

Appendix 5

Answers to questions on notice provided by state governments and other agencies

Department of Family and Community Services, Ageing Disability and Home
Care, NSW

Questions Taken on Notice from Public Hearings in Newcastle, 6 May 2014

Pricing issues for service providers

Question

1. What has ADHC done, both in strategic and practical terms, to help service providers in Hunter and in the State more broadly to prepare for a fee for service model ?(see page 15 of transcript, 6 May)

Answer

ADHC is continuing to focus on strategies that support and build on the capacity and readiness of the NGO sector to operate within the changing environment of a fee for service model under the National Disability Insurance Scheme (NDIS).

In June 2013, Ageing, Disability and Home Care (ADHC) entered into a memorandum of understanding with the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to conduct three projects funded through the DisabilityCare Australia Sector Development Grants that focus on preparing the sector for transitioning to a fee for service model under the NDIS:

- The Unit Costing Tool Project will develop online resources to support disability NGOs to develop their unit costing capabilities so they can accurately calculate the cost of their services for the people they support. This project considers the existing Unit Costing Tools currently available, including the one developed by ADHC in 2008.
- The Cash Flow Analysis Project will explore how NGOs can respond to cash flow issues. The project will develop and pilot a set of resources to support disability NGOs to manage and maintain healthy cash flows.
- The NGO Loan Financing Project will investigate the potential role of loans in the ADHC funded NGO sector and develop resources that support ADHC funded NGOs to explore financing options and inform future investment decisions.

Additionally the NSW Government is making a significant investment to ensure that non-government disability service providers have the right skills and capacities to successfully transition to the NDIS. To achieve this goal, the Government continues to work in partnership with the industry peak group, National Disability Services (NDS), in administering the \$17 million Industry Development Fund.

ADHC, in partnership with NDS, has developed the Sector Reform Roadmap and Toolkit to assist NGOs to assess their NDIS readiness. Through using the toolkit and

having face to face discussions with NDS Sector Support Consultants, NGOs are able to identify possible areas of development such as business strategy, governance and financial sustainability. To date, the Sector Support Consultants have visited over 541 NGOs, including all service providers in the Hunter launch site.

ADHC, in partnership with NDS, has also developed and released the web-based Productivity Tool. The tool enables organisations to monitor cost drivers and identify strategies for reducing administrative overheads and benchmarking across the sector for back of house services.

The \$2.8M Organisation Transition Fund enables disability services to apply for grants (up to \$25,000 per NGO or up to \$125,000 for collaborative projects) to extend their capacity and readiness to offer flexible and high quality services in a NDIS fee for service environment. The first and second round of applications is targeted at disability services in the Hunter launch site. Subsequent funding rounds will be open to providers outside the Hunter and will commence from July 2014.

Question

2. The committee notes the difficulties that exist for the state government in assessing the real impact of pricing models for providers without the provision of more data.

What is ADHC doing in partnership with the NDIA to gain access to this data and undertake modelling to ensure these costs are better reflected in the pricing of services?

Answer

ADHC has worked with the NDIA and the Commonwealth Government in the past to identify unit costs for specific providers and services. However, accessing the real impact of pricing models for providers requires a substantial amount of detailed cost data, which the majority of providers may not have. It is also important to note that the disability service market is a dynamic and complex market where services are tailored to specific individual needs. Hence, a wide-ranging spectrum of unit costs exists across extensive cohorts of services, regions and populations.

ADHC received \$245,000 NDIA funding through the Sector Development Grants program to develop online unit costing resources for disability non-government organisations. The online resources will enable organisations to develop their unit costing capabilities so that they can accurately calculate the cost of their services.

In addition to this, NSW has funded through the Industry Development Fund a Productivity Tool. This tool assist providers to cost their back of office functions and thus get an understanding of their business operation costs. Used in conjunction with unit costing tools this provides business direction in a person centred market.

NDIA is developing relationships with service providers nation-wide and is best placed to develop and test pricing models with those service providers. ADHC is working closely with providers to transition to the new NDIS environment.

Discussions on next stage of rollout and cost implications of any delays

Question

3. What discussions has ADHC had with Commonwealth Government in terms of preparing the next phases of the rollout of the scheme over the next 18 months? What methods and/or criteria is ADHC using to determine the options for future trial sites in New South Wales? When does ADHC expect to finalise any decisions on future trial sites? Could you provide the committee with modelling information on the likely financial impact of a delay to the phasing timetable?

Answer

The NSW Hunter trial site runs for three years across the Local Government Areas of Newcastle, Lake Macquarie and Maitland. The trial is currently in the final stages of its first year where people from the Newcastle LGA are transitioning to the NDIS.

The second year of the trial will see the NDIS available to residents of Lake Macquarie transitioning, and NSW and the Commonwealth have agreed in-principle to the detailed phasing arrangements for this year.

Arrangements for Maitland will be confirmed closer to 2015-16, to ensure that client numbers are accurate and to incorporate lessons from the first two years of the trial.

With respect to the state-wide rollout of the NDIS from July 2016 to June 2018, NSW is preparing to negotiate with the Commonwealth the parameters for this rollout, including modelling options.

NSW has sought to begin discussions with the Commonwealth about full scheme implementation of the NDIS. Commonwealth officials have agreed to commence discussions to canvass the key issues requiring agreement for the full scheme implementation of the NDIS.

The NSW Heads of Agreement states that the transition to the full scheme will occur by 1 July 2018 and NSW does not support a delay past this date. Decisions around how the remainder of NSW will transition need to be agreed bilaterally and as soon as possible. A more detailed phasing arrangement for the state-wide rollout of the NDIS will be available once the phasing parameters are agreed bilaterally between NSW and the Commonwealth.

Tier 2 and full scheme rollout

Question

4. The committee has particular concerns in relation to the States' provision of Tier 2 services under full scheme rollout, especially when the Hunter trial site has the highest rejection rate for the NDIS of 14.7 percent of all applications to date. The committee understands that the NSW Government will not be funding or providing specialist disability services or basic community care after 2018-2019.

a. Can ADHC provide the committee with a statement in relation to the New South Wales Government's position on the administration, funding and delivery of Tier 2 supports under full scheme rollout after 2018-19? Will ADHC have any responsibility for people with disability who are excluded from the NDIA, but still have the need for certain programs and supports such as Ability Links?

Answer

Under the Heads of Agreement reached between the Commonwealth and NSW Governments, NSW will contribute to the Scheme all funding available for specialist and other disability services and supports, including the Ability Links program and other Tier 2 services in place in NSW. NSW expects Tier 2 services to be delivered under the NDIS through administrative arrangements within the NDIA.

Ensuring that people who do not receive an individual funding package receive the supports they need to socially and economically participate is an integral part of the NDIS.

Following full scheme NDIS rollout, NSW will not provide any residual specialist disability or basic community care services. NSW will, however, continue to meet its agreed responsibilities under the National Disability Strategy.

Question

b. Does ADHC have any plans to develop alternative options with the non-government sector for the provision of disability supports post-2018?

Answer

As above, following full scheme NDIS rollout, NSW will not provide any residual specialist disability or basic community care services. NSW will, however, continue to meet its agreed responsibilities under the National Disability Strategy.

Question

c. Can you provide the committee with those Tier 2 services that are currently funded within the existing specialist disability program? What will happen at full scheme to these services?

Answer

Currently the arrangements for NDIS full scheme, including the design of Tier 2, are yet to be agreed by all jurisdictions. NSW will finalise Tier 2 service arrangements once national policy agreement has been reached, noting that the NSW contribution to a full scheme as per the Heads of Agreement, NDIS includes all existing funding for disability specialist services, including those that may be considered to be Tier 2.

A number of programs currently funded in NSW are being considered as to how they align with the supports that will not be included in funded packages.

The National Minimum Data Set (NMDS) codes that are being considered include:

- 2.07 Other Community Support
- 6.01.01 Boarding House Resident Support, Advocacy, Individual Advocacy
- 6.02.01 Family Support Places & Intervention – Early Intervention, Information/Referral
- 7.02 Training and Development
- 7.04 Other Support Services
- 7.04 Other Support Services, Ability Links NSW
- 10.20.01 Aboriginal Access/Development Officer, Non Output Services

NSW will continue to map current programs against the national policy work being considered across jurisdictions.

Question

d. What will happen to Tier 2 LACs, Ability Links, after July 2018?

Answer

Ability Links will transition to the NDIS as part of the NSW contribution to the full scheme rollout. The details of how this transition will be implemented are the subject of current bilateral negotiations between NSW and the Commonwealth. Ability Links will be evaluated to inform its fit within a national Tier 2 model.

Question

e. What discussions has the NSW Government had with the Commonwealth Government and other State Governments about a nationally consistent approach to the administration, funding and delivery of Tier 2 services?

Answer

Tier 2 is an identified work item on the Disability Policy Group's (DPG) work plan, recognising its importance to the overall effectiveness and sustainability of the NDIS. All jurisdictions participate on the DPG and on the subsequent decision-making bodies – Senior Officials Working Group (SOWG) and COAG's Disability Reform

Council (DRC). Tier 2 discussions are focused on determining a national approach to these supports, in line with the standing of the NDIS as one nationally consistent scheme.

Accommodation and building of group homes

Question

5. The committee notes that there is considerable concern among disability groups with the NSW Government's contribution to housing and accommodation for people with disability. ADHC told the committee that under the bilateral agreement, the State Government will be contributing \$550 million over three years and a further \$35 million over four years during the trial phase. However, this contribution did not relate to capital. ADHC told the committee that there is an intention to review the budget through the trial to determine the capacity for the state to cash out the group home and large residential services.

a. Can you elaborate on this position? Is it the current intention of the NSW Government to cash out the group home and large residential services that it currently operates?

Answer

ADHC is working with the NDIS to facilitate the transition of people living in Group Home and Large Residential Centre (LRC) to the NDIS. For the period of trial, from the time individuals have a plan with the NDIS, they can continue their current support arrangements, or they can elect to receive other support arrangements.

ADHC is committed to its LRC redevelopment program, which aims to provide LRC residents with access to contemporary accommodation options.

From July 2018, with the full implementation of NDIS across NSW, ADHC will no longer directly provide or fund disability services. This means ADHC will no longer own or operate any group homes and LRCs. However, in a full Scheme environment, it is the expectation that the funding related to the operation of group homes and LRCs will form part of the \$3.1 billion contribution from NSW to the NDIA to fund client supports, as identified in the Heads of Agreement between the Commonwealth and NSW Governments.

Question

b. How are the issues relating to the cost of capital being resolved with the NDIA?

Answer

With respect to the cost of capital, NSW is considering how cost of capital will be addressed in both trial full scheme scenarios. NSW expects that the cost of capital will be met through the allocation of individual packages as defined with in the NDIS rule, and will include rental subsidies to enable service providers to utilise facilities within the private rental market, as well as capital regeneration, and new supply for specialist accommodation associated with 24/7 service provision.

NSW is also in discussion with the Commonwealth (DSS and NDIA) to ensure there is a sustainable way forward to meet the ongoing demand of capital investments for disability services in NSW. NSW will be proposing a model for the treatment of the cost of capital to inform the national discussions.

Question

6. The committee has heard evidence that 'some' of the alternative accommodation has been budgeted for to support the state government's commitment to deinstitutionalise its large residential centres (p. 21).

Can you explain what this means in practical terms and whether the state government will continue to fund the building of supported accommodation – such as group homes – for the 450 people with disability currently living in Hunter residences? (p.23)

Answer

The State Government has funded the following to de institutionalise its LRCs:

- The full redevelopment of Riverside (\$30 million) due for completion in 2015
- The full redevelopment of the Metro Residences at Rydalmere and Westmead (\$160 million) due for completion in 2015
- Initial funding for the Hunter Residences at Stockton, Morisset and Tomaree (\$30 million).

The NSW Government is committed to the devolution of large residential centres by June 2018. ADHC has developed a business care for the redevelopment of the Stockton Centre while it is being considered by the Government. The budget for the devolution of Hunter Residences is yet to be determined. The NSW Government announced \$30 Million for 2014/15 towards land acquisition.

Young people in aged care facilities

Question

7. The committee took evidence that there are a number of people living in a state funded aged-care home in Wallsend. As part of the agreement with the Commonwealth Government on the transfer of responsibility of aged care to the Commonwealth, what is the NSW Government's position on what will happen to those young people, who may or may not want to stay in the Wallsend home? What role is the State Government going to play in helping those people find alternative accommodation? (p.23)

Answer

The NSW Younger People in Residential Aged Care (YPIRAC) Program is funded jointly by the Commonwealth and State governments to allow people under 50 to move out of residential aged care services. The program has 121 accommodation places. For people who wish to remain in nursing homes, the program can provide 'in-reach' services for additional therapy and recreational activities. The program previously provided support to 9 younger residents with disability at Wallsend Aged Care Facility. 8 of those 9 YPIRAC program participants have since transitioned to the National Disability Insurance Scheme (NDIS).

The remaining client has commenced the planning phase with the National Disability Insurance Agency (NDIA), and it is anticipated that this plan will be completed in the very near future.

As the Wallsend Aged Care Facility is within the NDIS Hunter launch site the younger people residing in that facility will become clients of the NDIA and ADHC will no longer provide their supports. The facility is largely occupied by older people (it has 98 beds in total, including 24 secure dementia beds) and will continue to provide services to them.

The YPIRAC program is writing to those previously supported through the YPIRAC program to advise them that all future supports will come through the NDIA. State funding associated with YPIRAC is part of the NSW contribution to the trial in the Hunter.

The FACS local district staff is working with the NDIA to help the people who have transferred to the NDIA to find appropriate accommodation.

Question

8. There will be some residents of the Stockton Centre who will not be eligible for the NDIS given they are already over the age of 65.

a. What accommodation options will these people have?

Answer

People aged over 65 will be offered the same 24-hour supported accommodation options that all other residents will be offered. Primarily this will be group accommodation in domestic scale housing with up to four other compatible people. In a limited number of cases, for people with specialised needs group homes may be constructed in groups of two, three or four together. Specialised needs can include people who require support for high dependency aged care needs. Only where appropriate, and with consent, people may be ACAT assessed for entry into residential aged care.

With regard to other supports for people aged over 65 who are not eligible for the NDIS, they will receive supports under continuity of support arrangements funded by the Commonwealth Government.

Question

b. More broadly, can you provide details of the discussions that ADHC has had with the Commonwealth Government that will ensure continuity of care for people over the age of 65 who are currently receiving ADHC services?

Answer

The Intergovernmental Agreement for the NDIS Trial stipulates that continuity of support will be provided to people with disability currently receiving services to ensure that they are not disadvantaged in the transition to the NDIS. This continuity of support extends to those who are over the age of 65 currently accessing supports, who will not be eligible for the NDIS in the Hunter trial site.

Continuity of support is being monitored by the NDIA, Commonwealth and NSW to ensure that no person is disadvantaged by the rollout of the NDIS. NSW expects that management of continuity of supports for people over the age of 65 will be managed by the NDIA within the context of the Commonwealth responsibilities for people in that age group. Administration mechanisms for other continuity of support clients is yet to be determined. NSW considers this to be a matter of the utmost urgency to ensure that people are not disadvantaged as a result of these changes.

Workforce Training

Question

9. Can you provide the committee with detailed statement of the NSW Government's plans in relation to workforce training and staff development in the disability sector? In particular, what courses are currently available for those seeking entry to the sector and looking to update their skills? Are these courses state funded? What is the capacity of RTOs to provide the courses that will be needed to add to the stock of qualified staff in the State's disability sector? Are new training packages required to be developed? If so, how long would it take to have these operational? In terms of ADHC's negotiations with the Commonwealth government on these matters, what federal agencies have been involved and what has been the nature of the discussions to date (page 25)?

Answer

The shift towards a person-centred system under the NDIS will result in significant changes to the disability workforce. ADHC is working in partnership with National Disability Services (NDS) to prepare the sector for a new service environment by delivering initiatives that support the changing training and development needs of the sector.

Under the Industrial Relations and Workforce Development Strategy, NDS is leading the development of a Career Planning and Capability Framework for the disability workforce. The Framework will deliver industry endorsed career and educational development pathways for employees within the sector and those looking to enter the disability workforce. The Framework aims to provide the disability sector with a clear and consistent capability framework to cover the broad range of available roles. By understanding the specific capability levels of its employees, employers will be able to deploy targeted training to meet the ongoing development needs of its workforce and meet specific needs of clients. It is anticipated that the Framework will be finalised late 2014 and direct linkages will be made between the Framework and NDS's Workforce Recruitment Strategy 'carecareers' initiative.

Carecareers is an online workforce recruitment service and marketing initiative for the NSW disability sector which is funded by ADHC and managed by NDS. The Capability Framework will be hosted on the carecareers website, which will be a central information repository to assist employees, employers and those individuals who are looking to enter the workforce plan their career within the disability sector.

The specialist disability sector offers a diverse range of job roles, qualifications and employment pathways. Job roles range from entry level positions, which offer on-the-job training, through to senior management and allied health roles that may require tertiary qualifications. At present, there are no mandatory training requirements for

the disability sector and Peaks, professional bodies and individual organisations are responsible for determining the training and development requirements for each role within the sector.

Under the Australian Qualifications Framework, frontline qualifications in the disability sector are delivered through the national vocational education and training (VET) sector. The VET sector offers qualifications up to eight levels, from Certificate I to Vocational Graduate Diploma. The 'Community Services Training Package' contains the four main qualifications that are relevant to roles in the disability sector:

The development of the Allied Health workforce has also been an area of focus in preparing the sector for the roll out the NDIS. Within the Department of Family and Community Services, the Clinical Innovation and Governance (CIG) unit is responsible for the development of the Allied Health workforce. In preparing to respond to a changing service system, allied health workforce development has focused upon:

- Further developing communities of practice across the sector to establish networks of support and access to resources;
- Strengthening links across the sector, and with the National Disability Insurance Agency (NDIA), to determine how the range of functions currently provided by the CIG will be delivered in the future; and
- Forging relationship with organisations such as NDS, Medicare locals and Allied Health Professionals Associations; and
- Facilitating discussion between CIG and universities to determine the most effective ways to provide student placements, professional development opportunities and supervision.

CIG continues to have ongoing discussions with the NDIA and within FACS in regards to planning a way forward to ensure ongoing clinical governance and leadership following the roll out of the NDIS.

Facilitating Access to the building code

Question

10. The committee heard in Geelong that some people wanting to participate and invest capital in a group home are unable to do so because of regulatory restrictions (Geelong, 14 April 2014, pp 23-24?). There are also constraints around boarding house requirements which are further restricting options.

• Can you consider the evidence put to the committee by Ms Krystyna Croft in Geelong on 14 April 2014 (pp 23-24)? Can you comment on this matter and whether you are aware of any such building restrictions imposed by the national building code in relation to building accommodation for people with disabilities in NSW? Is ADHC

aware of similar issues facing people with disability in NSW who are looking to pool costs for group home accommodation?

• If so, can you comment on Ms Croft's suggestion (p. 23, 14 April) that there is a need for 'a conversation between all tiers of government and housing associations to resolve these problems'?

Answer

The NSW government agrees that it is important that all tiers of government work together to resolve accommodation problems and is working across its agencies and with local government to ensure that appropriate accommodation can be economically provided for people who seek specialist accommodation services.

The specific matter raised in Geelong relates to the need in Victoria to provide fire sprinklers in certain types of group accommodation services.

NSW planning law accommodates group homes and boarding houses with the building code requirements based on the risks to occupants. While NSW doesn't currently have general requirements for sprinklers in group accommodation services, ADHC is installing sprinklers in all group homes that it operates in recognition of the potential risk to life presented by an outbreak of fire.

Generally premises have to comply with building code requirements based on the size and type of occupancy. In NSW this includes fire separation construction and the use of smoke detectors. The code requirements are continually under review by planning authorities and are adjusted from time to time in line with assessed risk.

In NSW there are general requirements related to the application of Universal Design Principles which apply to all funded assets. Specific community housing developments currently underway in NSW to build accommodation for family governance arrangements have led to issues being raised by some family members regarding aspects of the application of these principles. However, this has not prevented the developments from proceeding. These developments have been funded through government grants. This approach has been more appropriate than a shared equity arrangement.

Continuity of supports

Question

11. The committee has heard evidence of two families previously receiving packages from the NSW Government in the order of \$135,000 each and then now receiving a funded plan from the NDIA for \$45,000. Can you consider this evidence given to the committee on 5 May in Newcastle and advise the committee of any discussions it has had on these matters with the NDIA?

Answer

Due to the lack of specific details as to who the individuals are, ADHC would welcome the opportunity to review individual matters or examples where NDIS participants believe they are receiving fewer services or supports under the NDIA than they were receiving under a state-based system.

Regarding this particular matter, outcomes of discussions with Hunter NDIA and ADHC district staff have both agencies stating that they are unaware of anyone whose package has been reduced by this amount, or any other large amount. It is NSW understanding from information provided by the NDIA that delays in the activation of plans and technical considerations of how plan data is captured at point in time could contribute to the perception of a 'gap' in the dollar value of planned supports.

ADHC staff are of the view that if the person was known to ADHC, then the matter would be brought to their attention in order for the individual to get assistance in raising the issue with the NDIA.

Numbers in phasing

Question

12. There have already been 237 new entrants to the scheme with a further 800 expected next year, increasing to approximately 2,300 the following year.

What work is the state government undertaking in partnership with the Scheme Actuary to identify the needs of the sector, particularly the number of new staff that will be needed?

Answer

The NSW Government is undertaking a number of programs aimed at increasing and strengthening the market capacity within the disability sector and its workforce.

The NSW Government provided \$17 million to National Disability Services to set up an Industry Development Fund (IDF) with the sole purpose of directing investment to initiatives that support the transition of the industry to an integrated, efficient, innovative, robust and responsive service system for people with disability, their families and carers. The IDF funded Sector Support Consultant team is identifying the needs of the sector through conducting face to face meetings with all ADHC funded organisations in NSW to discuss organisational readiness for transition to the

NDIS. As of April 2014, 620 organisations had been visited, including all organisations in the Hunter launch site. Through the IDF, the government is committed to supporting the disability sector and helping drive the transition to an NDIS.

In addition to the IDF, the NSW Government has established a \$2.8 million Organisation Transition Fund that is providing transition support grants for individual disability organisations preparing to transition to the NDIS.

The NSW Government recognises the importance of a diverse and sustainable non-government organisation workforce and is committed to providing training and skilled opportunities for individuals to enter and pursue meaningful careers in the sector.

The Workforce Recruitment Strategy aims to attract new employees to the care sector and is targeted at three primary groups within the community: parents returning to work, education leavers and career changers. It also targets potential employees in Aboriginal and Culturally and Linguistically Diverse communities.

The objectives of the Workforce Recruitment Strategy are to raise the profile of the disability and community care sectors, increase the size of the workforce available to the sectors and to attract the right types of workers to deliver quality services.

Carecareers combines a staffed careers centre and an internet based recruitment portal with multimedia marketing to provide a unique attraction and recruitment program for not-for-profit non-government disability and community care organisations in New South Wales. This portal is dedicated to community care and disability services recruitment.

ProjectABLE which began in March 2010, is a work experience and training scheme aimed at students in secondary schools and university-allied health programs. It is designed to inspire students to engage in an experiential program with a service provider and ultimately attract more young people into the sector.

The NSW government is also working closely with the Public Sector Association (PSA) and all unions to ensure ADHC employees are supported as transition to the NDIS takes place, giving them opportunities in the expanding disability support workforce.

No disadvantage test

Question

13. Can you explain what processes or checks are used to ensure that people are not missing out on services they were previously receiving under state government funding, and thereby complying with the 'no disadvantage' rule? In particular, could

you comment on the claim that New Horizons was previously receiving a housing subsidy which is no longer being provided for a person who transitions to the NDIS?

Answer

Where participants raise issues with the content of their plan, ADHC liaises on a case-by-case basis with NDIA to resolve the matter. ADHC would welcome the opportunity to review individual matters or examples where NDIS participants believe they are receiving fewer services or supports under the NDIA than they were receiving under a state-based system.

In relation to New Horizons, it has been receiving funding under a program designed to provide an accommodation response to people with disability. As New Horizon's clients transition to the NDIS the organisation will no longer receive ADHC funding. But to ensure that people are not disadvantaged in the transition they will continue to receive supports to achieve intended outcomes. NSW considers the rental components of these supports to constitute an appropriate 'cost of capital'.

It is the expectation of ADHC that the discussions with the Commonwealth (DSS and NDIA) in relation to the treatment of cost of capital (referred to in Question 5) will address the ongoing demand for capital investments for disability services in NSW.

Question

b. Can you also respond to claims that massage therapy is no longer being funded for people with severe brain injury as a result of the transition?

Answer

With regard to the funding of massage services by the NDIA, it is ADHC's understanding that massage is not included in the NDIA catalogue of supports; however, reasonable and necessary supports that assist a person to live independently and reduce/minimise the need for more costly or intensive interventions/supports should be a feature of the scheme.

Victorian Department of Human Services, 19 June 2014

1. The committee has heard evidence from participants about where the responsibility for meeting the costs of different interventions might lie, such as for blister packs and the provision of therapies.

- How are you working with the NDIA and other federal agencies on the interface between health, education, disability, transport, child protection and other systems while ensuring continuity of supports?

Regarding interface issues, at the COAG meeting on 19 April 2013, all Australian Governments agreed:

- on a set of principles to be used to determine the funding and delivery responsibilities of the NDIS and other systems, including health, mental health, education, early childhood, child protection and transport.
- that the NDIS launch sites would provide the opportunity to review interactions between the NDIS and other service systems and consider any lessons arising out of the launch.
- the principles, and arrangements needed to operationalise them, would be reviewed through the process set out in Part 8 of the Intergovernmental Agreement for the NDIS Launch.
- based on this review and on the lessons from launch, the Standing Council on Disability Reform could advise COAG on amendments to the Applied Principles and 'tables of supports', in consultation with other Ministerial Councils as appropriate. The National Disability Insurance Agency (NDIA) Board could also report to the Standing Council and COAG on the operation and effectiveness of the interface with other service systems.

At its subsequent meetings on 13 December 2013 and 2 May 2014, COAG has noted progress in, and the lessons learnt, from the NDIS trials in NSW, Victoria, South Australia and Tasmania, including interface issues. At its last meeting on 2 May 2014, COAG agreed to list the NDIS as a standing agenda item for all of its meetings.

Regarding continuity of support, in general people who do not meet the NDIS access criteria but who were accessing a disability service prior to being assessed by the NDIA will continue to receive support consistent with their current arrangements, as agreed by all Governments in the Intergovernmental Agreement. The Barwon trial continuity of support arrangements are set out in Appendix E of Victoria's Bilateral Agreement with the Commonwealth.

- What specific actions have been taken with the NDIA and the Commonwealth to clarify and implement service delivery?

The Department of Human Services continues to closely work, at senior and working official levels, with the NDIA to ensure that all Victorian Government commitments, made at COAG and in the Intergovernmental and Bilateral Agreements are met.

As NDIS service delivery is the responsibility of the NDIA, this question would be more appropriately answered by the NDIA.

- What approach is taken to managing and resolving issues and conflicts regarding these responsibilities? How are the opportunities to resolve these conflicts communicated to the client? (p. 6, 7-8)

As above, this question would be more appropriately answered by the NDIA.

2. The Committee has heard examples of funding being withdrawn from services whose clients will not be eligible for the NDIS, such as the Geelong Mood Support Group.

- What specific actions is the department taking to identify those affected? What steps are being taken to ensure that funding does not cease for these organisations that are only in the trial site so as to meet the 'no-disadvantage' test embedded in the bilaterals?

Please see the response to question 1 above on continuity of support.

3. Following on from the above question, the department has acknowledged there is an argument in favour for continuing block fund to these services as they currently are (p. 6).

- What is the department's policy on Tier 2 funding both in the Barwon trial presently and upon commencement of full scheme, or alternatively?
- What measures have been taken to clarify and implement such a policy and to what timeframes?
- Have there been any formal announcements or direction provided in terms of the role of the state for the provision or funding of direct services upon commencement of full scheme? (p. 7)

Please see the responses provided to the Committee on 20 May 2014 (Question 1) and 4 June 2014 (Question 1) in relation to Tier 2 services and supports.

4. Could the department provide advice on what it is doing to address the concerns of people with individual support packages (ISP's) who have experienced delays in the transition to the NDIS and a reduction of services and flexibility compared to what was previously received?

- How has the department been working with the NDIA to remedy these problems? (p. 7)

Please see the response provided to the Committee on 4 June 2014 (Question 9) in relation to the streamlined access arrangements for the Barwon launch that apply to ISP holders.

5. People with an ISP have already been recognised by the state jurisdiction as having a considerable disability. The committee has heard some people are being subjected to a burdensome process of proving their disability again.

- Does the department have any suggestions for the way forward in ensuring the person is not required to prove their disability again in order to be accepted as a participant in the NDIS? (p. 11)

As above, please see the response provided to the Committee on 20 May 2014 (Question 9).

The committee has heard the department is taking steps to encourage a smoother process for the transition of clients from Colanda into the NDIS.

- Could the department confirm whether it is the Victorian government's current policy to close down this facility?

Please see the responses provided to the Committee on 20 May 2014 (Question 3) and 4 June 2014 (Question 3).

- What is the government doing to address the shortfall of supported accommodation in anticipation of the movement of people? Could the respond please also take into consideration the specific example of Kirrily Hayward? (Geelong hearing, 14 April, p. 21 – 23), a young woman who is currently residing in an aged care facility due to a lack of available supported accommodation (p. 9).

Please see the response provided to the Committee on 4 June 2014 (Question 4).

As Kirrily Hayward is a participant in the NDIS Barwon trial, details of her services and supports are more appropriately directed to the NDIA.

7. In addition, could the department comment on the challenges faced by families who are attempting to combine resources and establish a group home for their children, such as the intersection with workplace health and safety legislation and the requirement of an internal sprinkler system under the building regulations?

- Where can such people go for assistance with this particular issue? Will there be a change in a requirement under the legislative instruments that deal with what is a workplace and appropriate health and safety issues which may now be impacting on roll out of carers in homes and the establishment of group homes? (p 7 – 9).

Please see the response provided to the Committee on 4 June 2014 (Question 5).

8. The committee has previously written to the department requesting an update on the upgrade of the railway station, as this was a commitment undertaken by the Victorian government.

- What progress has been made towards these upgrades and when is the expected completion date? (p. 7, 11)

Please see the response provided to the Committee on 20 May 2014 (Question 4) and 4 June 2014 (Question 2).

9. Has the department undertaken any analysis of how many new providers have come into the trial site and how many existing services may have diversified into servicing they were previously not undertaking? (p. 9 – 10)

Please see the response provided to the Committee on 4 June 2014 (Question 6).

10. The committee has heard evidence that a culture was present in former DHS staff who now work with the NDIA. Participants gave evidence that several of those staff appeared to have a less person-centred approach preferring an older more prescriptive approach that was in place prior to the NDIS.

- In addition to the Services Connect program that was briefly mentioned, what is the department doing to bring about a cultural change in the mindsets of staff to adapt a more person-centred approach to its interactions with clients? (p. 10)

The weight of evidence in the Hansard for the public hearings held in Geelong on 14 and 15 April 2014 appears to support the view that the department operated a person-centred and flexible approach to planning and decision-making. That is, several participants (or their parents/carers) told the Committee that the Department of Human Services' Individual Service Package (ISP) model was, in their experience, more person-centred and flexible than NDIS arrangements (for examples, see the statements made by Mr Stone, p.3, Ms Fear, p.6, Mr Francett, p.12 and Ms Knight, p.14 in the Hansard for the 14 April 2014 hearing).

The department has been offering individualised funding since the early 1990s, when the Victorian Government initiated major reform of the state's disability system.

The Victorian *Disability Act 2006* provides the legislative framework for the department and its funded service providers to deliver flexible support based on choice and a person's individual requirements.

Since 2002, successive *Victorian State Disability Plans* have been underpinned by the principle that people with disabilities should have choice and control over their supports and services.

In 2008, the department introduced the current form of individualised funding known as 'Individual Support Packages' or 'ISPs', which are based on a self-directed approach comprising:

- self-directed planning
- self-directed funding
- self-directed support.

Since the introduction of individualised funding models, the department has provided relevant training and support to service delivery staff on the legal, funding and operational framework, as well as the person-centred, self-directed philosophy underpinning it.

The department's *Disability Services ISP Guidelines* and accompanying *Information Sheets* and *Practice Advices* (available at <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/individual-support-package-guidelines-and-information>) are the key reference and training documents for departmental staff and disability service providers involved in the administration and delivery of ISPs.

I consider that the department has been successful in instilling within staff a culture that supports individualised and person-centred approaches. The Victorian Auditor-General concluded in his report, *Individualised Funding for Disability Services*, dated 14 September 2011 (available at <http://www.audit.vic.gov.au/publications/20110914-Disability-Funding/20110914-Disability-Funding.html#s12>) that:

Victoria is a leader in Australia in reforming disability services, with ISPs playing a prominent role. DHS is empowering people with disabilities by giving them greater control over their funds, services and providers. This promotes the dignity and independence of those in our community with disabilities.

11. Can you provide the committee with detailed information of the Victorian Government's own plans in relation to workforce training and staff development in the disability sector?

- In particular, what courses are currently available for those seeking entry to the sector and looking to update their skills? Are these courses state funded?
- What is the capacity of RTOs to provide the courses that will be needed to add to the stock of qualified staff in the State's disability sector?
- Are new training packages required? If so, how long would it take to have these operational?
- In terms of Victorian Government's negotiations with the Commonwealth Government on these matters, what federal agencies have been involved and what has been the nature of the discussions to date?
- Can you include dollar amounts set aside towards this from the state or elsewhere? (p. 13).

Please see the response provided to the Committee on 4 June 2014 (Question 8).

12. The committee has heard evidence there is a sense of inequity and inflexibility in respite options available.

- What discussions have the department had with the NDIA in improving access to respite? How is the department working in partnership with the NDIA in facilitating access to respite? (p. 10 – 11)

As the delivery of services and supports under the NDIS is the responsibility of the NDIA, this question would be more appropriately answered by the NDIA.

13. The committee has heard evidence from participants and providers about issues with the new taxi system for participants in the NDIS, many indicated that the system prior to the introduction of the NDIS worked efficiently.

- Can the department comment on why a new system was introduced for the NDIA?
- Does the department have any suggestions for improving the current arrangements in place with the NDIA to address the significant challenges mentioned? (p. 11)

Please see the response provided to the Committee on 4 June 2014 (Question 10) in relation to the Victorian Government's Multi-Purpose Taxi Program.

As above, this question is more appropriately answered by the NDIA.

Received 14 July 2014

- a) More detailed information about the Services Connect program (Ms Congleton, Committee Hansard, Geelong 15 April p. 3) currently being trialled in the Barwon area

Services Connect - overview

Services Connect is the model for integrated human services in Victoria. It is designed to connect people with the right support, address the whole range of their needs and help people to build their strengths and capabilities to improve their lives.

Services Connect reflects a move from the current program-based approaches to human services delivery to a more integrated, effective and sustainable human services system in Victoria.

Over time Services Connect aims to improve:

- How people access information and services;
- How a person's range of needs are identified;
- How support and services for people are planned; and
- How services are delivered to improve people's lives.

The Services Connect model focuses on providing integrated, coordinated support and improving outcomes in people's lives. It tailors services to the unique needs, goals and aspirations of each client and their family, with an emphasis on building their strengths and capabilities to move out of disadvantage.

Key elements of the Services Connect Client Support model include:

- One key worker who is the primary support worker and plans, coordinates and delivers services for a client and their family to meet their needs and goals;
- One needs identification where comprehensive information is collected so that people don't need to keep telling their story;
- One plan that helps people progress towards their goals and aspirations and covers all of the services they receive; and
- One client record instead of multiple records held by different services.

Since 2012, DHS has been testing the Services Connect client support model at lead sites in Geelong, South West Coast and Dandenong. New sites were established in Preston and Shepparton in 2013 and four new sites are currently being developed in Glenroy, Box Hill, Wondonga and Bendigo.

The next phase of Services Connect includes an Advertised Call for Submissions for groups of non-government service providers to form partnerships to continue testing, refining and further developing the Services Connect model. Up to eight Partnerships will be established across Victoria in 2014.

More details about Services Connect are available at www.servicesconnect.vic.gov.au.

Services Connect trial and NDIS trial in Barwon

As agreed between the Victorian and Commonwealth Governments under section 11 of the Bilateral Agreement, part of Victoria's in-kind contribution to the NDIS Barwon trial is its current *complex case management* services. This includes case management services being delivered by DHS through the Services Connect lead site in the region.

DHS and the National Disability Insurance Agency (NDIA) have agreed operational arrangements for managing DHS in-kind provision of complex case management to NDIS Barwon trial participants. In summary, the NDIA planner will (at the planning and assessment stage) determine whether the participant will require complex case management. If so, the NDIA will make an appropriate referral to DHS. The department will (usually within a week or sooner if the matter is urgent) assess the referral and decide on the participant's suitability for allocation to a Services Connect key worker or a disability case manager. This decision is then communicated by DHS to the NDIA.

- b) Details of any other Victorian government staff such as specialist case managers etc) employed to work with the NDIA in rolling out the scheme. Provide numbers and a framework for how they sit alongside the NDIA if possible.

The answer provided in a) addresses most of question b). There are approximately 11 DHS case managers and key workers providing services to NDIS participants.

- c) Does the department expect these services/arrangements to continue beyond the trial into full scheme?

Arrangements for the full scheme of the NDIS are yet to be agreed by the Commonwealth and States and Territories.

Department of Health and Human Services, Tasmania

Question 1- Sector Readiness:

- A. Can the Department outline what assistance is currently provided to the sector and what assistance it intends on providing at full scheme.**

The State Implementation Team (NDIS)

The Commonwealth provided \$2.523 million to Tasmania over four years to establish and support the work of a State Implementation Team (SIT).

This funding is for a team of four people employed by Disability and Community Services to work with the NDIS trial to support the transition to trial as well as the engagement of appropriate consultants to support the work of the State team.

Some of the objectives of the Tasmanian Implementation Project being undertaken by the SIT will be to:

- Ensure the disability sector and those people who are not in the launch cohort continue to receive and provide services within the existing service systems during the launch period.
- Develop a communication strategy that informs people with disability their families and carers, the sector and mainstream services about the progress toward and potential impact of the implementation of NDIS.
- Work with NDIA and the Tasmanian disability sector to build capacity and develop sector to move to the full scheme in Tasmania.
- Assist service providers to operate within a “dual system” during the launch period, including the management of financial resources.
- Identify and address issues and concerns that may present as barriers for community sector organisations to the successful implementation of NDIS in Tasmania.
- Assist in establishing effective communication with mainstream providers to ensure the objectives of NDIS are met.
- Work with mainstream agencies to develop understandings of the roles and responsibilities, and identify boundary issues.
- Work with the relevant State and Australian Government officials to ensure safeguards and a quality standard framework is implemented with new and existing providers for the duration of the launch.

The ongoing support to full scheme and the ongoing role of the State Implementation Team is yet to be determined and is subject of discussions with the Minister and State Government and ongoing negotiation with the Australian Government.

Disability and Community Services - Workforce Development Unit

Disability and Community Services incorporates a Workforce and Development Unit (WDU) to support workforce development as a priority area to underpin policy directions and achieve reforms in the broader disability services system.

The WDU supports the policy directions and reforms through strategic leadership, planning and directions including coordination, consultancy and executive support for workforce development initiatives to support the sector workforce.

The key priorities for the WDU include:

- Working collaboratively with key sector stakeholders to enhance and/or build capacity for workforce development opportunities
- Support National and State key workforce policy directions and reforms
- Investigating opportunities to progress and support workforce planning and development activities through an independent web site
- Enhancing and value adding to existing workforce initiatives through the review of existing and proposed disability workforce activities

B. How does the work of Mission Australia and Baptcare interact with, and supplement this approach?

Mission Australia and Baptcare Inc are contracted by the Tasmanian Government Department of Health and Human Services (DHHS) to deliver a Gateway Service to the specialist disability services sector. This means that the primary responsibility of the Gateways Services is to provide an intake, assessment and referral role for people with disability, their families and carers and to assist people with disability to navigate the specialist disability service system.

The Gateway Services are not required to provide sector development activity, however the Gateway Services have played a role in assisting existing Disability Services clients within the cohort group to understand the NDIS and to make the transition to the NDIS.

C. In addition to the sector development fund, what additional steps are planned to help the sector prepare and build its capacity?

Community Sector Organisations are being supported to prepare and transition to the NDIS both at a national level through funding allocated by the Australian Government and through the State Government Implementation Team which is working with the National Disability Services Tasmanian (NDS) and have developed a targeted information, communications and engagement process for community sector organisations.

A Memorandum of Understanding (MOU) was signed (21.06.13) between Disability and Community Services and the National Disability Insurance Agency (NDIA) offering funding to the state to provide a number of sector development activities within the 2013/14 financial year.

The NDIA through the Tasmanian Government has contributed an additional \$115,000 funding in 2014/5 to continue the work of a Project Officer employed by NDS to support industry and workforce development in the sector.

The NDS (Tas), the Mental Health Council of Tasmania (MHCT) and Tasmanian Council of Social Services (TasCOSS) have worked cooperatively to suggest, promote and deliver sector development opportunities for providers that have been well supported.

Local level forums and activities are some of the initiatives that have occurred to assist and the sector to meet the changing demands to move from a social to a business based way of providing services required for the transition to the NDIS.

To date these activities have included:

- "Meet and greet" forums for providers to introduce services and discuss referral processes with NDIA staff. These sessions were on two occasions held across the three regions.

- Workshops for Providers – “Business disciplines in a changing disability marketplace”, provided by Sward Dawson-chartered accounts (Victoria). A total of six workshops were held in the north (3) and south (3) of the state.
- The Tasmanian Support Workers Conference was held in Hobart in November. The Conference was well supported with approximately 200 people in attendance.
- Two day workshops were held in the North West and North in October over two days with a focus on supporting people with disability to gain a “Better Life”. With further workshops held in Hobart in March 2014.
- The NDS nationally has developed a “NDIS Organisational Readiness Toolkit” to assist in preparing service providers for the NDIS. A project office is working with service providers to support and assist them to effectively prepare and plan to move into the way of service provision under the NDIS.

Further workshops and activities planned will target middle managers and support workers through providing opportunities to better understand change and develop strategies that optimise real choice and control for people with disability and develop services accordingly.

This workshop series explores a range of practical approaches for “Becoming a Person Centred Organisation”. “The Change Room – Championing Change” is a further workshop that will provide practical strategies for services to recognise and overcome barriers to change and move into a positive way of ensuring staff and families are committed to the change process.

A Conference will be held in Launceston in late October 2014. The primary focus of this conference is for support workers however it will encompass a target group of staff from across the broader human services sector and include levels above the support worker group.

It is clear the Tasmanian Disability Service Sector requires ongoing sector development to assist it to transition to a new marketised approach.

Question 2 - The committee has heard evidence regarding the limited supply of equipment, such as prosthetics, and the long wait times to access such equipment.

A. Does the Department have any strategies in place to deal with this issue including addressing what may be available to assist a person in the interim if equipment cannot be made available

In Tasmania, there are multiple schemes directed at different (and overlapping) client groups and providing a variety of standard and non-standard assistive equipment and technology and home maintenance for people with needs relating to ageing, disability or hospital discharge. Public funding for equipment is currently challenged.

Tasmanian Health Organisations (THOs), Disability Services (DS) within the Agency, and a small number of community organisations funded by both the state and Australian governments, are involved with the provision of assistive equipment and technology.

These services are not currently operating with one centralised policy, funding and governance model resulting in inequitable and inefficient service delivery across the state.

Systems and processes for the management of assets are poor and inconsistent across the state due to chronic under investment, patchy governance and outdated guidelines.

In 2009, the Steering Committee for the Strategic Framework for Equipment Provision project agreed to the development of a new service delivery platform and model.

On 21 February 2011, the Premier announced a new service model for the provision of equipment, and progress on implementing this program is being made.

The former State Government committed an investment of \$1 million per annum over four years to reform the current service provision and to provide additional funding for equipment and assistive technology. At a time when all budgets in health and human services are being reviewed and budget savings are required, investing in a system that will provide efficiencies and provide data to assist with meeting future demand is financially responsible.

The three foci for achieving the reform process are:

- the establishment of a single state-wide governance structure in order to create a single unified service with single vision and philosophy of service provision.
- the development of a suite of policies and operating procedures to govern the day to day operations of TasEquip and to ensure reforms are achieved equitably across the State,
- and the deployment of a state-wide asset management system to support reforms and to enable improved efficiencies and cost savings through more robust asset management processes and state-wide procurement practices.

The program is expected to be fully operational by December 2014. In the interim, any waiting lists are currently being managed with high priority clients being targeted for funding.

Question 3 - The committee has heard about unit pricing that the Tasmanian Government has developed for the outsourcing of disability services to the non-government sector

A. Can the department provide detailed information on how this pricing is applied to different disability services? and

Information regarding the application of Unit Pricing in Tasmania related to service type and various resources (including the prices) can be sourced from the Department of Health and Human Services Web site. The link is included below.

http://www.dhhs.tas.gov.au/disability/projects/resource_allocation_and_unit_pricing_framework_-_project_implementation_update

Built into the unit prices is an indirect component which covers items such as vehicle lease (in the context of supported accommodation – group homes).

Unit prices do not include a capital component for significant items (e.g. specialist vehicles, buildings).

The unit price for individual funding (based on an hour of support) does not include transport and travel times. The current individual funding program (ISPs) does not fund transport.

An extract from the Unit Pricing guidelines (Section 4) details the specifics used to calculate the unit price. The full Unit Pricing Guidelines document can be found through the website link.

“Calculations for each of the service types deemed suitable for a move to unit pricing are constructed on the basis of the observed labour cost across the sector. This observed labour cost includes amounts that reflect:

- *the varying level of staff (qualifications and experience) employed*

- the use of employment agency and/or casual staff (where applicable)
- shift penalties that account for the day (or time of day) that services are delivered
- senior staff time directed to clinical and staff supervision
- case management or service coordination time.

In addition to these observed labour costs standard uplifts for non-labour and overheads have been incorporated into the unit price and are expected to cover all expenses that are not considered direct labour or long term fixed capital costs, such as:

- travel
- training
- management expenses and corporate/facilities costs
- consumables.

The inclusion of representative allowances for all these key cost components is intended to reflect the true, total cost of contemporary service delivery.”

B. Could you also provide information on how transport and travel times are calculated into cost these units for both metropolitan and regional areas.

Public transport and travel times are not included as a separate unit price.

With the introduction of Unit Pricing, group homes were provided with an initial vehicle. The organisations are expected to cover the costs of maintenance, petrol and replacement vehicles, with the exception of wheelchair accessible vehicles. Organisations can apply to Disability and Community Services for financial assistance to purchase these more expensive vehicles.

Question 4 - The committee heard during its visits to the trial sites that accommodation funding and supply has been identified as a significant issue on a national level.

A. Can the department provide information on what it is doing to meet unmet housing demand?

Disability and Community Services has contributed to a national stocktake of innovative housing and accommodation options. Tasmania has nominated three models of housing that have demonstrated:

- connected communities;
- supporting productivity, security and sustainability;
- facilitating independence;
- built environment that is enabling; and
- involving people with disability in the process.

There are a number of projects currently being undertaken by Housing Tasmania, these include; the Housing in the Backyard, Mussen Close and Trinity Hill developments. All these initiatives were nominated as opportunities that have met Liveable Housing Design criteria and strengthened the range of options available to people with disability.

The proposed development in central Hobart at Trinity Hill will provide 10 units out of the 46 for people with disability.

Also 10 ground floor units in a tower complex nearby at Cornelian Bay – New Town are being upgraded to meet Liveable Housing Design Guidelines.

The State is also contributing \$500,000 towards an NRAS project to be delivered by a Northern provider, St Michaels, for 20 independent living units as well as \$3.1 million of capital and in-kind support for another NRAS project which will see a number of suitable units developed for people living with a disability out of the 120 to be delivered and managed by Centacare.

Despite these targeted efforts by Housing Tasmania demand for disability Housing is high and there are very limited Capital Funds to address this need.

B. How does the department view its responsibility to deliver supported accommodation?

Almost one third (3 543) of Tasmania's public housing tenants (13 088) are on a disability pension. Not all these people would be eligible for the NDIS.

Housing Tasmania currently has over 3 000 properties state-wide which have been modified or are easily capable of being modified to accommodate persons living with a disability.

People with a disability have a range of housing needs that include affordability, property location, size and modifications and support needs.

Sourcing sufficient appropriate housing will be a significant challenge for Tasmania. A key concern is the lack of capital funds to address accommodation issues.

The Tasmanian Gateway Services (Mission Australia and Baptcare Inc) maintain a needs register for all people with disability seeking supported accommodation and play an active role in identifying priority for any available vacancies in funded disability services.

Gateway Local Area Coordinators (LACs) also work with Housing Tasmania and community housing providers to identify independent living accommodation.

Tasmania's strained social and affordable housing system is likely to be stretched even further by the additional demand for suitable accommodation options.

However there is not sufficient information about the housing needs of disability clients.

To build an understanding of the current and future demand for disability housing, Housing Tasmania has agreed a two-stage process, using consultants, to inform the planning, development and funding decisions, and to improve the available information about the demand for housing assistance for Tasmanians living with disability.

The first stage is a housing demand and gap analysis for existing and prospective NDIS clients in Tasmania.

The second stage is a financial-based analysis and recommendations for a funding model and implementation methodology.

A final report from Ernst and Young is anticipated at the end of June 2014.

C. What is the present dollar figure that the state is contributing to supported accommodation?

The Disability and Community Services current 2013/14 budget identifies a budget of \$97.45 million allocated to Accommodation Support.

Disability Services fund accommodation for people with disability, as well as services that provide support to enable a person to remain in their existing accommodation or to move to more suitable or appropriate accommodation.

Tasmanian provides funding for three large residential facilities >20 places that are located in the North, North West and South of the state. Each facility provides 24-hour residential support in a congregate setting of more than 20 beds. A range of residential and vocational/date services, and or respite services are provided on the one site.

Group homes in Tasmania provide combined accommodation and community-based residential support to people in a residential setting. Usually no more than 6 people are located in any one house. Group homes are generally staffed 24 hours a day and the support varies according to the needs of the residents.

The accommodation provider is responsible for the overall tenancy arrangements of the property such as the lease, as well as the overall support of the people living in the house.

Additionally in-home and or programming services for people with disability to enable the person to live independently in the community can also be provided. Support is based on the individual goals and may include support with budgeting, cooking and shopping or other areas of skill development.

The person's accommodation may be privately owned, rented or otherwise provided, but is independent of the organisation providing the in-home support.

D. The committee is also interested in innovative ideas that are being developed as a result of the NDIS to deal with the accommodation shortage, particularly for those people with complex behaviour support needs.

The Intensive Support Service is a model of service developed to support a small group of clients who challenge the current service system.

Disability and Community Services funds community sector organisations to provide this service.

In order to meet the needs of people who challenge the current service system , the Intensive Support Service (ISS) model has been designed to provide:

- support of a higher intensity than that usually found in the current service system
- support that is 'non-standard' and individually tailored to more fully meet the needs of the client
- arrange of specific support environments, including transitional units, to more closely match a client's current situation
- Coordination of support across more than one program area.

Using these elements the ISS model is flexible and responsive in its supports of people with challenging behaviours. It is proactive and able to focus on providing resources to better support this client group.

Transitional units have been developed to provide an alternative accommodation options for people referred to ISS who are unable to remain living in their existing accommodation.

The transitional units are located in the South and North West of the state and referral to the transitional units can only occur as part of a support plan endorsed by the Disability Assessment and Advisory Team (DAAT).

Question 5 – Can you provide the committee with detailed information of the Tasmanian Government's own plans in relation to workforce training and staff development in the disability sector?

Disability and Community Services incorporates a Workforce and Development Unit (WDU) to support workforce development as a priority area to underpin policy directions and achieve reforms in the broader disability services system.

The WDU supports the policy directions and reforms through strategic leadership, planning and directions including coordination, consultancy and executive support for workforce development initiatives to support the sector workforce.

The key priorities for the WDU include:

- Working collaboratively with key sector stakeholders to enhance and/or build capacity for workforce development opportunities
 - Support National and State key workforce policy directions and reforms
 - Investigating opportunities to progress and support workforce planning and development activities through an independent web site
 - Enhancing and value adding to existing workforce initiatives through the review of existing and proposed disability workforce activities
- A. In particular, what courses are currently available for those seeking entry to the sector and looking to update their skills? Are these courses state funded?**

People seeking entry to employment in the disability services sector or looking to update skills can access training through the Community Services training package. This package is delivered through a number of Registered Training Organisations, including Tasmania's own provider, TasTAFE.

B. What is the capacity of RTOs to provide the courses that will be needed to add to the stock of qualified staff in the State's disability sector?

This work is being conducted at a National level through the Community Services and Health Industry Skills Council -
http://www.skills.tas.gov.au/employersindustry/industryresources/communityserviceshealth/E_Scan_2014_Survey_Results_Final_Report.pdf

C. Are new training packages required? If so, how long would it take to have these operational?

This work is being conducted at a National level through the Community Services and Health Industry Skills Council -
http://www.skills.tas.gov.au/employersindustry/industryresources/communityserviceshealth/E_Scan_2014_Survey_Results_Final_Report.pdf

D. In terms of Tasmanian Government's negotiations with the Commonwealth Government on these matters, what federal agencies have been involved and what has been the nature of the discussions to date?

The Commonwealth provided \$2.523 million to Tasmania over four years to establish and support the work of a State Implementation Team (SIT). This funding is for a team of four people employed by Disability and Community Services to work with the NDIS trial to support the transition to trial as well as the engagement of appropriate consultants to support the work of the State team.

The NDIA have engaged locally on workforce and training issues and have included in those discussions Tasmanian Government Department of Premier and Cabinet, Department of Health and Human Services and Skills Tasmania. At a National level NDIA engaged Department of Families, Housing Community Services and Indigenous Affairs (now Department of Social Services) and Department of Employment Education and Workforce Relations (now Department of Social Services). Relevant Unions were also engaged in the discussions at the time. This work is still to progress.

E. Can you include dollar amounts set aside towards this from the state or elsewhere?

Skills Tasmania has worked with National Disability Services Tas (NDS Tas) to develop an industry and skills workforce development strategy - [http://www.skills.tas.gov.au/employersindustry/workforceplans/Tasmanian-Disability-Industry-WFDSPlan_Final.pdf#Tasmanian Disability Industry Workforce Development Plan](http://www.skills.tas.gov.au/employersindustry/workforceplans/Tasmanian-Disability-Industry-WFDSPlan_Final.pdf#Tasmanian%20Disability%20Industry%20Workforce%20Development%20Plan). Disability and Community Services have funded NDS Tas in 2013-15 \$115 000 per year to employ a project officer in order to implement the plan.

The Tasmanian Government has committed \$250 000 to support the NDS Tasmanian Disability Workforce Development Plan.

Question 6 - In addition to workforce training issue (above), can the department provide information on training for the transition to work for people with disability?

Disability and Community Services have not formerly taken a funding role in transition to work programs for young people with disability, as this has traditionally been a funding responsibility of the Commonwealth.

Disability and Community Services had a small state-wide annual budget allocated to school leavers in transition from compulsory schooling to employment, education or training pathways. The funding aimed to support the persons specialist disability needs.

This program funding was transferred to the NDIS on 1 July 2013 and the NDIA Planners have worked with all school leavers to plan around the disability support requirements in transition.

The local NDIA have developed a pilot project for integrated pathway planning for students with disability on an employment pathway. The Tasmanian NDIA office will be able to provide detail about this project.

Question 7 - The committee has heard of instances where a participant is not implementing their plan because they do not understand how this is done.

Implementing a NDIS plan is the responsibility of the NDIA. Participants of the NDIS are able to access Local Area Coordinators contracted by the NDIA through the Tasmanian Gateway Services (Mission Australia and Baptcare Inc). Local Area Coordinators can assist participants, their families and carers to implement plans. If participants have particularly complex needs the NDIA have supported the funding of a complex care coordinator to assist in implementation.

For more detail on implementing plans this question should be directed to the NDIA.

The Hon Mal Brough MP
Committee Chair
Parliamentary Joint Standing Committee on
National Disability Insurance Scheme
PO BOX 6100
Parliament House
CANBERRA ACT 2600

By email: ndis.sen@aph.gov.au

23 June 2014

Dear Mr Brough

Insurance factors relating to carers for persons with a disability

The Insurance Council of Australia (ICA) is pleased to respond to the Australian Parliamentary Joint Standing Committee on the National Disability Insurance Scheme (the committee). We understand that certain insurance related questions were raised during your recent examination of the roll out of the National Disability Insurance Scheme (NDIS) trial sites across Australia. We represent general insurers who operate in a variety of personal injury schemes across Australia.

You have asked for our feedback on the following:

1. Are people who provide attendant care or personal support (carers) for a person with a disability covered by the public liability component of the person with a disability's home contents insurance policy?
2. Is there any insurance available for a carer who is employed to care for someone in the same house?

Please find attached some general information in relation to different types of insurance which may be applicable. We also include for ease of reference a table indicating the types of insurance which may be available in particular circumstances.

Question 1

A household public liability policy held by the person with a disability may not respond to injuries suffered by family members whether or not they are providing care services. Family members and people employed or contracted by the householder are often excluded from the policy as other insurance may apply.

Carers who provide care commercially as sole traders can take out public liability insurance to deal with any injury to the person with a disability caused by their negligence. They can also take out personal accident insurance to compensate them in the case that they suffer an injury. In these circumstances, it may be prudent for the carer to seek the advice of a specialist broker as to the types of insurance they may need.

Question 2

Please see the table below in relation to the types of insurance which may be available to a carer:

Insurance Available for	Employed Carer	Self – employed/contractor Carer	Family Member Carer
Injury to the Carer	Workers Compensation taken out by the employer to cover employees.	Personal Accident insurance taken out by the carer, Various Life insurance policies taken out by the carer such as income protection, total permanent disability, Health insurance.	Personal Accident insurance taken out by the carer, Various Life insurance policies taken out by the carer such as income protection, total permanent disability, Health insurance.

Conclusion

Though the provision of individual products is a commercial matter for each insurer, public liability and other commercial products are available in the marketplace. We suggest that in home family carers seek advice as to the potential insurance for their own risk of injury and risk of injury to others.

The ICA and our members are happy to work with the committee and provide their assistance on the range of issues raised during your inquiry.

Yours sincerely

Robert Whelan
Executive Director & CEO

Types of Insurance Policy

- **Public Liability Insurance** This insurance covers an individual or company policy holder in respect of their responsibility to other people who may be injured or their property damaged as a result of a negligent act by that policy holder. The term “other people” does not normally extend to the policy holder, members of their family or their employees. It also does not apply unless the policy holder has breached their duty of care to the individual injured or the other’s property damaged.
- **Personal Accident Insurance** This usually covers the individual directly if they suffer an accident or sickness which results in partial or total disablement in clearly defined circumstances or as a result of a number of listed events. If this occurs, they receive a benefit. These events are usually clearly set out in a table with the benefit amount and include death, broken bones and loss of sight.
- **Workers Compensation insurance** – this is a compulsory form of insurance which must be taken out by employers which covers the employer for the injuries suffered by their employees during the course of their employment. Depending on the provisions in each state and territory, the person with a disability may need to take out a domestic workers insurance policy in case of injury to the carer.¹
- **Professional Indemnity insurance** – this insurance is usually taken out by people or businesses that provide advice to others. It covers the responsibility of the policy holder if, through their negligent advice someone else is injured or another’s property is damaged.
- **Community and volunteering insurance products** - there are also various insurance schemes available to the not for profit sector. Two of these are provided by the NSW Council of Social Services (NCOSS) and Volunteering Australia.
 - NCOSS has an insurance product called “**NCOSS Community Cover**” which is underwritten by AON Risk Services. In addition, NCOSS provides a referral service to other providers of community sector insurance. NCOSS also runs an insurance program through which it provides education about insurance for community service providers.²
 - Volunteering Australia also has a special arrangement with AON Insurance and has developed the ‘**Volunteers Vital Pack**’, with no specified age limit, although there is a risk management requirement in relation to capacity to take direction.³

¹ Specific provisions can be obtained from the relevant WorkCover Authority in each state and territory.

² Information is available at the NCOSS website: <http://www.ncoss.org.au/content/category/9/156/172/>

³ Information is available at the Volunteering Australia website: <http://www.volunteeringaustralia.org/policy-and-best-practise/insurance/>