mostly GPs.

The NDIA has also collaborated with the Royal Australasian College of Physicians to produce a detailed online guide – [NDIS Guides for Physicians and Paediatricians](#) – and the NDIA promotes this resource when interacting with GPs and the mainstream health organisations.

At a local level, engagement has included regular contact with AMA representatives. One example of this is from South Australia (SA). The Regional Manager has had regular quarterly meetings with the President of the AMA SA Inc to respond to questions and concerns, and to share updates on the rollout of the NDIS. Positive outcomes of this ongoing engagement include meetings coordinated by the AMA President and Executive AMA SA Inc, which supported implementation of streamlined access requests for young children leaving hospital and involvement with the Health Industry Reference Group SA to provide information to these stakeholders.

A senior NDIA Executive will also brief the AMA Federal Council meeting in November 2017. In addition, the NDIA's regional engagement teams all over Australia regularly conduct information sessions for individual GP practices, hospitals and PHNs.



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE

INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000248

SIBLINGS

Question:

Siblings Australia highlighted that siblings are an important part of the supports around children with disability or developmental delay, yet there are no provisions in Plans to build siblings' capacity or provide them with support.

1. Is this correct?
2. Could provision for sibling-specific supports be incorporated into Plans?

Answer:

The Early Childhood Early Intervention (ECEI) approach supports children aged 0-6 years who have a developmental delay or disability and their families/carers. The ECEI approach supports families to help children develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout their life. The ECEI approach considers the child in the context of his/her family unit, as family centred practice is fundamental to the achievement of outcomes for the child.

An Early Childhood Partner will work collaboratively with the family/carers and bring their knowledge, skills and connection to the community to ensure access to supports and services that are individualised to the needs of their child and takes account of family circumstances.

The National Disability Insurance Scheme funds supports that families need as a result of a family member's disability, such as:

- family support and counselling due to a family member's disability;
- building the skills and capacity of other family members to manage the impact of a participant's disability on family life;
- supports that increase the participant's independence, as well as supports that enable the participant to enjoy social and community activities independent of their informal carers; and
- supports aimed at increasing the sustainability of family caring arrangement, including personal care and domestic assistance related to the person's disability.



PARLIAMENTARY JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME
ANSWER TO QUESTION ON NOTICE

INQUIRY INTO THE EARLY CHILDHOOD EARLY INTERVENTION APPROACH UNDER THE
NATIONAL DISABILITY INSURANCE SCHEME

Reference No: SQ17-000249

RURAL AND REMOTE STRATEGY

Question:

The NDIA Rural and Remote Strategy refers to interim strategies the Agency is using while sectors in rural and remote areas build their capacity and capability. Are you able to elaborate on what these interim strategies are?

Answer:

Recognising the need to explore alternative approaches to deliver the National Disability Insurance Scheme (NDIS) in remote areas, the National Disability Insurance Agency (NDIA), in collaboration with the Department of the Prime Minister and Cabinet (PM&C), is working in partnership with local communities to develop place-based models for the delivery of the NDIS. The central focus is to deliver the NDIS in a co-designed approach to identify opportunities for each community to develop employment and supplier solutions.

In November 2016, the NDIA published the Market Approach (Statement of Opportunity and Intent) which outlined the market stewardship role to be undertaken by the NDIA during transition.

Work continues to finalise a market intervention framework that will guide tailored responses to each local market circumstance.

The NDIA recognises that remote areas may not support efficient disability support markets, and that services delivered in these areas may have higher delivery costs. To accommodate these additional costs, the NDIA's catalogue of supports has loadings of 20 per cent for remote and 25 per cent for very remote areas.

In recognition of the need to build early childhood expertise, the NDIA will deliver Early Childhood Early Intervention (ECEI) services for remote and very remote communities. NDIA staff are supported by the NDIA National (Centre of Excellence) ECEI team to develop appropriate plans for children living in these communities.

There are a range of projects underway designed to build opportunities and diversity in rural and remote areas. These include:

- *Strengthening Markets:* The NDIA recognises that Aboriginal and Torres Strait Islander people and organisations are well placed to take up new business opportunities created by the NDIS. The NDIA is encouraging Aboriginal Community Controlled Health Organisations, businesses and other potential providers to register with the NDIS to provide services.
- *Maximising Indigenous Employment and Economic Participation:* The NDIA is working in partnership with local communities to develop place-based models for the delivery of the NDIS. The NDIA is partnering with PM&C and the Department of Social Services to establish projects to maximise the opportunities the NDIS will bring to communities. The projects focus on increasing the economic and social participation for local Indigenous people and building community capacity and capability. Projects are currently underway in Anangu Pitjantjatjara Yankunytjatjara (APY Lands); East Arnhem; Ceduna; Mornington and Doomadgee; and Western Sydney.

- *Indigenous Allied Health Projects:* The NDIA is a member of a Steering Committee convened by Indigenous Allied Health Australia (IAHA) to develop Indigenous Allied Health Workforce in Rural and Remote areas. IAHA and the NDIA will work closely with these communities to develop culturally safe and responsive strategies to improve access to holistic allied health services for Aboriginal and Torres Strait Islander peoples with disability. This is anticipated to involve growing the workforce to ensure that participants of the NDIS receive reasonable and necessary services.
- *Information Linkages and Capacity Building (ILC) grants:* The NDIA is proposing to launch a grant round of ILC specifically targeted to rural and remote communities in the second half of 2017.