Lifestart Co-operative Ltd

Productivity Commission Issues Paper

Inquiry into National Disability Insurance Scheme (NDIS) Costs

Lifestart Submission

March 2017

Introduction

Lifestart welcomes the opportunity to provide a submission to the Productivity Commission's Review of National Disability Insurance Scheme (NDIS) costs.

Lifestart is a not for profit organisation.

Lifestart's **Vision** is that all children and young people are able to participate inclusively and meaningfully in their community.

Since 1996, Lifestart has provided family-centred early intervention, therapeutic supports and school age years inclusion programs to children and young people, their families and carers.

Lifestart supports children and young people living with disability or delay aged 0-24 years, their families and carers through:

- early intervention
- school age years support
- specialised therapy
- inclusion in the community
- family information and support
- helping communities and services to build capacity.

Lifestart currently supports over 2500 children, young people and their families. As of March 2017, Lifestart is delivering NDIS supports to over 400 participants.

Lifestart is an Early Childhood Partner delivering the Early Childhood Early Intervention (ECEI) approach in the Nepean Blue Mountains.

Geographic Scope of Lifestart's Services

Lifestart covers Greater Sydney, Blue Mountains out to Lithgow, Southern Highlands, Illawarra and Shoalhaven regions. Lifestart has now been operating some services within the National Disability Insurance Scheme (NDIS) since July 2015 and by June 2018 will have transitioned most services to the NDIS.

Lifestart offers online support services beyond the regions specified above and is a registered NDIS provider to provide online supports outside of New South Wales.

A Early Childhood Early Intervention Approach

Is the ECEI approach an effective way to ensure that those children with highest need enter into the NDIS, while still providing appropriate information and referral services to families with children who have lesser needs?

What impact will the ECEI approach have on the number of children entering the scheme and the long term costs of the NDIS?
Are there other early intervention programs that could reduce long-term scheme costs while still meeting the needs of participants?

Lifestart has been delivering the ECEI Approach in the Penrith and Blue Mountains areas since it was first piloted in the Nepean Blue Mountains in October 2015.

The ECEI Approach is not a program but a method and way of providing front end service delivery to children with a developmental delay or disability and their families. It is designed to provide highly individual responses and supports for children dependent upon their needs. Early childhood intervention should always be individualised and should aim to provide parents and carers in the young child's life with the knowledge, skills and support to assist in maximising the potential of their child to allow them to participate meaningfully in all areas of their life.

Early childhood intervention works best when it occurs in the child's natural environment by the people who know the child best – parents, early education teachers and carers. Strategies should be individualised and incorporated and practised in the child's everyday daily routines.

The ECEI Approach, if delivered as designed, should only see children with substantial functional impairment and developmental delay enter the scheme for reasonable and necessary support plans. This is because all children 0 – 6 years should pathway through an experienced Early Childhood Partner. Early Childhood Partners with qualified experienced staff in early childhood intervention are able to make appropriate determinations about who meets the criteria for developmental delay as detailed in s25 of the NDIS Act 2013.

The ECEI Approach is not about keeping children from accessing early childhood intervention supports that they require or delaying access to specialist early childhood intervention supports. Children who require specialist intervention supports should have a plan developed quickly to enable these supports to be implemented as early as possible. Not providing children with the early childhood intervention supports would be counterproductive to the NDIS intentions as appropriate early childhood intervention should in the longer term decrease the need and reliance on expensive specialist disability support services. However, in the absence of this short to medium term early childhood information, referral and supports being provided through the ECEI Approach, families and health professionals will seek to have children test their eligibility to enter the scheme to get any supports that they can. This was evidenced by the very high number of children entering the NDIS at the commencement of trial in South Australia that focused initially on very young children.

The ECEI Approach enables short to medium early intervention supports to be provided to children and their families without having to have an access request determination made by the NDIA. It will not provide support to children who are the responsibility of the service systems such as children with mild language delay who remain the responsibility of the health system for their support.

Over time, if implemented correctly with experienced and well credentialed Early Childhood Partners, outcomes for children, their families and the scheme will be positive. It should ensure that children get the right support, in a timely manner and in the right amount. It should see the number of children requiring individualised plans decrease. This trend has emerged with the introduction of ECEI Partners in the Nepean Blue Mountains where Lifestart has provided children with supports and assistance where these children and families were able to be well supported without a plan. The ECEI Approach provides these families with comfort that if issues or concerns arise in the future they are able to contact the Early Childhood Partner and discuss these.

The ECEI Approach was initially rolled out as a pilot in the Nepean Blue Mountains. It has been operating since October 2015. In most other jurisdictions it has been operating for a significant shorter period of time, with the exception of Townsville where it commenced approximately 12 months ago. Trends of positive outcomes for children and families have been emerging but the arrangements in different jurisdictions, and as such the full potential of the Approach may not be reached for some time.

Recommendation:

- That the ECEI Approach rolls out to children with disability and developmental delay and their families in the way it was developed and intended as per its implementation in the Nepean Blue Mountains.

B Mainstream Support Services and Interface with NDIS

Is the current split between services agreed to be provided by the NDIS and those provided by mainstream services efficient and sufficiently clear? If not how can arrangements be improved?

The COAG agreed Applied Principles and Tables of Support provide some good guidance to planners and mainstream support services as to responsibilities of systems, however it is impossible to cover off all scenarios and possibilities in a document and there will always be areas of grey. These grey areas generally require collaboration and sometimes joint response and sharing of provision of support to enable best outcomes for people with disability.

Most mainstream support services are numerous and varied even within one mainstream interface. Health and education systems are complex and the way in which they work and operate in different areas and jurisdictions differ enormously.

1 Education

School education has been highlighted in the reviewed Applied Principles and Tables of Support as requiring further testing and clarification in the area of delivery of personal care. Lifestart would also identify that further clarification and collaborative work needs to be completed to determine how children with disabilities will be best supported in the education system. In Lifestart's experience with the New South Wales (NSW) education system Lifestart has identified the following areas for further work and collaboration. These include but are not limited to:

- There is a natural interface between various government jurisdictions and the NDIA and a clear understanding of the roles and responsibilities of each party has been flawed. Lifestart is dealing on a daily basis with concerns raised by families about their child's entitlements under the NDIS and how plans can be implemented. Lifestart acknowledges that this implementation has also had an effect on the school system and there has been a lack of clarity about each party's responsibilities under the scheme.

- The NDIS implementation has brought about extra demands on the school system and there is a lack of clarity about the responsibility of each jurisdiction in supporting a student in school. Lifestart is receiving feedback regularly from families of NDIS participants about confusion at the school level about what is allowable under their NDIS package and what remains the responsibility of the education system. There needs to be clarity urgently around the interface between the NDIS system and the education system.

- Families will require a clear understanding of the role of the education sector in an NDIS environment, particularly for those students who may not receive individualised funding. Children who will be supported in the Information, Linkages and Capacity Building (ILC) (formerly Tier 2 of the NDIS) may require some innovative supports from their education providers to achieve their educational outcomes.

- The NDIS also brings some exciting opportunities for collaborative partnerships between the education and disability sectors. Each brings unique knowledge and experience and should be able to complement each other in supporting students living with disability and their families.

- Careful planning needs to be put in place so that there is clear understanding of support arrangements. No child should be removed from a classroom to participate in segregated therapy or other intervention sessions. Specialist disability professional staff should be working with school staff to increase their skills and strengths to work with a child.

- In NSW the Department of Education has put in place some strategies to manage changes in service delivery and the interface between external service providers and departmental schools.

- Lifestart looks forward to the wide release of the Guidelines for NSW Public Schools for externally funded service providers delivering health, disability and wellbeing services to students. There has been a consultation process in place during 2016 with external stakeholders, including Lifestart. Lifestart hopes that the guidelines will be implemented across all schools within the NSW public system to ensure consistency of application. While these guidelines primarily provide protection to the school principal and school community around legal and policy

responsibilities, they at least provide some clarity around the processes for schools and external providers when third parties are invited into schools to provide disability supports. Lifestart has recognised the impact that an increased number of external provider contacts under the NDIS can cause to an individual school. Lifestart's major concern with these guidelines is that they are not used as a blocker to limit access to disability supports for some student and their families.

- Lifestart understands that the guidelines will be reviewed again after implementation and, in the next review process, we would assume students and families/carers and external service providers will be included in the review process to ensure that the full impact of the guidelines is addressed.

2 Family Supports

Supporting families to access family support services is a task regularly undertaken by Lifestart staff. Assisting parents to access services such as domestic violence support services can be complex and take considerable amount of time to identify and link families into these services. It is essential that families are supported to gain access to the supports they require as any early childhood intervention supports are not going to be effective if families are not in a position to assist their child because of other complex family dynamics. This support has always been provided by Lifestart and was able to be undertaken in the past through block funding. Although this is not considered a traditional disability support, block funded disability services undertook many of these supports for families they were working with.

The clearer separation and delineation of responsibilities with the introduction of the NDIS may have unintended consequences if not properly understood and addressed. Under the NDIS where all supports are billable hours and this support is not the responsibility of the NDIS, the viability of being able to provide these additional supports to families becomes problematic and there is a temptation for service providers to not agree to providing supports to some more complex families. The child protection and family support interface is a complex one and will warrant further attention to ensure that vulnerable children are able to receive appropriate early intervention supports.

3 Health

In addition to education and family support services, Lifestart also receives requests from acute health services where a child may be born with a disability such as Down syndrome or Cerebral Palsy. Requests are made by staff to come

into the hospital to commence supporting these children. While children are in an acute setting this support is the responsibility of the health system with services such as Lifestart supporting the child and family when they return home.

Other expectations from health are that additional support staff are provided when a person with a disability requires acute care. The lack of understanding of responsibilities from the hospital has resulted in issues such as the parents of a young boy with Down syndrome who broke his leg, being told he must have his equipment and health support funded through the NDIS.

Recommendations:

- That information and education about the NDIS is made available to mainstream support services to increase joint understanding of responsibilities.

- That State and Territory governments to identify service gaps where disability funded support services where providing supports wider than their scope and identify measures to mitigate risks.

- That specific focus groups are developed to identify opportunities for joint collaboration to improve outcomes for people with disability for example such as Health and NDIS and Education and NDIS; and, that State and Territory governments report on activities to achieve this outcome.

Is there any evidence of cost shifting, duplication of services or service gaps between the NDIS mainstream services or scope creep in relation to services provided within the NDIS? Is so, how should these be resolved?

Lifestart has received an increased number of referrals for children and young people with complex family support needs. These families in the past have been provided with assistance from family support services but some of these services are no longer being funded. The children in the family have a disability or developmental delay but there are more significant concerns for the wellbeing of the family unit because of social or mental health issues. The absence of appropriate family support services working with families on these broader issues impacts on the effectiveness of interventions which services such as Lifestart can provide. If families are not able to implement the strategies developed by early childhood intervention professionals including therapists, social workers,

psychologists and educators, then the success of achieving the outcomes and goals for the child is greatly reduced.

A number of intensive family support programs and services have closed or have no funding guaranteed past the end of the financial year. These types of intensive family supports are not the responsibility of the NDIS, but their absence will have a large impact on children with developmental delay and disability and the ability to effectively improve the functional outcomes of children with developmental delay or disability.

There is genuine confusion in relation to what is the responsibility of Community Health support services and the responsibility of the NDIS, particularly in relation to language and speech delay. Mild language and speech delays continue to be the responsibility of the health system but children with these presentations are regularly referred to the NDIS for support.

Recommendation:

- That the National Disability Insurance Agency (NDIA) gathers evidence of services withdrawing support or closing and service gaps in jurisdictions to inform a discussion and way forward at intergovernmental level such as the Disability Reform Council.

C Planning

To what extent does the NDIA budget – based approach to planning create clear and effective criteria for determining participants' supports? To what extent does it lead to equitable outcomes for participants? What improvements could be made?

First plans or budget based planning is not an effective way to plan for participants and it does not reflect person centred planning. Person centred and person directed planning is a skill that requires development through education and training. Planners experienced in understanding the principles behind these planning processes should be completing planning for participants of the NDIS. It is what the NDIS legislation is based on.

The current process can be easily exploited for planners to try to get the most for participants. This is not beneficial for participants or the scheme. Planners may think that they are providing good outcomes for participants but the reality in not

undertaking good assessment and planning and not building local communities that are inclusive is that the NDIS will continue to create a system where people with disabilities become less included and pay for every support and service they may wish to use. It does not encourage or look at how participants can become social and economic participants, the premise of the NDIS. Mandatory courses about planning should be required for planners undertaking this role. It needs to be more than an overview of NDIS and incorporate the principles of person centred and family centred practice. It is not an administrative job and requires skills and expertise to get the best outcomes for participants and the Scheme.

Currently there is a high disparity in the skills set of planners and the quality of the plans.

As with the ECEI Approach, specific skills and expertise are required to undertake planning for people with specific disability issues. Examples include planners with expertise in neurodegenerative diseases, or in assisting people with newly acquired injuries to exit acute and sub-acute services and return to their home or appropriate accommodation safely with the right supports in place.

The scheme was designed to provide support to people with disabilities when they needed it and not be reliant on a rationed crisis system of supports. It was never designed to be equitable in the sense that no two participants will be the same and therefore the supports that they require may not be the same either. Highly skilled planners are able to make sound recommendations about supports that meet the reasonable and necessary criteria in the NDIS legislation.

Recommendations:

- That planners with specific skills and expertise are employed to undertake planning for people with disability where specific knowledge and an integrated understanding of needs is required.

- That planners be required to have previously undertaken training in person centred or family centred planning or to be provided with this training in a timely fashion after commencing in the role.

How well – equipped are NDIS eligible individuals (and their families and carers) to understand and interact with the scheme, negotiate plans and find and negotiate supports with providers?

The experience and ability of families of children and young people to identify the supports they require and of service providers to be able to deliver the services they require is highly varied. Some families are very comfortable in undertaking these roles to the extent that they welcome the ability to self-manage their child's plan. However there are many families that require significant support and assistance and this may be because they have a young child who has just received a diagnosis or they have been informed that their child has a developmental delay. Their connection with the NDIS may be their first experience with service providers and families often report that this time can be overwhelming.

Early Childhood Partners provide the opportunity for families with newly diagnosed children to discuss what this may mean for their child and family and are able to support and guide the family in what to look for in a service provider. Providing information about best practice in early childhood intervention is critical in educating parents and carers to ensure that they have good information about what supports are well evidenced based and assist in achieving the outcomes and goals identified in their child's plan. Early Childhood Partners can also assist families and carers implement their plans if this support is required.

Service Providers such as Lifestart are spending considerable time with families setting up their MyGov accounts and helping them to understand their plans. This plan implementation work should be completed where required by the Local Area Coordinator (LAC) or Early Childhood Partner. Lifestart has been approached by numerous families who have had their plans developed but have not received any support in implementing their plan.

Families from culturally and linguistically diverse backgrounds are experiencing great difficulty in navigating the NDIS. Interpreting services and supports are currently not being funded in plans and this is having an enormous impact on people from CALD backgrounds. Some level of interpreting services in plans is essential, especially in the early childhood intervention area where the main focus is building the capacity of the family to support their child with developmental delay or disability. If the allied health professionals and other professionals are unable to communicate with families, the outcomes of the plan

will not be achieved for the child and it will not be an appropriate investment for the NDIS.

The NDIS relies on families having internet access and being computer literate to implement their plan. There are some families and people with disability who do not have access or the capacity to navigate the MyGov website.

Recommendations:

- That Early Childhood Partners and LACs support families understand and implement their plans where required.
- That interpreting support to be included in plans where required.
- That an identified support mechanism be developed to assist families and people with disability who are unable to access and use the ICT required.

D Number of Participants Accessing the NDIS

Why are more participants entering the scheme from the trial sites than expected?

Quarter 20 16/17 data identifies that the number of new participants entering the Scheme is highest in the 5 – 18 year old cohort, the school age years. The NDIA has established the National Access Team to make access determinations for participants in accordance with section 24 and 25 of the NDIS Act 2013. These practitioners will need to be highly skilled or have a high level of practice guidance in making these determinations. Other than the Operational Guidelines that provide information about Access, it is unclear if there are other supporting access practice guidelines or policies that assist these staff in making consistent determinations about who meets the disability criteria or early intervention criteria of the Act.

A good example of this is the number of children presenting with Autism Spectrum Disorder (ASD). With the large numbers of children with ASD being supported in the scheme it would be critical to take a best practice, multidisciplinary assessment approach to diagnosis.

An example of a multidisciplinary approach is where assessments are undertaken by psychologists, paediatricians and speech pathologists with

information about the individual's adaptive behaviour outlining the substantially reduced capacity. Access determinations such as these and others such as interpreting neuropsychological reports for people with an acquired brain injury can be complex. National Access Team staff would need to have appropriate training and support to ensure that consistent, defensible decisions about access to the NDIS were being undertaken to support the participants it was designed to assist and not assuming the responsibility for all.

There are also ageing parents who have an adult child with a disability who have never engaged with the disability service system and are starting to approach the NDIS as a mechanism to ensure their adult child is cared for after their death or when they are no longer able to continue their caring role. There will be a continuous flow of people into the scheme as babies are born with diagnosed disability and people acquire a disability throughout the course of their life.

Recommendation:

- That appropriate training, guidance and support is provided to the National Access Team staff to assist in making consistent access determinations for new participants to the NDIS.

Why are lower than expected participants exiting the scheme?

Transitioning the large number of participants from state funded support services into the NDIS at great volumes has placed an increased pressure on plans being completed in a quick manner. With such pressure on completing this volume of plans and transitioning participants into the NDIS, little focus on effectively reviewing plans and determining further reasonable and necessary supports has occurred. It has resulted in numerous plans being 'rolled over' or having a review completed over the telephone. This is particularly problematic for children who are receiving supports under the early intervention, developmental delay criteria.

Any review of young children under the early intervention access criteria should encompass the outcomes that the child has achieved during the last twelve months in conjunction with a review of the child's access to the NDIS, including an assessment and recommendation about whether the child still meets the developmental delay criteria of the NDIS Act and requires further early intervention supports. Children may also require a determination to be made as to whether they require or are likely to require ongoing supports under section 24, the Disability Criteria. Children who no longer meet either the early intervention or disability criteria should then be exited as the early intervention

has been effective in supporting the child and family and they no longer need supports from NDIS at this time.

Families may be resistant to exiting the NDIS if clear information about the early intervention criteria and access to the scheme for this support has not been provided to participants and their families at the commencement of their early intervention plan. Providing this information at the commencement of their first plan is essential for the family in understanding that the supports may be time limited and will only continue to be available if required. The absence of this clarity sets families up to expect that they may have access to supports on an ongoing basis. It then becomes an entitlement rather than accessing to the NDIS for reasonable and necessary supports.

It is not only participants exiting the NDIS who should be examined but also looking at what future supports may be required over the long term particularly for children who have access to early childhood intervention. If ECI is successful children may require less funded supports in the future as their functional capacity and that of their parents and carers has increased.

Ensuring proper review process and practice with planners for children with developmental delay is essential in understanding whether the NDIS is still required and what the rationale and need for future supports are. These reviews will be undertaken by the Early Childhood Partner in the future ensuring that there are suitably qualified practitioners reviewing and making appropriate recommendations to the NDIS. This should see some children exit the NDIS as they have received appropriate assistance and are well linked into mainstream and community support services. Reviews by Early Childhood Partners have just recently commenced.

Participants can also enter the scheme prior to 65 years but there does not appear to be a policy or guidance about when the NDIS is no longer the appropriate support for participants who may have age related supports and therefore should exit the NDIS. It is unclear as to whether ageing participants will become a cost pressure for the NDIS.

Recommendations:

- That comprehensive reviews are undertaken and outcomes of early intervention progress achievements are reported on.

- That children receiving supports under the early intervention criteria have their access determinations reviewed annually.

- That policy about ageing participants be developed which identifies when a participant may be better supported through another service system as their supports are no longer predominately disability related supports.

E Package Costs

What factors are contributing to increasing package costs?

The NDIS was established to provide support to people with disability when they needed it and at the right level. It was never anticipated to fill all the gaps and replace supports provided or should be provided by mainstream and community services.

The ILC funding was aimed at increasing the capacity of mainstream and community services to be more inclusive of people with disability. It has also been designed to assist people with disability and their families have the ability to advocate and participate on the same basis as all others in their community. ILC opportunities are very limited with the resourcing currently allocated.

Failure of the ILC to deliver good capacity building opportunities places more emphasis on the LACs completing this work. Part of their role is also to build capacity and ability of mainstream and community support services to become more inclusive of people with disability. However the LACs' role is currently being subsumed by the enormous planning function that they are required to undertake to transfer and assist people to enter the scheme with an individualised plan.

Lifestart knows from experience that there are many opportunities to build a socially and meaningful inclusive community and LACs are not going to have an opportunity to undertake this important community capacity building work. Not every capacity building opportunity can be linked to an individual person assessed as eligible within the scheme. In the case of Lifestart, there has been strong investment in the past under block grant arrangements, or targeted project funding, to include a strong component of community capacity building and there is concern that this important aspect of quality service delivery will disappear under current arrangements and interpretation of the NDIS legislation.

Without an intensive focus on inclusion through ILC and Local Area Coordination support, package costs will continue to increase as instead of creating a more

socially inclusive society, the NDIS will be funding participants to assist them to access community and mainstream supports.

As identified earlier with the emphasis on bringing new participants into the scheme, plans may not have been reviewed effectively which may have also resulted in funding increased supports.

In addition, the expectations and reality of what the NDIS can fund under reasonable and necessary supports is often not well understood by participants and their families. At times planners may be putting supports in plans that are 'nice to have' but do not fit the reasonable and necessary criteria as defined by the NDIS legislation.

Recommendations:

- That the NDIA separate the capacity building functions and planning functions of LACs and more broadly the ILC.
- That more people with the appropriate skill sets to achieve capacity building goals of ILC are employed.
- That the NDIA adequately funds the ILC support functions to meet expected demand.
- That clearer information about reasonable and necessary supports is developed for planners, participants and their families.

Why is there a mismatch between benchmark package costs and actual package costs?

Although level of function is an important part of understanding reasonable and necessary supports, it does not provide the entire context for a participant or consider the holistic support needs of the participant. For example, a participant with a mild functional impairment who has no informal supports may require additional supports to enable them to live independently in the community.

Benchmarking and reference packages are a legitimate way to inform what packages and costs should look like for participants, but current bench marking may not be sophisticated enough to incorporate or reflect the differing capacities of families and informal care networks. Each person with a disability is part of a network of family, friends and informal care and support. Where this network is robust and functions well the benchmark costs may be appropriate, however

where there are weaknesses or unreliability in the network the actual package may need to be adjusted to compensate.

Travel costs are an inherent barrier to providing best practice and supporting participants in regional, rural or remote areas. Some allied health support services and therapists will not travel, and there is no incentive encouraging them to do so as there is enough work locally. There is an emerging trend that families are being asked to bring their child to the therapist so that therapists are able to maximise their billable hours. This medical model of therapy will not achieve the intended outcomes of early childhood intervention which is about supporting the child and family in their natural environments.

Recommendations:

- That the NDIA undertake further benchmarking and reference package work and that this is informed by people with disability and specialist service providers.

- That the NDIA provide better technology platforms and guidance to participants and their families about using technology in a more efficient and regular way which will assist in delivering supports to children and their families living in rural, remote or very remote locations.

F Workforce

What factors affect the supply and demand for disability care and support workers, including allied health professionals? How do these factors vary by type of disability, jurisdiction, and occupation? How will competition from other sectors affect demand (and wages) for carers? What evidence is there from the NDIS trial sites about these issues?

1 Attraction and Retention of Staff

Attracting and retaining staff with the right skills, values and attitudes is a large concern for organisations where other competing sectors such as health are able to offer onsite support to staff and often higher wages.

2 Tension between Inclusive and Segregated Service Delivery

The tension between segregated service delivery and an inclusion focused model in a child's or young person's natural environments also places demands on allied health professionals and other staff. Lifestart is firmly committed to the

latter. Lifestart is hearing anecdotally of non-government agencies, as well as private practitioners, reverting to a more medical focus on support services which runs counter to the underlying philosophy of the National Disability Strategy and the spirit of the NDIS. It is accepted that an inclusion approach is more costly to providers and demanding of staff than service delivery in segregated settings but the research clearly demonstrates the achievement of far better outcomes for participants and their families/ carers. This is placing pressure on staff who are torn between a commitment to social inclusion for all and the drive to be productive and sustainable under the NDIS purchasing arrangements.

3 Clinical Supervision

Lifestart has identified an emerging gap for organisations to undertake the clinical supervision that is required, particularly for new allied health graduates. The NDIS will need to continue to attract allied health workers to undertake many roles to support participants covered by the NDIS across the lifespan. Most allied health workers providing NDIS supports will be delivering these supports independently in the community. Providing adequate clinical supervision and support to staff is essential in ensuring that participants are provided with high quality support services and that staff feel confident in delivering these supports. Ongoing clinical supervision is also an important component of ensuring retention of quality and skilled staff. This is not currently reflected in the NDIS pricing and there is a risk of reduced quality specialist supports being delivered as a result, particularly where there is an under supply of allied health professionals. Under these circumstances, quality will not be driven by market forces as there is a projected supply and demand issue in this area. A strong investment in solid induction practices and peer supervision can also positively influence retention of the allied health workforce.

4 Student Placements

Organisations such as Lifestart must continue to support student placements to provide opportunities for potential new staff to gain valuable work experience with the intention of attracting new workers into the disability sector and NDIS workforce. These types of supports cannot be drawn down from participants' plans and this work has become unfunded. To ensure the allied health disability workforce continues to grow and remains strong in the future for the NDIS, a strategy about how to support high quality work placements needs to be developed between the NDIA and education institutions supported by the disability industry.

5 Sustainable Allied Health Services in Rural and Remote Communities

The NDIS presents a unique opportunity for career pathways for people in rural and remote Australia where employment options may be limited. Instead of competing between sectors where there is limited workforce capacity in rural and remote areas, workforce initiatives need to focus on how skill sets of workers can be increased to deliver supports to both the disability and aged care sectors.

Initiatives under the ILC can provide unique opportunities to support the rural and remote disability workforce and in particular allied health professionals.

The training of community allied health assistants, able to move seamlessly between the disability, community, ageing and health systems, offers a sustainable model to support people living with disability in rural and remote Australia. This role can be seen as an adjunct to allied health professional staff but should not be seen as a replacement.

Appropriate consideration should be given to supporting workers in Aboriginal and Torres Strait Islander communities, recognising that the foundation for establishing and building relationships with First Australian communities is respect and understanding.

Using technology will be essential in training, supporting and developing skills of a local workforce in remote areas. Utilising existing platforms such as telehealth may be an opportunity for providing supports to local staff. Learnings from these strategies can also be applied to participants who are isolated for reasons other than geographical isolation.

Recommendations:

- That there is a strong commitment to the recognition that, for the disability sector to remain competitive in sustaining a qualified allied health workforce, it must have in place a range of attraction and retention strategies which will keep employees engaged in the disability workforce, including quality professional development and supervision as well as realistic salaries and entitlements.

- That there is a strong commitment to ensuring that a robust focus on inclusion, as enshrined in the National Disability Strategy, and inclusive practice remain at the heart of any service delivery and that cost pressures do not facilitate the return to a model of segregated service delivery.

- That a strategy be developed to ensure that early years graduates receive appropriate mentoring and clinical supervision, as well as access to broad learning opportunities to facilitate their acquisition of specialised skills, which will allow them to practise within the context of the NDIS.

- That a strategy be developed to ensure that students in allied health and other potential disability professional disciplines have continuing access to quality work placements in the disability services system.

- That the NDIA develop diverse community allied health assistant roles including:
    - provision of appropriate training and ongoing professional development that enables employees to utilise their skills across a range of service systems including disability, ageing and health
    - provision of appropriate supervision models, including peer supervision with particular emphasis on the efficacy of the role in rural and remote regions
    - building of strong community linkages to provide networks of support at a local level to ensure personnel have a sense of belonging in community, and
    - ensuring that employees have access to online technology support for a range of supervision, community of practice opportunities, case discussion and ongoing learning.

G Provider of Last Resort

Is there likely to be a need for a provider of last resort? If so, should it be the NDIA? How would this work?

There is a small group of extremely complex individuals that service providers can now refuse to provide services to, regardless of their having a funding package. This resistance to engage with these individuals means the cost of supporting them will increase or they are likely to be placed in an inappropriate placement such as an 'institution' that is either in Mental Health or the Corrections /Justice system. All jurisdictions need to ensure that there is a provider for these participants that is able to balance the principles of participation and inclusion with the safety of the individual and the community.

Government may be best placed to take this role given the alternatives of mental health institutions and corrective services are also government run.

The current individualised approach to supporting participants with significant behaviours of concern does not address the quality of the support provided to individuals or build the capacity of services to provide the intensive expertise required. Large amounts of poor quality support will not build an individual's skills or provide better life options for the person. More emphasis needs to be given to the quality of the support provided.

The NDIA has the responsibility of administering the NDIS and should not become a provider. Becoming a service provider, particularly for complex participants as described above requires specific expertise in service delivery and management of complex behaviours of concern. This is not a current skill set of the NDIA and commencing service delivery for participants blurs the role of the NDIA from its intended functions.

Recommendation

- That the NDIA, in consultation with stakeholders, develops a strategy and implementation plan to support complex individuals where the market place is not well placed or able to respond.

H Conclusion

Lifestart continues to be supportive of the NDIS and the opportunity it brings to benefit and improve the lives of people with disability. All people in our community have the right to live an ordinary life. The NDIS, if implemented well and fairly, can enable people to have the reasonable and necessary supports to achieve the goal of an ordinary life and full inclusion in mainstream life.

The NDIS will revolutionise the way people with disability, including children and young people, their families and carers are supported in Australia, providing them with greater choice and control over their necessary services and supports.

There are many challenges in such a large transformation and reform of service delivery. The NDIS however cannot be solely responsible for improving social inclusion and economic participation. The National Disability Strategy provides the policy framework to guide changes required to ensure all mainstream services are accessible for all Australians and identifies the commitment from all governments to improving inclusion and outcomes for people with disability.

A continued focus on outcomes for participants needs to be promoted. The ECEI Approach focuses on the outcomes to be achieved for young children and their families. Some of the principles of this Approach may be able to be used successfully across the different life stages to improve outcomes for participants of the NDIS. The NDIA has made a commitment to investing in research and innovation. Lifestart hopes that this premise is reflected in the continuation of the ECEI Approach as a sound investment strategy to tailor supports for individuals; and promote inclusion and capacity building in our community.

Lifestart welcomes the upcoming NDIS price controls review discussion and the consultation process and will be submitting a response to the review. A number of the issues we have touched on in this submission will be further addressed at that time.

Contact

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