

**Submission**

**Disability Care and Support Public Inquiry**

**July 2010**

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## **1.0 Overview – The Disability Trust’s Overall Support of Reform**

The Disability Trust is a regionally based organisation committed to providing highly professional care and services as well as advocacy for people with disabilities, their carers and families. The Disability Trust is client-centred and places an emphasis on individualised and flexible care that addresses each person’s unique situation and needs. It is with this commitment to individualised care in mind that The Disability Trust would like to indicate its broad support for the proposed reform. The Disability Trust especially favours a model that gives better assurances and guarantees of care for those who most need it, and one that promotes a paradigm shift toward recognising the effect a disability can have on families and carers.

The promise of a National Disability Insurance Model (NDIS) relies essentially on the economic sustainability of a fundamental change to the shape of the disability service system. In this context it is important that the gains from increased social inclusion and workforce participation of people with disabilities are fully recognised. Not only does increased community and workforce participation of a person with a disability have a positive impact on their life it also has a flow on effect to families and carers and ultimately underpins the creation of healthier more robust communities. Modelling of a NDIS should therefore also consider its impact on the community involvement and workforce participation of family members, many of whom are unable to sustain these connections while juggling their roles as primary care givers.

Despite our general support for the Government’s call for an inquiry and reform, there are some key issues and concerns that we would like to register. In our submission we have outlined what we see as essential features of a National Disability Insurance Scheme (NDIS). Conversely we have tried to address potential challenges in terms of determining eligibility, ensuring policy alignment, sustaining infrastructure (particularly in rural areas) and creating efficiencies and effectiveness through an improved interface between service management systems and person centred planning. We also believe that a proposed scheme should build on the best practice of the current service system and recognise the role of the not-for-profit sector in enhancing social inclusion for people with a disability.

We feel that a NDIS has significant potential to improve the quality of care in this country. In order for it to realise this potential, there needs to be ongoing collaboration between people with disabilities and their families, service providers and government

## **2.0 Essential Features of an NDIS model**

The Disability Trust has recently surveyed its membership base and received 297 responses back from people with disabilities and their families. Of particular interest were questions relating to what our client group saw as the most essential features of a NDIS.

It should be noted that the views expressed by respondents were quite diverse and The Disability Trust cannot assure that our response is representative of the full range of opinion. Respondents represented people with a wide range of different disabilities and of various ages. Families also had opportunities to have their say through the survey process particularly in terms of the needs of their younger children. Respondents had variable levels of support needs and used a wide variety of disability service types, some through The Trust's service provision and some through other providers. The largest percentage of respondents (almost 50%) were utilising some form of respite care. This is quite high considering that a further 18% were accessing independent living services, 20% were accessing Attendant Care services and 4% were living in residential services.

In forming our response The Disability Trust has utilised our existing knowledge of the disability service system and our ongoing contact with and feedback from people and families utilising disability services. We have highlighted information attained through the survey where there have been clear trends in responses and we have attempted to integrate these into our overall submission.

### **2.1 Assurance of Service**

An analysis of our survey results suggests that overwhelmingly the most highly ranked feature that clients and families would like to see under the proposed model is that there is a guarantee of a minimum level of service. Many people with disabilities and their families added comments to support their high ranking of this as a desirable element of a new scheme. These comments suggest that their biggest fears were for their future. The lack of surety of services and supports clearly causes many people to experience a high degree of uncertainty about their long term options. This was raised as an issue even for family and clients that currently receive the services that they need but who nevertheless feel vulnerable to changes in government policies and funding levels. The Trust would add that there should also be a mechanism for reassessment of levels of service support for people as their needs change due to personal circumstances, ageing or the possible impact of degenerative conditions.

The issue of service guarantee is a vexed one in terms of political policy but the economics of the scheme need to be modelled so that at least a minimum level of care can be guaranteed to people with significant ongoing support needs.

### **2.2 Service Responsiveness and Flexibility**

The second most highly ranked feature of the new scheme was service responsiveness and flexibility. This fits with The Disability Trust's general perception that people with disabilities and families are increasingly requiring services that are; built around their personal needs and preferences; able to be easily rearranged so as to afford spontaneity and choice in day to day life; and are variable to meet changing needs over time. Some funding models within NSW already allow a high degree of flexibility and choice including the Attendant Care Scheme and flexible respite models. The Disability Trust believes however that in other models of service, both state and federally funded, the tied

nature of grants and funding arrangements to a fixed range of predetermined outcomes can, at times, hamper a more fluid approach to changing needs. The nature of contracts can create a silo effect in the service delivery system that is limiting to providers as well as the people using services.

Key features of the Attendant Care Scheme that may be amenable to translation into the NDIS model include, capacity to “bank” hours of service; choice of service provider or self managed care models; choice in when and how services are delivered; capacity to change the timing and nature of services at short notice; and incorporation in the funding model of a wide range of supports including assistance with tasks of daily living. The latter holistic approach overcomes problems associated with adherence to overly prescriptive services that may for instance be independently offering personal care, domestic assistance, meal preparation, or community access. Managing a range of different providers all coming into your home can be intrusive for people with a disability and their families and can also create challenges in coordination and communication with multiple agencies especially in relation to ease of making regular changes to daily arrangements.

Given this trend in demand for improved responsiveness to needs, it was interesting to note that 75% percent of respondents indicated that the services they currently receive were responsive or highly responsive to their needs. While this is encouraging The Disability Trust believes that the NDIS could significantly improve upon these figures by overcoming some of the systemic barriers to service responsiveness that are tied into current funding arrangements.

### **2.3      *Quality of Care***

Maintaining quality of care was ranked third highest by our client group after surety of services and service flexibility. Several clients expressed concern about potentially negative changes to their current services and the relationships they had formed with a range of current providers. Comments suggest that there are some suspicions about a scheme being “cost efficiency led” rather than being driven by improvements to the services system. This view may reflect the high number of remarks by people with a disability and families suggesting that, at this stage, they were very unsure about what was being proposed. Several people had not heard of the scheme prior to The Disability Trust sending out information. While The Disability Trust understands that this is the early stages of a long consultative process we believe it highlights the importance of sustaining connections and information provision to people most directly affected by change.

The Disability Trust believes that quality of care as an outcome can best be addressed through the creation of a set of minimum standards applicable to both direct service providers and to case management arrangements should they be built into the scheme.

### **2.4      *Access to Information and Assistance in Tailoring Care***

The high ranking given to this feature by respondents to The Disability Trust’s survey was somewhat surprising. However it is possible that while contemporary policy has been driving changes in flexibility and responsiveness in service provision, the resourcing of people with disabilities and families to understand and best utilise these systems and make them work for them has not always kept pace. The fragmented nature of funding going to each individual from a variety of sources also contributes. Several comments suggested that while increased availability of services was welcomed, it is hard to stay up to date with the various eligibility requirements in terms of geography, service type and levels of care available from each provider. It would seem that at least

some of this could be overcome by a NDIS which would construct a more holistic arrangement around the individual's requirements. Although the need for more information was specifically identified it may be that this is particularly to do with managing individual care arrangements rather than highlighting a more general demand for expansion of current information systems. The Disability Trust believes that any proposed model should consider a central role for case management support.

### **2.5      *Increased Range of Service Options***

An increased range of service options was identified as an area requiring further attention. Transport needs were specifically cited as problematic by some respondents. Although there were other comments offering examples of gaps in the service system these were predominantly in relation to a specific individual need and no clear pattern emerged suggesting a role for new service types to be built into the scheme. The Disability Trust again believes that allowing the provision of care to be holistic and individually tailored may meet demand for specific support not currently offered as a funded service type. The Disability Trust also believes that there are specialist elements of a service system that belong outside of the NDIS model with one such example being employment services. The Disability Trust has specifically highlighted this issue later in our response (see Pt 3.5.)

### **2.6      *Rural and Remote Areas***

A number of respondents identified the need for a scheme to offer a better coverage of the needs of people living in remote and rural areas. The Disability Trust believes that this may present a central challenge to the NDIS model that will require consideration from the outset. Individualised funding may be insufficient to build infrastructure and choice of services in areas of low demand. There may be further challenges inherent in developing infrastructure around accommodation models in rural communities. The Disability Trust has specifically highlighted this issue later in our response (see Pt 3.3.)

### **2.7      *Portability of Funding and Individualised Packages***

Portability of services through individual funding packages was seen as highly desirable by most respondents. The Disability Trust believes that correctly constructed a NDIS is very capable of delivering this as an outcome. Again this reflects trends towards increased demand for choice and flexibility in services.

### **2.8      *Options for Self Managed Care***

While overall this was not ranked as highly as a number of other features, it was clearly identified as a preference by a number of respondents. The option was also highlighted in comments offered by several respondents suggesting that, for some people, it is an area of choice that is vitally important.

The Trust's survey offered no insight as to why some people nominate self managed care as a high priority and others seem to prefer a more traditional arrangement for their support. It is possible that the idea of totally committing to self management can be daunting for some individuals and families. The Trust believes however that self management is not an "all or nothing" option and an NDIS system needs to allow "opt in" and "opt out" capacity for self management relating to different aspects of support. In this respect service providers need to be adaptive and supportive to blended funding models to maximise client choice and control.

The Disability Trust is very supportive of the creation of opportunities for self managed care. In view of other survey responses suggesting that people may need assistance in managing their choices and arrangements The Trust believes that case management support might be a useful adjunct to this option.

### **3.0 Challenges within NDIS**

#### **3.1 *Determining Eligibility***

Determining eligibility is a key challenge for a new model of service. While The Trust's survey responses show 75% of respondents think that everyone with a disability should be eligible, the supporting comments offered options such as a sliding scale of eligibility based on relative need. Others argued that the focus of a scheme should be on the higher support needs end of the disability continuum.

The dilemma is that if the net is cast too wide, issues with affordability will arise and there is a risk of spreading resources and funding too thinly which detracts from proper care being given where it is most needed. Alternatively too narrow a focus will exclude people who still require services and programs to live as independently as possible. While arguably exclusion from a NDIS will not prohibit the availability of a range of other responses from the service system, it is possible that an undue focus on the high support end of the spectrum may inadvertently divert available resources from other lower cost but vitally important programs. A mild intellectual disability is only mild in comparison to other classifications not in its impact on a person's functioning in society. Independent living support options for this group are arguably preventative of the need for higher cost care arrangements.

Also of concern to many respondents was the capacity of any "gatekeepers" of eligibility to the scheme, to assess care needs and understand the complexity and nature of different types of disability and circumstance. Concern was expressed about how assessment could be constructed to compare and prioritise relative need across people with a sensory disability, intellectual disability, physical disability and acquired brain injury. The Disability Trust would add that autism, dual diagnosis and various neurological degenerative conditions may potentially require specialist assessment, especially where support needs are variable or changing over time. Finally although level of disability was one factor that people identified as relevant to eligibility some respondents argued that the system needs to also consider family needs, especially where parents are ageing or unwell. Against this backdrop is the need for consideration of functional ability. A person theoretically ranked as "higher support needs" based on one scale may actually through early intervention and educational support demonstrate higher functional abilities than someone with theoretically lower support needs who has not had the same opportunities earlier in their life. Clearly this area will present a real challenge for policy makers and the disability service system.

With 4.5 million or one fifth of Australians experiencing a disability in 2009 (ABS), compared with 760, 000 experiencing profound or severe disabilities, it is clear that there is a wide gap between those who need high levels of care and those who's needs are smaller. This group that is in need of constant care should receive first priority in an entitlement or priority based system. However while

The Disability Trust is broadly supportive of a narrower focus for eligibility for the NDIS we remain adamant that as a service system we need to provide for a range of people. We need to remain vigilant that in the wave of enthusiasm for something new we do not lose sight of the necessity for disability policy to reflect a diversity of needs. It is important that we find a place within our service system to continue to meet the needs of all current and potential service users.

A key area that The Disability Trust supports is developing a model that gives better assurances of care and support on an entitlement basis. Taking this as a starting point however creates a balancing act for government in terms of policy and service eligibility. It would be naïve to suggest that the proposed scheme can attract funding levels sufficient to meet all of the needs of all potential users.

### **3.2 Policy Alignment**

Contrasting government policy is something that needs to be addressed and better understood to deliver the most effective and efficient delivery of services. The proposed system is very positive in that it supports flexibility and choice in service provision, but it is at odds with contemporary Industrial Relations policy which is far less flexible in its current format. This misalignment is something we feel that needs to be addressed under any reforms to the current system.

With new industrial relations (IR) requirements in place service organisations must work within increasingly inflexible work practices with respect to their staffing of shifts. For instance changes to the Award requiring direct care workers to have a 10 hour break between shifts and complete their hours for a broken shift within a 12 hour span have presented a real challenge. Considering the highest level of demand for personal care support is predominantly clustered in the mornings and evenings with little demand during the day, the changes to the Award have often made it difficult to maintain flexibility of staffing and meet client preferences in their choice of staffing. For an organisation that places a firm emphasis on addressing individual needs, as The Disability Trust strives to do, this new context has presented a real challenge.

An understanding of the IR context is particularly hard to administer in models that maximise client choice and control over services such as in the NSW Attendant Care Scheme. Clients need to be fully up to speed on the nature of work practices in order to manage their own care services within the system without adding additional costs to their care packages. When a care worker is working with several people with a disability, a client that makes a last minute change to their service schedule will not only impact on their own service provision but may also have a negative impact on the cost of another person's care services later that day.

Also to be considered within this context however is the protection of the rights of direct care workers within the sector. Models of care need to be funded in ways that fully meet the wages and training costs of workers in the industry. An insurance model system should not be a vehicle for driving down costs or de-professionalising a skilled and committed workforce. There is some concern that disaggregating care services into individual packages will isolate workers and leave them vulnerable with respect to their industrial rights and entitlements. Any deregulation within the sector could also contribute to increased casualisation of the workforce and have a negative impact on workforce planning and human resource development across the sector. A workforce characterised by high levels of casual employment, typically also has higher employee turnover, a factor that could adversely affect the quality and availability of trained staff within the industry. The



2010 Productivity Commission Research Report recognised the complexity of workforce development in the not for profit (NFP) sector as a whole.

*NFPs and others delivering community services face increasing workforce pressures and long-term planning is required to address future workforce needs. For NFPs, less than full cost funding of many services has resulted in substantial wage gaps for NFP staff. The challenges in retaining staff threaten the sustainability and quality of services.*

It is clear that the NDIS model has to consider sustainability of workforce development across an environment of increasingly disaggregated service provision into smaller individualised units of service. The Disability Trust would also argue that there needs to be processes built into assessment and approval of providers, including those opting for self managed care, for strenuous checks on compliance with Industrial Awards and fair industrial relations practices. This requirement could form part of a minimum standard of service delivery for providers within the system.

For the most effective delivery of quality services that recognise each unique individual, there needs to be a re-think in IR policy in regards to disability services. As this inquiry seeks to move further toward a system that encourages full and active participation from people with disabilities and their families, we feel that this is a vital hurdle to overcome.

A second potential area of policy misalignment is the increasing trend for governments to require rigid accountability from providers in terms of outputs while simultaneously advocating flexible ways of operating. The difficulty here is that increasing service flexibility means that the counting of “units of care” is complex. Currently output measures may be defined differently in different service types. Where a service provider is working with an individual funding package that encompasses a range of service types, existing measures may not easily fit.

The current situation with respect to accountability within the sector has been recognised by The Productivity Commission in their 2010 Report on *Contribution of the Not-for-Profit Sector(NFP)*

*Current information requirements imposed on NFPs for funding and evaluation purposes are poorly designed and unduly burdensome. Reform is needed to meet 'best practice' principles. The current regulatory framework for the sector is complex, lacks coherence, sufficient transparency, and is costly to NFPs.*

There needs to be a rethink of policy alignment to reflect a balance between the demand for accountability and correspondingly the need for flexibility. The Disability Trust strongly supports the adoption of a set of service standards to retain quality and accountability within a NDIS model. We would further propose that additional consideration needs to be given to the adoption of a better regulatory framework.

Finally while the existing service system is complex and many people with disabilities and families are concerned about fragmentation of services, it does allow for a range of organisations and a correspondingly healthy diversity of practices, and knowledge. The current service system has room for organisations of different sizes, offering programs that reflect the needs of their local communities. These agencies offer alternate insights into ways of operating various service types and many have specialist knowledge that supports innovation and best practice. Importantly they afford choice to people with disabilities. Many years ago the service system moved away from

provision of “whole of life” services with their implications of undue control and influence. An NDIS model should not be a driver for a homogenisation of service agencies through renegotiation of contracts. It would be a retrograde step to see a situation where one provider assumed responsibility for a range of domains within the life of a vulnerable client especially without the requirement of considerable external scrutiny. The Disability Trust would hope that contracts under NDIS could allow for a diversity of organisations of different sizes and ways of working and would ultimately support choice.

### **3.3     *Sustaining Infrastructure***

The move to individualised funding can create inefficiencies unless there is work around capacity building of the service system and additional case management support as a way of managing choices for people who want group living arrangements. Applying the model to accommodation services presents challenges in building service infrastructure and maintaining quality & efficiency that were previously built into traditional grant funding. Put simply, group living arrangements are very cost effective and many people with disabilities and their families choose this model of service. Where people are individually funded as through an insurance model we cannot presuppose that there will already be infrastructure and accommodation in place that they can access. Without an established referral system possibly linked to the case management facility it is likely that service providers will be reluctant to build this infrastructure and meet the cost of developing group accommodation.

The challenge in creating opportunities for group living is exacerbated in regional and rural areas where low volume of potential referrals could see people with disabilities needing to move out of area to find something that better suits their needs. This is particularly pertinent to regional organisations like The Disability Trust, who want to ensure clients can receive the best services at a local level. Of course this is an issue with block funding also, but these issues can be more readily examined and infrastructure developed to overcome regional or rural disadvantage.

For group living arrangements to be most effective, a system for preplanning, placement and vacancy management systems need to be in place. This system needs to be sophisticated enough and responsive enough to deal with issues of resident compatibility both socially and in terms of staffing support needs and further needs to be able to take into account location of services in communities where residents can maintain existing social and family networks.

### **3.4     *Creating Efficiencies and Effectiveness***

A big concern with such a significant overhaul of the current system is maintaining a high level of care in terms of efficiency and effectiveness. There must be strategies and structures put in place to sustain organisations through this transition period and maintain their access to resources.

The Disability Trust as a significant provider of flexible services has already invested heavily in new management systems to support rostering, payroll and financial management. These systems are necessary to deal with the high rate of variability of service provision from day to day and week to week. The move from standard hours of operation to a very high number of short episodes of care constructed around client choice needs sophisticated IT systems and a change in the culture of organisational management systems.

Organisations that have traditionally worked with block grants may need assistance to develop the complex management systems required for support of individual packages where the nature and hours of care change on a daily basis.

### **3.5      *Maintaining Specialist Service Provision***

The Disability Trust believes that some service provision needs to be maintained outside of an NDIS. Sport and Recreation programs, low level independent living support and other low intensity but widely targeted services have advantages of cost efficiency within a more traditional funding model. These models can be made sufficiently flexible to client needs without increasing the administrative overheads by disaggregating service provision into individual units of support.

There is some argument for exclusion of employment services from a NDIS on the grounds of potential “whole of life” impact. In addition options for value adding to efficiencies of existing employment models are less apparent. Funding for employment services is already uniform and case based, meaning that there are stringent and definable outcome requirements placed on receipt of funding. Australian Disability Enterprises (ADEs) bring in significant income from other non-government commercial sources creating efficient and cost effective pathways to employment for a significant group of people. There is no doubt that this is a preferred service model for many people with a disability and their families. If ADEs were funded through an NDIS there is a danger that community expectation may see employment support as something fully covered by an “insurance type scheme”. This could reduce the marketing strength of the sector in terms of promotion of corporate social responsibility amongst potential buyers of products and services provided by ADEs.

Within the DES system the long term impact of competition policy and outcomes based funding has created a highly efficient and effective service system that already delivers considerable costs savings to government in terms of spending on social welfare and income support benefits. Competition policy is not always well received within the sector and arguably may not advance the broader social mission of many existing disability services or indeed the sector as a whole. There is no doubt however that the increasingly professional and specialised nature of DES services does mean that they efficiently fulfil their primary purpose of finding jobs for people with a disability and decreasing the welfare reliance of the group as a whole. Finally it seems likely that the current wide target group for DES services would mean that current service recipients would not all find their way into an NDIS model of service.

While The Disability Trust advocates strong linkages between an NDIS model and employment services we believe that a separate stream of funding should be retained for specialised and professional employment services. The continuing evolution of vocational services for people with a disability is likely to see a strengthening of support for individual options within this context.

### **3.6      *Supporting a Healthy Community Sector***

Governments rely on the community sector to deliver their strategies for social innovation, social inclusion, and community wellbeing. It is vital any proposed transition to new models of service delivery recognise and value organisations within the community sector currently delivering important social outcomes. Many not-for-profit disability organisations value-add to the service system through their capacity to leverage additional income from fundraising or corporate

sponsorships or through their capacity to facilitate personalised community networks for clients that support inclusion.

The importance of a healthy and vibrant not for profit sector was recognised in The Productivity Commission' 2010 Research Report *Contribution of the Not-for-Profit Sector(NFP)*:

*“NFP activities may generate benefits that go beyond the recipients of services and the direct impacts of their outcomes. For example, involving families and the local community in the delivery of disability services can generate broader community benefits (spillovers), such as greater understanding and acceptance of all people with disabilities thereby enhancing social inclusion. Smaller community-based bodies can play an especially important role in generating community connections and strengthening civil society.”*

As it is unlikely that the funded service system can meet absolute levels of demand, new systems and models need to look at ways to value-add to the strengths of the current service system and be wary of inadvertently dismantling effective and workable community based arrangements. As The Productivity Commission Report (2010) has noted “Community (not for profit) organisations play an important role in combating social exclusion and enhancing the economic, social, cultural and environmental wellbeing of society.”

#### **4.0 Transitional Period**

In times of monumental transition and reform, there is always a risk of decreased quality and efficiency of services. Service providers need to be adaptable, innovative and willing to evolve and learn new ways of sustaining a high level and quality of care. This needs to come into consideration when developing new funding models, as old arrangements directly support infrastructure costs and more easily allow grouping of care arrangements. A new way of funding care services will only be as good as the organisations providing them and this requires a culture shift, new care management systems, workforce realignment and a better understanding of person centred service practice. Developing the interface between management systems and client centred models will improve the quality and sustainability of community care.

The Disability Trust believes that close monitoring of service provision in the interim transitional phase is essential in maintaining quality and effectiveness. In the event of any decline, the availability of interim capacity building resources should be considered, with the primary aim of sustaining the high level of care that many clients have come to expect from organisations like The Disability Trust.

#### **5.0 Adherence to UN Protocol**

This set of principles developed at the UN Convention on the Rights of Persons with Disabilities (2008) perfectly encapsulates the values that should guide any scheme of this importance. The focus is on the basic human rights of every person, non-discrimination, and social inclusion. These ideas

need to be promoted within society in general, and a national scheme needs to embody these principles.

The eight guiding principles of this convention are:

- 1.0 Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- 2.0 Non-discrimination
- 3.0 Full and effective participation and inclusion in society
- 4.0 Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- 5.0 Equality of opportunity
- 6.0 Accessibility
- 7.0 Equality between men and women
- 8.0 Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities (United Nations, 2008)

The Disability Trust believes these values should form the basis and guiding principles of a National Disability Insurance Scheme. The Trust Disability Trust's mission is "...creating an inclusive world" and it holds these kinds of principles at its core.

## **5.0 Conclusions**

The Disability Trust applauds the federal government and Productivity Commission for understanding the need for change. Our organisation feels that addressing the outlined issues could assist in making new models of service delivery as effective as possible.

The main areas that we feel should be incorporated into a NDIS model are; Assurance of Service; Service Responsiveness and Flexibility; Quality of Care; Access to Information on Service Options and Assistance in Tailoring Care; Increased Range of Service Options including consideration of Rural and Remote Areas; Portability of Funding and Individualised Packages; and Options for Self Managed Care. Areas that require more detailed consideration include; determining eligibility for service; improving policy alignment; sustaining infrastructure; creating efficiencies and effectiveness in service provision; and maintaining support for a healthy and diverse community sector.

The Disability Trust is philosophically supportive of person-centred models and individualised funding and believes that these can best be facilitated through a NDIS. Our organisation has a real sense of optimism that any challenges in establishing a new scheme can be overcome by fostering collaboration between all parties including people with disabilities and their families, disability organisations and government.

## 6.0 Recommendations

The Disability Trust offers the following recommendations as a base for further discussion within the sector and for consideration by The Productivity Commission as consultation processes continue:

- A proposed NDIS should guarantee a minimum level of care for people with significant ongoing support needs
- There should be mechanism for reassessment of levels of service support for people as their needs change.
- A proposed NDIS should address systemic barriers to service responsiveness that are tied into current funding arrangements so as to allow for the development of services that are flexible and holistic.
- There should be a central role for case management services within the scheme particularly in relation to improving access to information and assisting service recipients to tailor services.
- A set of minimum standards with a focus on service quality should be developed that are applicable to both direct service providers and to case management arrangements within the scheme.
- Any proposed scheme should support appropriate models and options for self managed care. People who opt to self manage their care arrangement should have access to support and assistance to do so.
- The proposed NDIS should include assistance in whatever tasks of daily living are identified by each person with a disability as important to maintaining their independence and community inclusion.
- Portability of funding for individuals should be considered as a desirable feature of the scheme.
- To be fully inclusive of all potential service users, the proposed NDIS should consider how service infrastructure is developed in rural communities especially around accommodation models.
- Eligibility to access services through a proposed NDIS should be based on relative need and should be constructed so as to ensure long term sustainability of the model.
- In developing a NDIS model, consideration needs to be given to its broader impact on the service system, in particular the potential to divert resources away from current and potential service users with significant but lower level support needs.
- The proposed NDIS model should address the need for better alignment between current industrial relations policy and disability policy and, within this context, should develop strategies to ensure the sustainability of a quality workforce required to deliver the desired outcomes.

- A system for checks on compliance with Industrial Awards and fair industrial relations practices should be developed to cover all providers including those operating self managed care. This requirement could form part of a set of minimum standards of service delivery for providers within the system.
- Any NDIS regulatory framework should reflect a balance between the demand for accountability and correspondingly the need for flexibility at a service provision level.
- The NDIS should consider the possibility of “whole of life” service provision and should be wary of creating situations where one provider assumes responsibility for providing services relating to a range of domains within the life of a vulnerable client.
- Employment services should be outside of the scope of an NDIS.
- A system should be developed for preplanning, placement and vacancy management for group living arrangements offered through an NDIS model.
- In developing a NDIS model, consideration needs to be given to how service infrastructure can be supported in relation to group living arrangements especially in rural areas.
- Support should be provided to assist organisations that have traditionally worked with block grants to develop the complex management systems required for implementation of individual packages. In particular transitional support is required for the disability sector in the shift to new ways of providing care.
- A proposed NDIS should look at ways to value-add to the strengths of the current service system and be wary of inadvertently dismantling effective and workable community based arrangements.
- Any models of service developed should be consistent with UN protocols for Convention on the Rights of Persons with Disabilities (2008)
- The continuing focus on consultation and dialogue with stakeholders is considered a priority. In particular a proposed NDIS should be built on collaboration between people with disabilities, their families, disability organisations and government.

## 7.0 References

Australian Bureau of Statistics, (2009), *Survey of Disability, Ageing and Carers*

United Nations, (2008) *The United Nations Convention on The Rights of Persons with Disabilities – Optional Protocol*, accessed 27/5/2010 at <http://www.un.org/disabilities>

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