

Submission to the Standing Committee on Health, Ageing and Community Services

***Inquiry into the implementation, performance and governance of
the National Disability Insurance Scheme in the ACT***

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Overview of our submission

The National Disability Insurance Scheme (NDIS) promises a different way of designing and delivering disability services, one firmly committed to equity, self-directed support and service user choice and control. Although many participants report that they are satisfied with the NDIS,⁷ adverse experiences of the care planning process and variable access to services and resources under the scheme are well-documented.⁸ Teething problems can be expected in a reform of this magnitude enacted and implemented in a tight timeframe, but our research reveals deeper issues at play in the gap between some participants' expectations and experiences of the NDIS to date.⁹ The scheme's rollout is outpacing the readiness of people with disabilities, disability service providers, local area coordinators and the National Disability Insurance Agency to achieve its stated aims, and its sustainability hinges on its interface with mainstream public and community services, which is a minefield of competing priorities and jurisdictional ambiguities across federal, state, territory and local government.

Focusing on the *availability of services for eligible NDIS participants* and the

or those needing highly specialised services and supports – ‘thin markets’ of limited appeal to providers of goods and services seeking economies of scale. However, the supply side of the equation was not the only issue. Our research also revealed that some participants were ill-

tendencies between mainstream and NDIS services that have been observed in the English context.¹⁵ This issue is compounding as local area coordinators are under pressure to meet exacting targets to sign people on to the NDIS and develop plans for those participants, which comes at the cost of time to invest in local service coordination and capacity building. Our research also reveals frustration among NDIS participants about staff turnover in the NDIA and local area coordinators and having to deal with workers in the planning process who have varying levels of familiarity with disability and disability services and support.¹⁶ One person involved in the *Choice, control and the NDIS* study had six case workers over the trial period.¹⁷ This churn and lack of knowledge at the coal face diminishes trust in the scheme when people first interact with it, and trust is hard to regain once lost.

The NDIS promises participants choice and control in planning their care, but their options for support are bounded by cost-benefit analysis and discretionary decision-making on the part of the scheme's care planners. Local area coordinators are charged with helping people with disabilities navigate the service system, but their capacity to understand the individual needs and preferences of the rapidly growing number of participants and the complex local service environment is limited. Our research reveals that participants who understand the logic of meetings, budgets and liaising with professionals – usually linked to their professional experience - are

understand the needs and preferences of people with disabilities, and to understand and be able to explain the service system to those who rely on it.

Our recommendations

1. Clarify 'who is responsible to supply what' to people with disabilities at an operational level, and ensure this information is publicly available and in formats accessible to people with a range of disabilities in the NDIS planning process. The scheme's firm stance that it will not fund activities and support that should be offered to people with disabilities by mainstream public services is complicated by variations in the availability, funding and organisation of these services across state, territory and local government jurisdictions. This should be acknowledged and addressed in assessing what constitutes 'reasonable and necessary' support for NDIS participants in the planning process.
2. Ensure local area coordinators are equipped to develop viable plans for people with disabilities, reflecting the individual needs and preferences of NDIS participants and the capacity of the local service environment to respond to those needs.
3. Build