

## Melbourne Citymission:

Established in 1854, Melbourne Citymission is a non-denominational organisation that assists Victorians who are marginalised, at risk, disadvantaged, frail or denied access to services. We work towards this by providing a range of support services to people across all life stages from early childhood to palliative care. This work reflects the organisation's interest in life transitions and the ways in which people can best be supported to achieve sustainable transformation in their lives.

Melbourne Citymission assists over 4,000 Victorians on average each week through programs in the following areas:

- Adult and Family Services
- Children's and Disability Services
- Aged and Palliative Care
- Youth Homelessness
- Justice
- Employment, Education and Training

Melbourne Citymission aims to build inclusive communities by facilitating equitable access to opportunities and resources for people who are living with disadvantage.

## Contents

Melbourne Citymission: .....	1
Support for the proposed National Scheme: .....	3
Key points: .....	3
Individualised funding and support .....	3
Specialist assessment and service provision .....	4
'Disability Support Organisations (DSO's)' and advocacy – including self-advocacy .....	6
The proposed assessment, case management, planning and implementation framework .....	8
Eligibility issues: .....	9
Mild to moderate disability: .....	10
Diagnostic based service provision vs. addressing levels of support needs: .....	11
Evaluation and review .....	11
Support for a continuing research agenda .....	12
Continued support for disability rights safety net: .....	13
Other aspects of provision of services and support to people with a disability .....	14
Aged care .....	14
Mental Health .....	15
The proposed NIS .....	15
Workforce/industry development issues .....	16
A targeted approach to the needs of Indigenous Australians with a disability .....	17
Transition issues .....	18
Summary: .....	19
Conclusion .....	22

## Support for the proposed National Scheme:

Melbourne Citymission welcomes the draft report from the Productivity Commission, and commends the far-reaching and progressive recommendations that have been formulated. In particular we support the emphasis on individualised responses and the privileging of people with a disability as the primary driver for the proposed new national scheme. We also welcome the proposed funding arrangements whereby the regular negotiation process under the CSTDA arrangements will no longer be necessary.

Overall our response to the draft report is to highlight specific areas that require further attention, while generally agreeing with the overall thrust of the report. We also reply to some of the key questions posed in the report, where they are relevant to the experience and evidence from our own practice and policy experience.

Melbourne Citymission is also supportive of the transition arrangements identified, and is keen to support the Victoria government's initiative to be chosen as the pilot location for the new national scheme.

## Key points:

### Individualised funding and support

*(Draft recommendation 3.2)*

Individualised support is arguably the most significant systemic reform in the disability arena since deinstitutionalisation. It will have wide-ranging impacts, particularly in freeing up the system from paternalistic notions that people with a disability require an intermediary in negotiation of appropriate ways to address their support needs.

However, **Melbourne Citymission's experience indicates that there is a need to allow a range of approaches to service planning and provision in the NDIS so that individuals and**

families/carers are not unnecessarily burdened with administrative and organisational tasks associated with individualised funding, particularly in times of crisis, or where there are factors such as cognitive impairments or carer fatigue in play. Orienting the new national system to favouring individualised approaches can be done without creating a system that is uniform and inflexible in its application.

There are also circumstances where it is difficult, under the structures developed through an individualised support approach, to achieve group-based opportunities. Melbourne Citymission operates the first ABI 'Clubhouse' for people with an acquired brain injury (ABI) in Australia. Despite a number of attempts over the last three years to attract funding for users of this services through the available individualised funding in Victoria, and despite demonstrating the effectiveness of this approach, there has been little success. **Melbourne Citymission supports the development of opportunities for innovation outside of the individualised funding stream through the NDIS.**

### Specialist assessment and service provision

#### (Chapter 5)

Melbourne Citymission congratulates the commission for its recognition of the primary importance of an individualised approach and that 'entitlement should be determined by an independent, forward-looking assessment process' (Draft recommendation 3.7). It is equally important to recognise the need to structure assessment and supports to ensure that specialist knowledge is maintained in the design of this new system.

'Generic' assessment processes can easily overlook the particular needs of people with differing disability types unless backed up with specialist knowledge. 'Common intake' processes have frequently placed relatively inexperienced workers on the front line, whereas highly skilled and experienced work will:

- prevent inappropriate service responses;
- avoid delays in access;
- ensure people do not 'fall through the cracks';
- prevent misdiagnoses; and

- minimise more expensive services needed to recover capacities lost through missed opportunities.

**Melbourne Citymission supports that it is essential to offer specialist and targeted services and supports for specific disabilities.** Specific skills and experience can provide efficient appropriately targeted direct services and offer valuable consultation to the community and to generalist providers about particular approaches that are successful. The provision of both specialist and generalist disability service options allows for a wider choice by the service users, and offers a source of specialist support and secondary consultation where complexities exist.

Individualised supports that responds to the specific needs of differing disabilities are particularly important. For example, people with an Acquired Brain Injury require their supports and services delivered within a framework of medical and social rehabilitation. This differs significantly from a framework appropriate to the developmental approach which has been successful in the support of people with an intellectual disability. Similarly those with neurological deterioration disorders require a responsive disability system that can interact flexibly and swiftly with the medical system when exacerbations occur.

Persons with severe to catastrophic levels of injury and disability, who are in Residential Aged Care (RAC) or at risk of entry to RAC who will access the NDIS or NIIS typically will require an individualised and specialist response, which attends to whole-of-life issues. This specialist response includes the need for skilled assessments and staff trained for specialist interventions including community based rehabilitation, as well as the need for specialised and frequently high cost aids and equipment.

The report recommends that *'assessors should be drawn from an approved pool of allied health professionals' (p5.21), and 'assessors would be mentored in their first six months of assessments, and all assessors would be regularly assessed to ensure comparability of outcomes and to avoid' sympathetic bracket creep' (p5.21, and recommendations 5.3 and 5.4)).* It is clear that this approach addresses the points made above to some degree. However, it is equally important to recognise the danger inherent in creating a large scale, risk-averse bureaucratised industry which becomes closed to innovation.

Knowledge and understanding about complex disability (particularly cognitive aspects) and recovery from catastrophic injury is continuously expanding and successful interventions are

rapidly changing. While it is important to ensure efficient use of public funding, and efficacy in funded supports, the issue of 'validity and reliability' (*Draft recommendation 5.3*) in the disability sector, particularly where there is new and developing (and sometimes contested) service responses occurring, needs equal consideration. **New and innovative therapies and techniques must be allowed to flourish, and be tried and trialed in assessment and planning processes.**

There is already a significant pool of practice knowledge about successful approaches to support people with a disability in the community, and not all of that rests in the allied health professions. Equally the knowledge in the allied health professions can vary greatly, and those in the acute system (for example) frequently make assessments that are inappropriate for community based rehabilitation and support. **Melbourne Citymission recommends that there is greater breadth built into the required qualifications for assessors, and continuous review and external input into the practice of assessment.** (*Draft recommendation 5.4*)

### **'Disability Support Organisations (DSO's)' and advocacy – including self-advocacy**

*(Chapters 6 and 8)*

**In general Melbourne Citymission supports the range of recommendations regarding the privileging of individual choice in planning, self-direction and self-management of support packages** (*Draft recommendations 6.1 – 6.9*). There are complexities already in the experience we have had in delivering services to people with a disability under this approach that signifies additional options need to be available.

The recommendations for a role for the NDIA and DSO's to 'help people to make informed choices' (*p 8.23*), and for case managers and DSO's to assist clients in 'switching providers' (*p 8.27*) are important and manageable where there is good will and cooperation. However, inherent in delivering supports to people with complex needs, where disability is one of a number of concurrent issues being faced (e.g. poverty, homelessness, family breakdown etc) suggests that this approach underestimates the need for a more active advocacy role to ensure the system is fair, responsive and well-targeted.

Advocacy provides valuable robustness to any scheme, directly intervening where failures in the system occur. Currently the system of advocating involves service providers negotiating where there is system failure, more formal referral to advocacy agencies for individual support, strategic advocacy organisations working to improve policy and identify ways to remove structural barriers, and portfolio agencies with concentrated knowledge and experience in particular areas providing specialised supports.

Increasingly there are significant advances being made by people with disabilities involved in self-advocacy approaches (e.g. Brain Injury Matters in Victoria). These groups will add value to the monitoring and oversight of the NDIS and NIS (*Information requested by commissioners, Chapter 8*). The funding of these valuable organisations has been in a parlous state under the current rationed system, where direct service delivery has been more highly prioritised.

Under the Victorian Disability Act, the quality framework determines that all services need to include consumer participation at all levels of the organisation. Agencies currently draw heavily on the self-advocacy approach to address this goal, and this needs to be addressed in the creation of the NDIA as well. That will in turn provide valuable monitoring capacity to ensure the system remains relevant and properly targeted.

A notable specific gap in the Commission's report is in addressing the importance of advocacy services in maintaining quality services and supports for people with a disability. This is particularly important when considering that the recommended framework for this new national system is rights-based and people with a disability continue to be amongst the most marginalised in our community. Advocacy has ensured significant gains have been achieved in removing or mitigating infrastructural, institutional and attitudinal barriers, and this role will continue to be required even if the new system is fully implemented as recommended.

The existing disability system in Victoria provides safety net provisions such as:

- The Office of the Senior Practitioner overseeing seclusion and restraint;
- A Disability Services Commissioner with jurisdiction over all state-funded disability support services;
- The Office of the Public Advocate, supporting those who do not have capacity to advocate for themselves;

- A range of state-funded advocacy agencies such as Disability Justice Advocacy,

all underpinned by processes such as formal determinations of administration and guardianship orders by the Victorian Civil and Administrative Tribunal (VCAT).

In combination these serve to ensure the disability service system continues to be appropriately managed and targeted. **In combination with the safety net supports** (*Draft recommendations 6.8 and 6.9*) **identified already, Melbourne Citymission supports formalised recognition of advocacy, self-advocacy and existing commissioned offices in the monitoring of the NDIS and NIS.**

## The proposed assessment, case management, planning and implementation framework

(Chapter 8, pp 8.14 – 8.15)

As stated in our initial submission: *‘Individuals who can clearly identify, engage, monitor and review the services they need should not be subject to the direction or mediation of a service provider in determining their care and support requirements’.*

Also *‘The essential focus of self directed approaches to care and support should not be the administrative tasks involved with funds management’.* Alternatives are still needed for the estimated to be large group who do not want to, or cannot directly manage funds but are keen and able to direct how those funds are used. This is not inconsistent with a system promoting self directed funding.

Further to that we recommended that: *‘The back-up of skilled and experienced planners, along with a system of case management that can provide the building of capacity in readiness for planning future care and support, is necessary to ensure individuals and families are not subjected to a framework they are currently unable to manage’.*

It is important to ensure that any new scheme does not reduce the provision of case management and planning to an administrative processes only. Effective and productive case management is not solely about navigating systems and administering funding packages. As an example, the experience at Melbourne Citymission, along with the advice from evaluations of disability service



provision, is that trust and 'relationship' are crucial dimensions to the success of provision of supports.

There have been repeated calls by people with a disability and their families/cares for a consistent point of contact over the whole period of service delivery. 'Case managers' who are independent of the NDIA, and who have a role beyond planning and implementation of approved supports, would seem to have the most appropriate skill-set in achieving this range of goals for people with a disability and their families/carers, when required.

**While there are many people with a disability who reject the concept of a 'case manager', nevertheless Melbourne Citymission supports the continuing desire by others to maintain ongoing contact with a consistent and experienced person who can assist them to navigate the provision of disability and other supports.** (*addition to Draft recommendation 8.1*) In our own feedback from our service users it would seem that agencies independent of the main funding source are positioned well to gain trust and to navigate systems without compromise.

## Eligibility issues:

(*Chapter 3: Who is the NDIS for?*)

We note the request for information by the Commission on the interface between the NDIS/NIIS and mental health, aged and palliative care sectors and recommends that 'memoranda of understanding' should be put in place (*Draft Recommendation 3.4*). Service-users at Melbourne Citymission currently interact frequently with mental health, acute and rehabilitation health systems, the justice, education, palliative care and aged care sectors. These are areas where expertise required to support this group is located outside the disability system as well as within.

Where there are gaps in those services it must be incumbent on those departments to make improvements to ensure people with a disability are provided equal access as any other citizen would.

There are significant difficulties faced in transfer and coordination between systems, and there has been investment required to create specialist 'interface' services, such as the Brain Disorders Program at Royal Talbot Rehabilitation, for people with mental health and acquired brain injury

and 'portfolio' organisations such as Autism Victoria and the MS Society to ensure specialist capacity and coordination is created and monitored.

As well, the funding of experienced attendant support workers during stays in acute hospitals ensures essential programs are maintained during those stays, and the use of case managers employed through the ABI Slow to Recover program ensures community rehabilitation programs are deliverable in residential aged care settings.

Melbourne Citymission supports 'partnership' approaches across sectors that enhance the best outcomes, where the needs of individuals crosses areas of authority. Whilst the individualised approach to service delivery can identify most effective options within the disability system, not all supports will be most appropriately delivered under that framework – e.g. community rehabilitation nursing is a specialist field that can contribute to recovery after injury and works effectively alongside disability provision.

It would not be appropriate to try to absorb these fields into the disability system, when it can be better supported through other arrangements and departments. **Melbourne Citymission recommends that responsibility for disability in other sectors continues to remain outside the NDIS, but that resources for interface services are committed to ensure partnerships and policy development are maintained between all the relevant sectors.** These will then have responsibility for the key areas of transition between systems, referrals for support and pathway development. They would also have responsibility for the maintenance of any memoranda of understanding that are developed.

## ***Mild to moderate disability:***

It is noted that there is silence in the commission's draft report about supports for those with mild to moderate disability. While the scope of this proposed scheme has been to address the needs of those with higher levels of disability, it is clear that there is also merit in coordinating services across all groups of people with a disability, not least because there will be individuals whose needs will increase to severe and profound if neglected.

Therefore it will be important to address the issue of where these other supports will come from. For example, State, Territory and Local Governments currently contribute significantly to these

group's support needs, as do non-government and charitable organisations. **At a minimum, formalising an interface between the NDIS and NIS, and other disability providers would ensure those with less complex disability are not abandoned in the creation of a new national scheme for those with higher level support needs.**

### ***Diagnostic based service provision vs. addressing levels of support needs:***

An important recent reorientation in the method of provision of disability supports has been the change from responding according to disability diagnosis, to a response based on an assessment of 'level of need'. This recognises that appropriate service types (e.g. attendant support) are frequently common across disabilities, and other benefits flow from this change. Moving away from a focus on diagnosis, and utilising a measure of degree of disability as the basis to the determination of eligibility for services allows cross-fertilisation of skills, greater possibilities for social inclusion and can also mean greater economies of scale.

To remain in line with these legislative and policy directions, the focus must remain on impact of disability and the support needs of an individual. **Melbourne Citymission rejects the singling out of intellectual disability as a condition for access to the NDIS.** (*Draft recommendation 3.2*). **However, aligned with previous comments we have made about the need for the maintenance of specialist capacity within the system, and the need for retention of the existing disability skill base, it is equally important to recognise that lifelong disability access will need to be provided quickly for people from particular diagnostic groups without the qualifying hurdle of a time-consuming assessment.**

## **Evaluation and review**

### **(Chapter 7)**

Melbourne Citymission maintains a focus on evaluation in all of its disability initiatives, employing a specific framework, the *Measuring Outcomes and Results Framework* (MORF) to provide a disciplined and robust measurement system for ensuring we make a difference for our clients. This framework employs many of the principles of 'evidence-based' direction, which has been recommended by the Commission. While supporting the principles of an evidence based approach to the NDIS, Melbourne Citymission would also like to promote flexibility when it comes

to new and innovative approaches to support. **Where service options have not been able to be put through an evidence filter, particularly when they are new or developing, there should be adequate provision for trailing, so that they are not simply rejected on the basis of lack of 'scientific' proof of efficacy.**

We also believes that the NDIS and NIIS should be created with the capacity to reflect the changing needs of people with disabilities and their families/carers, and the sector. To this end, **Melbourne Citymission supports that ongoing review of the NDIS and NIIS is done against a range of outcome measures along with the monitoring of economic and corporate performance outlined in the draft report** (*Draft recommendations 7.5 - 7.9*). These include:

- That the NDIS and NIIS are benchmarked to ensure equity of provision and outcomes;
- That outcomes achieved under the current disability systems operating across Australia be measured through transition to a single system, and not reduced to the lowest common level;
- That existing and successful individualised programs in Victoria, such as the ABI Slow To Recover program and the Continuing Care Pilot for Neurological conditions are maintained and expanded;
- That quality systems, backed up through legislative frameworks and charters of human rights in individual states and territories (*see below*) are maintained and improved to equal highest levels across Australia in the new scheme;
- That advocacy, both at an individual as well as at a strategic level is maintained and funded as an essential adjunct to the new scheme, with independence from the NDIA and the providers of disability services.
- That interfaces between the NDIS and NIIS, and the other areas of government such as Health, Justice, Education, Aged Care and Social Services are built into the new system and resourcing is identified to guarantee partnership approaches are achievable.

### Support for a continuing research agenda

(Chapter 10)

**Melbourne Citymission recognises and supports the need to maintain pro-active support for a disability research agenda** (*Draft recommendation 10.2*). We also recognise that there are many independent sources of research that are relevant to this agenda (*e.g. Summer Foundation, submission 556, La Trobe University submission 385*), and it is important to ensure these independent sources are recognised and supported under any new scheme.

As in the medical profession, there are differing ‘schools’ of knowledge that provide a robust framework for advancing our understanding and skills in disability support. It is important to ensure that an ‘independent research capacity under the NDIS’ is not captured by any particular knowledge stream or discipline, to the detriment of others.

### **Continued support for disability rights safety net:**

A move away from a ‘welfare’ focus to a rights-based/social inclusion framework is welcomed in the Commission’s draft report. Despite legislative milestones we have not yet completed reorientation to this approach in Victoria.

Documents and legislation currently enacted within Victoria and which Melbourne Citymission recommends underpins this approach include:

- The Disability Act, 2006
- Quality Framework for Disability Services in Victoria (2007); Standards for Disability Services; Industry Standards for Disability Services
- The Disability State Plan 2002-2012
- A Fairer Victoria
- The Victorian Charter of Human Rights
- The United Nations Convention on the Rights of People with Disabilities (2007)
- Guardianship and Administration Board Act, 2006
- Social Inclusion: Social Inclusion Board 2009 (definition and practice principles)

**Melbourne Citymission supports the continuing use of existing rights-based policy, legislation and conventions that have had a role in ensuring people with a disability are**

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**well-supported as citizens with entitlements across Australia.** (*Additional to draft recommendation 8.3*)

## Other aspects of provision of services and support to people with a disability

### ***Aged care:***

As stated in our previous submission to the inquiry: *'While there is a clear need to separate interventions that are more appropriate to a response from the Aged Care system, the practicalities of defining a 'disability which is part of the natural process of ageing' will be difficult'.*

It is noted in the draft report (*Draft recommendation 3.5*) that people who reach the cut off 65 years of age, and whose primary need is for disability support services, can elect to remain in the NDIS if they choose. A partnership approach with Residential Aged Care sector has proven effective in some circumstances, in providing appropriate response to people who have high level disability.

The exclusion of entry to people over 65 to the proposed national scheme would seem to limit effective outcomes and over-burden an aged care system that is already struggling to cope with demand. Where the aged care system's contribution is appropriate, limiting entitlements to the NDIS may be appropriate. However, while the future direction of the Aged Care sector remains unresolved (recommendations from the concurrent inquiry into Aged care by the Productivity Commission have not yet been adopted, and it is noted that the inquiry did not address the significant provision of supports to people with a disability through RAC and community based support packages for those under 65.)

Increasing concerns remain about the issue of ageing in place for people with disabilities. Advances in the technologies supporting people with a disability, as well as the greater skills and understanding that is in place in disability services and across the wider community, has meant that issues of retirement and aged care support for people with a disability are now very real. **Melbourne Citymission continues to support that eligibility for disability care and support, should continue beyond the age of 64.** (*Draft recommendation 3.5*)

There are still outstanding goals of the Young People in Residential Aged Care (YPIRAC) scheme, known in Victoria under the program *My Future My Choice*, funded through the COAG process until July 2011. This initiative addressed the needs of some YPINH well, but failed to achieve these outcomes for many in that target group. That initiative also completely missed out on delivering these same outcomes to those YPINH over 50 years of age, whose circumstances remain arguably some of the most neglected for people with disabilities across Australia.

### ***Mental Health:***

Melbourne Citymission does not directly provide mental health services, but supports a large number of people with a disability who have concurrent mental health support needs. These are service users who have pre-existing mental health diagnoses, people who develop mental health issues resulting from their disability, or other factors, and we also support family members/carers who have mental health issues as well. It is clear that the interface between the disability and mental health systems needs improvement.

We recognise that our disability services workers frequently require cooperation and partnership with mental health service providers to ensure the best outcomes are achieved for our clients.

**Melbourne Citymission does not support that mental health conditions in themselves would qualify individuals for support through the NDIS** (*Information Request: Chapter 3*).

However, we recognise that the disability support system may be the most appropriate place in which services can be most appropriately coordinated and managed for some individuals. This is especially true when the assessment indicates that the highest priority response requires expertise in disability. In this area of significant interface, **Melbourne Citymission also supports the development of sophisticated and regularly reviewed protocols that address cooperation and partnerships between the mental health sector and the NDIS.**

### ***The proposed NIIS:***

(*Chapter 16*)

Melbourne Citymission supports the creation of a separate NIIS from the proposed NDIS. However, we are acutely aware from experience supporting people with disability (primarily Acquired Brain Injury) across both the compensable (TAC and Work-cover) and non-

compensable systems in Victoria, that inequity is rife and inappropriate. This is particularly evident where people experience similar catastrophic levels of injury and life-time support needs, but where their access to services are vastly different.

Under the proposed dual schemes there will be people whose service options will be similar, but the way in which they receive their injury will mean they will be in separate schemes. **Melbourne Citymission supports that benchmarks are established between the NDIS and NIS schemes to ensure equity of provision and outcomes.**

The issue raised by the Commission regarding the workable funding arrangement for those with catastrophic injuries from 'water, air and railway' modes of transport' (Ch 16) would seem to also require bench-marking as these individuals may end up being serviced through both schemes, as legal arguments about 'injury' are settled.

It would seem from Melbourne Citymission's experience, that there may be entitlement issues for this group that will require further legal determination. However, equity of outcome should allow entry efficiently into the schemes as a matter of priority, to ensuring interventions are not delayed while eligibility is determined. Entry into the NDIS should be made possible while any outstanding entitlement issues are determined, to prevent delays in access – any transfer of funding can then be carried out later as appropriate.

**Melbourne Citymission supports the recommendation that the NDIS and NIS are reviewed in 2020 with a view to amalgamation (*Draft recommendation 16.5*). However, we support the terms for this review to include personal outcome measurements rather than using only economic and legal dimensions as appropriate evaluation measures.**

## ***Workforce/industry development issues:***

*(Chapter 13)*

There is currently an ongoing challenge for the disability services sector to recruit and retain skilled and suitably qualified staff. Melbourne Citymission has identified that we will need to increase the supply of labour and recruit from a more diverse pool of candidates in order to ensure a match of skills and suitability to roles, and to continue to adapt to more flexible service provision under an NDIS. Work practices that optimise flexible work arrangements for staff need



to be increased, and quality, diversity and flexibility of staff members are required and will lead to improved service quality for our clients.

There is a significant challenge in finding and retaining workers who are prepared to work with the flexibility that is required under an individualised approach, as is finding people who match the right skill set to meet each individual's needs.

There are some successes that have been achieved in the development of this more flexible work-force, but there are also industrial challenges in increased 'casualisation' of the disability workforce that cannot be dismissed. Agencies who are keen to embrace a new approach, have faced a number of key hurdles, particularly within the unit cost structure that has been in place:

- Funding for training, support, supervision, and team meetings is not adequately factored into the unit cost per hour that is provided. These are particularly important for sole workers and new workers and the ongoing professional development and retention of the disability workforce.
- Lack of access to funding for infrastructure and resources (e.g. suitable transport vehicles, IT, database maintenance) is an increasingly evident issue
- Planning for the individual and the cost of delivery of services needs to take into account the real administration and operational costs borne by organisations.

**As a result of the experience so far, Melbourne Citymission continues to have concerns about the market failures that exist in the disability service system, and how a new national disability scheme, oriented solely to individualised approaches, can address these issues adequately.**

## ***A targeted approach to the needs of Indigenous Australians with a disability:***

A respectful approach to the needs of Indigenous Australians with a disability and their families and communities is clearly important in overcoming significant historical and structural disadvantages. The disability system, along with many other service systems, has struggled with the capacity to use an individualised approach with population that uses collective and community

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support as a primary organising method. **Melbourne Citymission supports the recommendation by the Productivity Commission for a targeted approach for indigenous Australians which may differ from the rest of the NDIS** (*Draft recommendation 9.1*).

## Transition issues

**Melbourne Citymission notes the Commission's interest in developing a pilot of the Scheme in 2014, and wishes to express our support for the establishment of this pilot within Victoria** (*Draft recommendation 17.1*). We believe that Victoria's disability, community and allied health sectors are well-placed to deliver on such a pilot, and acknowledges the support announced by the Victorian State Government for the development of a pilot program in 2014.

An adequately and appropriately resourced pilot NDIS and NIIS program within Victoria would also deliver on the goals outlined in the Victorian State Plan 2002-2012. Delivery on all these goals has so far faltered because of rationed and inadequate resourcing. However, with this policy framework in place, Melbourne Citymission believes that Victoria is well placed to embrace the NDIS proposals.

## Summary:

In summary, the following recommendations have been developed to enhance the proposed NDIS and NIIS as outlined in the draft report by the Productivity Commission. They have been re-aligned to match the sequence of the draft report:

### Chapter 3: Who is the NDIS for?

**Melbourne Citymission's experience indicates that there is a need to allow a range of approaches to service planning and provision in the NDIS so that individuals and families/carers are not unnecessarily burdened with administrative and organisational tasks associated with individualised funding, particularly in times of crisis, or where there are factors such as cognitive impairments or carer fatigue in play. (Draft recommendation 3.2)**

**Melbourne Citymission supports the development of opportunities for innovation outside of the individualised funding stream through the NDIS. (Draft recommendation 3.2)**

**Melbourne Citymission recommends that responsibility for disability in other sectors continues to remain outside the NDIS, but that resources for interface services are committed to ensure partnerships and policy development are maintained between all the relevant sectors.**

**At a minimum, formalising an interface between the NDIS and NIIS, and other disability providers would ensure those with less complex disability are not abandoned in the creation of a new national scheme for those with higher level support needs.**

**Melbourne Citymission rejects the singling out of intellectual disability as a condition for access to the NDIS. (draft recommendation 3.2). However, aligned with previous comments we have made about the need for the maintenance of specialist capacity within the system, and the need for retention of the existing disability skill base, it is equally important to recognise that lifelong disability access will need to be provided quickly for people from particular diagnostic groups without the qualifying hurdle of a time-consuming assessment.**

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**Melbourne Citymission continues to support that eligibility for disability care and support, should continue beyond the age of 64. (*Draft recommendation 3.5*)**

**Melbourne Citymission does not support that mental health conditions in themselves would qualify individuals for support through the NDIS. (*Information Request: Chapter 3*)**

**Melbourne Citymission also supports the development of sophisticated and regularly reviewed protocols that address cooperation and partnerships between the mental health sector and the NDIS. (*Information Request: Chapter 3*)**

## **Chapter 5: Assessing care and support needs**

**Melbourne Citymission supports that it is essential to offer specialist and targeted services and supports for specific disabilities.**

**New and innovative therapies and techniques must be allowed to flourish, and be tried and trialed in assessment and planning processes.**

**Melbourne Citymission recommends that there is greater breadth built into the required qualifications for assessors, and continuous review and external input into the practice of assessment. (*Draft recommendation 5.4*)**

## **Chapter 6: Who has the decision-making power?**

**In general Melbourne Citymission supports the range of recommendations regarding the privileging of individual choice in planning, self-direction and self-management of support packages (*Draft recommendations 6.1 – 6.9*).**

**In combination with the safety net supports (*Draft recommendations 6.8 and 6.9*) identified already, Melbourne Citymission supports formalised recognition of advocacy, self-advocacy and existing commissioned offices in the monitoring of the NDIS and NIIS.**

## **Chapter 7: Governance of the NDIS**

Where service options have not been able to be put through an evidence filter, particularly when they are new or developing, there should be adequate provision for trailing, so that they are not simply rejected on the basis of lack of 'scientific' proof of efficacy.

Melbourne Citymission supports that ongoing review of the NDIS and NIIS is done against a range of outcome measures along with the monitoring of economic and corporate performance outlined in the draft report (*Draft recommendations 7.5 - 7.9*).

## **Chapter 8: Delivering disability services**

While there are many people with a disability who reject the concept of a 'case manager', nevertheless Melbourne Citymission supports the continuing desire by others to maintain ongoing contact with a consistent and experienced person who can assist them to navigate the provision of disability and other supports. (*addition to Draft recommendation 8.1*)

Melbourne Citymission supports the continuing use of existing rights-based policy, legislation and conventions that have had a role in ensuring people with a disability are well-supported as citizens with entitlements across Australia. (*Additional to draft recommendation 8.3*)

## **Chapter 9: Disability within the Indigenous community**

Melbourne Citymission supports the recommendation by the Productivity Commission for a targeted approach for indigenous Australians which may differ from the rest of the NDIS (*Draft recommendation 9.1*).

## **Chapter 10: Collecting and using data under the NDIS**

Melbourne Citymission recognises and supports the need to maintain pro-active support for a disability research agenda (*Draft recommendation 10.2*)

## **Chapter 13: Workforce issues**

As a result of the experience so far, Melbourne Citymission continues to have concerns about the market failures that exist in the disability service system, and how a new national

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disability scheme, oriented solely to individualised approaches, can address these issues adequately.

## Chapter 16: A national injury insurance scheme

Melbourne Citymission supports that benchmarks are established between the NDIS and NIS schemes to ensure equity of provision and outcomes.

Melbourne Citymission supports the recommendation that the NDIS and NIS are reviewed in 2020 with a view to amalgamation (*Draft recommendation 16.5*). However, we support the terms for this review to include personal outcome measurements rather than using only economic and legal dimensions as appropriate evaluation measures.

## Chapter 17: Implementation

Melbourne Citymission notes the Commission's interest in developing a pilot of the Scheme in 2014, and wishes to express our support for the establishment of this pilot within Victoria (*Draft recommendation 17.1*).

## Conclusion

Melbourne Citymission commends the Productivity Commission for its forward-thinking and groundbreaking report, and its recommendations for a comprehensive approach to the needs of those with a disability across Australia. We look forward to the Commission's Final Report, and to the opportunity to support a national approach to disability support.