**Disability Care and Support**

**RESPONSE TO DRAFT REPORT**

*from*

**WA BAPTIST HOSPITAL & HOMES TRUST INC.**

*trading as*

**BAPTISTCARE**

**Perth, Western Australia**

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baptistcare
communities for life

28th April 2011

Ms Patricia Scott
Presiding Commissioner
“Disability Care and Support” Productivity Commission
Australian Government Productivity Commission
Via email: disability-support@pc.gov.au

Dear Ms Scott

Baptistcare welcomed the Productivity Commission’s Draft Report on Disability Care and Support. We sincerely thank the Productivity Commission for listening to the voice of the industry and other respected stakeholders in the disability services sector. Our hope is that this next round of feedback is equally considered in such a thoughtful manner.

There are aspects of the Draft Report that that require further information before a fully informed response can be provided. As such, we have made every effort to spell out our concerns in the following submission response. Where we agree with the recommendations we tell you so; where we have concerns we make clear the issue and suggest a solution; and where overarching principles need to be challenged we state our case.

I hope that our feedback will help shape the next iteration of the “*Disability Care and Support*” final report ready for presentation to the Government by the end of July 2011.

Yours faithfully

**Dr C. Lucy Morris**
**CHIEF EXECUTIVE OFFICER**

**Baptistcare**
**Response to the Draft National Disability Insurance Scheme proposal**
**April 2011**

## 1. Introduction

Baptistcare (WA Baptist Hospitals and Homes Trust Inc) is a not-for-profit (NFP) organisation with nearly 40 years experience delivering a range of services to various community members in various regions in Western Australia.

Prior to commencing disability services in 2005, Baptistcare's core service delivery area has been and continues to be in Residential and Community Aged Care services.

Baptistcare also provides a range of Wellness Services, which include Counselling Services and Services to people requiring Mental Health Services.

Importantly, Baptistcare's character, service choices and values' base are grounded in its Christian origins, which inform its commitment to its Vision and Mission statements. These speak clearly on the organisations' motivations and continuing future engagement in the community in a wide range of services. As such, the principles of community development play a significant role in the way we do our business.

As a faith based organization, a key defining feature of our service delivery is in how we honour relationships and the humility with which we celebrate the lives of people who chose us to share part of their journey.

Today, Baptistcare offers a range of disability services across various metro and country regions in Western Australia. We provide services in all the Perth Metropolitan regions, the Peel Region, the South West Region, the Great Southern Region and the Midwest Region. Some of the regions we service, such as the Midwest and the Great Southern regions have large representation of Indigenous communities.

Baptistcare's disability Services include Accommodation Support, Intensive Family Support, Alternatives to Employment, Post School Options, respite Services, Community & Family Living Initiatives

Over the last few years, we have taken the initiative, through consultation with people with disabilities and their communities to respond to various service access gaps & needs by establishing the following new models of Disability Services:

- Enabling Communities – A project in the Rockingham area, which is focused on building the capacity of the community to create caring communities for and with people with disabilities. The program focuses on empowering members of the community to explore ways of increasing inclusivity of people with disabilities. (This is a block funded program)

- Bunbury Holiday House – A house that is renovated to make it accessible for people with disabilities to take meaningful holidays in the South West region. (This program is not funded, however Baptistcare is able to support individuals and families to seek individual funding from various sources to be able to purchase access to the service)

- Various school holiday programs (Peel, Upper Great Southern, and Perth Metro areas) for children with disabilities and their siblings, based on an integrative model, with partnerships developed with existing youth recreational outlets, which are accessed predominantly by youth without disabilities. This initiative means that Baptistcare is able to mentor staff and the young people at the existing youth services, through employed community mentors to make necessary changes to include youth with disabilities in their programs. The service is based on clearly defined sustainable strategies that enable young people with disabilities who register for the service to be supported to connect with their choice of recreational outlets. Over a period of time, the strategies in place enable the young person with a disability to remain connected to the recreational outlet without the mentor having to remain involved.

The WA State Disability Services Commission mainly funds Baptistcare's disability services. This is through a mix of individualised funding (90%) and block funding (9%). Baptistcare also provides some services on a Fee-For-Service basis (1%).

## 2. Our support of the need for a unified and improved National Disability Strategy

We agree that the current disability service access strategy in Australia requires some changes to be done. This is to enable people with disabilities to take better ownership of their services while highlighting improved principles of Person Centred services.

There are variations to the way funding is accessed in the various states in Australia, which has the potential to add pressure on individuals with disabilities who travel interstate. It is our opinion that while aspects of the varying funding access systems work in the various states nationally, as whole and at a glance, the larger system of state-individualised processes reflects a self-serving bureaucracy. This is particularly so, when viewed through the lens of facilitating common access and freedom of movement for all Australians across its national borders, without having to declare their disability as if it were part of a customs process.

The current localized system in Western Australia is based on a deficit model, which requires people with disabilities to demonstrate “desperation” for services through the Combined Application (CAP) round’s which is the process that assesses individual’s needs for funding for services. While it is understood that this process has been necessary due to limitations of funds, the impact it has on individuals with disabilities who have to wait several years in some instances, with the hope that no one else’s situation surpasses theirs in coming application rounds, is unhelpful to people with disabilities, and does not foster Self-Determination.

The Combined Application process (CAP) requires individuals with disabilities and or their advocates to demonstrate their need for services through clearly articulated processes, which places the success of the funding application and ultimately the future of funding for services for the person with a disability on the capacity of their advocate to write a compelling application that can be viewed favourably by the CAP Panel.

It is our experience that the State CAP process may not necessarily identify the real need for services for all people with disabilities. Given that the writers of the CAP vary from individual to individual. In some instances, the CAP is written by the Person with a disability, or Service Providers or Local Area Coordinators, or family members of the person with a disability. These variations to an integral process that identifies the individual with a disability’s need to access funding and what funding should be allocated to the individual can have a significant impact on the future of the individual with a disability.

The access to additional funds through the proposed NDIS is welcome and will address some of the deficit issues that are posed by the CAP process. It will better position WA to celebrate the positive steps of individualised person centred services that the State Commission is taking in partnership with people with disabilities.

It is worthwhile noting variations to cultural processes that also affect the CAP. Australia is home to Australia's First Nation people – the indigenous people as well as people from other diverse cultural backgrounds who view disability differently. It remains debatable as to whether our National and WA localized systems effectively takes into consideration the cultural sensitivities associated with culturally appropriate service funding.

In addition to the existing flaws in the funding allocation process, our experience as a Service Provider has been that the existing funding streams associated with individuals vary across various states, and in some instances, when individuals travel interstate, they have to re-apply for funding after the portability period of 12 months, through the CAP round. This clearly highlights a deficit in the funding for services process.

While WA has shifted from a quantitative output based reporting to a more qualitative reporting, this is not necessarily the same for other states, which demonstrates the need for a consistent approach.

In WA, this shift is still in its infancy, as there are still strong limitations on opportunities for Consumer Directed Care. The current system in WA enables Service Users to Share the management of their care with Service Providers. While this approach is helpful to Service Users, the "control" is still held by

Service Providers who, although innovative, continue to seek permission from the State Disability Services Commission for particular aspects of innovation.

For example, where a Service recipient wishes to use their funds to purchase a particular item of equipment that will enhance the quality of services they require the Service Provider, who is sharing the management with the Service User, to put a request into the Commission. This request is reviewed by a committee, and an individual ruling made based on the request. This tiered system of permission seeking, places the Service User in a subservient position, and reflects a culture of the care recipient having to ask for permission prior to having their needs met, rather than owning decisions. Initiatives to minimise these practices are not consistent across the nation.

Some people with disabilities often find it challenging to navigate the network of supports and legislation that applies to the various aspects of their care. The current national disability support culture does not minimise barriers to accessing supports. Instead it fragments various support systems across state and Federal territories and expects individuals with disabilities to be the translators of these complicated systems as they come into contact with them. We believe and agree that it is important to identify a consistent approach to service provision that links various Federal and state legislative components in a way that minimises disruption of services to individuals with disabilities.

In stating these comments, we agree with the approach to create an improved person centred and unified approach to disability services in Australia. However, there are various aspects of the proposed Scheme that we strongly disagree with.

As an organization founded on strong Christian values, we proudly accept the responsibility to ensure that strong localised relationships remain the hallmark of the work we do. In accepting this responsibility, we also take pride in knowing that this characteristic is what enables individuals with disabilities to approach us and to tell us when we need to change our direction to benefit their individual circumstances. This further leads to stronger Self- determination by people with disabilities. While we agree that there is the need for a unified approach to disability services across Australia, we want to clearly state that the current WA state Disability Services Commission’s approach to partnerships with people with disabilities has been invaluable in developing the relational and community development capacity for disability services in WA. It will be in the best interest of people with disabilities for the NDIS to capture the various strengths that exist across various state territories and to ensure that the proposed direction does not dilute localised strengths.

## 3. Our views about the proposed National Disability Insurance Scheme as The National Disability Strategy

We agree that there is a need for changes to occur to enable improved consistency of disability service access to people with disabilities, and commend the Productivity Commission for its initiative.

The proposed NDIS Draft document expresses visions of a scheme that is cost effective, inclusive, person centred, relationship based, planned, empowering of people with disabilities and quality based. However in unpacking the recommendations, it bares an initiative that removes local involvement, fails to build on the existing strengths of the WA disability support system or those of other States and territories, does not highlight the capacity for people with disabilities to locally influence positive change, makes little and vague references to the role that Community Development will play in cultivating caring communities with people with disabilities, makes minimum reference to service platforms for Australia’s Indigenous communities and excludes detail about service delivery for people with disabilities from Culturally and Linguistically Diverse backgrounds. Ultimately the NDIS places more emphasis on resources than it has on outcomes.

As a result of this lack of sound person centred base, we disagree with the foundations upon which the proposed National Disability Insurance Scheme is built, and highlight some of our concerns below:

3.1. The Commission’s Draft report makes reference to a “ No Disadvantage” clause for the NDIS. We see the application of this as a positive if it relates to building on the current baseline of resources received by people with disabilities. On the other hand, if the re-assessment of all people with disabilities leads to some people having access to lower levels of funding, which impacts on their current quality of life, then this is a disadvantage that we do not support.

3.2. The NDIS is clearly subscribing to a Consumer Directed Care model, yet it seems to be missing the impact that localised decision making presence and community transformation has on such a direction. Recent research by Ottman and Laragy (2010), highlights the importance of significant community building efforts that must be initiated by collective governance and group processes in order to create effective consumer directed care services. In our opinion, this is the foundation stone that is required towards pulling together all the highly useful and required recommendations that are stated within the Disability Care and Support Draft report. By making the State Disability Service Commissions invisible in the Draft report along with insufficient information of the role of advocacy, the NDIS appears to be crafted on a platform that is insecure in terms maintaining relational access for people with disabilities. Given that one of the key imperative to the National Disability Agenda is the Social Imperative, one of our concerns about the proposed NDIS is that it appears to have over emphasised the Economic imperative over the Human Rights and Social Imperatives.

3.3. As a Service Provider we recognise the importance of the role that advocates play for people who have disabilities and other vulnerable, disempowered people in the community. The advocate role is particularly important when the person being supporting is able to choose their own advocate and able to relate well with them.

West Australia has several advocacy providers who provide services to people with disabilities. Of these providers, we have one Ethnic Disability Advocacy Council who supports individuals with disabilities from culturally and linguistically diverse backgrounds. It is our opinion that the NDIS should support the development of these providers, especially given the proposed direction of Consumer Directed care, which may impact on some people with disabilities whose care needs are complex as well as some people with disabilities who come from cultures or races, that experience discrimination in Australia.

We wish to draw to the Commission's attention that some of our Service Users experience double or triple marginalization as a result of their circumstances.

***Example:*** *An individual with a disability who also has significant mental illness that isolates them from society due to significant challenging behaviours, coupled with a diverse cultural background that exposes them to discrimination by society*.

In our opinion advocacy funding should be given serious consideration as part of the NDIS, and there should be opportunities created for advocacy excusive of the Disability Services Commission to grow. As advocacy is often systemic and focuses on promoting a right. We strongly believe that individuals should not have to draw out of their individual funding to pay for an advocate to support them to access things that should have been their by right. These rights also extend to individual requirements such as translator services.

While the proposed NDIS targets a common denominator that may address one aspect of marginalization for them, such as their disability care, the initiatives that are proposed to address the disability care, such as individualized funding, if not packaged well, to include initiatives like advocacy, community development, access to translator services and training among others, may very well expose them to other forms of marginalization.

3.4. It is our opinion that the positive outcomes that have emerged for people with disabilities in WA have come about as a result of the localized presence, which enables individuals to participate in decisions about their lives. The localized presence is an additional access benefit to people with disabilities, many of who face barriers to participating out of a localized context. While we have found that the process of people with disabilities seeking funding by expressing dire needs through the state Combined Application Process has been unhelpful and needs to change, we have also experienced that the capacity for individuals to access the decision makers locally and to influence change that benefits them, has been highly empowering for people with disabilities. Given that the NDIS central decision making point will not be localised to WA, we share the concern that the further people with disabilities are from decision makers, the more vulnerable they become, as their voices become silenced by bureaucratic processes.

3.5. In the proposed NDIS, there has been no mention of what the role of the State Disability Services Commission will be nor has there been mention of the role of the existing advocacy systems connected to State Disability Service Commissions. The implication that the WA Disability Services Commission will not be included in the NDIS is unacceptable, given the role that it plays in shifting directions for and with people with disabilities in WA. Our concern is that the NDIS is taking into consideration, various broken disability systems in Australia, and by proposing a scheme that excludes the localised input of the WA State Commission, it fails to recognise the positive directions and instead reduces WA to a common denominator similar to other states, which in actual fact takes WA's progress to one that is at a lower level than where it is currently. This diminishes the achievements of people with disabilities in WA rather than leveraging the platform for further progress. In noting that Western Australia 's Disability Services commission is the first of Australia's six states to adopt individualized funding for people with disabilities (Chenoweth & Clements 2009), it is highly relevant to note that the WA commission is leading the Nation in its vision for Individualised support systems, and as such their contribution should remain in focus.

In WA, the State Disability Services Commission has established a support model that maintains localised presence across every region in the state. This includes rural and remote regions. This support model means that people with disabilities have an advocate that, although connected to the Commission, works with the individual to navigate services. This support model, which includes Local Area Coordination, plays a significant role in building relationships with people with disabilities and their communities. We wish to have this initiative retained in the NDIS.

3.6. The references made to services to Australia's indigenous people has overtones of "too challenging", especially as the NDIS is promoting individual funding for the majority of people with disabilities, yet refers to block funding for indigenous people. In referring to Person Centredness, our preference is that further work is undertaken towards designing individualised funding and service models with and for Indigenous people, rather than maintaining the default base of block funding. This clearly calls for a broader national strategy to be linked with the NDIS in order to achieve sustainable outcomes with communities experiencing other forms of marginalization.

3.7. We agree that the current assessment processes that enable people with disabilities to access services need to be further developed. The proposed assessment framework of the International Classification of Functioning, Disability and Health can be a deficit-based tool if used in isolation and exclusive to the other circumstances within which an individual is living. If this tool alone is used to determine funding, and the funding is set to provide Person centred services, it will create a significant challenge, giving that person centred planning must be "directed by the individual and based on their strengths, capacities, preferences, and needs and the supports that will be provided to meet those needs" ( Chenoweth & Clements 2009).

3.8. The linkages of the International Classification of Functioning, Disability and Health, together with Assessments undertaken by people who may know little about the person they are assessing and a Person centred approach is a contradiction. This mix coupled with the possibility of a limited time within which an assessment may be undertaken leads us to draw the conclusion that the Commission is highly ambitious and perhaps academic about how such a complex process can be undertaken. We suggest that the assessment process be separated from Person Centred Planning which should influence the funding that is made available to the individual.

3.9. The NDIS recommends that assessors should not have a longstanding connection to the person. The purpose of objectivity is clearly understood, however the distancing of assessors from individuals with disabilities will create a platform of impersonal objects of people with disabilities, which in our opinion removes that other opportunity for enhancing natural advocates, which remains part of the process of closing the gap of isolation between the person with a disability and the person assessing their needs. A process that enables the person with a disability to feel comfortable enough to express themselves, while at the same time reducing any possibilities of error or guess work that could occur through the assessment process.

Further to this, we have concerns about the reference to assessors having a “tool box” to aid with assessments, as this can lead to situations where particular people with disabilities situations are expected to fit into pre-determined assessment criteria.

3.10. The United Nations Convention on the Rights of People with Disabilities refers also to people with psychiatric disabilities. It is worthwhile noting that for some people with disabilities who also have psychiatric disabilities, the latter is at times more significant than other disabilities, in some instances, this leads them to view their physical disability as a minor disability, and in the context of an assessment, are often funded at a very low level, which does not adequately meet their support needs. In our experience individuals in such circumstances are often under represented in the development of accurate assessment tools and processes. The NDIS needs to take this on board in fine tuning the assessment process, as this is not reflected clearly in the draft report.

3.11. The NDIS proposes a system that funds individuals with disabilities to be able to access / purchase the supports they require. In our opinion, this is a positive direction for people with disabilities, which require much work to be done to empower people with disabilities and their families to take the leadership role in driving the direction of their supports. On the other hand, the NDIS has failed to clarify how it will support the various continuum of Self Directed Supports for people with disabilities across the nation. This is of concern to us.

While Individualised allocation of funding (to organizations for individuals with disabilities) is not new to WA, directly releasing recurrent funding to people with disabilities will be a new direction for people with disabilities in WA. it is worth mentioning that the development of a sustainable platform of accessing support workers and other resources for people with disabilities under the direct funding model for the purpose of consumer directed care should be established hand in hand with this direction. This is of particular importance given the current shortage of support workers across the industry.

3.12. While the draft report refers to block funding as the platform upon which most disability services in Australia are based, and draws the link to worker affordability as an issue linked to the block funding model. In WA, most of the funding for individuals is individually allocated, which still has an impact on the attraction of support workers and their retention.

The issues faced as a result of individually allocated funding are different and need to be considered by the PC as it moves more into this type of funding. The WA system already implements an aspect of wage flexibility via the Shared management model, which enables families or individuals to pay varying rates to their Support Workers, often beyond what an organization pays its employed Support Workers.

While this increased payment of wages is an incentive towards the retention of Support Workers, it is often offset by individuals and or families being able to only offer limited hours of work to Support Workers. When the factors of increased hourly rates and increased availability of hours are provided to Support Workers, this situation then creates a bit of a “win-win” situation for individuals and support workers towards long term employment links. This is not always possible as not all individuals are funded for full time paid supports each week.

What we have experienced in supporting families who wish to engage their own supports, through a Shared Management option is that that staff member wishing to access more hours or fulltime work ends up resigning from the individual option with the family or individual who employs them, to seeking employment with an agency for reasons of continuity of work / security, greater choice of hours etc.

In our experience, we have been able to support some families and individuals to access our pool of Support Workers on occasions to assist them to better manage their staff turn over issues. The resources available to assist Not-For Profit Organizations to extend this innovation is limited.

There is an opportunity here for the NDIS to utilise the National Family Day Care Scheme Model, whereby Carers who are Self Employed are supported by a Family Day Care Scheme to be accessible to families for care provision. In this model, the Family Day Care Scheme acts as a coordination point from which various Service Users are able to access Carers.

In implementing a Full Consumer Directed Care Model, similar models as the Family Day Care Model should be explored to ensure that Service Users retain their choice for a variety of carers, rather than having their choice compromised as a result of insufficiency of work to particular Support Workers.  This model is particularly useful as it will provide Support Workers through a Third Party Scheme with the additional aspect of monitoring, skills development and support.

The NDIS refers to workforce campaigns that target University students and people who are retired. People with Disabilities want good Quality of Life outcomes and service continuity, it is worthwhile noting that while such campaigns will mobilise a response to the workforce issues, it is also highly transient, and has the capacity impact on the long term consistent / continuity of care to people with disabilities.  It is imperative that a system that is developed to address the workforce issues builds on the long term options for people with disabilities, as well as developing disability support work as a viable career option.

3.13. It is our view that Consumer Directed Care should minimise bureaucracy for individuals with disabilities and their families, as well as provide a range of options within a continuum that enable **any** individual with disability and or their family to be able to manage / direct their own care. These may be for :

- The Individual with a disability and or their family to exercise the choice for an organization to manage the funding for the them
- The Individual with a disability and or their family to exercise the choice to share the management of their funding with an organization
- The Individual with a disability and or their family to exercise the choice to fully manage their own funding

In WA, we have been working with the first two options. The second option is the service management model called Shared Management, in the Shared management model, individuals who wish to take control of directing their care without managing the full funding administration aspects, opt to share the management with an organization. The organization undertakes the administrative component related to funding acquittals and reporting to the Commission, as well as a range of other responsibilities that enable the individual with a disability or their family to undertake aspects of the care management direction that they prefer. This may include employing their own supports.

While there is still an administration component for the individual in employing their supports, it becomes more manageable for some individuals when they undertake the Shared Management option. At the same time, individuals and families have the option to choose for an organization to manage their funds fully for them if they wish. In recommending this option, it is our preference that flexibility is afforded to the individual to decide on how they share the management, rather than having to continually seek permission from a third party to make decisions about the nature of their supports.

The third option of the individual fully managing their supports and having the funds released directly to them, is what is currently missing in WA. While we welcome and support this option as a right for all individuals with disabilities, we wish once again to bring to the Commission's attention that the success of this move towards honouring the full choice for all individuals with disabilities to access services that they require in society, MUST occur hand in hand with much more work being done towards shifting local and wider community attitudes to be more inclusive of people with disabilities, together with a high level of advocacy.

The three options described above if implemented well, will mean that people with disabilities continue to have a full range of choices, rather than being prescribed a "one-size fits all", or an "all or nothing" model.

3.14. People with disabilities have been marginalised by society for so many years; the National Disability Strategy aims to close these gaps of marginalization. For some people with disabilities, they experience other forms of marginalization in addition to their disability. This may be because of their ethnicity, sexual orientation or other social differences. The move to empower people with disabilities by promoting consumer Directed Care, MUST be complemented by a larger social/ Human rights reform to address the "other" forms of marginalization that some people with disabilities experience. Without this move to reform, those who previously experienced secondary forms of marginalization will be pushed further into the shadows of society.

3.15. We believe that the recommendation of paying families as Carers is worth trialling as it will assist families who wish to be the primary carers of their family member with a disability to do so, without having to be disconnected. This may be particularly so for families from Aboriginal backgrounds and some from Culturally and Linguistically Diverse communities. In some instances where some families have extended family members such as grandparents caring for multiple grandchildren with disabilities, this will be particularly helpful as this link to family preserves culture and values in especially in the early years. The recommendation to assess primary informal Carers is welcome and will be particularly useful in these situations.

It is our opinion that this initiative coupled with the continuum of Self Directed Supports highlighted above provides a greater scope of possibility for individuals to access services.

3.16. The recommendation of reducing risk of neglect and mistreatment of people with disabilities by establishing various systems to safe guard access to staffing is helpful. We wish to seriously draw attention again to the role of local community capacity building that needs to precede this direction. This is important given the fact that in WA the state Disability Commission and various local governments and Not-For-Profit Organizations have established service models that develop communities to be inclusive of people with disabilities. In our experience of working with communities through our community engagement programs, when we partner with people with disabilities to engage with their communities, we influence the community further and are able to improve the opportunities for individuals with disabilities to attract and retain staff. It is unclear how these types of community development strategies will be implemented under the new NDIS. The NDIS recommends marketing strategies, however in our experience of working in human services, marketing strategies go hand in hand with developing communities.

3.17. The State Disability Services Commission in WA has been open to funding innovative community development strategies that work with communities while closing the gaps of exclusion for people with disabilities. It is our opinion that these strategies have been possible as a result of the localised presence of the State Disability Services Commission. The NDIS makes mention of innovative funding, however its unclear how these connects with local strategies into the future.

3.18. It is also unclear how the NDIS will affect people with disabilities who are currently already living in group / shared accommodation. In some instances, these individuals have been historically funded through block funding, which has been directed to a Not-For Profit organization, as a result of the existing contractual links that the current State disability service model has. As the NDIS will not be working along similar lines of funding organizations to support people with disabilities as the main conduit, further clarity needs to be provided about how the NDIS will support individuals who have historically had their funding directed at organizations and how their services will be impacted by the NDIS. It is also important that guardianship orders are clearly in place, to ensure that the primary Carer, (in situations where the person with a disability is unable to organize their own supports) has the legal right to access such funds.

3.19. The Quality Outcomes Framework direction being implemented by the WA State Disability Services Commission, builds on the National Disability Service Standards (NDSS), by ensuring that the NDSS measuring process focuses on quality outcomes for people, rather than a “tick box” system that looks for documentation as its primary evidence base to gauge service quality. By connecting the standards with Quality of Life outcomes, it is able to gauge the impact that Service Providers are having on the lives of Service Users and empowers them to own and speak up about their services. The recommended NDIS Measuring framework appears to be focusing on Service Provider documentation as evidence of quality services provided. It is important that the NDIS retains a focus on Quality Outcomes as measured by the Service User, to indicate performance of a Service Provider, rather than one that is focused on observing documentation that is in place by the Service Provider.

## 4. Our recommendations about a unified approach that maintains the strengths inherent in the current systems, while addressing the emerging gaps

4.1. We recommend that while the proposed NDIS is a National system, its implementation should be retained locally in each state, with decision making being delegated to the various state jurisdictions along with a clear Terms of Reference that guide how localized decisions are made.

4.2. We recommend that the National System is implemented by each State jurisdictions Disability Services Commission towards:

- Retention of the positive aspects of each State
- Retention of the local support systems that are in place within each state to maintain the strengths of each state.

4.3. More specifically, we support the continuation of the work undertaken by the Disability Services Commission in WA, which has been done in partnership with people with disabilities.

4.4. We recommend that each State jurisdiction be given the opportunity to develop further Memoranda of Understanding with local government departments to build on the inclusion principles that extend to relational inclusion for all people regardless of their disabilities, race or gender, this initiative, will embed inclusion as a way of life within every community, rather than it be an initiative that is seen as a National Government responsibility. This initiative will drive a bigger agenda that creates the platform for social reform.

4.5. We recommend that much learning is derived from what current models exist in each State or jurisdiction and for this learning to be built on in implementing the NDIS rather that the “clean slate” approach implied by the draft report

4.6. We recommend that the NDIS, in responding to workforce issues considers a similar model as the Federal Family Day Care model, of self –employed Carers linked to Not- For-Profit organizations, as one of the many ways of providing greater choice to Service Users without the increased bureaucratic demands of Service Users having to manage multiple employees.

4.7. We recommend the retention of the Local Area Coordination model that is in place in WA, however, we will like to see this further developed with a stronger community Development focus

4.8. We recommend that advocacy / Advocacy agencies is/are funded separately in the NDIS, and that individuals should not have to purchase advocacy out of their allocated funding

4.9. We recommend that the Self Directed Care options include various models that range from the choice for individuals to have their supports managed by an organization through to shared management with an organization to managing their full funding without organizational support. This will enable the continuity of ranges of support that individuals require based on their own situations and skills.

4.10. We recommend that the Assessment process takes into consideration communication strategies for all people, including Aboriginal and CALD communities, as well as the principles that enable everyone to fully input into decisions about them. For example, in collectivist cultures, the isolation of an assessment to one individual may not be in their best interest as it will exclude key aspects of their life

4.11. We recommend that the assessment process be separated from the Person Centred Planning process as one determines limitations based on disability and the other determines goals, dreams and aspirations as well as resources to achieve a positive quality of life. The time frames associated with both will vary greatly depending on the individual. Both should input into the allocation of resources to support an enhanced quality of life for the individual.

4.12. We recommend that the outcomes of a good quality of life as referred to in the Draft report are clarified, prior to final sign of on the NDIS, so that people with disabilities are able to agree or disagree to these outcomes, as the reference to "outcomes" alone does not specify their nature.

4.13. We recommend that the Quality Outcomes Framework that is currently in place in within the various States and Territories are reviewed and built on, in the NDIS

4.14. We recommend that the NDIS has an external complaints office linked to the Human Rights and Equal Opportunities Commission and with the status of an Ombudsman, rather than one linked to it internally

4.15. We recommend that the NDIS implements a Quality Outcomes Measuring framework that is inclusive of Service Users, to gauge the quality of services being provided to Service Users, rather than focusing mainly Service Provider documentation.

## 5. Our conclusion

The Disability Care and Support Draft report makes references to Person Centred approaches, however this is a contradiction, as on another level, it reflects a direction that appears to be designed predominantly on practical foundations of resources, best practice and professionalism.

It focuses more on the measurable systems and has not adequately reflected on the role that relationships and leadership of people with disabilities will play in their care

Our view is that by achieving the broad scheme foundation right, it shouldn’t matter what race, gender or background a person has. What should matter is that the framework will have enough scope and elasticity to stretch to enable the person to have their individual needs met, while all along reflecting true characteristics of a Person centred Framework.

We hold our position that the National Disability Strategy should be founded on a Person Centred Framework. In doing so, it should also address issues of Human Rights, which have consistently been compromised over the years for people with disabilities and is termed by the Productivity Commission today as a “broken system”.

By creating a National Disability Framework, the opportunity is presented to the Productivity Commission to create with people with disabilities, a sound base from which we can build on. An NDIS that highlights

1. Individual leadership of Service Users
2. Individualized outcomes linked to the principles of Human Rights inclusive of culture, spirituality, wishes, needs and aspirations
3. localized positive relationships, inclusive of advocacy & partnerships
4. Policy and planning
5. Resources

The NDIS Has articulated more on the 4 and 5th dot points above.

Without having a sound Person Centred Framework as the foundations of the proposed NDIS, over a period of time, the proposed framework with its practical recommendations could disintegrate into a task-oriented system that is far removed from the person with a disability. A direction that could see the future of disability services headed into a systemic institution that isolates and silences the voices of people with disabilities, in communities without adequate capacity building.

As stated previously, Baptistcare supports many of the individual recommendations in isolation, however as it is our view that the platform upon which these recommendations are being built does not adequately reflect the base for sustainable Person Centred approaches, we therefore do not support the implementation of these recommendations on the current NDIS platform.

**Our summary of responses to the draft recommendations**

As stated throughout this response document, while Baptistcare supports many of the individual recommendations in isolation, we disagree with the implied reduction of priority for localized relationships including advocacy which affects successful Person centred services for people with disabilities in Australia. As such we strongly DISAGREE with the platform upon which these recommendations are being built and wish to state that we will withdraw our support of the NDIS if the proposed platform does not change to take into consideration the concerns tabled in this response document.

| **DRAFT RECOMMENDATION 4.1** | **Our position on this** |
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| The NDIS should cover the current full range of disability supports. The supports would need to be ‘reasonable and necessary’. The NDIS should also support the development by the market of innovative support measures (using the approaches set out in draft recommendation 8.3). | We agree |
| **DRAFT RECOMMENDATION 4.2** | **Our position on this** |
| There should be no income or asset tests for obtaining funded NDIS services. | We agree |

| **DRAFT RECOMMENDATION 4.3** | **Our position on this** |
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| There should sometimes be a requirement to pay a modest fixed upfront contribution to the NDIS, with free access to services after that point.<br>The NDIS should waive the amount where families have already contributed significantly towards the costs of support through unpaid care | We agree |
| **DRAFT RECOMMENDATION 4.4** | **Our position on this** |
| People should pay the full costs of services (primarily therapies) for which clinical evidence of benefits are insufficient or inconclusive if they wish to consume those services. | We agree |
| **DRAFT RECOMMENDATION 4.5** | **Our position on this** |
| Services that meet the needs of much wider populations, including people with disabilities not covered by the NDIS, should lie outside the scheme:<br>• health, public housing, public transport and mainstream education and employment services, should remain outside the NDIS, with the NDIS providing referrals to them<br>– but specialised employment services, disability-specific school to work programs, taxi subsidies, and specialised accommodation services should be funded and overseen by the NDIS. | We disagree as currently specialized accommodation support services are funded by the State Commission, and our preference is for this link to remain |
| **DRAFT RECOMMENDATION 4.6** | **Our position on this** |

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| The Disability Support Pension (DSP) should not be funded or overseen by the NDIS. The Australian Government should reform the DSP to ensure that it does not undermine the NDIS goals of better economic, employment and independence outcomes for people with disabilities. Reforms should aim to:<br>• encourage the view that the norm should not be life long use of the DSP, among:<br>– people with non-permanent conditions<br>– people with permanent conditions who could have much higher hopes for employment participation<br>• provide incentives for people to work (even if only for a few hours per week) and for targeted rehabilitation for those with reasonable prospects of employment.<br>These reforms should not be limited to new entrants into the DSP. | We agree |
| **DRAFT RECOMMENDATION 5.1** | **Our position on this** |
| Working within the International Classification of Functioning, Disability and Health (ICF), the assessment process should identify the supports required to address an individual's reasonable and necessary care and support needs across a broad range of life activities, and should take account of an individual's aspirations and the outcomes they want to achieve.<br>The assessment process should be a valuable intervention in its own right, rather than just an entry point to supports. The process should:<br>• draw on multiple sources of information, including:<br>– information provided by the individual with a disability, including their aspirations and requirements for supports<br>– information provided by unpaid carers<br>– current medical information on the person with a disability | We agree |

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| • assess the nature, frequency and intensity of an individual's support needs. | |
| **DRAFT RECOMMENDATION 5.2** | **Our position on this** |
| The process should be person-centred and forward looking and consider the supports that would allow a person to achieve their potential in social and economic participation, rather than only respond to what an individual cannot do<br>• determine what supports outside the NDIS people should be referred to, including referrals to Job Network providers and mental health services<br>• consider what reasonably and willingly could be provided by unpaid family carers and the community ('natural supports')<br>• translate the reasonable needs determined by the assessment process into a person's individualised support package funded by the NDIS, after taking account of natural supports<br>• provide efficiently collected data for program planning, high level reporting, monitoring and judging the efficacy of interventions. | We agree to this in principle that in order to access the supports required by individuals to attain the level of inclusion stated in this recommendation, there should be role for the Disability Employment Services. |
| **DRAFT RECOMMENDATION 5.3** | **Our position on this** |

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| Any tools employed by the scheme should exhibit validity and reliability when used for assessing the support needs of potential NDIS users. The preferred assessment tools should be relatively easy to administer and exhibit low susceptibility to gaming. The toolbox should be employed nationally to ensure equitable access to nationally funded support services (and allow portability of funding across state and territory borders when people move). | We agree and recommend a mix with Person centred planning |
| **DRAFT RECOMMENDATION 5.4** | **Our position on this** |
| Trained assessors should undertake assessments. To promote independent outcomes, assessors should not have a longstanding connection to the person.<br>Assessors’ performance should be continually monitored and assessed to ensure comparability of outcomes and to avoid ‘sympathetic bracket creep’. | We disagree |
| **DRAFT RECOMMENDATION 5.5** | **Our position on this** |

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| The NDIS should periodically reassess people's need for funded support, with a focus on key transition points in their lives. | We agree |
| **DRAFT RECOMMENDATION 5.6** | **Our position on this** |
| Where an informal carer provides a substantial share of the care package, they should receive their own assessment. This should seek to identify their views on the sustainability of arrangements and the ways in which they could be supported in their role, including through the initiatives recommended in draft recommendation 13.3. | We agree |
| **DRAFT RECOMMENDATION 5.7** | **Our position on this** |

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| The NDIS should establish a coherent package of tools (a ‘toolbox’), which assessors would employ across a range of disabilities and support needs (attendant care, aids and equipment, home modifications). | We disagree |
| **DRAFT RECOMMENDATION 5.8** | **Our position on this** |
| The assessment tools should be subject to ongoing monitoring, as well as a regular cycle of evaluation against best practices, including the ICF framework, and, if necessary, recalibration. The scheme should have systematic internal mechanisms to ensure that anomalies can be analysed and addressed. | We agree in principle |
| **DRAFT RECOMMENDATION 5.9** | **Our position on this** |

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| The NDIS should use the best available tools in its initial implementation phase, with the on-going development of best-practice tools. | We agree |
| **DRAFT RECOMMENDATION 6.1** | **Our position on this** |
| Governments should give people with disabilities eligible for benefits under the NDIS, or their nominated proxies, various options for exercising choice, including the power to:<br>• choose directly the Service Provider/s that best meet their needs<br>• choose disability support organisations that would act as intermediaries on their behalf when obtaining services from Service Providers, and/or<br>• 'cash out' all or some of their individual budgets if they wish, with the NDIA making direct payments to their bank accounts, and allowing people to purchase directly the detailed package of supports that best meets their preferences ('self-directed funding'), subject to the constraints set out in draft recommendations 6.2, 6.7 and 6.8.<br>– The specific arrangements for self-directed funding should be underpinned by the principle that, subject to the assessed individual budget and appropriate accountability requirements, the arrangements should | We agree |

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| maximise the capacity for a person to choose the services that meet their needs best and that promote their participation in the community and in employment. | |
| **DRAFT RECOMMENDATION 6.2** | **Our position on this** |
| Self-directed funding should include the following key stages.<br>• It would be informed by any prior planning and aspirations expressed by the person during the assessment phase (draft recommendation 5.2).<br>• The individual budget for self-directed funding would be based on the formal individual assessment of the person's needs and would include the cashed out value of all goods and services covered by the NDIS, except those where specialist knowledge is required for informed choices.<br>• The person with a disability — and/or their support network or chosen disability support organisation — would create a personal plan and a concrete funding proposal to the NDIA that outlines the person's goals and the type of support that is necessary and reasonable to achieve these within the allocated budget.<br>• The resulting funding proposal would require approval by the National Disability Insurance Agency (NDIA).<br>There should be a capacity for a person to:<br>• obtain quick approvals for changes to a funding proposal<br>• add their own private funds to a funding proposal<br>• allocate the individual budget to any mix of preferred specialist and mainstream goods and services, subject to the requirements that: | We agree |

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| – the person spend the budget in areas related to his or her disability needs and consistent with the funding proposal<br>– the scope to cash out funds set aside for large non-recurrent spending items should be limited to the (rare) circumstances where the NDIA has approved this as an appropriate decision. | |
| **DRAFT RECOMMENDATION 6.3** | **Our position on this** |
| The NDIA should pay annual allocations of self-directed funding in monthly instalments paid in advance, with the capacity for the person to ‘bank’ up to 10 per cent of the annual allocation to the subsequent year. | We agree |
| **DRAFT RECOMMENDATION 6.4** | **Our position on this** |

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| There should be a capacity for people to recruit and employ their own support workers, subject to the proviso that these should not be close family members, other than when:<br>• care is intermittent and provided by a non-resident family member<br>• exceptional circumstances are present and after approval by the NDIA<br>• the person is in the family employment trial spelt out in draft recommendation 6.5. | We agree |
| **DRAFT RECOMMENDATION 6.5** | **Our position on this** |
| There should be a trial of the employment of family members under self-directed funding to assess its risks, advantages, disadvantages and optimal design, with its wider adoption if the evaluation proves positive. The trial should use an appropriately rigorous scientific approach, drawing on the evaluations used in the United States 'Cash and Counselling' programs. For the trial:<br>• The NDIA should determine that there are few risks from hiring relatives for each family in the trial<br>• The individual budget should be discounted by 20 per cent<br>• Support should be initially limited in duration to six months, with continuation of any arrangement for a given family based on the benefits and costs to that family<br>• Risks should be carefully managed to ensure appropriate use of funds and to safeguard people with disabilities and carers (draft recommendation 6.8). | We agree with the family trial option, but disagree with discounting funding available to an individual as a result of them accessing family support. |
| **DRAFT RECOMMENDATION 6.6** | **Our position on this** |

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| The NDIA should:<br>• inform people with disabilities and their proxies of the various options for self-directed funding<br>• provide support for people using self-directed funding, including easy-to-understand guidance about the practical use of self-directed funding, including standard simple-to-follow forms for funding proposals, hiring employees and for acquittal of funds<br>• promote the use of self-directed funding, with examples of innovative arrangements<br>• provide training to local case managers and front-line staff about self-directed funding<br>• encourage the formation of disability support organisations to support people in the practical use of self-directed funding. | We agree |
| **DRAFT RECOMMENDATION 6.7** | **Our position on this** |
| Before offering self-directed funding to a person, the NDIA should:<br>• meet with the person with a disability and their carers, and take account of their experience and skill sets<br>• use that and any information provided during the assessment phase to determine whether the person and/or their support network are likely to be able to:<br>– make reasonably informed choices of services<br>– manage the administrative and financial aspects of funding if they wish to oversee these aspects by themselves. | We agree with the recommendation, however we have serious concerns about the methodology. – The proposed assessment processes and the capacity of independent assessors to provide valid assessments |
| **DRAFT RECOMMENDATION 6.8** | **Our position on this** |

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| In offering self-directed funding, the NDIA should ensure that:<br>• it reduces the risks of neglect or mistreatment of people with a disability by support workers or other Service Providers hired by users in the informal sector, by:<br>– ensuring easy and cheap access to police checks<br>– giving users the capacity to complain to the NDIA about inappropriate behaviour of providers, and to have these investigated<br>– monitoring by local case managers<br>• it reduces the risks to support workers employed under self-directed funding by requiring that they are covered by workers' compensation arrangements and have an avenue for lodging complaints<br>• it adopts a risk-management approach for receipting and other accountability requirements, which:<br>– requires less accountability for people with low risks or who have demonstrated a capacity to manage their funds well<br>– takes into account the compliance costs of excessive accountability measures<br>– allows a small component of the individual budget to be free of any receipting requirements. | We agree |
| **DRAFT RECOMMENDATION 6.9** | **Our position on this** |

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| The NDIA should undertake ongoing monitoring of self-directed funding arrangements, with a quarterly report to the board of the NDIA on issues arising from self-directed funding. There should be a full evaluation three years after their commencement to assess any desired changes in their design. | We agree |
| **DRAFT RECOMMENDATION 6.10** | |
| The Australian Government should amend the Income Tax Assessment Act 1936 and the Social Security Act 1991 so that the following are not treated as income for assessment of taxes or eligibility for income support or other welfare benefits:<br>• self-directed funding paid by the NDIA and, in the interim, by state and territory governments<br>• early compassionate release of eligible superannuation amounts for disability expenditures which meet the criteria set down by the Superannuation Industry (Supervision) Act 1993. | We agree |
| **DRAFT RECOMMENDATION 7.1** | **Our position on this** |

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| The Australian Government should establish a new independent Commonwealth statutory authority, the National Disability Insurance Agency (NDIA), to administer the National Disability Insurance Scheme.<br>The NDIA should be subject to the requirements of the Commonwealth Authorities and Companies Act 1997 (CAC Act), not the Financial Management and Accountability Act 1997. | We agree |
| **DRAFT RECOMMENDATION 7.2** | **Our position on this** |
| An independent board should oversee the NDIA. The board should comprise people chosen for their commercial and strategic skills and expertise in insurance, finance and management.<br>• As specified in the CAC Act, the board should not be constituted to be representative of particular interest groups, including governments, disability client or Service Provider groups.<br>The Australian Government and the state and territory governments should together establish an appointment panel comprising people with skills and experience in these areas, including people with a clear interest in disability policy issues.<br>• The panel should nominate candidates for each board vacancy against tightly specified selection criteria set down in the Act governing the NDIA .Appointments should be based on the majority decision of governments.<br>The Australian Government, with the agreement of the majority of state and territory governments, should have the power to remove the chair or dissolve the board as a whole.<br>The board would have the sole power to appoint the CEO and to sack him or her if necessary, without authorisation from governments | We agree. |

| **DRAFT RECOMMENDATION 7.3** | **Our position on this** |
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| The Australian Government, together with state and territory governments, should establish an advisory council. The council should provide the board of the NDIA with ongoing advice on its activities and effectiveness in meeting its objectives, from the perspectives of people with disabilities, carers, suppliers of equipment and services and state and territory Service Providers and administrators.<br>• The council should comprise representatives of each of these groups. | We agree |
| **DRAFT RECOMMENDATION 7.4** | **Our position on this** |
| The arrangements between the NDIA and governments should be at arm's length, and subject to strict transparency arrangements.<br>The federal Treasurer should have responsibility for the NDIA. | We agree |
| **DRAFT RECOMMENDATION 7.5** | **Our position on this** |
| The Australian Government, with the agreement of state and territory governments, should provide the NDIA with its own legislation that specifies its objectives and functions, and its governance arrangements.<br>• Financial sustainability should be a specific obligation of the board, the management and the minister, and this obligation should be enshrined in legislation. It should specifically guide any external review body (draft recommendation 7.8).<br>• An entitlement to reasonable support should be enshrined in legislation, together with details about people's eligibility for services and the range of services to be offered. | We agree in part. Changes to legislation should be based on agreement of the state and territory governments. This is in addition to consultation with them. |

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| Future changes to the legislative framework should be undertaken only by explicit changes to the Act itself, made transparently, and subject to the usual processes of community and Parliamentary scrutiny, and in consultation with all state and territory governments.<br>• Such proposed legislative changes should be accompanied by an independent assessment of the impact of the changes on the sustainability of the scheme. | |
| **DRAFT RECOMMENDATION 7.6** | **Our position on this** |
| An independent actuarial report on the NDIA's management of the NDIS should be prepared quarterly and annually, and provided to the board, the regulator, the federal Treasurer, and to all state and territory governments. It should assess risks, particularly in regards to the capacity of the expected funding stream to meet expected liabilities within its funding framework, the source of the risks and the adequacy of strategies to address those risks. | We agree |
| **DRAFT RECOMMENDATION 7.7** | **Our position on this** |

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| A specialist unit should be established within the federal Treasury to monitor the performance of the NDIA against a range of cost and performance indicators, and report its findings annually to its minister, state and territory governments and the public. | We agree |
| **DRAFT RECOMMENDATION 7.8** | **Our position on this** |
| The NDIA should be independently reviewed, initially after its first three years of operation, and every five years thereafter, with the outcomes publicly and promptly released. | We agree |
| **DRAFT RECOMMENDATION 7.9** | **Our position on this** |

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| The NDIA should be subject to benchmarking with other comparable corporate entities to assess its relative efficiency in its various functions, with the federal Treasury initiating benchmarking studies. | We agree |
| **DRAFT RECOMMENDATION 7.10** | **Our position on this** |
| The NDIA should establish two service charters that specify respectively the appropriate conduct of the (i) NDIA and (ii) specialist Service Providers and disability support organisations. | We agree |
| **DRAFT RECOMMENDATION 7.11** | **Our position on this** |

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| The wording of the NDIA Act should limit the capacity of merits review processes to widen eligibility or entitlement. It should require that any claims by NDIA clients would need to:<br>• meet a ‘reasonable person’ test<br>• balance the benefits to the person with a disability against the costs to the scheme, including any adverse implications for the long run sustainability of the scheme from the review outcome<br>• take into account the obligation of people with disabilities or their families to avoid decisions that unreasonably impose costs on the scheme. | We agree |
| **DRAFT RECOMMENDATION 7.12** | **Our position on this** |
| The NDIA should include an internal complaints office that would:<br>• be separate from the other parts of the NDIA dealing with clients and Service Providers<br>• hear complaints about breaches of the service charters (draft recommendation 7.10)<br>• reassess contested NDIA decisions on a merit basis.<br>The office would be headed by an independent statutory officer who would review appeals made by people with disabilities and support providers against the decisions of the NDIA.<br>• The NDIA legislation should create this role and specify that the officer would be independent, would act fairly and impartially, basing their decisions on the available evidence, and could not be directed in their decision-making.<br>• A person or support provider should only be able to appeal the decisions of the office on matters of law, rather than on merit, to the courts.<br>The NDIA should publish the number, types and outcomes of complaints and appeals (subject to privacy protections). | We disagree |

| **DRAFT RECOMMENDATION 7.13** | **Our position on this** |
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| If the proposal in draft recommendation 7.12 for appeal processes supported by an independent statutory officer are not adopted, then the Australian Government should create a specialist arm of the Administrative Appeals Tribunal to hear appeals on merit about the NDIA’s decisions subject to the constraints of draft recommendation 7.11. The Australian Government should set aside significant additional resources to fund this specialist arm and should include a larger reserve for the NDIS, calculated to take account of the higher risks of this approach. | We agree |
| **DRAFT RECOMMENDATION 8.1** | **Our position on this** |
| The NDIA should support consumer decision-making by providing:<br>• a centralised internet database of Service Providers that indicates the ranges of products and services, price, availability and links to measures of performance and quality<br>• well resourced and effective provision of advice and information to clients, as well as monitoring of their wellbeing. These services should be graduated in terms of the needs of the client and concentrated at key points, such as when entering the disability system or important transition periods. | We agree |
| **DRAFT RECOMMENDATION 8.2** | **Our position on this** |

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| The Australian Government should fund and develop a national system for a shared electronic record of the relevant details of NDIA clients, including assessed need, service entitlements, use and cost of specialist disability services,<br>outcomes and other key data items with privacy safeguards. | We agree |
| **DRAFT RECOMMENDATION 8.3** | **Our position on this** |
| The NDIA should develop and implement a quality framework for disability providers, which would include:<br>• the development of complete, nationally consistent standards that would apply to all funded specialist Service Providers and disability support organisations.<br>The NDIA should monitor compliance with these standards and other regulations through a range of instruments, including graduated and rolling<br>audits of Service Providers, community visitors, senior practitioners, independent consumer surveys, complaints, surveillance by case managers and interrogation of the electronic disability record<br>• arrangements that encourage the diffusion of best practice throughout the disability sector<br>• providing consumers with information about the quality and performance of Service Providers on the national internet database of Service Providers<br>• establishing an innovation fund that providers would use for developing and/or trialling novel approaches to disability services. | We agree in principle and subject to the measuring process focusing on Service Users outcomes rather than purely gauging National Standards. |
| **DRAFT RECOMMENDATION 9.1** | **Our position on this** |

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| The Australian Government and state and territory governments should consider the feasibility of overcoming the barriers to service delivery in the NDIS for Indigenous people with a disability by:<br>• fostering smaller community-based operations that consult with local communities and engage local staff, with support from larger experienced Service Providers<br>• employing Indigenous staff<br>• developing the cultural competency of non-Indigenous staff. In its initiatives for delivering disability supports to Indigenous people, the NDIS should be mindful of the wider positive measures addressing Indigenous disadvantage being adopted throughout Australia. | We agree |
| **DRAFT RECOMMENDATION 10.1** | **Our position on this** |
| Prior to the implementation of the NDIS, the NDIA should design and establish extensive and robust data systems, underpinned by the associated information technology and administrative systems. The systems should be used to develop a central database that would:<br>• guide financial management of the scheme, and in particular, to continuously manage risks to scheme sustainability and to pinpoint areas of inefficiency<br>• inform decisions about disability services and interventions<br>• enable performance monitoring of Service Providers<br>• monitor and evaluate outcomes<br>Disability support organisations and Service Providers would be required to provide timely relevant data to the NDIA. | We agree |
| **DRAFT RECOMMENDATION 10.2** | **Our position on this** |

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| The NDIA should establish an independent research capacity under the NDIS. It should determine how research is undertaken and the research agenda, following public consultation. | We agree |
| **DRAFT RECOMMENDATION 10.3** | **Our position on this** |
| The NDIA should make relevant data, research and analysis publicly available, subject to confidentiality, privacy and ethical safeguards. | We agree |
| **DRAFT RECOMMENDATION 10.4** | **Our position on this** |

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| In implementing draft recommendation 10.1, the NDIA should determine after consultation with relevant stakeholders, including the Australian Privacy Commissioner:<br>• the key actuarial information needed to underpin sound scheme management<br>• data standards, definitions, terminology and collection processes<br>• data reporting standards, taking into account the Australian Government's initiatives for standard business reporting<br>• arrangements for achieving inter-connectedness of information technology systems among the NDIA, other relevant government agencies and service providers<br>• rules for accessing data, including confidentiality and privacy safeguards<br>• arrangements for integrating data and associated information technology and administrative systems with eHealth initiatives.<br>The NDIA should then establish data collection and associated IT and administrative systems that link all agencies and Service Providers within the disability system. | We agree |
| **DRAFT RECOMMENDATION 11.1** | **Our position on this** |
| Early intervention approaches used by the NDIA should draw on evidence of their impacts and be based on an assessment of the likelihood of cost-effectiveness.<br>NDIS funding for early intervention should be additional to that allocated to clients for their ongoing care and support and should not be able to be cashed out under self-directed care packages. | We agree |
| **DRAFT RECOMMENDATION 11.2** | **Our position on this** |

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| The NDIA should build an evidence base on early intervention. It should commence this task by identifying, in consultation with stakeholders, existing or potentially promising approaches for further research. | We agree |
| **DRAFT RECOMMENDATION 12** | **Our position on this** |
| The Australian Government and state and territory governments should sign an intergovernmental agreement specifying that:<br>• the Australian Government should:<br>– collect all of the revenue required to fund the NDIS through the National Disability Insurance Premium Fund<br>– make no further special purpose payments to state and territory governments for disability supports.<br>• state and territory governments should offset the Australia-wide fiscal implications of the transfer of responsibility by either:<br>(a) reducing state and territory taxes by the amount of own-state revenue they used to provide to disability services or<br>(b) transferring that revenue to the Australian Government.<br>The Commission sees particular merit in option (a).<br>Any NDIS funding arrangements should ensure that state and territory governments that provide less own-state funding for disability supports than the average should not be rewarded for doing so. | We disagree |

| **DRAFT RECOMMENDATION 13.1** | **Our position on this** |
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| The Australian Government should attract further support workers into the disability sector:<br>• by marketing the role and value of disability workers as part of the media campaign launching the creation of the NDIS<br>• by providing subsidies to training of disability workers<br>• through immigration of support workers, but only in the event that acute and persistent shortages occur, and drawing on the lessons from the Canadian Live-In Caregiver program and other similar programs. | We agree |
| **DRAFT RECOMMENDATION 13.2** | **Our position on this** |
| Australian governments should ensure that, across all jurisdictions, police check arrangements for paid workers providing services to people with a disability:<br>• apply only in cases where both the person with a disability is vulnerable AND the risks associated with delivery of services are sufficiently high<br>• not include disclosure of crimes covered by spent convictions legislation<br>• cover people for a given period, rather than for a particular job. | We agree |
| **DRAFT RECOMMENDATION 13.3** | **Our position on this** |

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| In order to promote training and counselling for carers, the NDIS should:<br>• assess carer needs as well as those of people with disabilities (draft recommendation 5.6) and, where needed, use the assessment results to:<br>– refer people to the 'Carer Support Centres' recommended in the Commission's parallel inquiry into aged care and to the National Carers Counselling Program<br>– include the capacity for accessing counselling and support services for carers as part of the individual support packages provided to people with a disability<br>• assess the best training and counselling options for carers of people with disabilities as part of the NDIS research and data collection function. | We agree |
| **DRAFT RECOMMENDATION 13.4** | **Our position on this** |
| The Australian Government should amend s. 65(1) of the Fair Work Act 2009 to permit parents to request flexible leave from their employer if their child is over 18 years old, but subject to an NDIS assessment indicating that parents are providing a sufficiently high level of care.<br>After monitoring the impacts of this legislative change, the Australian Government should assess whether it should make further changes to the Act to include employees caring for people other than children. | We agree and view the link to employees caring for people other than children as equally relevant |
| **DRAFT RECOMMENDATION 16.1** | **Our position on this** |

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| State and territory governments should establish a national framework in which state and territory schemes would operate — the National Injury Insurance<br>Scheme. The NIIS would provide fully-funded care and support for all catastrophic injuries on a no-fault basis. The scheme would cover catastrophic injuries from motor vehicle, medical, criminal and general accidents. Common<br>law rights to sue for long-term care and support should be removed. | We agree |
| **DRAFT RECOMMENDATION 16.2** | **Our position on this** |
| State and territory governments should fund catastrophic injury schemes from a variety of sources:<br>• compulsory third party premiums for transport accidents<br>• municipal rates and land tax for catastrophic injuries arising for victims of crime and from other accidents (excluding catastrophic medical accidents)<br>Once the NIIS is fully established, the Australian Government should examine the scope to finance catastrophic medical accidents from re-weighting<br>government subsidies and doctors' premium contributions. | We agree |
| **DRAFT RECOMMENDATION 16.3** | **Our position on this** |

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| The NIIS should be structured as a federation of separate state catastrophic injury schemes, which would include:<br>• consistent eligibility criteria and assessment tools, and a minimum benchmarked level of support<br>• consistent scheme reporting, including actuarial valuations and other benchmarks of scheme performance<br>• shared data, cooperative trials and research studies<br>• elimination of any unwarranted variations in existing no-fault schemes.<br>State and territory governments should agree to a small full-time secretariat to further the objectives outlined above. The NIIS and the NDIA should work closely together. | We agree |
| **DRAFT RECOMMENDATION 16.4** | **Our position on this** |
| State and territory governments should consider transferring the care and support of catastrophic workplace claims to the NIIS through a contractual arrangement with their respective workers' compensation schemes, drawing on the successful experiences of Victoria's Worksafe arrangements with the Transport Accident Commission. | We agree |
| **DRAFT RECOMMENDATION 16.5** | **Our position on this** |

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| The initial priority for the NIIS should be the creation of no-fault accident insurance schemes covering catastrophic injuries arising from motor vehicle and medical accidents in all jurisdictions, with schemes in place by 2013. Other forms of catastrophic injury should be covered by at least 2015.<br>An independent review in 2020 should examine the advantages and disadvantages of:<br>• widening coverage to replace other heads of damage for personal injury compensation, including for pecuniary and economic loss, and general damages<br>• widening coverage to the care and support needs of non-catastrophic, but still significant, accidental injuries, except where:<br>– the only care needed can be provided by the health sector<br>– the injuries arose in workplaces covered by existing workplace insurance arrangements<br>• merging the NIIS and the NDIS. | We agree |
| **DRAFT RECOMMENDATION 17.1** | **Our position on this** |
| In the second half of 2011 or early 2012, the Australian Government and the state and territory governments should, under the auspices of COAG, agree to a memorandum of understanding that sets out an in-principle agreement:<br>• that the NDIS should commence in stages from January 2014, be rolled out nationally in 2015 and be fully operational by 2018<br>• to follow the reform timetable for the NIIS specified in draft recommendation 16.5. | We agree in principle – subject to the recommendations and concerns that we have highlighted being considered. |
| **DRAFT RECOMMENDATION 17.2** | **Our position on this** |

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| The Australian Government and the state and territory governments, under the auspices of COAG, should create:<br>• a full-time high level taskforce from all jurisdictions to commence work on the detailed implementation of the NDIS<br>– to be headed by a person with insurance or disability experience who has driven change successfully in a large organisation, appointed with the agreement of all jurisdictions<br>– with a draft intergovernmental agreement to be prepared for final consideration and agreement by COAG in February 2013<br>• a full-time high level taskforce from all jurisdictions to commence work on the implementation of the NIIS by the states and territories. | We agree in principle – subject to the recommendations and concerns that we have highlighted being considered. |
| **DRAFT RECOMMENDATION 17.3** | **Our position on this** |
| In the period leading up until the full introduction of the NDIS, the Australian Government should supplement funding under the National Disability Agreement<br>to reduce some of the worst rationing of support services. | We agree |
| **DRAFT RECOMMENDATION 17.4** | **Our position on this** |

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| In 2020, there should be an independent public inquiry into the operation of the NDIS and its effectiveness in meeting the needs of people with disabilities. The review should also encompass the review of the NIIS as set out in draft recommendation 16.5. | We agree |