

Issues Paper Brief: Capability and Culture of the NDIA

https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/CapabilityandCulture?fbclid=IwAR2bN7rfix4saM0cG6oFRnnNUCvORt4FctkX5IlbdKkjPT2L2Z1L0KOZ6lc

About this inquiry

As part of the committee's role to inquire into and report on the implementation, performance, governance, administration and expenditure of the NDIS, the committee has decided to conduct an inquiry into the Capability and Culture of the National Disability Insurance Agency (NDIA).

Terms of Reference

The committee will inquire into and report on the implementation, performance, governance, administration and expenditure of the National Disability Insurance Scheme (NDIS), with particular reference to:

- a. the capability and culture of the National Disability Insurance Agency (NDIA), with reference to operational processes and procedures, and nature of staff employment
- b. the impacts of NDIA capability and culture on the experiences of people with disability and NDIS participants trying to access information, support and services from the Agency; and
- c. any other relevant matters.

Submission by Women with Disabilities Victoria (WDV)

WDV is a not-for-profit organization. It is run by women with disabilities, for women with disabilities. WDV provides education to its members, and external organisations. We also conduct research and facilitate experts by experience groups. Hubs are an integral part of the

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organization. We have five Hubs. Bendigo is the newest Hub, which launched in 2022. Hubs are for WDV members to connect once a month. It is a leadership group that provides social connection, training on our rights, and group advocacy. Bendigo Hub members, which consists of around fifteen women from across the Bendigo Region, are particularly concerned with the NDIA and NDIS. This submission to the Capability and Culture of NDIA is on behalf of the Bendigo Hub members.

Purpose: The WDV Bendigo Hub (approx. 15 members) identified the NDIS/NDIA as a topic of concern. To address this concern Hub Liaison Officer, captured feedback from the Bendigo Hub members.

1. There appears to be bias against disability at NDIA. We are treated with an assumption that we are trying to line the pockets of our long-term medical team, family, or friends. It is important for us to have care provided by people we trust, often that means long-term medical team members or family. This is not to make our friends richer. Having to engage new carers or an unknown medical team can be distressing. It takes a long time to build trust and rapport. We should have the right to choose our care team, regardless of their relationship to us.

Terms of Reference (a) and (b).

2. Disability training is needed for all NDIA staff and LAC's: Terms of Reference (a)
 - For example, staff assume that the experience of a diagnosis is the same for everyone. Everyone experiences disability uniquely and they should be treated this way. Staff should be curious about the individual experience of disability, rather than make assumptions.
 - "Not disabled enough" is a statement members have been told or experienced in applying for NDIS. There needs to be clarity around who the NDIS is for. If a person experiences disability that impacts their daily lives, shouldn't they be eligible? Also, shouldn't applications be considered that are seeking preventative support? If slowing progression of disability can be achieved

through supports, surely that is of long-term cost-benefit. What constitutes a “disability” as classified by NDIA and why are some people with disability not included?

- Staff at NDIA are, for the majority, not easily approachable. Clearly their role is to save money for NDIA. We need NDIA staff to be trained, and the organisation redesigned, to be clearly pro-disability. People with disability experience many barriers everywhere, a service that is meant to be providing funding to aid our lives should not be a burden or barrier. The NDIA, while discerning to make “hard calls” on funding (we know not everyone can be funded fully), should still be compassionate and clearly for the people. The current adversary role is unnecessary.
 - There are cases where people are having applications rejected due to simple words missed. For example, a person with MS was rejected because “degeneration” was not in the plan. If you have a basic understanding of medical conditions then it is obvious MS is degenerative. Why are these applications treated this way? NDIA staff should be encouraged to take initiative to process applications with minor errors, or at least allow the applicant to re-submit.
 - The impact on WDV members this has: Terms of Reference (b): Members feel frustrated and exhausted trying to educate NDIA staff on their disability. They are left discouraged, devalued and unsupported. There is also the risk of trauma being triggered by having to justify your disability and your needs.
3. There needs to be sufficient time given to each case to properly explore their needs (for example, Intereach could have a 10 hour component for each case to properly spend time with the person and explore options). People feel rushed to submit their application. NDIA staff do not have the time to properly explore the applicant’s needs and understand their disability/situation. Terms of Reference (a).
4. LISTEN to the person with disability. We feel like we are not heard. NDIA staff tend to be dismissive of applicants and their needs. Terms of Reference (b).

5. We shouldn't have to extend energy/resources to media (e.g. radio presenters/newspapers) to have our cases looked at properly. Every case should be treated with the same level of care. Terms of Reference (c).
6. There is a lack of transparency at the NDIA, who are the planners and decision makers? Why and how do they make decisions? Terms of Reference (a).
7. Process to apply is unclear. The application process is difficult and unclear. The application process assumes disability is linear and simple. Disability is complex and multi-faceted. We need more resources to understand the application process, and support on how to apply. Terms of Reference (a).
8. There is no support for people to spend their funds. Funds not spent is a penalty against the applicant. This should not be the case. Consider a different system where people are supported to spend their funding. Terms of Reference (a).
9. There is "rotting the system" by ex-staff starting their own business and profiting off their knowledge of how NDIA operates. Vulnerable people are being targeted by ex-staff. There needs to be safety procedures put in place to prevent this. Terms of Reference (a).
10. Over 65's should be considered for accessing NDIS funding. Home Care Packages are not sufficient for the needs of people with disability over 65. They are accessing funding that does not reflect their needs, and therefore are sacrificing their own finances to meet their needs. Reference (c).

Quote from a member over 65: "I feel that persons over the age of 65 often require more specialised outcomes than a number of people under such age, and therefore

the fact that they are only offered Home Care Packages is insufficient. The requirements of older members of society is often in excess to their dispensable income and therefore they have to make the decision to drop off items of need in order to keep themselves financially solvent.”