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Sent: Friday, 6 August 2021 9:16 AM

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Subject: AM2018/26 Social, Community, Home Care and Disability Services Industry Award 2010 - Documents for Mr Chippendale

Dear Associates,

We refer to the above matter.

Please see attached two documents that we will show to Mr Chippendale during cross-examination today. We copy the other parties to the review. Copies have been sent to AIG to provide to Mr Chippendale.

Best regards,

Michael Robson

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Australian Government
Department of Social Services

NDIS National Workforce Plan: 2021–2025

**Building a responsive and capable workforce that
supports NDIS participants to meet their needs and
achieve their goals**

June 2021



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Contents

| | |
|--|----|
| A message from the Minister | 4 |
| Our vision | 5 |
| Priority actions | 6 |
| 01 Context for this plan | 7 |
| 02 Current state of care and support workforce | 14 |
| 03 Priority actions – detailed view | 21 |
| 04 Role for providers in the care and support sector | 31 |
| 05 Benefits and implementation | 33 |

A message from the Minister



Senator the Hon Linda Reynolds CSC

Minister for the National Disability Insurance Scheme (NDIS)

The NDIS National Workforce Plan: 2021–2025 outlines the Australian Government’s commitment to work with NDIS participants, industry and other stakeholders to grow a responsive and capable care and support workforce, and to strengthen the sector to meet the needs and aspirations of Australians with disability, now and in the years ahead.

The initiatives in this Plan will also strengthen the broader care and support sector, ensuring more sustainable and high-quality services for older Australians and veterans.

The care and support sector is one of Australia’s largest and fastest growing sectors, with around 3,750 unfilled vacancies now and an additional 83,000 NDIS workers expected to be required by 2024.

This growth is being driven by continued rapid expansion of the number of NDIS participants and an increasing number of older Australians and veterans within our community accessing care and support.

Many outstanding people already work in the sector and, under this Plan, Commonwealth and state and territory governments will work in partnership with NDIS participants, industry, and education and employment providers to retain and grow the skilled workforce that will be required.

This Plan complements other Australian Government reforms to build a simpler, fairer, faster and more flexible NDIS.

Participants will have access to higher quality supports, improved service continuity, and a workforce that reflects the diversity of NDIS participants.

Workers will benefit from improved training and access to professional development opportunities.

Providers will benefit from better regulation across the sector and more market demand information to drive innovation and enable a flexible workforce to meet the needs of participants.

We will draw on the experience of peak bodies, participants, carers and families as initiatives are implemented and are committed to keeping key stakeholders informed on progress. The Australian Government will also work closely with states and territories to ensure complementary actions they are taking remain closely aligned.

It will be critical for every provider across the sector to also focus on their own strategies and plans to improve workforce attraction, retention and development, as well as enhancing leadership capability and fostering innovation, efficiency and best practice.

Together, through this Plan and our collective action, we will help to build a capable and responsive workforce that delivers high quality care and support that makes a positive difference to the lives of our fellow Australians.

Our vision is to build a responsive and capable workforce that supports NDIS participants to meet their needs and achieve their goals

Governments, industry, peak bodies and workers will need to work together to:

| | | |
|---|---|---|
| <p>Support and retain existing workers</p> | <p>Enhance care and support sector jobs to retain suitable existing workers</p> | <p>“If we don’t have a stable workforce, then we can’t develop their skills and the quality of services.” – <i>NDIS provider</i></p> |
| <p>Grow the workforce</p> | <p>Attract new suitable workers to meet growth in demand for support workers, allied health professionals, nurses and others</p> | <p>“The workforce is not big enough to cover demand. We really need to get more people, and provide opportunities for a career within the disability workforce.” – <i>NDIS participant</i></p> |
| <p>Maintain quality of participant supports delivered by workers</p> | <p>Improve and maintain the quality of supports to meet the standards expected of participants and their families</p> | <p>“This is a workforce that is unique. To go into people’s homes, in an uncontrolled environment, and to be professional in an unprofessional space, that brings a lot of skill sets.” – <i>NDIS participant</i></p> |
| <p>Support sector efficiency and innovation</p> | <p>Improve regulatory alignment and enhance market information to enable more flexible use of the workforce and drive provider innovation</p> | <p>“This would massively increase the capacity of providers to meet the needs of participants around Australia, particularly rural and remote regions.” – <i>Provider peak</i></p> |

Priority actions

Sixteen initiatives will be implemented by the Australian Government to support building a responsive and capable workforce

| <p>► Priority 1: Improve community understanding of the benefits of working in the care and support sector and strengthen entry pathways for suitable workers to enter the sector</p> | <p>► Priority 2: Train and support the NDIS workforce</p> | <p>► Priority 3: Reduce red tape, facilitate new service models and innovation, and provide more market information about business opportunities in the care and support sector</p> |
|---|---|---|
| <p>1. Promote opportunities in the care and support sector</p> | <p>6. Develop micro-credentials and update nationally recognised training to improve the quality of supports and enhance career pathways</p> | <p>10. Improve alignment of provider regulation and worker screening across the care and support sector</p> |
| <p>2. Develop a simple and accessible online tool for job seekers to self-assess their suitability for new roles based on values, attributes, skills and experience</p> | <p>7. Support the sector to develop a Care and Support Worker Professional Network</p> | <p>11. Continue to improve NDIS pricing approaches to ensure effective operation of the market, including in thin markets</p> |
| <p>3. Improve effectiveness of jobs boards to match job seekers to vacancies in the sector</p> | <p>8. Work with the sector to establish a skills passport</p> | <p>12. Provide market demand information across the care and support sector to help identify new business opportunities</p> |
| <p>4. Leverage employment programs to ensure suitable job seekers can find work in the sector</p> | <p>9. Support the sector to grow the number of traineeships and student placements, working closely with education institutions and professional bodies</p> | <p>13. Support participants to find more of the services and supports they need online</p> |
| <p>5. Better connect NDIS and care and support providers to employment and training providers and workers</p> | | <p>14. Explore options to support allied health professionals to work alongside allied health assistants and support workers to increase capacity to respond to participants' needs</p> |
| | | <p>15. Enable allied health professionals in rural and remote areas to access professional support via telehealth</p> |
| | | <p>16. Help build the Aboriginal and Torres Strait Islander community controlled sector to enhance culturally safe NDIS services</p> |



01

Context for this plan

Australia needs to build a responsive and capable disability workforce, comprising primarily of disability support workers, nurses and allied health professionals

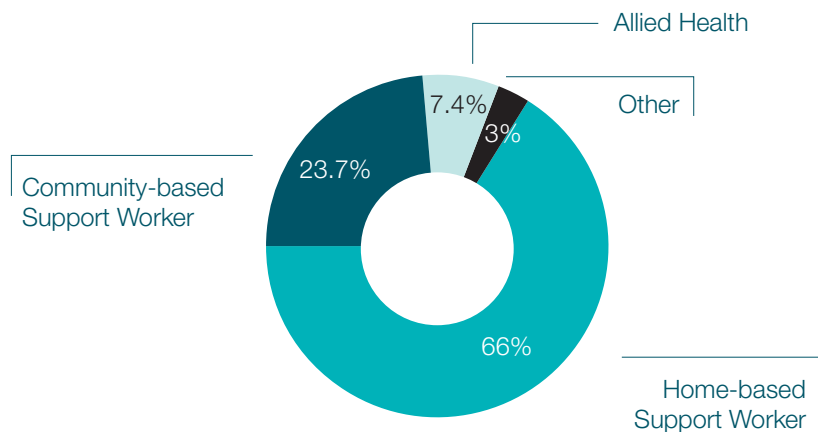
Today 450,000 NDIS participants receive support from over 11,600 active NDIS providers employing around 270,000 workers across 20 occupations.¹ By 2024, around 500,000 participants will require support from almost 353,000 workers.

The NDIS National Workforce Plan (the Plan) builds on existing efforts to deliver significant improvements to the NDIS. The Growing the NDIS Market and Workforce Strategy 2019² set out the long-term vision for a capable and responsive NDIS workforce. The NDIS Workforce Capability Framework, developed in response to this strategy, continues to translate the NDIS Principles, Code of Conduct and Practice Standards into a set of observable skills and behaviours for workers in the sector. More broadly, the Human Services Skills Organisation Pilot is developing new ways for the training system to be more responsive to skills needs within the care and support sector.

The actions in the Plan align with Commonwealth priorities, including the Economic Recovery Plan for Australia, the JobMaker Plan and JobTrainer Fund, as well as Vocational Education and Training (VET) reforms, while also reflecting the skills needs reported by providers. The \$64.3 million investment in the NDIS Jobs and Market Fund (JMF) follows the success of the \$112 million Sector Development Fund, with targeted projects to grow the provider market and workforce in size and capability. Of this, \$5.9 million has been invested to support Aboriginal and Torres Strait Islander people with disability to access culturally appropriate and localised NDIS supports as part of the NDIS Ready project. Also funded through the JMF is the Frontline Leadership Role Clarity Project, which helps identify the capabilities, qualities and values required for frontline leadership in the sector. The \$41.5 million investment in the Boosting the Local Care Workforce program has funded projects to assist individual providers to transition to the NDIS, and build sector wide business and workforce capability. The appointment of a Chief Allied Health Officer in July 2020 will continue to support workforce planning and allied health leadership into the future.

Share of the NDIS workforce by occupation³

Estimated share of the NDIS Workforce, 2020 (%)



¹ There were 270,000 estimated workers in 2020. Workforce forecasts are from Department of Social Services and AlphaBeta analysis of National Disability Insurance Agency (NDIA) data.

² The Department of Social Services (2019), Growing the NDIS Market and Workforce Strategy.

³ 2020 estimates include disability support workers working under the National Disability Agreement (NDA) (based on in-kind services delivered in 2020) as well as disability support workers in the NDIS (Department of Social Services estimates). Occupations which make up 'Other' include: Chauffeurs, Interpreters, Driving Instructors, Garden Labourers, Domestic Cleaners and Home Improvement Installers.

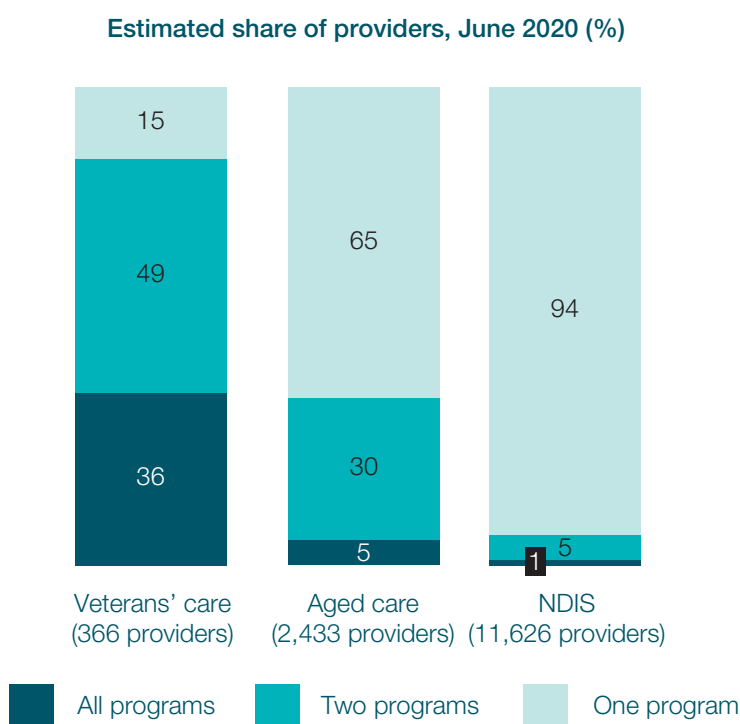
Enhancing the disability workforce will also boost the aged care and veterans' care workforce

Disability support, aged care and veterans' care programs are highly connected. Around 30 per cent of aged care providers also operate in the NDIS or veterans' care programs. 36 per cent of veterans' care providers operate across all three programs.⁴

Like the disability sector, the aged care sector will also need to grow in the years ahead. By 2024, the sector is expected to grow by almost 20 per cent, equivalent to 57,000 people, to meet the needs of an ageing population.⁵

Although there are some important differences in the workforce requirements across the NDIS, aged care and veterans' care programs, there are also many common elements and opportunities to increase regulatory alignment for providers and workers across the sector. Some of the key job roles are also common to all three programs. Strengthening the care and support sector as a whole will increase productivity and consistency across the entire sector to meet demand, and grow the pool of available workers in order for disability support, aged care and veterans' care programs to meet demand.

Providers operating across care and support programs⁶



⁴ Department of Social Services analysis comparing registered aged care providers, veterans' care providers and NDIS providers with a claim for support provided to a participant in the 2019-2020 financial year (as at June 2020).

⁵ Based on an interpretation of Productivity Commission's growth estimates of workforce headcount, as at 2020.

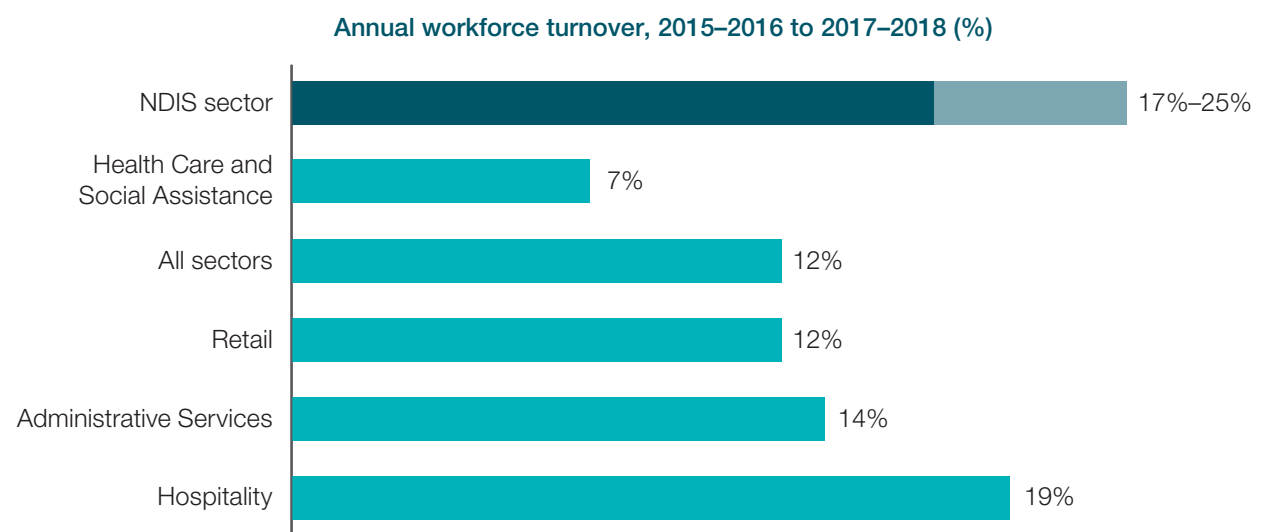
⁶ Department of Social Services analysis of NDIS, aged care and veterans' care registered providers (June 2020).

The NDIS workforce will need to grow rapidly to meet the needs of around 500,000 participants

Retain existing workers

High workforce retention is crucial for service continuity and reducing the high cost of recruiting, onboarding and training replacement workers. Historically, NDIS workforce turnover has been high relative to other sectors. If turnover remains at this historical level, it is expected that the NDIS will lose around 213,000 workers to churn by 2024.⁷ This is in addition to the 83,000 new workers needed to meet growth in demand. However, it is anticipated that turnover is unlikely to remain as high in forward years as initiatives under this Plan are implemented, supporting sector maturity and given the changed economic and labour market conditions.

Workforce turnover in the NDIS and other sectors⁸



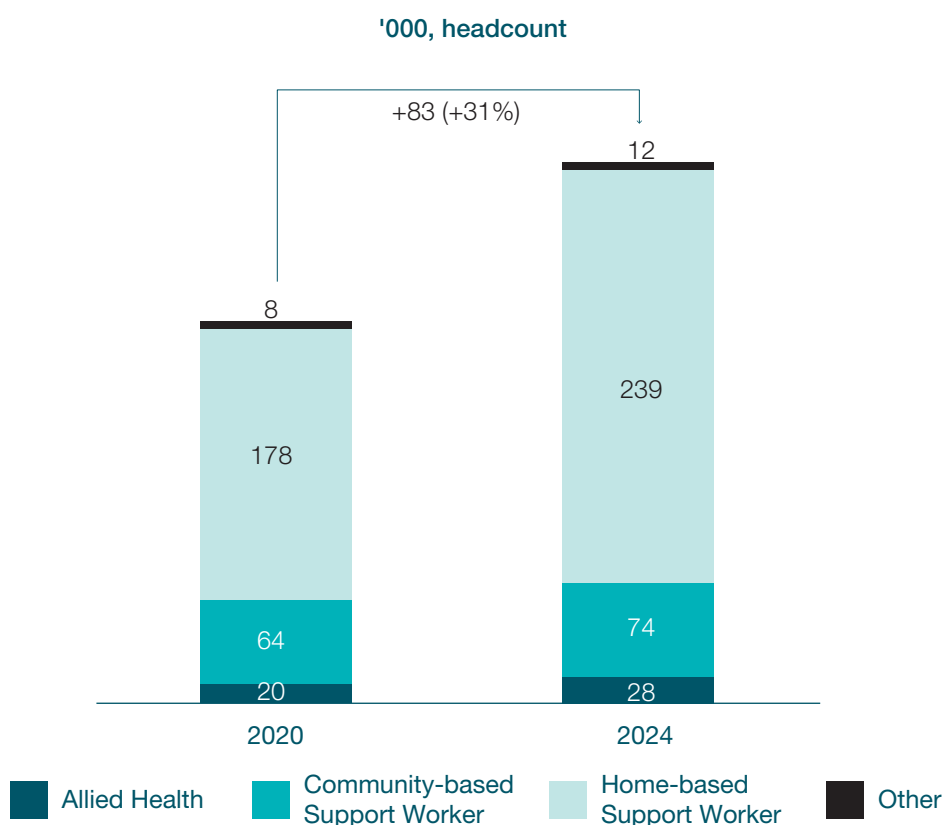
⁷ NDIS sector turnover upper bound (25 per cent) is based on analysis of Australian Taxation Office Linked Longitudinal Employer-Employee Data (L-LEED) from 2015–2016 to 2017–2018. NDIS sector turnover lower bound (17 per cent) is based on the National Disability Services (NDS) Workforce Census, December 2019. The lower bound was used to calculate the number of workers the NDIS may lose to churn by 2024.

⁸ Turnover rates in other sectors are based on Australian Bureau of Statistics 6226.0 Participation, Job Search and Mobility, Australia 2017 and 2018. Sector defined by Australian and New Zealand Standard Industrial Classification subdivisions (Administrative services is Administrative and Support Services and Hospitality is Accommodation and Food Services).

Attract new workers

The NDIS needs to attract around 83,000 net additional workers by 2024, equivalent to a 31 per cent increase in the size of the workforce. This growth will be across all states and territories and NDIS occupations, particularly support workers, nurses and allied health professionals. As the NDIS grows, attracting suitable workers will be essential. This means attracting workers with the right skills, values, attributes and diversity of experience to match the diverse range of participants. This will include a focus on attracting culturally and linguistically diverse workers, and Aboriginal and Torres Strait Islander workers to the sector, in order to meet participant needs. As a human services sector, the values and behaviours of workers are often more important to participants than the formal skills that they bring.

Estimated required growth of the NDIS workforce to 2024^{9,10}



⁹ Department of Social Services and AlphaBeta analysis of NDIA monthly data; Disability Reform Council (2015) NDIS Integrated Market, Sector and Workforce strategy; NDIA Quarterly Reports; Stakeholder interviews.

¹⁰ Occupations which make up 'Other' include: Chauffeurs, Interpreters, Driving Instructors, Garden Labourers, Domestic Cleaners and Home Improvement Installers. 2020 estimates include disability support workers working under the National Disability Agreement (NDA) (based on in-kind services delivered in 2020) who will transition into the NDIS as well as disability support workers in the NDIS (Department of Social Services estimates).

Improving workforce quality and sector efficiency will be essential to build a responsive and capable disability workforce

Maintain quality of support delivered by workers

The expectations around the quality and safety of disability support have rightly increased with the establishment of the NDIS.

The Workforce Capability Framework (the Framework), developed by the NDIS Quality and Safeguards Commission, articulates the Australian Government's expectations around workforce quality. Moving forward, it will be crucial for governments and industry to provide support to embed the attitudes, behaviours, skills and knowledge described in the Framework in the workforce. The Australian Government will support implementation of the Framework through a range of activities, including developing resources, supporting research activities, and developing assessment criteria for the implementation of the Framework. The education sector, working with governments and providers, will also need to support the development of micro-credentials so that workers can learn and further develop on the job while also providing potential pathways to recognised qualifications.

The care and support sector will create thousands of new jobs across Australia at a critical time

The NDIS has already created a significant number of new jobs and is expected to continue to do so across each state and territory. Many of these jobs will be created in regional and remote areas.

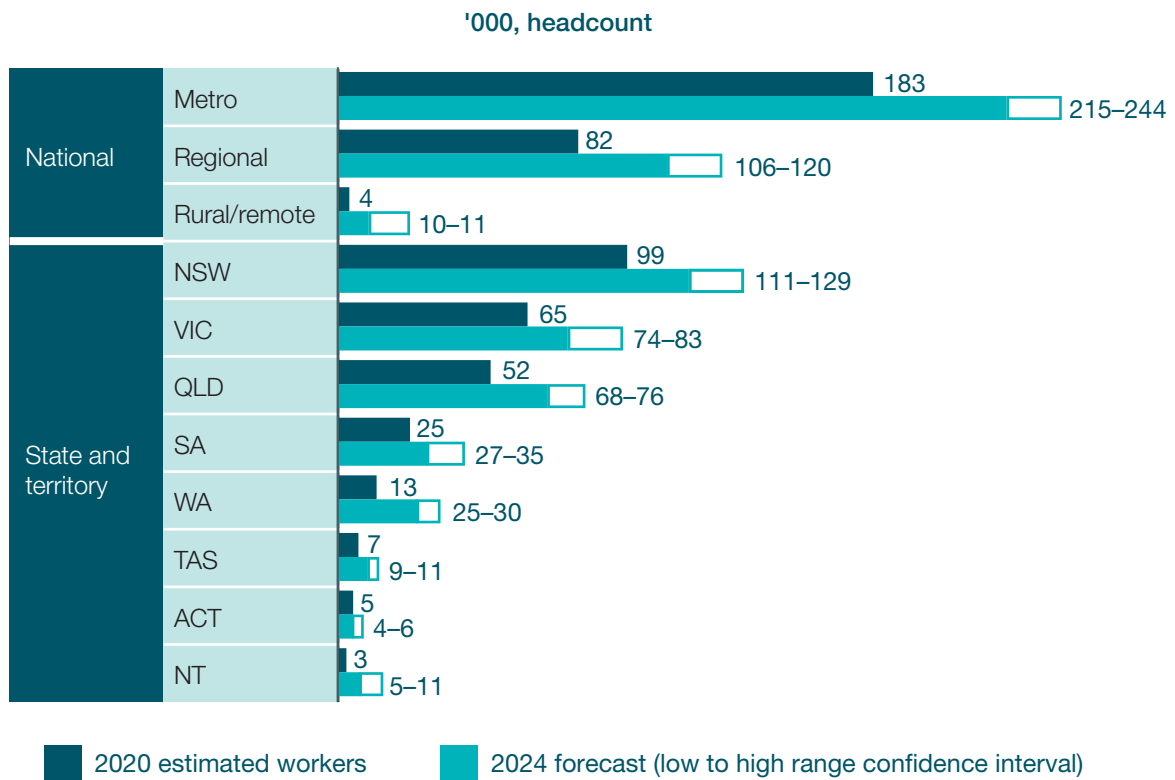
Unemployment in Australia increased as a result of the COVID-19 pandemic, with slowing of jobs growth in other sectors.

The forecast growth in the NDIS and aged care workforce of 31 per cent and 20 per cent respectively will make a much needed contribution to jobs creation across the economy, and provides an opportunity to attract suitable workers from sectors that have lower growth prospects.¹¹

This jobs growth will also support the Participant Employment Strategy 2019-2022, targeting a 30 per cent employment rate for working-age NDIS participants by June 2023.

As career pathways to the sector are improved and the focus shifts to attracting workers with the right values and as well as skills to the sector, NDIS participants and their families will be well placed to join the NDIS workforce.

Estimated required growth of the NDIS workforce to 2024¹²



Support sector efficiency and innovation

There is an opportunity for providers in the sector to adopt innovative service models that support appropriately skilled workers to work more seamlessly across programs, with potential to deliver services to multiple client types (for example people living with a disability, veterans and older Australians accessing home care packages). This will also help to reduce the number of thin markets with service gaps, and will be supported by government actions to improve alignment of provider and worker regulation across the sector.

¹¹ Workforce forecasts based on Department of Social Services and AlphaBeta analysis of NDIA data and Department of Employment, Skills, Small and Family Business (2019) Occupation Projections.




¹² Workforce forecasts based on Department of Social Services and AlphaBeta analysis of NDIA data. Note that the forecast figures are displayed as confidence intervals, and should not be summed to compare with the total national forecast.



02

Current state of the care and support workforce

The care and support sector faces three types of challenges in developing its workforce to better meet the diverse needs of NDIS participants

| | | |
|---|--|---|
|  | <p>1. Poor perception of the sector and unsupported entry pathways hinder attraction</p> | <p>43 per cent of unfilled support worker vacancies were because of a lack of suitable or qualified candidates¹³</p> |
|  | <p>2. Variable and disconnected work conditions with limited training opportunities impact retention and quality</p> | <p>64 per cent of support workers report feeling isolated in their job at least some of the time¹⁴</p> |
|  | <p>3. Red tape and difficulties in adapting service models of providers reduce the time that workers spend supporting participants</p> | <p>Excessive administrative tasks is the most significant challenge impacting workforce productivity¹⁵</p> |

Note: These challenges were identified through extensive consultations with stakeholders, survey data and external reports.

1. The perception of the sector and its entry pathways should be enhanced

There is an opportunity to increase awareness of career prospects in the sector and improve how it is perceived

- Disability work is widely misunderstood. 42 per cent of Australians are unaware of what disability support work involves.¹⁶
- Disability support work is perceived to have lower job prestige, pay and fewer opportunities for career progression compared to other sectors. 51 per cent of Australians would prefer retail work over disability work, and 32 per cent would prefer to work in aged care.¹⁷
- There are particular challenges attracting and retaining culturally and linguistically diverse workers and Aboriginal and Torres Strait Islander workers. In many communities, there is a lack of culturally appropriate communications materials about the NDIS, and there remains a lack of community understanding about the NDIS and the broader disability sector.¹⁸

Low and variable hours affect take-home pay

- Many workers (34 per cent) in the disability sector are employed casually. While for some workers casual work is attractive and the flexibility is important to them, other workers would like the opportunity to work regular full time hours. While casualisation in the NDIS has fallen slightly from its peak of 42 per cent in late 2018, it is still higher than in aged care (14 per cent).¹⁹

13 National Disability Services (2018), Australian Disability Workforce Report 3rd edition - July 2018.

14 Victorian Department of Health and Human Services (2019), Understanding the workforce experience of the NDIS: longitudinal research project.

15 Department of Social Services provider survey on NDIS workforce challenges (2020).

16 IPSOS (2020), Survey of a representative sample of Australians on the perceptions of disability support work.

17 IPSOS (2020), Survey of a representative sample of Australians on the perceptions of disability support work.

18 Indigenous Allied Health Australia (2019), Remote and rural Indigenous allied health workforce development.

19 NDS Workforce Census (2020), Department of Health (2016) Aged Care Workforce.

Difficulty identifying and matching suitable workers is also an issue

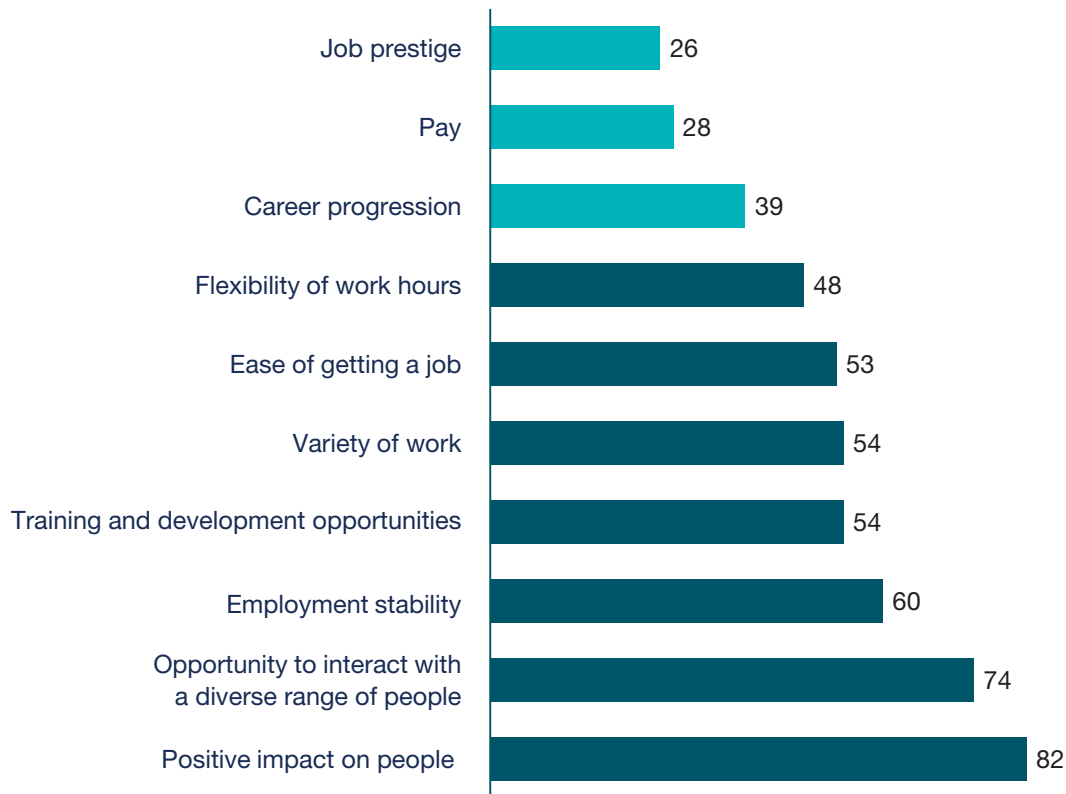
- The main reasons for unfilled NDIS vacancies are a lack of suitable or qualified candidates (43 per cent) and candidates being unable or unwilling to meet specific job requirements (29 per cent).²⁰

Limited opportunities for entry-level workers to enter the NDIS restricts the future workforce pipeline

- Clinical placements and work experience in disability for allied health professionals directly influences recruitment into disability positions, but NDIS placements are increasingly limited.²¹ Education providers, disability providers and state and territory governments need to work together to re-establish pathways between education and industry that may have been disrupted through the introduction of the NDIS.
- Implementing traineeships for support workers is more complex as supervisory arrangements in a participant's home look different to a more traditional service setting.

Disability support work is perceived as having low job prestige, low pay, and limited opportunities for career progression²²

Share of respondents that responded 'very good' or 'fairly good' to each statement (%)



²⁰ National Disability Services (2018), Australian Disability Workforce Report 3rd edition - July 2018.

²¹ Boosting the Local Care Workforce (2020), Allied Health Workforce Development for Disability: Key issues, resources and opportunities.

²² IPSOS (2020), Survey of a representative sample of Australians on the perceptions of disability support work.

2. Workers want to feel connected to their peers and increase their professional skills

Disconnection with peers and organisation and low engagement

- With the rise of individualised support, more workers are delivering support alone. Work such as in-home support can be isolating for workers who do not interact with their colleagues on a day to day basis.

Lack of time and resources to train and supervise workers

- NDIS providers have a responsibility to ensure workers are adequately trained in the skills they need. However, many providers report that they struggle to provide necessary training and supervision to staff due to lack of time and resources.
- It is common for workers to sacrifice time earning wages in order to do training. A 2020 study found that 20 per cent of providers said that staff were not paid for all the time spent to attend training and development activities.²³

Less relevant and inconsistent training for workers

- Training needs to evolve quickly to match the changing needs of participants. Only 31 per cent of workers strongly agreed that their skills were well matched to the work they are asked to do.²⁴ Workers are increasingly disinterested in traditional qualifications, in part due to the preference among participants for workers who have been trained in supports which respond to their unique requirements.
- Consultations with industry indicate that different entry requirements across the sector and on-the-job training across providers has contributed to inconsistent training for NDIS workers.²⁵ There are currently no minimum qualifications to work in the NDIS and job ad data showed only 50 per cent of providers required a certificate qualification.²⁶ Workers have increasingly turned to more relevant training developed by providers to upskill, but this training has limited recognition across the broader sector.

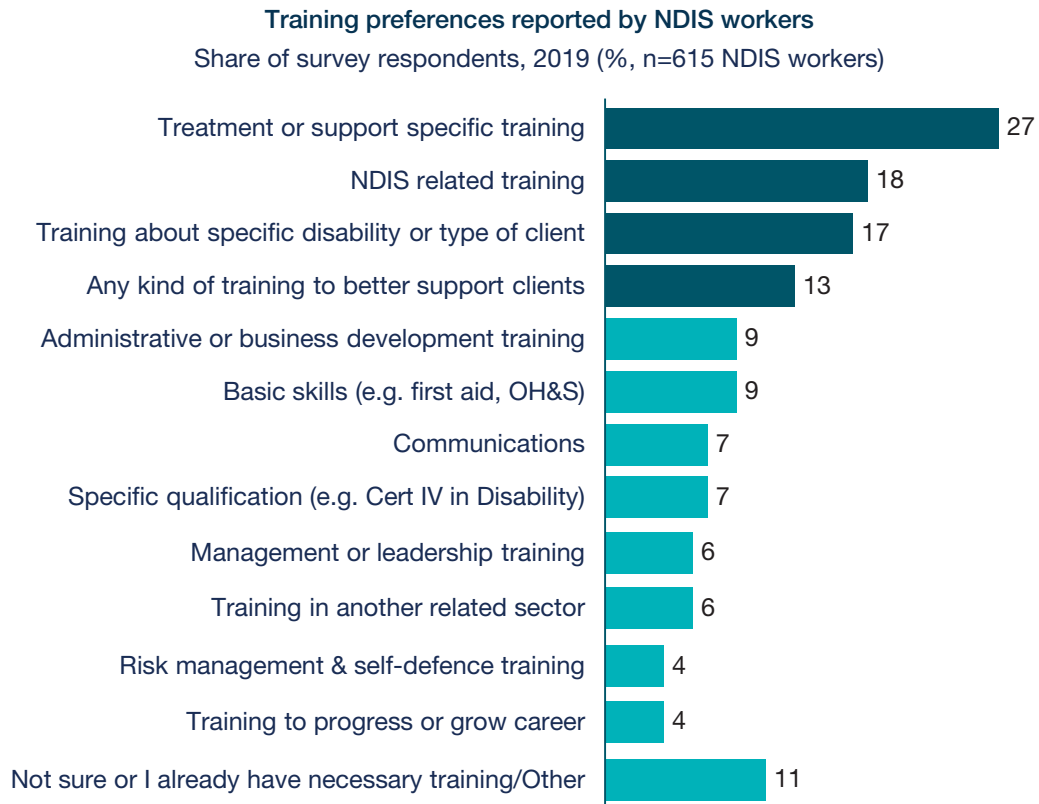
23 University of New South Wales (2017) Workforce Issues in the Community Services Sector.

24 University of New South Wales (2020), Working in new disability markets: A survey of Australia's disability workforce.

25 University of New South Wales (2017) Workforce Issues in the Community Services Sector, Department of Social Services provider survey on NDIS workforce challenges (2020).

26 Burning Glass Labour Market Insights Database 2015-2018.

NDIS workers prefer specific, rather than general training courses²⁷



3. Red tape should be reduced to encourage innovation and adaption

Administrative burden can deter market entry

- 58 per cent of providers agree or strongly agree that there are too many unnecessary rules and regulations in the NDIS.²⁸ Providers report that costs of processes like audits, which can cost upwards of \$15,000, impact viability in the NDIS, particularly for small providers.
- Only 30 per cent of aged care providers operate in the NDIS despite opportunities to improve workforce productivity and manage peak demand periods.²⁹
- During consultations, allied health providers cited administrative hurdles as one of their top challenges to attracting workers to the sector.³⁰

There is a need for more market information to support growth and innovation

- Many providers report that they find it difficult to identify opportunities for growth and areas of unmet demand, limiting growth potential and attractiveness of entering the sector. While the NDIS Demand Map has provided valuable information on local market potential, there is a need for more information on broader care and support sector market opportunities.
- Many providers report that under existing price caps they struggle to invest in new business processes and technologies. Many small providers, including sole traders that account for over 40 per cent of active NDIS providers, find it difficult to take their business online, making it hard for participants to find their supports.³¹

²⁷ Victorian Department of Health and Human Services (2019), Understanding the workforce experience of the NDIS: longitudinal research project.

²⁸ National Disability Services (2019), State of the Disability Sector.

²⁹ Department of Social Services Analysis of NDIS, aged care and veterans' care registered providers (June 2020) comparing registered aged care providers, veterans affairs providers and NDIS providers with a claim for support provided to a participant in the 2019-2020 financial year (as at June 2020).

³⁰ Department of Social Services provider survey on NDIS workforce challenges (2020).

³¹ National Disability Services (2019), State of the Disability Sector.

- Providers and business leaders need to be supported and encouraged to invest in themselves at the same time as transitioning to more innovative technologies. Investment in leadership capabilities, including at the board, senior management and supervisory levels, can help to strengthen provider capability while generating the change needed for greater innovation.

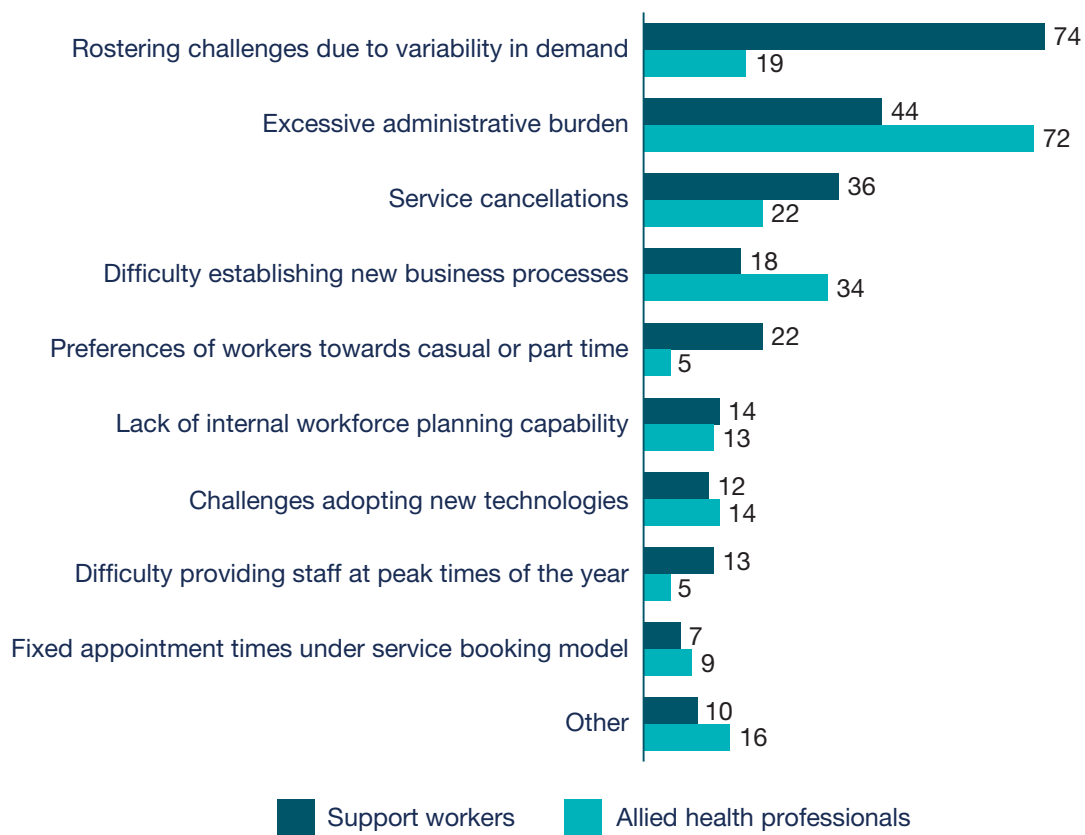
Duplication of worker screening creates additional barriers to entry for workers

- Differences in worker screening checks across the care and support sector create barriers for workers to move across programs. For example, aged care workers who have their aged care screening check and want to work in the NDIS must undertake an NDIS screening check. This creates barriers for workers to move across the care and support sector.

Varying demand that leads to rostering and administrative challenges impacts productivity³²

Most significant challenges impacting the productivity of the NDIS workforce

Share of providers with challenge listed in their top three (%)



³² Department of Social Services provider survey on NDIS workforce challenges (2020).

Many of these workforce challenges are particularly acute in regional and remote communities and in supporting participants with complex needs

Thin markets face more acute and varied challenges in growing a quality workforce. These challenges include a lower supply of providers and workers already operating in these markets, difficult working conditions and barriers to accessing training and support. Thin markets for the NDIS occur by service type (including supports for participants with complex needs) or by geography, mostly in regional and remote communities.

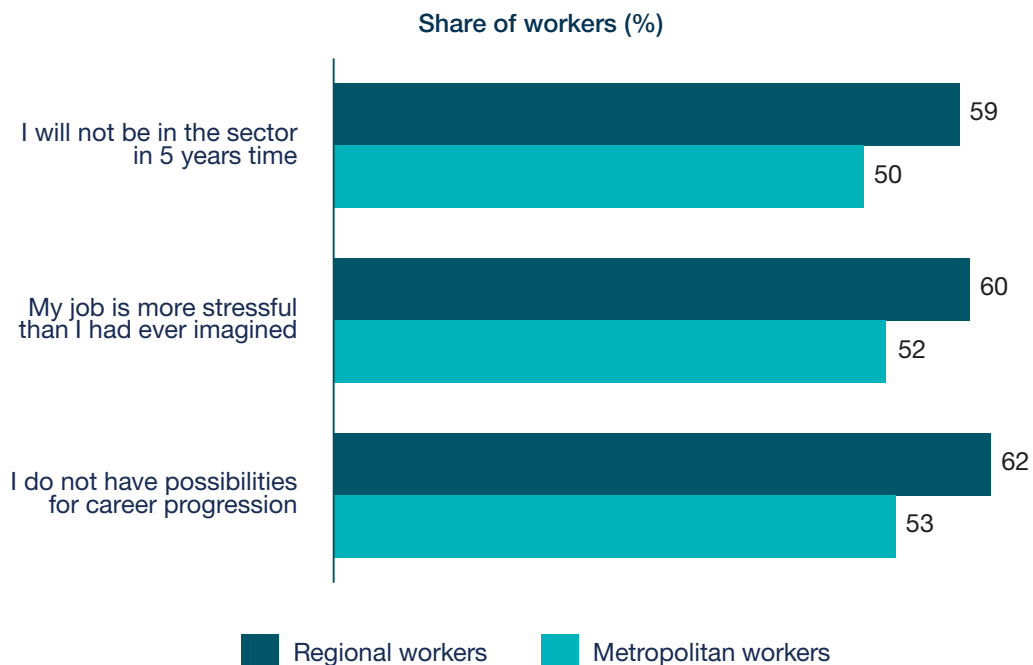
For example, attracting workers is particularly challenging in regional communities, with longer vacancy times and smaller applicant pools. It takes regional employers 22 per cent longer to fill vacancies in disability and aged care roles, with each vacancy attracting 55 per cent fewer suitable applicants.³³ Remote and regional workers often have limited access to supervision, support and training in their communities, which can lead to talent drain to metropolitan areas.³⁴

NDIS providers also report having difficulty recruiting and retaining an adequately skilled and experienced workforce to support participants with high and complex needs. This includes a lack of workers with the ability to assist participants with psychosocial disability. In 2019, the then Disability Reform Council agreed to use a more flexible approach to address thin market challenges in the NDIS. This was based on extensive engagement with participants, providers and peak bodies through surveys and workshops held across Australia.

Since then, projects to address thin markets have been implemented in all jurisdictions to address specific needs, such as disability support types. This includes deepening the behavioural support market in Victoria and the Australian Capital Territory, and professional groups including allied health.

Workforce diversity is increasingly important to support choice and control. Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds experience additional barriers to accessing supports where the current workforce is unable to meet their language and cultural needs.

Disability worker experiences in regional vs metropolitan areas³⁵



³³ Department of Jobs and Small Business (2017), The labour market for personal care workers in aged and disability care: Australia 2017.

³⁴ Rural Health Commissioner consultations, National Rural Health Commissioner Final Report (2020).

³⁵ Victorian Department of Health and Human Services (2018), Understanding the workforce experience of the NDIS: longitudinal research project.



03

Priority actions – detailed view

Government will take action across three key priorities to overcome long-standing workforce challenges and improve outcomes for NDIS participants



1. Improve community understanding of the benefits of working in the care and support sector and strengthen entry pathways for suitable workers to enter the sector



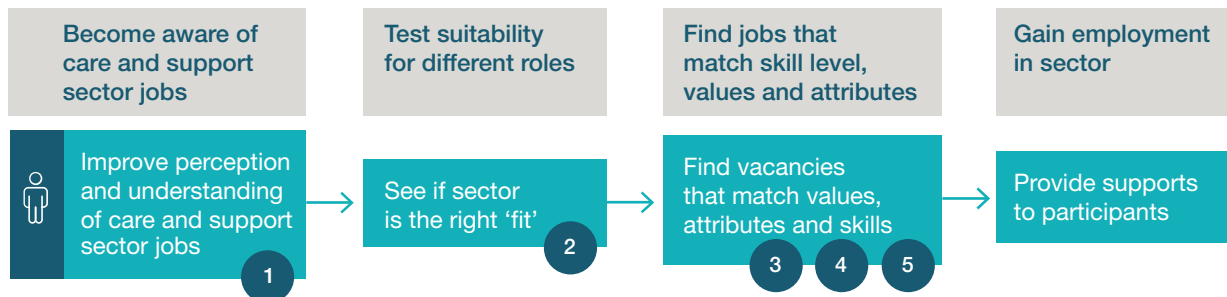
2. Train and support the NDIS workforce to support retention and meet the needs of NDIS participants



3. Support efficiency and innovation through reduced red tape, new service models and innovation, and improved market information

PRIORITY 1

Five initiatives form an integrated user journey to attract new workers with suitable values, attributes and skills to the care and support sector workforce



1

▶ To help raise awareness in the care and support sector, and change public perception of the work, **communication activities** will promote opportunities in the care and support sector, highlight success stories, promote support work as a career and highlight the benefits of working in the sector.

2

▶ As more people become aware of care and support sector roles, they will need to see if the sector is the right 'fit' for them. An online tool for potential workers to **self-assess suitability** and skills required to work in the sector, based on values and attributes, skills and experience, will be an important first step in a more integrated job seeker journey.

3

▶ More **targeted jobs boards** will then better match suitable job seekers to vacancies based on their values, attributes, skills and experience.

4

▶ **Employment programs** will be leveraged to ensure suitable unemployed job seekers can find work in the sector. This will include enhancing the links between care and support service employers and employment service providers, possible improvements in the New Employment Services Model to outcome payments and performance ratings frameworks, and improving information to job seekers.

5

▶ The Australian Government will use the **Boosting the Local Care Workforce program** to support stronger connections between employment service providers, universities, VET and NDIS providers.

As workers gain employment in the sector, they will have access to a learning system and culture, developed in Priority 2, that promotes and supports ongoing career development.

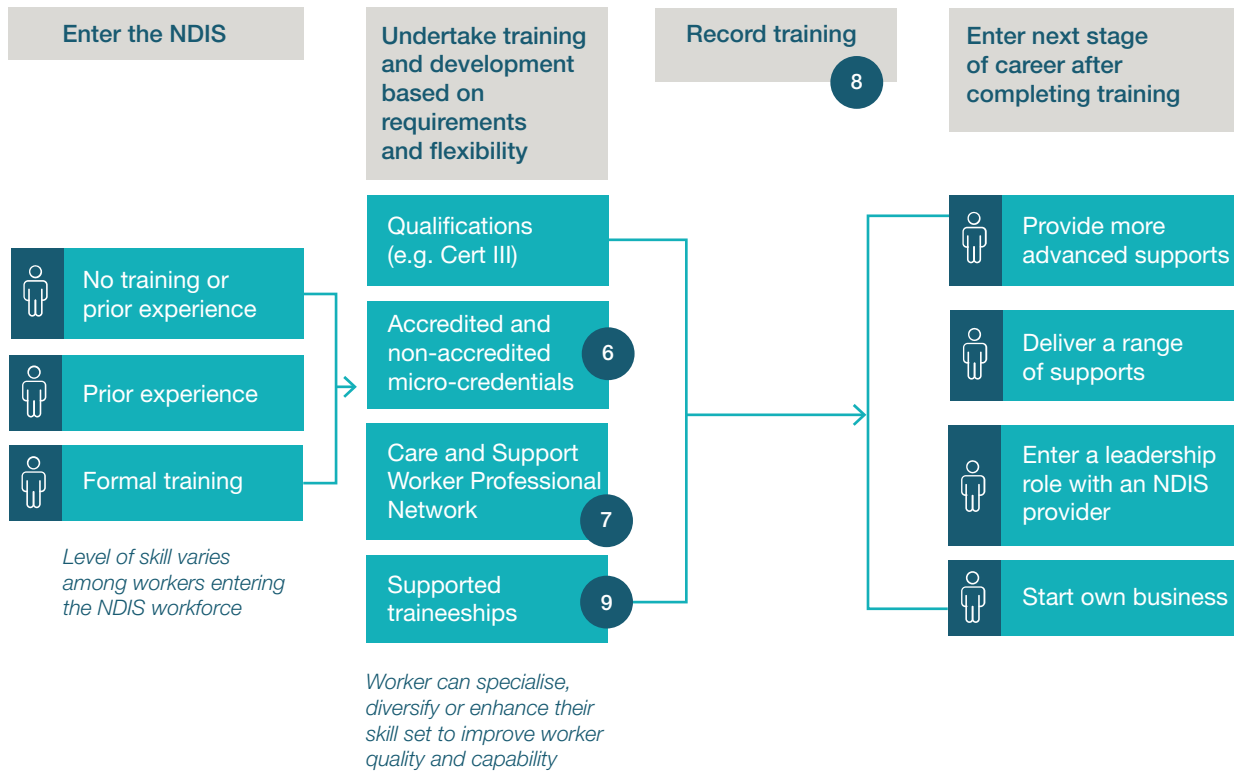
| Initiative | Why this is important | How will this work |
|--|--|--|
| 1. Promote opportunities in the care and support sector | Working in the care and support sector is often poorly perceived by the public as a low paid job with limited career potential and low prestige. Recent Royal Commissions have shone a light on the challenges in the sector which have contributed to changing perceptions of care work. The workforce also does not reflect the diversity of the participants it supports. | <ul style="list-style-type: none"> Communication activities will lift public perception of the sector, highlight the benefits of working in the sector, promote and showcase the opportunities across diverse care and support sector roles. Communications will emphasise the values and attributes required for care and support sector roles to support better attraction and identification of suitable job seekers. |
| 2. Develop a simple and accessible online tool for job seekers to self-assess their suitability for new roles based on values, attributes, skills and experience | Employing workers with the right values and attributes is critical to ensuring quality of care. Misaligned values and attributes of support workers was raised as a key NDIS workforce challenge by participants and providers. At a time of high unemployment, this tool provides an opportunity to attract more workers while ensuring they have the right skills and attributes. | <ul style="list-style-type: none"> The tool would support individuals in developing career goals, identifying job opportunities, and required support for training needs (including links to micro-credentials). |
| 3. Improve effectiveness of jobs boards to match job seekers to vacancies in the sector | Online job platforms are the most common tool people use to look for new jobs and to hire workers. ³⁶ As job seekers recognise their suitability for the sector, they may struggle to identify vacancies to match their skills, values and interests. | <ul style="list-style-type: none"> Jobs boards will be improved to make it easier for suitable job seekers to find care and support sector jobs that match with their capacity and skills. |
| 4. Leverage employment programs to ensure suitable job seekers can find work in the sector | There is scope to better leverage existing initiatives (including through the introduction of the New Employment Services Model) to enhance efforts to identify job seekers suitable for care and support work, raise awareness of opportunities in the sector, and ensure strong links between employment service providers and care and support workforce employers. Employment services providers are incentivised to place job seekers into work with sufficient hours to reduce reliance on income support which could de-emphasise the placement of job seekers in industries with jobs that are unpredictable or that have relatively few hours. Despite this a higher proportion of job seekers who take up care and support sector roles are still in employment after six months and working sufficient hours to no longer receive income support, when compared with the average for all other sectors. | <ul style="list-style-type: none"> This could include enhancing efforts to identify job seekers suitable for care work (through providers and digital services), raising awareness of care workforce opportunities, and ensuring strong links between care and support service employers and Employment Services Providers. |

³⁶ Department of Social Services provider survey on NDIS workforce challenges (2020): Government and industry stakeholder consultation; LinkedIn Global Talent Trends 2015.

| Initiative | Why this is important | How will this work |
|---|---|--|
| <p>5. Better connect NDIS and care and support providers to employment and training providers and workers</p> | <p>Job seekers (school leavers, VET students, unemployed people, allied health students) are not always aware of NDIS or broader care and support sector opportunities and not all Employment Services Providers are actively targeting opportunities in the NDIS and care and support sector. NDIS providers report great difficulty in attracting allied health professionals from university, with reports that universities do not recognise the growth potential in the NDIS and care and support sector more broadly.</p> | <ul style="list-style-type: none"> ■ Boosting the Local Care Workforce coordinators will provide market information on demand for workers to educators (schools, VET providers and universities) and employment service providers and support them to connect with care and support sector providers. This will support job seekers (including school leavers, those with disability, family carers with lived experience of disability) and students to find NDIS and care and support sector employment opportunities. ■ Connections will be leveraged with other government programs to help promote care and support sector employment opportunities. ■ Boosting the Local Care Workforce coordinators can support providers to improve the sophistication of their workforce and attraction strategies by fostering connections between business leaders to showcase innovation and success stories. |

PRIORITY 2

Four initiatives will provide a stronger learning system and culture throughout the career of an NDIS worker



6 ► **Accredited micro-credentials** will enable workers to upskill. Over time, these micro-credentials and other learning activities based on skill sets may build towards a recognised qualification. Non-accredited training remains an important tool for educating staff on NDIS standards and an organisation's service expectations.

7 ► **A Care and Support Worker Professional Network** will promote excellence via a professional network which provides peer mentoring, professional development, and opportunities to collaborate across, and deepen practices within, disciplines.

8 ► As NDIS workers undertake different training and development based on their needs, training will be recorded on a **skills passport**. The skills passport will strengthen the recognition of training in the sector and support career development.

9 ► Students will be able to discover entry-level pathways into the care and support sector through **supported traineeships**. These supports will enable providers to offer more entry-level opportunities to inexperienced workers.

| Initiative | Why this is important | How will this work |
|--|--|---|
| <p>6. Develop micro-credentials and update nationally recognised training to improve the quality of supports and enhance career pathways</p> | <p>More than half of workers said that the main barrier to training was lack of time.³⁷ Moreover, training has not evolved quickly enough to match the changing needs of participants. Only 53 per cent of workers find that their qualification prepared them very well for their role.³⁸ Some participants need workers to be trained in specific things e.g. cultural competency or complex needs. Job seekers wanting to work in the care and support sector may be discouraged from seeking opportunities if there is a hard qualification barrier to entry. Accredited micro-credentials provide a viable initial learning pathway, which can later lead to formal qualifications.</p> | <ul style="list-style-type: none"> ■ Leverage the industry-led Human Services Skills Organisation (HSSO) and relevant Industry Reference Committees (IRCs) to develop micro-credentials and update nationally recognised training to support the skills needs and career pathways of the broader care and support sector. ■ The values and behaviours outlined in the NDIS Workforce Capability Framework will be embedded into training, and used to shape skills pathways in the sector. ■ The Department of Education, Skills and Employment will work with HSSO and IRCs to provide support, build engagement and explore innovative models to advance this initiative. ■ Options to support the development of micro-credentials to enhance culturally safe practices for Aboriginal and Torres Strait Islander and culturally and linguistically diverse care recipients will also be explored. ■ Micro-credentials will be linked to job roles and career pathways in the sector. |
| <p>7. Support the sector to develop a Care and Support Worker Professional Network</p> | <p>Industry leaders say lack of peer connection and support in a challenging job is a major retention challenge. Workers report feeling isolated in their jobs with limited opportunities to meet and network with colleagues. Almost two thirds of workers felt isolated in their jobs at least some of the time.³⁹</p> | <ul style="list-style-type: none"> ■ The Network will help workers engage with their peers and mentors to foster a culture of peer learning and continuing professional development. ■ The types of supports offered through the Network will be developed in consultation with the sector and with workers. ■ The Network will adapt information and ensure accessibility in order to meet the needs of regional and remote workers who may experience a greater lack of peer connection. |

³⁷ Victorian Department of Health and Human Services (2019), Understanding the workforce experience of the NDIS: longitudinal research project.

³⁸ University of New South Wales (2020), 'Working in new disability markets: A survey of Australia's disability workforce'.

³⁹ Victorian Department of Health and Human Services (2019), Understanding the workforce experience of the NDIS: longitudinal research project.

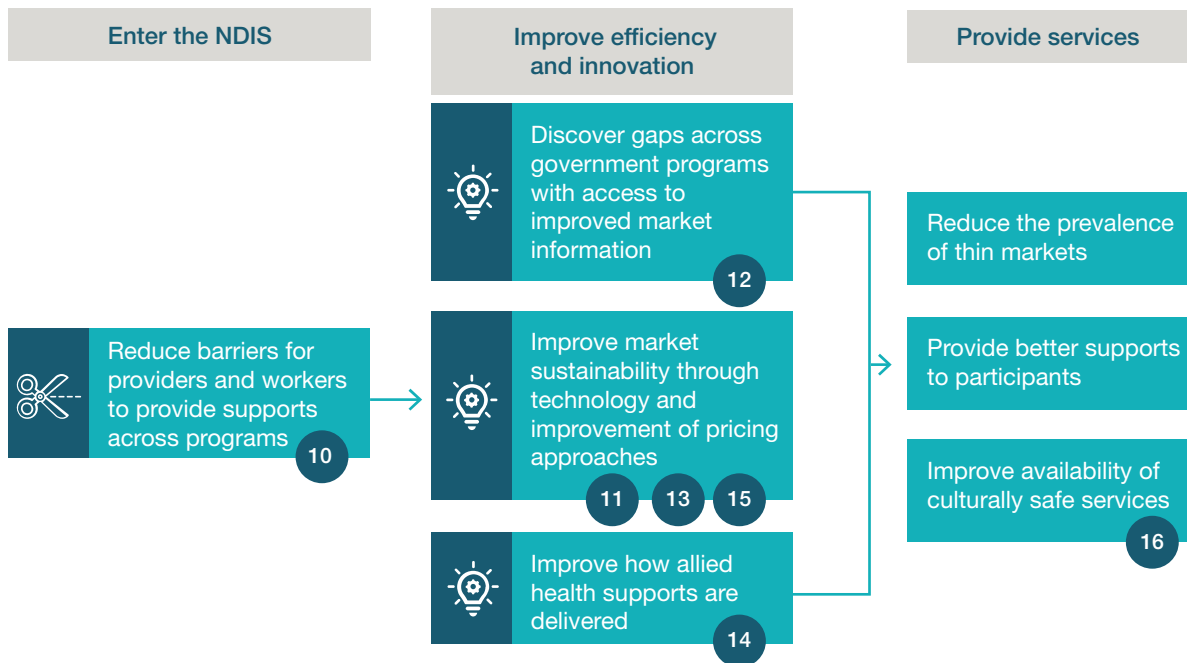
| Initiative | Why this is important | How will this work |
|--|---|---|
| 8. Work with the sector to establish a skills passport | Evidence indicates that disability support workers feel organisations do not properly recognise their skills ⁴⁰ and skills are not transferable across providers. One reason for this is the rise of informal, provider-based training that is frequently updated to reflect the evolving sector. | <ul style="list-style-type: none"> ■ Informed by the outcomes of a trial with NDIS providers currently underway in Western Australia, as well as similar approaches in other industries, a skills passport for the care and support sector will be developed to provide industry with a record of training undertaken by workers. ■ The skills passport will focus on recording and verifying training (non-accredited), professional development, screening checks, and references for individual workers. ■ An industry-led group will be established to identify relevant and valued non-accredited courses to be verified and recorded in the skills passport. ■ Opportunities to connect the Unique Student Identifier transcript, which is a record of nationally recognised training, with the skills passport, will be explored in the design phase, subject to worker privacy. |
| 9. Support the sector to grow the number of traineeships and student placements, working closely with education institutions and professional bodies | Traineeships and student placements are a valuable source of training and work experience for potential NDIS workers and providers. Demand for traineeships is low due to a lack of awareness. Providers have reflected that supply for traineeships and student placements is low as they lack resources to provide supervision, cover costs of administration relating to placements, and guarantee work hours. ⁴¹ | <ul style="list-style-type: none"> ■ Governments will explore how training organisations, tertiary institutions and professional bodies can be supported to increase the number of traineeships and student placements offered in the sector. ■ Tips and guidelines about offering effective traineeships in the NDIS workforce will be developed by industry and governments. ■ Traineeships will be promoted to various cohorts (e.g. students, workers transitioning from other industries). ■ Governments will work with tertiary institutions and professional bodies to explore how student placements can be delivered efficiently in a disaggregated market. |

40 Victorian Department of Health and Human Services (2019), Understanding the workforce experience of the NDIS: longitudinal research project.

41 Workability Queensland (August 2018), Building the NDIS workforce through traineeships.

PRIORITY 3

Seven initiatives have been identified to remove red tape, encourage new service models and improve market information to enable efficient operation



10 ► **Aligning provider regulation and worker screening requirements** across the care and support sector will increase the number of workers and providers able to operate in the market, providing greater choice and control for participants without compromising on quality and safeguarding.

11 ► The sustainability and effective operation of the market will also be supported by **continued improvements to NDIS pricing approaches**.

12 ► Providers will be able to expand services across government programs and in thin markets through access to **market demand information across the care and support sector**.

13 ► Participants will be able to **more easily identify services and supports online**.

14 ► **Improved connections between allied health professionals, assistants and support workers** will improve participant supports and health outcomes.

15 ► **Access to professional support via telehealth** will allow allied health professionals in rural and remote areas to deliver a greater range of supports in regional and remote communities.

16 ► Building the Aboriginal and Torres Strait Islander community-controlled sector will **enhance culturally safe NDIS services**.

| Initiative | Why this is important | How will this work |
|---|--|--|
| 10. Improve alignment of provider regulation and worker screening across the care and support sector | Different worker screening checks within the care and support sector create duplication in screening for workers looking to work in adjacent programs. Higher registration and compliance costs for providers operating in the NDIS is a key challenge in attracting providers to the sector. | <ul style="list-style-type: none"> A review will explore options to achieve greater regulatory alignment across the care sector, including for disability, aged care and veterans' affairs. The review will explore the merits of streamlining provider audits and worker screening checks, while still maintaining quality. |
| 11. Continue to improve NDIS pricing approaches to ensure effective operation of the market, including in thin markets | Pricing approaches influence the quality of supports, participant outcomes, innovation and broader sustainability. | <ul style="list-style-type: none"> The Australian Government will continue to consider pricing approaches that improve the effective operation of the market for NDIS services, including in thin markets. This will include a pricing project to consider approaches to improve pricing practices and governance, building market confidence and consumer choice and supporting workforce development. |
| 12. Provide market demand information across the care and support sector to help identify new business opportunities | Several government agencies collect care and support sector market data but information is not shared with providers in a consolidated way, making it difficult to effectively operate and expand across programs. | <ul style="list-style-type: none"> Potential and existing providers will be able to access and use market demand information across the care and support sector to identify opportunities and make informed business decisions about market entry and growth, particularly in thin markets. |
| 13. Support participants to find more of the services and supports they need online | It can be challenging for participants and their families and carers to find providers near them that offer the supports they need in the online environment. | <ul style="list-style-type: none"> The Government will explore options to better assist participants and their families and carers to identify supports online, working closely with participants and providers. |
| 14. Explore options to support allied health professionals to work alongside allied health assistants and support workers to increase capacity to respond to participants needs | The efficient delegation of appropriate tasks to allied health assistants or support workers can increase the capacity of allied health professionals by up to 17 per cent and enable allied health professionals to deliver more services to participants. ⁴² | <ul style="list-style-type: none"> Options will be explored through co-design to ensure appropriate models are developed and implemented. Future stages should explore additional training and regulatory requirements for AHAs and support workers. |
| 15. Enable allied health professionals in rural and remote areas to access professional support via telehealth | Allied health professionals can be isolated and require support to review practice decisions, and supervision to provide high quality services to rural and remote participants. | <ul style="list-style-type: none"> Options to enable allied health professionals to access professional support and supervision remotely will be explored, including for multidisciplinary team interventions. |
| 16. Help build the Aboriginal and Torres Strait Islander community-controlled sector to enhance culturally safe NDIS services | <p>Aboriginal and Torres Strait Islander people can face additional challenges when trying to join the care and support sector workforce.</p> <p>Research has shown that Aboriginal and Torres Strait Islander people often prefer to use Aboriginal community-controlled services where available. Support for these organisations will be critical to ensuring the availability of culturally safe services, and, in turn, will enable the growth of the Aboriginal and Torres Strait Islander care and support workforce.</p> | <ul style="list-style-type: none"> Government will support Aboriginal Community Controlled Health Organisations to become registered to deliver NDIS services through the NDIS Ready project. Governments will continue to explore options to attract Aboriginal and Torres Strait Islander workers, including leveraging connections with other government programs. |

⁴² Rural Health Commissioner consultation and interim report (2020). NDIS Act and NDIS Pricing Strategy (2019).



04

Role for providers in the care and support sector

Role for providers in the care and support sector

Providers and associated peak bodies will play a crucial role in the successful implementation of the initiatives and vision of the NDIS National Workforce Plan. It will be particularly important for providers to continue to focus energy and investment in the following areas.

Cultural and service model transformation

- Providers should lead organisations through the cultural change (toward professionalism, innovation and digital literacy) needed to embrace opportunities to support participants under the NDIS.
- As governments align regulation and develop tools and platforms to reduce administrative burden in the sector, providers will be expected to reinvest reduced costs of regulatory compliance in initiatives that support innovation, underpinning their long term sustainability and efficiency.
- Providers have a responsibility to consider their employee value proposition to ensure conditions of employment remain competitive relative to other industries to support the attraction and retention of suitable workers.
- Providers can contribute to the overall perception of the sector by striving for best practice.
- Providers have the opportunity to lead the shift towards values-based hiring practices and leadership.

Active workforce planning and investment in skills development and leadership capability

- Providers should undertake active, long term workforce planning that ensures they are well positioned for current and future workforce requirements, including in leadership and supervisory roles.
- Providers have a responsibility to invest in training and support resources for their workers, and to take a long-term view of skills needs in their organisations and the sector.
- Providers should identify career pathways and develop mechanisms to recognise outstanding achievements.
- Providers should also focus on strategies to enhance leadership capabilities at the board, senior management and supervisory levels to support long term success.







05

Benefits and implementation

These 16 initiatives will generate benefits for participants, workers, providers, and the broader Australian economy

Benefits that will flow from implementation of this Plan

| | | |
|---|--------------|---|
|  | Participants | <ul style="list-style-type: none"> ■ Improved participant outcomes ■ Increased capacity to meet demand, including in thin markets ■ Greater choice and control, and diversity of services ■ Continuity of services |
|  | Workers | <ul style="list-style-type: none"> ■ Decrease in workforce churn ■ Increase in average work hours due to reduced red tape ■ Substantial growth in workforce size across the NDIS and broader care and support sector ■ Higher adoption and completion of training |
|  | Providers | <ul style="list-style-type: none"> ■ Increase in adoption of innovative service models ■ Greater visibility of opportunities in the market ■ Reduced red tape |
|  | Economy | <ul style="list-style-type: none"> ■ Job creation ■ Increase in number of business opportunities |

Consultation, engagement and monitoring throughout implementation

The Australian Government will work with state and territory governments, industry, providers, participant groups and workers to design and deliver the initiatives in this Plan.

This will include:

- Convening stakeholder briefing sessions shortly after publication of the Plan, followed by regular updates.
- Engagement sessions and working groups to support the co-design of the initiatives in this Plan where appropriate, drawing on the experience of peak bodies, providers and participant groups.
- Ongoing collaboration with states and territories on linkages between this Plan and related state and territory initiatives.

To ensure there is momentum and accountability to achieve results, we will monitor and evaluate the success of the Plan through to 2025 using success indicators for each initiative and established stakeholder feedback mechanisms.

Implementation will be reviewed and adjusted over time to take account of feedback from stakeholders and findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

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COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY
INSURANCE SCHEME

National Disability Insurance Scheme oversight

TUESDAY, 18 MAY 2021

CANBERRA

BY AUTHORITY OF THE SENATE

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JOINT STANDING COMMITTEE ON THE NATIONAL DISABILITY INSURANCE SCHEME

Tuesday, 18 May 2021

Members in attendance: Senators Askew, Carol Brown [by audio link], Steele-John and Mr Andrews, Ms Coker, Ms Payne.

Terms of Reference for the Inquiry:

To inquire into and report on:

As part of the committee's role to inquire into the implementation, performance and governance of the National Disability Insurance Scheme (NDIS), the committee will inquire into and report on independent assessments, with particular reference to:

- a. the development, modelling, reasons and justifications for the introduction of independent assessments into the NDIS;
- b. the impact of similar policies in other jurisdictions and in the provision of other government services;
- c. the human and financial resources needed to effectively implement independent assessments;
- d. the independence, qualifications, training, expertise and quality assurance of assessors;
- e. the appropriateness of the assessment tools selected for use in independent assessments to determine plan funding;
- f. the implications of independent assessments for access to and eligibility for the NDIS;
- g. the implications of independent assessments for NDIS planning, including decisions related to funding reasonable and necessary supports;
- h. the circumstances in which a person may not be required to complete an independent assessment;
- i. opportunities to review or challenge the outcomes of independent assessments;
- j. the appropriateness of independent assessments for particular cohorts of people with disability, including Aboriginal and Torres Strait Islander peoples, people from regional, rural and remote areas, and people from culturally and linguistically diverse backgrounds;
- k. the appropriateness of independent assessments for people with particular disability types, including psychosocial disability; and
- l. any other related matters

WITNESSES

| | |
|--|-----------|
| BLADEK, Mr Oliver, Deputy Chief Executive Officer, Design, Digital & Strategy, National Disability Insurance Agency [by video link] | 21 |
| BROADHEAD, Mr Peter, Group Manager, Participant and Performance, Department of Social Services | 21 |
| GRIFFIS, Mr Damian, Chief Executive Officer, First Peoples Disability Network [via video link] | 1 |
| HOFFMAN, Mr Martin, Chief Executive Officer, National Disability Insurance Agency..... | 21 |
| JOYCE, Mr Ross, Chief Executive Officer, Australian Federation of Disability Organisations | 9 |
| McALPINE, Ms Catherine, Chief Executive Officer, Inclusion Australia | 43 |
| McGEE, Mr Patrick, National Manager, Policy, Advocacy and Research, Australian Federation of Disability Organisations..... | 9 |
| McNAUGHTON, Mr Scott, General Manager, National Delivery, National Disability Insurance Agency [by video link] | 21 |
| REYNOLDS, Senator Linda, Minister for the National Disability Insurance Scheme [via video link]..... | 21 |
| RULE, Ms Catherine, Deputy Secretary, Disability and Carers, Department of Social Services..... | 21 |
| WALSH, Mr John, Private capacity [by video link]..... | 53 |

GRIFFIS, Mr Damian, Chief Executive Officer, First Peoples Disability Network [via video link]**Committee met at 09:02**

CHAIR (Mr Andrews): I declare open this hearing of the Joint Standing Committee on the National Disability Insurance Scheme. These are public proceedings, although the committee may determine or agree to a request to have evidence heard in camera. Proceedings for today are recorded and may be broadcast and the media may be present. I remind all witnesses that, in giving evidence to the committee, they are protected by parliamentary privilege. It is unlawful for anyone to threaten or disadvantage a witness on account of evidence given to a committee and such action may be treated by the Senate as a contempt. It is also a contempt to give false or misleading evidence to a committee.

If a witness objects to answering a question the witness should state the ground upon which the objection is taken and committee will determine whether it will insist on an answer, having regard to the ground which it is claimed. If the committee determines to insist on an answer, a witness may request that the answer be given in camera. Such a request may be made at any other time. I remind those contributing that you cannot divulge confidential, personal or identifying information when you speak. If you wish to supplement your evidence with written information please forward it to the secretariat after this hearing.

I now welcome Mr Damian Griffis from the First Peoples Disability Network, who is appearing via videoconference today. Thank you for appearing before the committee today. We have the submission from the network. Would you like to make an opening statement?

Mr Griffis: Yes, please. Thank you to the committee for the opportunity today to represent the views of Aboriginal and Torres Strait Islander people with disability. The First Peoples Disability Network opposes the introduction of independent assessments as outlined by the National Disability Insurance Agency. These proposals are causing a great deal of distress in our communities. We believe the current reforms need to stop immediately and that the NDIA needs to urgently work to repair trust with Aboriginal and Torres Strait Islander people with disability.

We make the following recommendations: that the NDIA immediately cease the implementation plan for independent functional assessments and outline a consultation processes with people with disability and their representative organisation around the implications of the proposed changes; consult specifically with Aboriginal and Torres Strait Islander people with disability and their representative organisations about the risk for our community in relation to independent assessments, specific considerations needed and the parameters for tailored pilots with Aboriginal and Torres Strait Islander people with disability prior to any broader implementation; and address the broader issues about access to the NDIS for Aboriginal and Torres Strait Islander people with disability through a genuine co-design process with Aboriginal and Torres Strait Islander people with disability.

By any measure, Aboriginal and Torres Strait Islander people are amongst the most disadvantaged of all Australians because they often face discrimination based upon their indigeneity and/or disability. In 2013, the First Peoples Disability Network launched a 10-point plan for the implementation of the NDIS in Aboriginal and Torres Strait Islander communities with bipartisan support and updated it in 2018 with a broader, more comprehensive plan to fix the NDIS. However, the expertise in community connection of FPDN has not been adopted. A key recommendation that the FPDN has long argued for is the establishment of a formal advisory structure made up of Aboriginal and Torres Strait Islander people with disability and other Aboriginal and Torres Strait Islander stakeholders to advise the NDIA. Such an approach has never been undertaken by the NDIA. This is in contravention of the NDIA's own guiding document on engaging with Aboriginal and Torres Strait Islander people. Furthermore we have long argued for a First Peoples disability representative to be on the board of the NDIA—also to no avail.

These 10 priorities for addressing the unmet needs of First Nations people with disability are: one, invest to create an Aboriginal community controlled disability service sector; two, address the specific barriers facing Aboriginal and Torres Strait Islander people with disability in accessing the NDIS; three, prioritise timely intervention to ensure supports and services are provided and available over the long term and at the right time in peoples' lives; four, recognise and value the existing knowledge, skills and expertise within Aboriginal and Torres Strait Islander communities—we are leaders in the inclusion of people with disability; five, resource a community directed research strategy; six, endorse and support peer-to-peer leadership to ensure that Aboriginal and Torres Strait Islander people with disability lead the engagement with community themselves; seven, develop and implement an access to justice strategy for Aboriginal and Torres Strait Islander people with disability, particularly those with cognitive impairment, sensory and intellectual disability; eight, develop and implement programs for inclusive education; nine, create links between the National Disability Strategy and the Closing the

Gap framework; and, 10, develop an Aboriginal and Torres Strait Islander disability performance framework for the independent monitoring of the social and economic outcomes of Aboriginal and Torres Strait Islander people with disability.

In a previous submission about proposed changes to the NDIS, we made the following key points about how the NDIS is functioning for Aboriginal and Torres Strait Islander people with disability that are relevant to the discussion about independent assessments: Aboriginal and Torres Strait Islander people with disability experience severe aggravated disadvantage because of the intersection of their aboriginality with disability; they face significant barriers to access to the NDIS, asserting their rights and being aware of what supports are available; need culturally sensitive resources to manage supports and the associated administrative obligations; can be reluctant to engage with government agencies for fear of unwanted surveillance and intervention in their lives; face barriers with the mainstream disability service sector; and need culturally safe and available diagnosis capacity, particularly of highly prevalent stigmatised disability types, such as fetal alcohol spectrum disorder. We have continually raised our concern that, as with other government service delivery mechanisms, the NDIS sits within a Western bureaucratic structure that has been designed and functions without and often conflicts with Aboriginal and Torres Strait Islander culture, including our approach to disability and structures.

To finish, FPDN acknowledges some of the successes in terms of successful engagement with First Peoples in their communities—but such success is limited to only a small number of locations. This is far from the universal experience for Aboriginal and Torres Strait Islander people with disability. FPDN is regularly contacted by community members from around Australia that express often very serious allegations that range from feeling seriously marginalised because of race, to feeling patronised and talked down to. A further regular comment from community members is that the expectation is that Aboriginal and Torres Strait Islander people with disability and their families have to fit into the NDIA system and that the system simply does not properly or adequately understand the real lived experience of many Aboriginal and Torres Strait Islander people with disability, which often relates to people living in extreme poverty. We urge the committee to consider these wider issues as they consider any changes to accessing and using NDIS supports for Aboriginal and Torres Strait Islander people with disability.

CHAIR: Thank you, Mr Griffis. I will lead off with a couple of questions before going to the deputy chair. Can you just elaborate on what degree of consultation occurred between the NDIA and the Indigenous community over the independent assessments?

Mr Griffis: I would say zero. We haven't been consulted in any meaningful way around independent assessments as the national representative organisation for Aboriginal and Torres Strait Islander people with disability. I am not aware of any Aboriginal or Torres Strait Islander people with disability being part of the NDIA trial. I stand to be corrected there. It may well be possible that there have been, but we're certainly not aware of any. The specific needs of our people with disability require direct consultation with us, not a mainstream one-size-fits-all process. As you would know, many of our people with disability live in remote communities and they have a very different set of needs than many other Australians with disabilities.

CHAIR: You may have answered my second question in your remarks, but let me just clarify. The submission states:

There has been no specific testing of the independent assessments with First People with disability, including to test the cultural safety of the process.

It is the first part of that sentence that I want to dwell on at the moment. Subsequent to writing the submission is it still the case that there has been no specific testing of the independent assessments with First People with disability?

Mr Griffis: Not that I'm aware of, and I certainly don't know of any Aboriginal and Torres Strait Islander people with disability that were part of the trial. It's very possible that there have been but more by chance than by design, I would argue. I'm not aware of any Aboriginal people being part of that. That is not to say that there hasn't been, but there hasn't been a specific strategy for that.

CHAIR: So, as an organisation, you have no feedback from Indigenous people as to their experience of the trial, if any of them participated?

Mr Griffis: Not the trial but we certainly have lots of feedback about how the NDIS is working or not working. A good example of that is that I was in Horsham in Ballarat a couple of weeks ago and a number of community members at those consultations were sharing with us some of the frustrations they have in engaging with the NDIA in that area. That's a consistent theme across the country. There have been some successful engagements in some parts of the country, but it's not a universal story, by any means.

CHAIR: Thank you. I will go to Senator Brown now.

Senator CAROL BROWN: Thank you for coming along to give what will be very important evidence here today. Firstly, I want to go to your organisation's view around the transparency of the IA trials that have been undertaken and the consultation. As you will know, transparency is a key principle in the NDIA's services charter, and I want to know what your organisation's view is, thus far, about the transparency of the trials and the consultation process.

Mr Griffis: From an Aboriginal and Torres Strait Islander perspective, transparency of the trials is non-existent. I'm not aware of, for example, how many Aboriginal and Torres Strait Islander people with disability were part of the trials. That is the first thing we don't know. But, more generally, we have an ongoing frustration in terms of our relationship with the agency. As I outlined in my statement, as far back as 2013, we developed a very prescriptive 10-point plan for the successful implementation of the NDIS in our communities—which I'm sure you would recall, Senator, back in the days of different ministers. We did that because we kind of knew that we would be in this position. We are almost a decade later and so often the needs of Aboriginal and Torres Strait Islander people with disabilities are—for want of a better term—the last cab off the rank. So we very deliberately and very strategically developed a prescriptive outline for what needs to happen and we're close to a decade later and we would say that none of those 10 points have really been met in any meaningful way.

We don't know who represents the views of Aboriginal and Torres Strait Islander people with disability within the agency. That's another concern for us in terms of transparency. We have long argued for an advisory committee made up of Aboriginal and Torres Strait Islander people with disability and other Aboriginal and Torres Strait Islander stakeholders. At one stage, several years ago, we got to the point where we were putting names forward for who would be some good people to be on that committee. It has never happened and we don't know why. That continues to be a mystery to us.

So, if we are talking about transparency, one immediate fix is to formally establish that committee. I would note that the feedback I have had about the NDIA in the past in relation to establishing that committee are comments like, 'If we do that for Aboriginal and Torres Strait Islander people we're going to do that for everybody.' From where we sit, what would be so bad about that in terms of representing CALD views and other communities too, for that matter? So transparency—or the lack of it—is a great source of frustration, to be honest.

Senator CAROL BROWN: In terms of the pilots, what is your view around the data that they released in relation to the pilots thus far? I understand from your submission that you believe it's incomplete. What's your view around what needs to be released?

Mr Griffis: We would like to see it released so we can understand how many Aboriginal and Torres Strait Islander people with disability were part of that process. We don't know whether there were any Aboriginal and Torres Strait Islander people with disability part of that process. It's possible there were but we certainly haven't heard of that and I imagine that, even if there were, the sample size—for want of a better term—would be so small that the data wouldn't be reliable anyway, from our perspective.

Senator CAROL BROWN: By that, do you mean that the data that's been released doesn't represent any support for the effectiveness of the process?

Mr Griffis: I guess it goes to the point that we don't know how many Aboriginal and Torres Strait Islander people were involved in the trials.

Senator CAROL BROWN: So what do you think the value is of what has been released so far?

Mr Griffis: From our perspective, we wouldn't have any confidence in it because we don't know how many Aboriginal and Torres Strait Islander people with disability were part of the trial.

Senator CAROL BROWN: In the Tune review, he did note in terms of the independent assessment that there's a particular risk that Aboriginal and Torres Strait Islanders and those from CALD backgrounds will disengage. In your submission, you talk about the distress around the announcement of independent assessments. Tune went on to say that, given the risk, 'the depth of the NDIA-approved panel of assessors must be sufficient to mitigate any engagement risks'. Do you think the panel of assessors that have been announced—

Mr Griffis: Sorry, some of your words were cutting out, but I think you're asking about the panel of assessors. Is that correct?

Senator CAROL BROWN: Yes, in terms of their ability. Tune says that 'the depth of the NDIA-approved panel must be sufficient to mitigate any engagement risks' for Aboriginal and Torres Strait Islanders. What do you think about the panel of assessors that has been announced?

Mr Griffis: Senator, I will be blunt and say that I have no confidence whatsoever that the panel of assessors has any understanding of the lived experience of Aboriginal and Torres Strait Islander people with disability. I imagine there are other community groups that would share similar concerns. Are there Aboriginal assessors? I doubt it very much. Do they really understand the lived experiences of Aboriginal and Torres Strait Islander people living in regional and remote Australia? Do they know, for example, that some of our people with disability live in unsafe housing, don't have access to clean and consistent water supply, have no means of moving around their communities and don't speak English as a first language? Do they have that understanding? Do they know that there is often—as many committee members would know—a deep distrust between government and Aboriginal and Torres Strait Islander people when people engage? That's based on historical realities.

We have very grave risks in this area. I think I'm right when I say that, across every jurisdiction now in Australia, we have an increasing number of Aboriginal children in out-of-home care. The risk here is that we have greater surveillance, and an uninformed assessor may make conclusions that are detrimental for a young Aboriginal child, resulting in their removal. I will give an example that describes that. Often what can happen when you live in poverty is you don't necessarily have food in the fridge. You don't have food in the fridge because you're poor. It's not because you're negligent; it's because you don't have a way to purchase food, particularly in remote Australia, where it might cost you \$9 for a two-litre bottle of orange juice. An inexperienced community worker or assessor may walk in and make an assumption which is not based on reality. The fact that people live in poverty is why they don't have resources; it is not because they necessarily are being negligent. Then you go on this journey where the child is removed and communities are fractured.

You have to understand the lived experience. You have to understand that, in regional and remote parts of Australia, as many committee members would know, a lot of our people face challenges that are non-existent in other parts of the country. So I don't have any confidence whatsoever. There are very capable Aboriginal organisations that could partner in these assessments, as in Indigenous allied health professionals, for example. I am sure they would be keen to play a role in this space. We have the National Aboriginal Community Controlled Health Organisation. There are options there. But, if we're going to be serious about addressing the needs of Aboriginal and Torres Strait Islander people with disability, there needs to be greater investment urgently. In fact, that needed to happen a decade ago.

Senator CAROL BROWN: Thanks for that.

Ms COKER: Thank you for sharing your expertise with us today. You mention in your submission that Aboriginal and Torres Strait Islanders face significant barriers to accessing the NDIS and that there needs to be 'dedicated, long-term investment in building individual and community capacity and confidence' in order for Aboriginal and Torres Strait Islanders to 'understand, negotiate, and assert their rights'. Do you think that the independent assessments go anyway to achieving that?

Mr Griffis: No, I don't; I'm sorry. In terms of investments, there are three priority areas. The No. 1 priority is that we need to an Aboriginal owned and operated disability service system. That will take significant time and there are opportunities with Aboriginal Community Controlled Health Organisations to build upon the footprint that they have around Australia. So that's the No. 1 priority. No. 2 is that we need to create an Aboriginal and Torres Strait Islander disability workforce. One doesn't exist. That will also require significant investment. No. 3, though—and most critical from a First Peoples Disability Network perspective—is we need to educate and inform Aboriginal and Torres Strait Islander people with disability about their rights and entitlements so they can effectively self-advocate.

What I would say, in a crude sense, is that the NDIS works really well if you know how to work the system—if I can be blunt. I mean that in a way that you are well informed and you know how to seek the support out or if you have got a family member that is well informed. There are Aboriginal people that are getting good support out of the NDIS—there is no doubt about that—and it usually happens because there is a family member who knows how to negotiate and ask for what they need. If you don't know what to ask for, you don't know what to ask for—and that is the experience of most Aboriginal people with disability. So we have to build expertise so that people can start articulating for themselves what they need. We have a human rights training program that we roll out around the country. The idea behind that is that people will become their own effective self advocates. So they are the three priority areas we see as urgent and long overdue in terms of meeting the need.

It's difficult to think of any more disadvantaged Australians than Aboriginal and Torres Strait Islander people with disability. We have very high rates of disability. At least 45 per cent of Aboriginal and Torres Strait Islander people have some form of disability or long-term health condition. That doesn't include a measure on psychosocial disability, though. We would say that most Aboriginal and Torres Strait Islander people with disability would experience depression, anxiety or PTSD. We don't really have a measure on that—so the figure is

in fact higher. We also have a much higher rate of severe and profound disability. So as many as 7.7 per cent of all Aboriginal and Torres Strait Islander people could be considered to have severe and profound disability. So this is not a fringe issue; it's a major issue. There should be as many as 60,000 Aboriginal and Torres Strait Islander people with disability accessing the NDIS, and we're nowhere near that figure. That is just the reality. That's just the numbers. That's just cricket, to be honest.

Ms COKER: You say that there are those who are more able than others to move through the system, to negotiate well and to advocate for someone with disability well. The government would say that the reason that they're suggesting independent assessments and wanting to roll them out is that that's going to be a way of creating equity in the system and in the outcomes. We all know here that there is great concern around independent assessments and that they are seen by many as a cost-cutting measure. How do we tackle the fact that some actually do better because they are better at that negotiation and advocacy? What would you see as an effective alternative that means we don't get the potential for cost-cutting but we increase that equity and, I suppose, quality outcome?

Mr Griffiths: There's a simple fix to that. There have been successful programs run, such as the Aboriginal Ability Links program in New South Wales, and we were, in the very early days of the NDIS, trialling an Aboriginal Community Connectors Program, which worked really well. I don't know why it hasn't continued to be funded. I think it's because it's sometimes viewed as advocacy, and that, if I may say so, is a dirty word when it comes to the NDIS. But it's a very simple idea: you employ local First Nations people who have connection or understanding of the disability, and they identify the needs in those communities.

We are not opposed to accountability at all. We want a quality system and we're invested in it working. But to get confidence in the system and to ensure that Aboriginal and Torres Strait Islander people get fair and equitable access, there needs to be recognition that something extra needs to happen, and that is employing Aboriginal community connectors around the country. You can embed them in Aboriginal community controlled organisations or in existing Aboriginal organisations. Their job is to inform and educate local community members and identify need.

I'm not confident about a panel of assessors who don't know what life is like in Wadeye or in Ali Curung. The risk will be either that the assessors will say, 'That's too hard. We won't do it,' or that no-one will come forward in those communities because they, firstly, don't understand what the scheme is. The language around the scheme doesn't make sense: 'I'm going to be asked all these questions about my private life? Geez, the last time we went down this path, aunt down the road had her child removed.' So you have to have local people involved. But that's not a terribly scientific idea; it's just a simple one. And I don't know why that hasn't been rolled out when, in the early days of the scheme, it was being trialled.

Ms COKER: My last question is about the fact that many of these communities are reasonably isolated. I think your suggestion has a lot of merit, but the issue is around how, when we have isolated communities, we ensure there's equity. If we're going to have local people able to represent, that seems to be quite a challenge. Would you see an opportunity for technology, such as we have today, to be an effective mechanism?

Mr Griffiths: Yes, I think it's worth trying those things, definitely. Telehealth is becoming more prominent around the country, and some communities are quite familiar with that process. What we lack is someone to assist with getting through the first door. That's what that local Community Connectors model is. That needs to roll out around the country; it needed to happen a long time ago. We're not opposed to accountability and all of those things, but you really have to understand the lived experience of Aboriginal and Torres Strait Islander people with disability, and I'm not confident. There has been no evidence to date. There have been some isolated cases, and usually they work because there are local people on the ground. There has been some interesting work done up in Arnhem Land by Miwatj Health Aboriginal Corporation. My understanding is that that has been working quite well. That's an Aboriginal Community Connectors model and they've had good results. We have to replicate that around the country. Financially, that would surely be a better long-term investment anyway.

The other thing we need to recognise is that, in some of our communities, people don't necessarily want services; they lack resources. I can give an example. In one remote community I've been to recently, what they wanted in that community was a wheelchair-accessible vehicle. They didn't need an external service system to come in and do home-care services so that, if I could be cheeky, people could keep their houses tidy. What they needed was a wheelchair-accessible vehicle so that they could go to a larger town and take people who are wheelchair users to their health appointments. That would have been a perfectly fine response. People were getting supported within their own community, naturally, so that wasn't the issue. The issue was a lack of resources. It doesn't necessarily mean that there's going to be a requirement for huge service investment. Sometimes it's a resource issue.

Senator STEELE-JOHN: Thank you very much, Mr Griffis, for your evidence so far. It's been really useful. Can I just clarify this, so that we are all very clear. We are now a very long way into the process of the agency and the government designing and putting forward independent assessments. We've had the best part of 3,000 people go through the second trial, and about 1,000 people went through the first trial processes, if I remember rightly. That's a significant cohort of people that have been subjected to these assessment processes so far, to date—putting aside what happens in the future. So are you telling me that we have got to this point, where thousands of Australians have been exposed to independent assessment processes, and neither the agency nor the government made any attempt to consult with Australia's peak body for First Nations disabled people in the creation of this process or the nature of the assessment itself?

Mr Griffis: What we talk about in terms of consultation is direct consultation with the First Peoples Disability Network about independent assessments. No—as if. I'm also not aware and would love to know how many Aboriginal and Torres Strait Islander people with disability have been part of those trials. I don't know.

Senator STEELE-JOHN: Yes. So we've got a situation where, as far as your network is concerned—and you are the peak in this space—there have been zero consultations to this point?

Mr Griffis: Specific to us, absolutely—that's correct.

Senator STEELE-JOHN: In your evidence so far, you have articulated in your submission and your verbal evidence significant concerns as to the cultural appropriateness of the questions that are asked and the nature of the process?

Mr Griffis: Absolutely.

Senator STEELE-JOHN: And is it your view that the inappropriate nature of these tools and the process could cause distress and harm, trauma, to First Nations people who were subjected to them, given their inappropriateness?

Mr Griffis: Absolutely, and we know from our consultations around the country over the last decade, Senator, that what will happen is that Aboriginal and Torres Strait Islander people with disability and their families will simply withdraw. They just won't participate. It'll become a conversation in community: 'No, don't go yarn with them fellas because you don't get what you want out of them or they're going to ask a lot of questions.' And then what will happen, and what does happen, is some communities simply go, 'That's not for us; that's a whitefella system that's got nothing to do with us.' That is the experience that we see across the country. This will continue to happen unless we have a specific focus and those other strategies around developing an advisory council and all those sorts of things that can start to address the inequity experienced by Aboriginal and Torres Strait Islander people with disability.

Senator STEELE-JOHN: I'm imagining, Mr Griffis, that had the government come to you last year, for instance, and said, 'This is what we are thinking of going ahead with. Can you give us some advice as to how to do this well with First Nations folks in a way that eliminates trauma and is appropriate,' you and your network would have been more than happy to provide them with that advice, wouldn't you?

Mr Griffis: Absolutely. But that consultation needs to come directly to us; it needs to be directly with First Nations people.

Senator STEELE-JOHN: They need to pick up the phone. So if we were as hopeful as we could be—and you're absolutely right; we do not know, currently, the number of First Nations people that have taken part in the trial. But if we aimed for the stars with the number and you had a broad representation percentage-wise of the broader population represented in the trial, given that we have had a couple of thousand people go through the trial processes, you could safely say, couldn't you, that we're talking hundreds of First Nations people who may have been involved in this trial?

Mr Griffis: Absolutely. As you would be aware, given that we say 60,000 Aboriginal and Torres Strait Islander people with disability are potentially eligible for the NDIS, if my maths is right, that could mean as much as 12 per cent of all participants. Therefore, if we take that logic, 12 per cent of the 3,000 should be Aboriginal and Torres Strait Islander people with disability. That's a figure that the NDIA does not like—when we say 60,000 Aboriginal and Torres Strait Islander people with disability are potentially eligible. But that's just the maths.

Senator STEELE-JOHN: Absolutely it is.

Mr Griffis: It is what it is.

Senator STEELE-JOHN: It is what it is, and the maths would further lead you to conclude that, if we are working on those percentages, we have potentially got hundreds of First Nations people exposed to culturally

inappropriate, traumatic processes at the hands of this pilot process, which could have been avoided had they picked up the phone and spoken to you and people in your network at the beginning of the trial.

Mr Griffis: Absolutely, Senator. I would like to know, on behalf of all Australians with disability, how many Australians with disability living in regional or remote Australia were part of that trial.

Senator STEELE-JOHN: Absolutely. There's a growing body of evidence that a lot of people have been exposed to very traumatic circumstances through these processes generally. Thank you. My next question goes to the evidence that you gave us on page 12 of your submission. I think in some ways it's one of the things that really struck me about your submission. You talk about the risk that you see in relation to independent assessments potentially increasing family separation and child removal—a very serious and significant issue, with consequences for First Nations people. Would you be able to elaborate on why you hold these concerns?

Mr Griffis: As you know, there's already a serious overrepresentation of Aboriginal children in out-of-home care in every jurisdiction. I think I'm right when I say that, in every jurisdiction, that's increasing. The risk with this system is it's further surveillance. In relation to that example that I used before, if you don't come at an understanding of what's happening in the lives of many Aboriginal families across Australia—that many Aboriginal families live in poverty, often extreme poverty—and if you're not well informed about that, you'll rush to judgement. This is one of the criticisms of the out-of-home care system; that's what often happens. People that are not well informed—sometimes they're well intentioned—will make assumptions about what's going on within a family or community environment without understanding that it's very difficult for some families to have food in the fridge, because we have a problem with how expensive it is to buy food in remote Australia. So then you could make an assumption, if you are ill informed, that there's perhaps neglect or something like that going on, and that's not the reality; it's a consequence of poverty. I also agree that, if families don't have the supports that they need to provide support to their young family member with disability, there's also rush-to-judgement assumptions made, which can result in an overeager—probably not the right word—system that immediately rushes to judgement and makes calls which are of serious detriment to young Aboriginal children.

Senator STEELE-JOHN: Absolutely. You said in your submission and in your verbal evidence—and this is echoing evidence that we've had across the sector in relation to people from cultural and linguistically diverse communities—that many of the questions that are contained within the various assessment tools that are planned to be used as part of IAs will not effectively capture the needs of First Nations people. Are you concerned that we may have a situation where you have an assessor that is somebody flown in from the closest regional centre or capital city that is not appropriately qualified to administer the tools in the best of circumstances, let alone for First Nations people, that then makes a decision which will be translated into a budget outcome that may then see First Nations participants actually have very low levels of funding placed in their plan because their needs aren't appropriately captured?

Mr Griffis: Absolutely, Senator. I can just picture a scenario: well-meaning white fellow flies into remote community, gets off the plane with his clipboard, goes through the questionnaire. The questionnaire is utterly irrelevant or incomprehensible to some people whose English is a third or fourth language. It may be that the respondent is not particularly active in the interview because they perhaps don't understand the questions, because they're not in language, for starters. And then you'll get an outcome which suggests that that person doesn't need support. I'm absolutely certain that is already happening and will continue to happen.

Senator STEELE-JOHN: The only bit you missed there was the white Landcruiser that takes them from the airport to the—

Mr Griffis: Maybe with an 'I love NDIS' T-shirt too!

Senator STEELE-JOHN: Yes. I will ask my final question and then hand back to the chair. The government and the minister have announced a pause and a desire to consult in relation to IAs. Have you or your network been engaged by the minister as part of this consultation process?

Mr Griffis: Not yet, no.

Senator STEELE-JOHN: Not yet?

Mr Griffis: No.

Senator STEELE-JOHN: Has the minister reached out or sought a meeting with you?

Mr Griffis: No, not specifically with our organisation, no.

Senator STEELE-JOHN: Wow. That's pretty outrageous. I think you might be getting a phone call quite soon. Thank you very much for your evidence.

Senator CAROL BROWN: I have a follow-up on Senator Steele-John's question. Mr Griffis, you indicated in your submission that, in relation to the issues and distress around the announcement of independent assessment, you reached out and raised those directly with the minister—perhaps not this one—and the NDIA. Did you receive any sort of response about the issues that were raised directly?

Mr Griffis: No, and this has been a problem throughout the life of the NDIS. The point I was making earlier is that I don't know where the agency gets its advice from in terms of Aboriginal and Torres Strait Islander people. I'm not clear. If they're not talking to the First Peoples Disability Network, if they are not talking to national Aboriginal community controlled health organisations and if they are not talking to Indigenous Allied Health Australia, I'm unclear where they get their advice from.

Senator CAROL BROWN: It must be quite frustrating when you hear about these announcements that affect the NDIS and then words like 'consultation and transparency' are thrown in. It must be quite frustrating when, if, as you say, you raise issues, and it's just crickets, and then they announce they will do better at their consultation and there is still no contact.

Mr Griffis: Yes, and we want consultation. We are very keen to consult. We are very keen to make the scheme work for Aboriginal and Torres Strait Islander people with disability. As an organisation, the staff are all personally invested in it, so we want to see it work. And we have some good ideas. And we have ideas, actually, that, when we talk to colleagues in the wider disability sector, they would love to see implemented for all Australians with disability. The Community Connector model has merit for all Australians with disability. I think the frustration we also experience relates to us being thought leaders on inclusion—and, as you would know, in traditional language we have no word and had no word for 'disability'; it's always been an accepted part of the human experience—so we've got a lot to offer, and that's a further frustration for us.

Senator CAROL BROWN: Thanks, Chair.

Ms PAYNE: Thank you, Mr Griffis. Do you have any examples of good practice co-design models if the NDIA were to genuinely engage with a co-design process, as you have recommended?

Mr Griffis: Yes, as I understand it, what has been happening in East Arnhem with Miwatj Health Aboriginal Corporation is a good example of some meaningful engagement. That's again using an Aboriginal Community Connector model. With the Aboriginal Ability Links program, or 'Linkers', in New South Wales, some parts of the state did better than others, but that was another program that had some merit. With the trial of the First Peoples Disability Network Aboriginal community connector program, we actually co-located two of our staff in the NDIA office in Adelaide. They were actually embedded in the NDIA office, which was a unique model. That disappeared five or six years ago. So there are definitely ideas there.

The other thing that we can do is look to the way that disability is supported in income-poor settings. Around the world, since the 1980s, there has been a program called community based rehabilitation. It's a pretty simple idea. It developed in income-poor settings where there is no government system. These are places like Bangladesh, for example, where there is no system of any note at all. It's a simple idea. It's where you generate leadership in a local community, ideally a person with disability themselves leading it. Then they go around the community and check out or audit, for want of a better term, what they don't have and what they need. Then you go seek those supports. We need to start rolling out and trialling programs like that in remote Australia.

Ms PAYNE: Do you think there is more of a role for Aboriginal controlled health services in the NDIS?

Mr Griffis: Absolutely. We talk with the national peak, NACCHO, regularly, and we're starting to work in very closely. The advantage that ACCHOs have is their footprint. They already exist in large parts of the country. I think they'd be the first to admit they've got quite a way to go in understanding disability. What we bring to them is getting them to understand disability rights. They would all come from a medical model. But what they do have which is a great asset is that connectedness. Investment in that could mean a significant change for many Aboriginal and Torres Strait Islander people, no doubt about it. We've got a strategy in mind there. Again, these are the kinds of conversations that need to be happening with the National Disability Insurance Agency. Those conversations are well advanced, actually.

CHAIR: Mr Griffis, thank you very much. I think that's exhausted our questions. I thank you for the submission from the First Peoples Disability Network and for your participation in the committee hearing today.

Mr Griffis: Thanks very much.

Proceedings suspended from 9:52 to 10:03

JOYCE, Mr Ross, Chief Executive Officer, Australian Federation of Disability Organisations**McGEE, Mr Patrick, National Manager, Policy, Advocacy and Research, Australian Federation of Disability Organisations**

CHAIR: We will resume the hearing. I welcome representatives from the Australian Federation of Disability Organisations. Thank you for appearing today. We have the organisation's submission. Would you like to make some opening comments?

Mr Joyce: Yes; thanks, Chair. AFDO and our 29 member organisations represent a reach of about 3.8 million Australians. So I think we have a significant footprint across the country in terms of what's happening for people with disability and their families. We're also a cross-disability organisation, a disability representative organisation and a disabled people's organisation. We are federally funded—though I note not very much money—to do systemic advocacy work through the DSS as a disability representative organisation.

Firstly, I would like to get to the point of talking about what's going on from the sector point of view, and I want to use the opening statement to say that we absolutely fully support the NDIS. It has made such a difference in the lives of people with disability and their families. Are there issues with the NDIS rollout? Of course there are. It's a major scheme rollout—I think you and other members of the committee have heard these things before, Chair—and there are also going to be some issues that happen with that. But what's happening currently is quite distressing for those of us that are representative organisations for the sector but, more importantly, for people with disability and their families across the sector.

Basically, the trust between the sector and the NDIA senior management has been eroded and is broken. I think you would have seen that by a range of activities that we have been undertaking as a collective sector. That's not just AFDO and our members but across the sector. The representative organisations have been working solidly together on this. We don't find it genuine to cherry-pick or pull parts out of reports—and I'm referring to the Tune review and Productivity Commission reports—and then try to use those to mount an argument, particularly about scheme sustainability, that is not genuine. That is quite distressing for us and leads to a breakdown in the trust between us and the senior management of the NDIA.

In terms of sustainability it's interesting to note that the words have shifted and now it's called 'affordability' not 'sustainability'. I, AFDO and our members flatly rejected the proposal that the scheme is unsustainable. We have done that from the beginning and we continue to mount that case. The scheme is sustainable. The scheme is in line with exactly what the Productivity Commission report indicated. There has been no change in that. I must draw the committee's attention to the annual reports from the NDIA on the NDIS itself. Every year, there's a section in the act—I'm not sure but I think it might be section 82 of the act—that requires that the government's own actuary has to have a look at the scheme and examine the sustainability of the scheme and do with that with the actuary of the scheme itself. That happens every year—every year there's a report and every year that's presented—and every year there's a letter from the government's own actuary office indicating how the scheme is going. Last year in the annual report for the NDIA, the scheme actuary and the government actuary both presented in there and there's a firm letter from the government actuary about the sustainability of the scheme. The government actuary indicated that, yes, there are cost pressures—I think you would expect with any operation that there'd be cost pressures, and that's what you need to respond to—but there was absolutely no mention of the scheme being unsustainable. In fact, it got the approval from the government's own Audit Office. I again go back to the trust issue and how we move forward with the NDIA senior management. That's a real sticking point. At this point I will throw across to Patrick

Mr McGee: I always like to open with a story, as you all know as I've come before many times. Today I would like to tell you about Rosie Anne Fulton. Many of you might know Rosie Anne Fulton. She is a young Indigenous woman from Alice Springs who has fetal alcohol syndrome disorder. She was indefinitely detained in Western Australia and then came to Alice Springs. She is a very complex woman with very complex interactions of impairment and environment. She knows her own mind and is very clear in her own opinions about what's possible. Rosie Anne Fulton has spent almost 60 per cent of her adult life in detention and, whilst in detention, often would be in solitary confinement because of behaviours of concern. She is very addicted to alcohol, and alcohol always plays a part in a cycle of destruction.

Since Rosie Anne Fulton has come onto an NDIS plan we have been able to wrap around her a system of culturally safe, culturally informed support. I can now say that, since the middle of last year—and this has never happened in her life—with this good quality, well-funded, reasonable and necessary support there has been no jail, no drinking, no hospitalisations, no sexual assault, no physical assault, no police time and no court time. This is what is at stake. It's reasonable and necessary support. It uses the expertise of the sector to fund the support that

is needed. We've taken a woman, whose life experience was about detention and terrible violence, to a new place where she is living her life. She is living with her husband, getting support and participating in the life of the community. That's what's at stake.

I do a lot of work in the disability support pension space. I'm pleased to note that there has been an inquiry called into the disability support pension. We have a rising level of concern about the sense of devaluing people with disabilities in the public policy space in Australia. Some 270,000 people have been taken off the DSP under what's called partial capacity. These people still have a disability but have been denied eligibility since the changes with the impairment tables, which are being reviewed this year. These people still have a disability and in the majority of cases their mutual obligations have been waived because of that disability, but they are now on JobSeeker. They will be permanently on JobSeeker and will not be able to get a job because their disability is such that it will preclude them from being able to participate in the labour market.

That system has been put in place by multiple governments—not just the Liberal government; Labor put that in place as well. These are people with mental illness and chronic pain. They are people who live on the margins of our society and are often driven by poverty. They now no longer have access to the disability support pension but actually can't participate in the labour market. What do you think is going on there? It is the tightening of eligibility. It's the same model we're looking at here. There is a tightening of eligibility leading to less support for people with disabilities.

If we have dismantled the state and territory disability systems and we're going to tighten eligibility to the only accessible point for disability support, where do we think the support needs of all of these people are going to go? They're going to go into all the other systems that already are overburdened and underresourced—homelessness, justice and health. A cynic among us might well talk about cost shifting. We know that that's an old game in a federated structure. But what we've got now is an example of what can happen for people with disabilities—a place at the table where their dreams and aspirations can be the same as yours and mine: the sharing of the wealth of the country so that they can live their lives like you and I. It is effectively the first time that that's actually happened in this country—where society has invested in people with disabilities.

The last thing I'd like to say is it's an example of complexity and how it just is a square peg in a round hole. People with autism are probably amongst some of the most complex people. What we've got is a situation where we want everybody, in a cookie-cutter type approach, to fit into an assessment process that simply is not going to work for people with disabilities. Not only is there no functional assessment that's really tailored to the needs of people with autism, but the needs of people with autism change and develop and are uncovered as they move through their life. It's not a static moment of assessment that enables the provision of support. It simply doesn't work like that. We're not just talking about people with autism. All of our members have written in. These are people with polio, people with fetal alcohol syndrome disorder, people with physical disabilities. They have all written in and said this standardised approach of one size fits all simply doesn't work, and it devalues people with disabilities when we've just emerged out of all of that. Thank you very much.

Mr Joyce: Can I add a couple more things, Chair?

CHAIR: Yes.

Mr Joyce: Thank you. I think that creates a really interesting point about independent assessments. We are not against independent assessments, but we are for independent assessments based on what the Tune review actually wrote, based on what the Productivity Commission actually wrote. If you read the full outline of those reports, it is not the model that's put forward currently. It is not the model that the NDIA senior management are bullying and pushing through at rapid speed.

That brings me back to the pause. It was great of the new minister to come in and put a pause but that hasn't stopped the NDIA senior management from continuing behind the scenes to work on pushing hard what they believe, and it's a misguided agenda. It will not work. It will be to the detriment of people with disability and their families. We can't accept that as something that just gets pushed through.

We've made it very clear that we're going to take a tough stand on this. When I say 'we' I am again talking about all my sector colleagues as well. We do not accept the way it's been put forward. We have felt completely disrespected in the whole process. It's not the process that the Tune review said. If you read through that, the Tune review said it needs to be co-designed and undertaken with people with disability, their families and their representative organisations. That's what the Tune review said. It didn't just say put in independent assessments. Tune was really good in clearly outlining what the difficulties would be if you didn't follow that process. And guess what? Here we are.

This is the difficulty of not following an appropriate consultative process. The NDIA senior management just thought that going off with an idea—it's not thoroughly researched. It's not even proven, by the way, that this independent assessment process is going to result in the changes they're talking about, that they want to get. There's no proof of that whatsoever. So it's a flawed process. It hasn't been thought through well at all. It's been pushed through and continues to operate.

The other part of our worry is that not only do the NDIS senior management continue to work on that—they've put in a cost-cutting taskforce—but that work is still happening with a consultant from McKinsey. That's ongoing. That hasn't stopped. The aim of that group is to look at cutting the cost of plans and restricting the entry to the scheme. That's not the principles of what the scheme is about. That's not what we all signed up to. That's not what the Australian community signed up to with it. We're quite distressed at how this has played out. We previously had a really good relationship with the NDIA but I believe that trust is now broken. That's particularly with the senior management of the NDIA.

We want to see a stop to this. We want to see that real consultation happens. It's great of the minister to go on a listening tour and listen. What we want to see is some positive outcomes, from that, that mean people with disabilities, their families and the organisations that know their disabilities and represent them are part of that process in resolving the other issues for the NDIS, and there are a number. Access and equity is just one. We think we've got the good advice on that, but we're not asked about it. We're given a process where we can fiddle around on the edges with things, but we had no say in how it was structured in the first place. Thank you.

Mr McGee: We used to go to consultations about planning, about complexity, about transitioning, about housing—consultations about the full scope of issues. Now we go to consultations about: will we have a functioning NDIS next year? That's all we now talk about. We're not engaging in any of the work that needs to be done, because the NDIS is only 10 years old.

CHAIR: Thank you. Mr Joyce, your remarks are a useful segue into what I want to ask about. I have an open mind about independent assessments, so I'm trying to look at and hear the evidence about all this. To the extent I understand the process of independent assessments, there will be a series of tools which can be used in order to make an independent assessment. Are you aware of the process by which any one or number of those tools will be selected for any particular participant?

Mr Joyce: Of the tools, there are about six—

CHAIR: Six or seven, yes.

Mr Joyce: which are designed depending on which disability you present with. Part of that—and we spoke about complexity when we were presenting—is it doesn't take into account people with disability with complex needs or multiple disabilities, or areas such as autism or intellectual disability. It doesn't really fit well for that. Despite what the NDIA senior management seem to like to trot out, it's not proven anywhere else in the world that those particular tools are going to give you a better result or meet the support needs, and that, therefore, you get what you require to lead a good life. There's absolutely nothing anywhere that justifies those tools. They're justified particularly in a narrow area but not for what the NDIA want to try and do with them, at all. This would be the first in the world.

CHAIR: Secondly, a number of organisations propose to be contracted in order to carry out these assessments but I'm not aware of any evidence before us as to the qualifications, skills or experience of an individual working for any such organisation to utilise any one of those tools or to be sufficiently knowledgeable to know which tool to use—or, indeed, to have experience of particular disabilities, if I can take it one step further. If a person presents with speech difficulties, one would normally expect that a speech pathologist would be the treating person for that. But you wouldn't use a speech pathologist for the assessment or treatment of a person with a spinal injury. On the basis of any consultation or information you have, do you know how those decisions are going to be made as to the experience, expertise or skills of the individual within the organisation who may carry out such an assessment?

Mr McGee: It has not been explained to our satisfaction how an international standardised tool, whether it's one type of tool or six, can be applied over the phone in a three-hour assessment process and yield the depth of information that makes up how to support a person with disability. You can't assess point in time and then expect that point-in-time assessment to yield a range of support needs that you apply—it's not just applying them in the person's house; it's applying them in the person's environment, in their community. And the communities are very different. If you're in Tjiticala, which is a little community of 300 people outside Alice Springs, there is one sealed road, and everything else is rock and dirt. The functionality of your assessment cannot simply come from a standardised approach that lacks any sort of cultural safety. There was a great example of this done in the

seventies—a Scottish functional assessment which had tying up shoelaces as one of the key assessments of functionality; everybody ties their shoelaces up. But, when we applied it to Aboriginal people, no-one could tie their shoelaces up, because no-one had any shoes. When you use a standardised approach, you immediately run into very serious validation issues.

Mr Joyce: The other part is that that's absolutely contrary to the principles of the scheme.

CHAIR: Are you rejecting any standardisation in terms of the approach or are you saying that there needs to be a combination of approaches?

Mr McGee: We're saying that the current application of what has been put before the public about the way independent assessments will occur is simply 'square peg, round hole' stuff. It cannot and will not address what we already know. We learned what we know about the NDIS very early on. If I'm in a wheelchair and I have good, strong self-advocacy skills, I'm in a settled family environment and I'm linked into my own community—those people went through the NDIS very quickly and very well; Jordon is a good case in hand! But if I am a person who is living in poverty, with a borderline cognitive impairment, who has spent time in the justice system and now has some health issues, and I don't think of myself as a person with disability, then we get into real trouble.

The existing application and eligibility process has struggled. With a standardised approach, we're not suggesting that the tools themselves lack validity; we're saying it's the application of what's been in the public space about independent assessments that is extremely concerning. Rosie Anne Fulton would not have got what she needed. We've crafted a very particular type of support package around her. It allows her the freedom to live her life the way she chooses, and part of that freedom is to drink alcohol. We cannot get in the way of it, as much as we'd like to, because it's an alcohol addiction. This would never have made it through the standardised approach to independent assessments, because the type of support package that she would have been allowed would have been a much lower and a much, much, much blunter method.

Mr Joyce: Back to your original question, though: we don't know. We don't know what the qualifications are of the people who deliver these. We don't know if the companies that get this will get junior side employees without a lot of experience to do these assessments. There are cost issues involved for anybody doing that, and, as we know, sometimes for who is ensuring that the quality is there for what they're doing. We don't have answers on any of that. We just get told, like we usually do, 'You'll find out; we'll release that soon.'

The other part that I'm a little bit confused about with this whole process with independent assessments, the part that has confused me the most, is that the NDIS is actually the domain of the Department of Social Services. The NDIS is who sets the policies and processes—

Mr McGee: DSS set the policies.

Mr Joyce: DSS, yes—the department. The NDIA is about operationalising that. It feels to us that the tail is wagging the dog on all of this all the way through. We feel that the NDIS, which is in the Department of Social Services, has been missing in action in terms of what it was doing, in terms of what it would recommend, rather than having NDIA senior management rushing off and pushing through policy changes on their own.

CHAIR: There is one last question from me before we go to Senator Brown: are there accepted and recognisable definitions of high functionality, medium functionality and low functionality across the disability sector?

Mr McGee: We've all been hung over. We all know what that feeling is like. Think about your own functionality when you're hung over. It's pretty low. But that doesn't mean that your functionality generally is actually impaired; it just means you've had a day where your head is hurting and you're a bit slow in the stream. So functionality is not a static thing. It's a fluid thing. Malcolm Morton, the young man I'm guardian for, is about to have an exhibition of his paintings in Melbourne. People think his painting is amazing, but Malcolm Morton's functionality is incredibly impaired. We don't judge each other by what's functional in our lives. That's just one aspect. What we're going to do is judge people with disabilities by what they're functionally able to do. That's certainly a part of what we need to do with people with disabilities, to help structure support. If people can't independently toilet themselves, we want a functional assessment that shows us how they can learn to do that. Where are the gaps in the knowledge and the behaviour? But it's not the only thing by which we create and judge our lives. So, yes, there are measures of high functionality, medium functionality and low functionality, but—goodness me!—I think we've moved beyond just that framework to judge how people with disabilities can contribute to and participate in the life of the community.

Senator STEELE-JOHN: Can I just clarify one thing coming off that. I have two questions. One is about when you talk about there being an appropriate role for an independent assessment tool. What I'm imagining is

that, for instance, with Vineland-3, which is one of the tools that are being used, there is an appropriate place for that to be used in a certain context by a qualified professional as part of a number of things you would do to get a picture of somebody. Am I right in thinking that?

Mr McGee: Yes.

Mr Joyce: Yes.

Senator STEELE-JOHN: What's unproven here, and what is being put to us as a committee, is that that tool can be combined with several other tools and administered upon all participants and can give a meaningful outcome and a relevant reading. That is the bit that's unproven. That's what you're saying.

Mr McGee: It's certainly unclear. There are a couple of things about Vineland. The first thing is that, if I administer a Vineland to someone on a Wednesday and they're having a great day, they might not come out as having an intellectual disability on the Vineland. If I administer the Vineland the following Saturday, when they've had a really bad day, I might find that they come in under the Vineland score for intellectual disability. The Vineland score itself has created a really big problem in our prisons, where there is a large overrepresentation because we've got a whole lot of people with what's called borderline intellectual disability sitting in our prisons, and their functionality fluctuates. It's not one thing or the other.

Senator STEELE-JOHN: So it follows from that that with the 'my budget' tool that is in development—which we've heard from the agency is dependent on inputs from independent assessments—if you assess somebody on a good day they'll get a different reading, and that will be input to the budget tool and will affect their plan outcome.

Mr Joyce: Yes.

Mr McGee: For people with psychosocial impairments, if you administer an assessment whilst they're having a psychotic moment, that's a different story.

Senator STEELE-JOHN: Okay. So we're on the same page there. I'm taking Senator Brown's time, so I just want to be clear with you again about functionality. We received on notice answers to questions on notice that we submitted to the agency, from our last hearing with the CEO, where there was mention of a pool of participants whose functionality was measured at different intervals and that measuring had gone from high functionality to low functionality over the course of a period of time. We've had that back to us today. It's a nice coloured chart. It talks about low, medium and high functionality across key cohorts within the scheme, from autism to cerebral palsy. This is the critical point: are you aware of a universal standard of functionality that it could be applying to create this modelling, or is this something that the agency has done internally in deciding the labels of high, medium and low function?

Mr Joyce: We're certainly not aware of any universal application of that. And your point is correct: the functional assessment should only be one part of looking at the supports and requirements for people with disability.

Mr McGee: I'll answer your question with another example. Malcolm has had five different diagnoses, and functionality for each of those different diagnoses would be different. When he was young, people were worried, child protection were worried because he was found to be mutilating dogs on community. That's a very big trigger for concern about behaviours coming out of that. As it turns out, Malcolm grew up watching his uncle butcher kangaroos on their kitchen table. It turns out his uncle was the butcher for the community. What he was doing was simply replicating his cultural mentor, and he was using the animals that he could most easily get. He was being the butcher like his uncle, whom he loved. That's the story of what was going on. So functionality is just one lens that you look through at a person with a disability. It's not the only way that we can understand and support disability.

Senator CAROL BROWN: Thank you very much for appearing today. I think it was you, Mr Joyce, that raised the terminology that's been used around sustainability. Now the word 'affordability' is being used. I haven't seen that anywhere. Could you expand on what you mean there.

Mr Joyce: Sure. In terms of the sustainability of the scheme, I think I outlined quite clearly that we've rejected that from the very beginning. That's been supported by what's come through from the commission's reports. It's also been supported by other findings from the Productivity Commission over a number of years. It's also been supported by the government's own actuary office, and it is annually reported on and shown in the report from the NDIS—what's happening with the scheme's sustainability. That's what it's even called. On that score, it dismisses the case that has been put forward by the NDIA senior management about sustainability.

It's interesting that the words have now shifted to 'affordability'. I think it's because the agency realised that they weren't going to get away with the argument of sustainability. If the government has a problem with the affordability of the scheme and the cost pressures, which are a normal part of any operation, then the government probably needs to take that up with the states and territories and look at what their contribution to the scheme is. They're all contributing, and if there's a need to shift that then that's the conversation that needs to happen. It shouldn't be thrown onto people who are participants in the scheme or who want to access the scheme that somehow they've got to suffer the consequences and have their valid support needs cut. That's the point of that sustainability argument.

Senator CAROL BROWN: Yes, but where have you seen the change from 'sustainability' to 'affordability'?

Mr Joyce: It's from the agency's language, from the NDIA. It came to in the budget side the other week, as well, and the new NDIS minister, Senator Reynolds, also is using the terminology of 'affordability'.

Senator CAROL BROWN: I note that you say in your submission:

The Scheme whilst still approaching full roll out has not been utilising the full amount of its budgeted annual expenditure ... Why is it that the minister and the NDIA are putting forward this issue around sustainability/affordability?

Mr Joyce: I honestly believe it's in an effort to ensure that their model of independent assessments is flagged through. That's what we feel, and that's what we won't accept. We want to work on a model that will actually deliver good results for people with disability and their families and also for the Australian community, the taxpayers.

Senator CAROL BROWN: You also put in—sorry, Mr McGee did you want to say something?

Mr McGee: No, I'm all right. You know I will if I need to.

Senator CAROL BROWN: Oh yes, I'm sure, Patrick! You've got a section in your submission around what the Productivity Commission and the Tune report actually propose. Why is it, do you believe—or do you believe—that the NDIA are deliberately, I don't know, misleading people around what the Tune review and the PC actually propose in terms of the principles that set out independent assessment how they should be undertaken?

Mr Joyce: I think that's an excellent question for the NDIA to answer, because anyone who can read and can read the Tune review will see that what's being proposed is not what was proposed in the Tune review whatsoever. It's not what was proposed in the Productivity Commission report, as well. I think they're very good questions that I'd like to hear the answer to from the NDIA.

Senator CAROL BROWN: They're up sometime today, so we can ask the question. The other question I had really goes to the questions that have been asked around the independent assessments and focusing on 'functional impairment'. Do you have any understanding as to whether family circumstances or the substantial amount of informal supports that are provided to participants are taken into account?

Mr Joyce: Not that we are aware of. There is still a lot that we are uncertain of. Can I just say as well that, whilst I know we're here to talk about the independent assessments side, we have some significant concerns about some of the mooted changes to the NDIS Act, as well. That only started to roll out after we were given a document that said, 'Here's what we're proposing to do on independent assessments. You can't touch any of that, but you can look at these bits with us.' So, again, the consultative process on all of that has been—well, I would call it appalling.

Mr McGee: Anybody who either lives with a person with a disability or has a family member with a person with a disability knows that, support wise, this is not a static process of one plus one equals two. Support for people with a disability and a family structure or in a community structure is interdependent. It is not functionally based. Crisis happens on a day-to-day basis. One of our staff members has a daughter with Down syndrome. Some days she can ring up to 30 times and other days maybe once. The interdependence of the support that is needed to really comprehensively not just teach someone how to tie their shoelaces but actually exercise their citizenship rights—that's what the scheme is about: treating people with disabilities as equals in allowing them to participate in the wealth of this country.

We are awash with cash in this country. There is no real need for us to be penny-pinching on the dreams and aspirations of people with disabilities. Anyone who has grown up and worked in disability, as I have for 30 years—and, Senator Brown, I know you're the same—knows it's such a hard life. And it's not a life where you and I have any real understanding of just how hard it is. So why, given we like the idea of a fair go in this country, wouldn't we give it to people with disabilities? Why are we doing this, just 10 years into a scheme, when there's no evidence that it needs to be done?

Mr Joyce: Can I say that investing in people with disability and their families as part of the scheme is actually an investment in the economic wellbeing of the country. There seems to be an attitude that people with disability are getting these big plans and—people must think, for some reason—they're squirrelling that money away. No. They need it for daily supports. They need it to try to live an ordinary life. They need it to help them to reach some of their goals and aspirations. We seem to look at it and say, 'Look at all the money they got.' I can tell you: that money goes back into the economy, because it's being spent on the supports and the needs—the things that people with disability need to have in their life. That's what's going on. It's not a cash flow of money going to people with disability. It goes back into the community through service providers—anyone providing any level of support for them, anyone providing any assistive technology—and all of those people, in companies and things, are contributing BAS, contributing tax, making a living. So I just don't understand the whole stance on accusing people with disability. It seems to be that way, with a finger going: 'You're getting a lot of money. You shouldn't be getting that.' They need it for their supports; that's what they need it for. And we need to be fair and reasonable about that. As Patrick said, it looks like we're getting to a penny-pinching stage, and that's completely contradictory to the principles of what the scheme is about.

Senator CAROL BROWN: I have one last quick question. Have you seen the media statement 'Clarification on NDIS Scheme costs' that the NDIA put out? It was put out on 15 May. It was essentially that they would like to clarify discussion of the Productivity Commission's 2017 report on NDIS scheme costs.

Mr Joyce: Yes, we have. I'll be quite honest with you: I don't really pay much attention to their media releases at the moment. Our argument on the sustainability of the scheme has been constant. We haven't had to change language; we haven't had to change tack. The scheme is sustainable. The scheme is doing what it said it would do, in terms of the costs of the scheme, according to the government's own Productivity Commission report. The scheme is continuing on according to the scheme's actuary and the government actuary's reviews every year, year on year. So, yes, I'll be honest and say I take a number of those things that are trying to justify it with a huge block of salt.

Mr McGee: Could I add one very quick comment? It's almost like it's a tactic of the NDIA to deluge the sector with a whole plethora of information about this, that and the other. It feels like that's a deliberate tactic to weigh us down with having to respond. As you know, AFDO are doing a lot of work but we're very poorly funded. Everybody knows our story; we tell it to you all the time. We've decided to focus very clearly on key things and not worry about the deluge of information coming out of the NDIA.

Mr Joyce: Correct.

Mr McGee: We've given you a submission today, and that's the focus.

Mr Joyce: We feel like we're on the reverse of the *Yes Minister* thing. The way that the public servants would do it in that great show, as we remember, was to deluge the minister with a whole heap of reports and paperwork. That's what we're getting from the NDIA consistently: lots of documents, lots of discussions, lots of telling us what they're doing. But if we want to have input into that, no, it doesn't work that way.

Mr McGee: I'd like to quickly come back to Mr Andrews' functionality because one of the things that happened along the way was Minister Roberts talking about access to sex workers and it became a real issue. I haven't run this by Ross, so I'm going to get in trouble after this. I like to quickly tell you two things: every year an organisation in Victoria puts on a workshop for parents of people with disabilities about sexuality. Every year that workshop was overbooked, and every year there were mums and dads from all walks of life attending workshops about how can their children live their sexual lives. This is important to understand because it was mums and dads wanting their children to have the same type of lived experience as the rest of us. Not only that, they were worried about their children's happiness.

A second story is about a conference on acquired brain injury. A psychologist got up and detailed a year's study of four men with very serious behaviours of concern that were all sexualised. He provided access to sex workers for these four men once a month and their sexualised behaviours disappeared; not just sort of decreased to manageable levels, they disappeared. All I'm saying is functionality in a standardised test would not pick up any of this information that not only enriches the lives of people with disabilities but keeps the community safe from people with disabilities who have behaviours of concern.

Ms COKER: Thank you for being with us today. Your statements have been pretty powerful, many of them, and I appreciate what you said today. Mr Joyce, you have made some pretty powerful statements today. In your introduction, you said that trust in the NDIS has been—

Mr Joyce: The NDIA.

Ms COKER: eroded and broken—

Mr Joyce: It is the NDIA, not the NDIS.

Ms COKER: and that the words about the scheme's lack of sustainability are not genuine. In your submission conclusion, you state that there is an underlying government strategy to fundamentally change the scheme—reduce access, reduce plan values and to put the onus on existing participants to constantly prove their disability. What do you base these assessments of the government's strategy on? And how is it impacting on participants in the scheme?

Mr Joyce: It is based the assessment of that on what we have been given and what's been released up until now. I mentioned earlier about the task force that's operated by the NDIA. The sole aim of that task force that was uncovered is about reducing access to the scheme and cutting plan costs; it's as simple as that. So that's where that all comes from and it's been backed up by those releases, which were from within the NDIA itself. There is whistleblowing happening there by, I would imagine, some very good people in the NDIA—and there are some really good people in the NDIA—that don't support this whole push that the senior management are going with. So, again, I go back to it being ill-conceived. It's been contrived in a number of ways. It's been cherry-picking information to put out there to dispel some of the real issues that are there. I think, for people with disability, it's been horrendous. Many, many people around the country and our membership—29 organisations with a reach of 3.8 million—let me tell you, have been hearing a lot. People with disability and their families and supporters of people with disability as we—their friends, their other family members, others in the community—are greatly concerned about what is being mooted or proposed for the scheme moving forward.

Ms COKER: So when you say 'a push by senior management', can you explain to me what is that push that is being perceived by your organisation and by the participants you help?

Mr Joyce: Yes—

Mr McGee: Can I give you an example? In the Northern Territory we have a lot of people who are First Nations people with cognitive impairments with very complex behaviours coming out of prison and into the community. Up until maybe about 12 months ago, there was a standard view in support providers that that period initially after coming out of prison, because many of these people may not be known to the system, their disability identity might precede them, the level of risk they might show might be greater, but because no-one was sure, there was a general view that 2:1 staffing for an initial period was sort of a risk-management approach and then you could work out whether that net would continue to be needed; 2:1 is a very high degree of support. That is no longer possible. It is not just 'we'll address it more directly on a case-by-case basis'; it is just cart blanche, no more 2:1. If you're a support provider and you don't know who it is that's coming into your service out of prison, because you often don't—these are people who are dealing with the most pointy end of the spectrum—and you can't ensure the safety of your staff then you will not pick those people up.

Ms COKER: Just to continue, Mr Joyce, we talk about that there's an issue around sustainability. We know that Minister Reynolds has said that there has to be some hard discussions because of the supposed lack of sustainability of the scheme yet we have also heard that the scheme is on track. What are your thoughts about independent assessments? What's your view of them? Are they going to be sustainable into the future of the scheme? And do you think that they have merit?

Mr Joyce: The current model, no; we don't think the current model has any merit at all. It's completely unproven and not even thoroughly tested. It hasn't been rigorously assessed independently. It's all been an assessment undertaken by the agency itself. Do they give us all the results of those assessments? No, they don't. So we get little snippets of things coming out. When I mentioned about the trust being broken, that's breaking trust again. That's not being up-front with what's going on. That's not making us feel confident that what they're proposing has any merit to it at all. Outside of looking at restricting and cost-cutting, that's what we see this whole process is about. Is it going to take into account people's plans for their own future with disability? How is that going to factor into this model that's going to do a functional assessment? Somehow that's going to be channelled into this magical formula that's going to produce an amount of money that's going to support a person with disability. Well, what about their aspirations? I mean, that's what the scheme was about—is about. It's about the aspirations of people with disability, it's about what they want to do in their life, it's about how do we support them to do that better and get better outcomes for them, which are better outcomes for the whole of the community. So that's the point where we wouldn't accept the current model. It's untested, it's unproven, it's not independent, it hasn't been independently assessed whatsoever, and they're trying to do something with six functional assessments that, again, are not what they were really designed to do and doesn't take the whole person into account.

Ms COKER: I did ask a question of the NDIA in our last hearing about whether we will receive the data around independent assessments. The response was that there will be a final full evaluation report which will

include assessments, a survey and interview findings. As to the timing of that, we need to see it sooner rather than later, in my opinion. Finally, the issue of trust is really important. What do you think are the key things we need to do? We all began with the NDIA and believing that the NDIS was going to be an amazing scheme. It has the potential to be an amazing scheme and many people benefit from it. But we need to have trust. Participants need to have trust in the system. How do we rebuild that trust and get the outcomes we need for participants?

Mr Joyce: Whilst we put a pause on what is currently proposed, I think we need to go back a step and actually involve people with disability, their families and the organisations that support them, such as ours and all of our members, and all the others in the sector, to come up with solutions for the scheme. It's not just access and equity that's been an issue all the way along. There's always been a tension with that through the whole scheme. We need to look at some other issues in the scheme itself. You mentioned the scheme could be a fantastic scheme. Yes. We want it to be a fantastic scheme and we want it to deliver solidly on the principles of the scheme. We—and when I say 'we', I'm talking about people with disabilities, their families and the organisations that support and understand them—need to be part of that process. We have been completely cut out from the process. In order to rebuild that trust, there needs to be a complete flip on where it's currently going and it needs to get back to involving all of the parties and working together on the solutions, and doing that in a genuine way—not: 'Here's what we're doing, and you can look at those little bits but you can't touch the main parts.' I don't think anybody responds well to that sort of approach. I get back to the senior management of the NDIA not having handled this correctly. The former minister of the NDIS, Stuart Robert, was behind pushing this as well. I get back to saying the minister can only respond to what is provided to them by the agency. I think what's at fault is the quality of what the ministers have been given.

Mr McGee: When something is wrong with me, I go to a professional I trust. When something is medically wrong, I go to the doctor I trust. When something is financially wrong, I go to the accountant I trust. It is not fair. It's a breach of trust issue. We are saying to people with disabilities, 'You can't actually use the people you trust to help you create support. You have to use the people we're going to put before you, who you don't know.' George Taleporos wrote a great letter to the minister. I'm sure you've seen it. He was saying, 'You put me in a very awkward position.'

Ms COKER: I asked a question about that at the last hearing as well. There were some pretty personal questions raised.

Mr McGee: Why is it different? Why is it okay for us to use people we trust, but we're going to make it different for people with disabilities and say, 'You have to use the people that we will put before you'?

Mr Joyce: Even people who know them and have been supporting them and working with them for a number of years. As far as we know, you can provide any of that medical evidence and all that you like, but it doesn't mean that the agency is going to do anything with it. It doesn't mean that the person undertaking the assessment has to pay any attention to it. For some reason, it seems to be a bit of a slight on the allied health professionals and other health professions, that they are somehow going to beef up the problems of the person with disability. That's a bit of a slap in the face of the professionalism of those people and the standards that they have to adhere to. You would have already heard from a number of the allied health providers and their representative agencies. They're not very happy about that slight on them. How can a physician who is treating someone or an allied health professional who provides supports to somebody and has been doing that for a number of years have their opinion skewed because they're supporting a person? It doesn't make any sense.

CHAIR: Mr Joyce, this is a matter I put to Mr Hoffman last week. I'll just read from what I said so it's accurate:

One of the suggestions that's made from time to time is that there is a so-called sympathy bias on the part of treating professionals. Is this a factor that the agency is concerned about?

And I went on. Mr Hoffman answered:

Yes, it is, Mr Chairman. It is a factor that was recognised.

And he went on. Subsequently, he provided—and I haven't had a chance to read the academic journals—a list of references which support that contention. So the question I'm putting to you is the one I put to him: is there a sympathy bias, and is that something that needs to be ameliorated in some way to ensure that an assessment, to take your words, Mr Joyce, is not skewed?

Mr Joyce: I'm not going to suggest that nobody would necessarily have a sympathy bias. However, I think what's important is that the evidence that can be provided has to be taken into account, not just dismissed or, 'Yes it may be or may not be.' That's the important piece of it. So, again, we go back to: we're not opposed to having an independent assessment process in line with what's been articulated through the Productivity Commission report

and others, but what I think should be done is that it needs to be taken into account that people that know the person as a professional in their own right—well, something has to matter in terms of that.

Mr McGee: Of course we want people to have sympathy for people with disabilities. It's the very essence of, in fact, the interaction that allows people with disabilities to flourish and blossom. If people without sympathy are assessing the needs of people, what do we think is going to happen? Really! That is just a theoretical construct and a bureaucratic response to a situation that's been artificially created. We need people to be empathetic and sympathetic in the way in which they deal with people with disabilities, because life is really very difficult when you have a disability, and, if you don't have someone who is understanding you and is sympathetic to your situation, then what you get is a less quality outcome of support. It's as simple as that.

Mr Joyce: I'm not so convinced of the word sympathy, but I'd say professional empathy is what's important, and that gets back to that professionalism again.

CHAIR: We are running out of time. I know Senator Steele-John and Ms Payne no doubt have some questions, so I won't take that any further at this stage.

Senator STEELE-JOHN: I'm going to be really brief, and, if you're brief too, we can get through.

Mr McGee: Good luck!

Senator STEELE-JOHN: We'll both make a commitment to ourselves to do things that we don't do naturally! To end that line of questioning—and please correct me if I make a wrong assumption—the question here is not just: can you present evidence from a healthcare professional that you know? But it is, in fact: can you present evidence from a professional, a therapist, say—for instance, if you've got an autistic child—that has a long-term relationship with that child? It's not just that they know you; it's that you know them, and, critical, it's that they are qualified to administer the assessment tool that you are being subjected to. That is the critical point here, isn't it?

Mr Joyce: That's correct.

Senator STEELE-JOHN: I'll take you now to the much-famed NDIS submission to this inquiry—and it's one of the sections they haven't retracted! Under the section related to breadth of the assessment tools, there is this statement:

The assessment tools used during independent assessments will be aligned with the World Health Organisation's International Classification of Functioning, Disability and Health, and the activity domains described in the NDIS Act.

Now, it's the case, isn't it, that, while each of these individual tools meets that international classification, the combination of those tools in a singular assessment is the piece that, you are contesting to the committee, is the untested part of this process. Is that correct?

Mr Joyce: Correct.

Senator STEELE-JOHN: So, when we read your statements back, when we read your transcript back, all references to 'untested' are in fact references to being untested in the context of combination, together.

Mr Joyce: How it's going to be used, yes—how it's being proposed to be used.

Senator STEELE-JOHN: And that they would be additionally administered by healthcare professionals not relevantly qualified to the implementation of the assessment tool—a social worker, for instance.

Mr Joyce: Correct.

Senator STEELE-JOHN: I take you to section 5 of the submission, and the agency has spoken frequently about this—the concept of these tools being 'disability neutral'. Now, for the life of me, in my four years of experience with this, I've never heard of an assessment tool that is disability neutral.

Mr Joyce: It's a new term.

Senator STEELE-JOHN: Do you regard any of these assessment tools as being in any way disability neutral?

Mr Joyce: No.

Senator STEELE-JOHN: Is there any evidence that either of you have seen in your multiple collective decades in this space that has led you to believe that there exists, anywhere in the world, a disability neutral assessment tool?

Mr Joyce: I've never heard of the terminology.

Mr McGee: No.

Mr Joyce: We'd say no.

Senator STEELE-JOHN: Then can I take you back to the beginning, because you have put before the committee a very critical contention, which is that there is a fundamental disconnect between the recommendations of the Productivity Commission and the recommendations of the Tune review and what the agency has proposed. All three use the words 'independent assessment'. But, if I understand you correctly, you are suggesting that what the agency has put forward is different in substantial ways from what was suggested in those two reviews that are oft cited by the agency in support of the idea.

Mr Joyce: Correct, but I'd say that it doesn't even represent what was outlined in the Tune review or the Productivity Commission review.

Senator STEELE-JOHN: Okay, so, can you give us, in the most concise way possible, what your reading of the Tune review and the Productivity Commission review is? What are the key differences here, between what the Productivity Commission review and the Tune review told us and what the agency has outlined?

Mr Joyce: Fundamentally the engagement and consultation process in order to bring independent assessments in is completely missing. The intention is basically a co-designed process of people with disability, their families and the organisations that support and represent them. That's completely out of the sight of this process.

Senator STEELE-JOHN: So, the co-design did not occur?

Mr Joyce: No.

Senator STEELE-JOHN: Subsequently, I also believe the Tune review particularly makes mention of the discretionary nature.

Mr Joyce: Correct. It wasn't meant to be applying to everybody, and it was a discretionary call as to when it would be utilised. We now have a process that's going to apply to every single applicant and a process that's also going to overlay and apply to every single participant over time.

Senator STEELE-JOHN: Just to be clear: your reading of what the Tune review and the Productivity Commission review recommends is independent assessments of a type, of a process, co-designed with the disability community that applies in some cases to some participants?

Mr Joyce: Yes—not carte blanche.

Senator STEELE-JOHN: And instead we've got a fait accompli of a structure that's been presented to you as something for you to talk about, consult and potentially, in the broadest possible terms, give some feedback on—which is not co-design, in any meaningful sense—

Mr Joyce: Correct.

Senator STEELE-JOHN: for a process that will apply to all participants?

Mr Joyce: That is absolutely correct.

Senator STEELE-JOHN: So, that's the fundamental distinction.

Mr Joyce: The first document we received was from the agency, at a meeting on the independent assessments only at that point, that had at the top of it, 'These parts are non-negotiable.' So, you can talk about this bit—

Senator STEELE-JOHN: But these things are non-negotiable.

Mr Joyce: Non-negotiable.

Senator STEELE-JOHN: And that is not co-design, is it?

Mr Joyce: Definitely not co-design; no definition of co-design would have that in it.

Senator STEELE-JOHN: One of the things that is still not clear to me—and I acknowledge you haven't got a copy of this, so you'll have to trust that I'm reading it verbatim—is it says, 'The draft budget produced by the PB' personal budget tool 'is dependent on inputs from an independent assessment.' So it's the case, isn't it, that if you read down the WHODAS, the vineland tables, there's a number, a score out of a certain number, at the bottom of that assessment? That score was never designed to be attached to a financial outcome for the person that has been assessed, was it?

Mr Joyce: Correct and that hasn't been done anywhere in the world.

Senator STEELE-JOHN: It hasn't been done anywhere in the world. So one of the questions that we should put to the agency is: how are they weighting those outcomes in relation to the personal budget tool?

Mr Joyce: Yes.

Senator STEELE-JOHN: Finally, to you Mr McGee: you opened the session today with the story of Rosie Anne and you talked in detail about the positive impact that the package of funding that you have put around her has had on her. I would imagine that, in putting that package together, you had to go and talk about very specific

supports that they needed. You've sat down with the agency, I would imagine, or her representatives have sat down with the agency a number of times and gone, 'These are the specific things that they need.' That's been quite useful, I would imagine, to crafting that wrap-around package of support. Correct?

Mr McGee: That's correct.

Senator STEELE-JOHN: So, far from the contention that is put to us by the agency that the ability to go line-by-line on a support is a barrier for somebody like Rosie Anne, it is, in fact, critical that you are able to have that flexibility to go line-by-line to say, 'This is what they need' in order to build that wrap-around package, isn't it?

Mr McGee: That's absolutely correct. Not only that but that process opened up the opportunity for Rosie Anne herself to participate in the assessment process through articulating with the planner what she would like. It wasn't just us as service providers; it was actually her articulating her needs. That came about over time. That wasn't something that spontaneously emerged. It was a constructed process whereby the support that was provided then out of the assessment allowed her to see that there was value in coming and talking with the NDIA.

Senator STEELE-JOHN: So, in the absence of that flexibility, Mr McGee, do you now hold a concern that all of the work that has been done and all of the progress that she has made in her life thanks to these supports will be undone by the implementation of independent assessments?

Mr McGee: That's a very difficult question to answer categorically, to tell you the truth. It's hard to know from the complexity that Rosie Anne presents with. What will undo Rosie Anne is her alcohol addiction. But I think that what would happen with the application of an independent assessment is a limiting of what is possible because it would determine 'reasonable and necessary' out of a category of disability. Rosie Anne does not present as a category of disability. She presents as someone with very complex support needs arising out of a longstanding impairment that cannot be put into a square space that is neat and tidy.

Senator STEELE-JOHN: Okay. Thank you.

CHAIR: Mr Joyce and Mr McGee, we're a bit over time, so I will have to conclude now. I thank you for your submission and also the discussion with us this morning. We appreciate it.

Mr Joyce: Thank you very much for the time.

BLADEK, Mr Oliver, Deputy Chief Executive Officer, Design, Digital & Strategy, National Disability Insurance Agency [by video link]

BROADHEAD, Mr Peter, Group Manager, Participant and Performance, Department of Social Services

HOFFMAN, Mr Martin, Chief Executive Officer, National Disability Insurance Agency

McNAUGHTON, Mr Scott, General Manager, National Delivery, National Disability Insurance Agency [by video link]

REYNOLDS, Senator Linda, Minister for the National Disability Insurance Scheme [via video link]

RULE, Ms Catherine, Deputy Secretary, Disability and Carers, Department of Social Services

[11:24]

CHAIR: Can I welcome the Minister for the National Disability Insurance Scheme, Senator Linda Reynolds, and also representatives from the NDIA and the Department of Social Services. Thank you all for appearing today. I'm obliged to remind officials that the parliament resolved that an officer of a department or agency of the Commonwealth or of a state or territory shall not be asked to give opinions on matters of policy and shall be given reasonable opportunity to refer questions asked of the officer to superior officers or to a minister. This resolution prohibits only questions asking for opinions on matters of policy and does not preclude questions asking for explanations of policies or factual questions about when and how policies were adopted. Senator Reynolds, would you like to make some opening comments?

Senator Reynolds: Thank you very much, Chair. Thank you to the committee for allowing me to appear today and also for the opportunity to give an opening statement. Can I say first up that I'm very much looking forward to working with you and the committee to ensure that we can together deliver an enduring NDIS for many generations to come.

My first observation is that we've got a lot to be proud of with the NDIS. This is a world-first scheme, and it is changing the lives of hundreds of thousands of Australians. It's a scheme that initially did have bipartisan—in fact, multipartisan—support, which unfortunately doesn't seem to be universally the case at the moment, and that's something I'm hoping I can work through with the committee and with other colleagues, particularly in the Senate, to ensure that we do work together to keep improving the scheme, particularly for participant experiences.

It's a scheme that has been based in its development on a number of assumptions, particularly in relation to numbers of participants and participant costs that have not all proven to be correct. To be quite frank, it is now a scheme that is on an unsustainable growth trajectory at 12 per cent per annum. I know that together we've got to find a sustainable growth trajectory so the scheme itself endures for many generations to come.

I believe that this committee plays a vitally important role in helping to find consensus on issues in relation to the future of the scheme, as you're doing at the moment through a review of the independent assessments. I very much look forward to the committee's findings and recommendations on very practical ways that we can work together to make some changes to the scheme. I look forward to discussing these issues with you today.

One of the things that's really struck me in the first six weeks is that we all share something. Despite a diversity of opinion about what the scheme should be and where it should go in the future, there is one thing that we can all agree on—that is, the importance of this scheme and the uniqueness of this scheme globally and that this is a scheme that should continue and endure. Something else that's also been very apparent to me is the initial vision of this insurance scheme to provide people with permanent and significant disability with true choice and control over a more flexible package to achieve their life goals.

Despite some commentary to the contrary, the Morrison government is absolutely committed to delivering on this vision, as evidenced by our additional \$17 billion investment over the last two budgets across the forward estimates, which will actually take the federal government's share of investment in this scheme to 61 per cent by 2024-25. But it is true to say that it became very apparent to me in my first few days as the minister for the scheme—as custodian of the scheme—that there is significant anxiety and concern amongst those living with disabilities who are on the scheme and also amongst the very broad and diverse community of stakeholders in the disability sector.

Since my appointment as minister, I've spent the last just over six weeks meeting with key stakeholders—with peaks; advocacy groups; NDIS participants, their families and carers—to listen and to start to understand their concerns. I've done this through roundtables around the country, one-on-one discussions and, of course, discussions with my state and territory counterparts, who, equally, have a stake in the viability and the endurance

of this scheme. I've been listening carefully to not only a range of concerns but also some really constructive suggestions and feedback on where we can go with the scheme, and I'm continuing to do that, including straight after this today.

So, committee members, what have I heard so far? I've heard that many didn't feel included in the scheme reform discussions, including in the development of the IA process. I've heard that participants and, particularly, advocates feel there hasn't been enough co-design in terms of the IA and future reforms of the NDIS, and that some feel that their feedback hasn't been listened to so far and addressed. I've heard concerns about the conduct of the first and now the second evaluation pilots and I've heard about the lack of clarity in terms of communication about how these pilots will inform the future rollout of the reforms. Also, I think that there has been a lack of clarity in terms of how the IA process itself will actually benefit participant experience. A broader suite of reforms to make the scheme more flexible, pushing out the time frame for reviews, from annually; and getting rid of the line-by-line assessments, which I've absolutely heard are painful and, I think, unnecessary—if we can get the whole participant experience focused on and changed.

I've heard that, with the IA, there are concerns regarding the toolkit used by independent assessors, as well as the training and experience of the assessors themselves who are undertaking these assessments. I've heard concerns about whether these independent assessments would appropriately address the needs of quite a diverse disability population, including those with psychosocial disabilities and the CALD community in particular, and I'm reflecting on a lot of that at the moment.

But I've also heard concerns about the lack of state based community support for people with a wide range of disabilities and I've heard that the NDIS is fast becoming the only option for support of those with a disability. I think, if we allowed that to occur, that would be a tragedy for those living with disabilities—that it was the NDIS or nothing. I think everybody would be the poorer for that outcome.

I've heard concerns about the review and appeal rights part of the independent assessment process and I've heard that there is a need for more transparency in how decisions are made and, also, avenues for AAT reviews as part of that process.

So, having reflected on those issues that have been raised with me so far, I don't think any of them are insurmountable and can't be addressed, and I think that there are real ways that we can make changes. But, from my perspective, that will only occur if we can find a way to work together to address these issues, get the legislation through and, of course, get the support of states and territories. We do need to make the participant experience far better and we also do need to put it on a sustainable and enduring, growth-fostering trajectory.

To that end, I'm really delighted that many of the peaks and advocates I have met with have subsequently come back to me indicating they want to work with me, with this committee, with state and territory governments, to find ways of making independent assessments and the broader experience for participants work, and I'd just like to thank them for that very constructive approach.

In conclusion, I have heard that everybody wants this scheme to endure. I know that there are people in the disability community who are very angry. But I hope that together—with me, the committee and the NDIA—we can work together as an entire sector to find ways forward. I genuinely want to make it a less bureaucratic experience, have faster decisions and resolutions, and provide more flexibility with choice and control in packages, which the current 2013 legislation simply does not make possible. Independent assessments are not about cuts to the NDIA, and I think that is shown by the fact that we are continuing to make space for another 80,000 participants over the next few years and the fact that the federal government has invested \$17 billion more into the scheme so that we can continue to fully fund the current packages and add more people into the scheme, which, as I said, will take the Commonwealth contribution in the scheme up to 61 per cent.

There are two major priorities I have now seen as custodian of this scheme. One is that sustainable growth trajectory and how we work together to put the scheme on that trajectory. The other is how we now mature the NDIA and the legislation so that we get a much better participant experience than this. I know there's been some debate already through the committee about the PC projections, and I'm sure we'll have a discussion about that, particularly the 2017 projections. I know we'll have a discussion about that today, but the stark fact is that the actual plan payments per participant have increased by just under 50 per cent between 2017 and 2020, and that is not sustainable growth. No one thing will put this on a financial sustainable trajectory.

One final thing I'd like to share with the committee—and I'm very happy for us to unpack that—is that on the one hand we're seeing some fantastic results from participants and we're hearing some great stories about how participants are feeling more connected socially and within their communities, are feeling like they have more choice, control and independence, and are participating in the community more, but what we're not seeing yet is

any significant increase—in fact, there is a slight decrease—in people's engagement in employment. Something else that I've heard consistently from participants is that they want to work and be taxpayers and have that independence and control over their lives.

Another structural issue that I know the committee has talked about—and we fast-tracked the tables and charts for you—is that probably one of the most alarming trends that I've seen is that, despite those positive indicators that the scheme is delivering what it needs to deliver and what it was designed to deliver, the charts that we have shared with you show that at every annual assessment—on average, by disability type and by year people enter the scheme—cohorts are self-reporting reduced functionality. That varies, as you can see on the charts, by disability type, but the trend is absolutely undeniable: people are self-reporting, at their individual assessments every year, declining functionality. That is something that is quite confronting for me as the custodian of this scheme. What does that mean? It means either that the scheme is not working and we are actually making people less functional or that there is something else structurally going on that we need to address. I suspect it's the latter—that there is something going on. This is where I need to work with the sector, with your committee and with the parliament to work out why that is occurring, because that alone indicates a significant structural issue.

In conclusion: where to from here for me? I'm very keen, and I'm very aware that I do need to bring forward legislation this year, to improve the participant experience, particularly with some form of independent assessments in conjunction with changing the legislation for how people are reassessed to get rid of that annual requirement and the line-by-line requirement and to push it out to, maybe, three to five years, unless a participant's life circumstances change. We also have a participant service guarantee to provide more certainty about decision time lines and also more flexibility in their total funding package, which we would like to agree with participants and then leave it to them to work out how they spend so they don't have to keep coming back to the NDIA every time they need their wheelchair repaired, for example, or they decide to vary their support services.

So, I have committed, and the NDIA have agreed, to provide the outcomes of the independent assessments so that the committee as well as advocates and the states and territories can review that and provide input into the independent assessments and outcomes. We'll do that before I meet again with state and territory ministers at the end of July to review particularly the participant experience and where we need to go, together, with the states and territories, to put this on a sustainable growth trajectory.

So, thank you very much, Chair, and all committee members. I really do look forward to working with you and finding some solutions. I remember from my time on this committee that it is a terrific committee that is absolutely dedicated to ensuring that the NDIS is as good as it can be and that it endures. Thank you very much, Chair.

CHAIR: Thank you, Senator Reynolds. Indeed, this committee has acted in a very bipartisan manner, at least in the last two terms of parliament, in which I've been the chair, and I believe that was the case beforehand. I thank you for appearing today and participating in the discussion, and for the others. Your comments are really a segue into something I wanted to ask either you or Mr Hoffman, or others—whoever can answer. When I read the charts which were provided to us following our last discussion—I have to say, I am very perplexed about the apparent decline in functionality of the people under the scheme, whether it's in autism, acquired brain injury, cerebral palsy, multiple sclerosis or whatever. Across the board, this reveals a decline in functionality. That just doesn't add up, to me, from a commonsense point of view, because surely a scheme that is providing assistance to people in a whole variety of ways ought to be leading to higher functionality or at least no decline in functionality overall, across the board or on average. But this data reveals something different.

I suppose there are a number of questions that arise from that. One is: how is functionality defined in terms of these charts? Is there a definition of high, medium and low functionality that is applied? Minister, you referred to self-reporting. Is it simply self-reporting by participants? And are there some perversities in that self-reporting? Without suggesting that individuals are necessarily doing this, there is a tendency to define one's functionality down because that means that you're going to stay in the scheme or you're going to get the supports or whatever. I just don't know. But, as I said, I was highly perplexed when I read the first chart, and I turned over the page to the next one thinking there'd be variations in it, and there's no variation whatsoever. So, Minister—or Mr Hoffman, or whoever—can you enlighten us?

Senator Reynolds: I'll start, and then I'll hand over for the more technical information from Mr Hoffman. But one of the saddest things I've heard in all of my consultations was from a highly, highly capable advocate from Vision Australia who met with me in Canberra last week. He is blind and he said, 'I have never felt so disabled as when I go to the annual assessments every year.' This is a very accomplished, capable gentleman. I've heard that before—not quite as starkly as that, but I've heard it so often. So many people are saying that instead of actually

celebrating success they feel that they have to or somewhere in the system it is set up that people have to end up talking about their disabilities all the time and at that annual assessment focus on their disabilities rather than focusing on their progress and their abilities—obviously except for people who have degenerative diseases.

I think that is also something we need to look at: what have we done in this scheme such that people have to keep talking about their disability and proving how disabled they are, rather than, as the scheme was designed to do, demonstrate success and demonstrate that people's plans should change over time, up and down with their life and their outcomes? At the moment it doesn't seem that people are comfortable enough to say, 'I'm actually doing really well this year, and I might need fewer supports' or 'Let's talk about what I can do and what more I want to do in terms of ability.' I don't know what the solution to that is, but it is something that I have heard continually. As this advocate said to me last week, 'I never feel so disabled as at the annual review, which is painful, which is difficult,' and again the legislation makes it incredibly bureaucratic. My sense is that somewhere in how we do that might lie the answer, but I'll hand over to Mr Hoffman to answer your questions about the technical aspects of this reporting.

Mr Hoffman: I'll be very brief and then I'll ask Mr McNaughton, on the line, to also comment. We're talking here about reported and recorded functionality in our participant record system. It is then part of the process for doing the plan. The information comes from the participant or their doctor or other treating professional or from our planner himself or herself, using a variety of tools. This is the point, I think, that the Tune review referred to in terms of the inconsistency and variety of approaches and tools and methods that are used in the sources for the recording of this important information. But I'll ask Scott to go through in more detail exactly how this is done, because, as you've said, Chairman, it's an important point.

Mr McNaughton: I think it's important to go into a bit of detail here about how we currently do assessments as part of the planning process, because I think this will help the committee to understand our current state. As we know, there are a range of internationally well-regarded assessment tools that are used, based on a person's primary diagnosis. We provide this guidance to our LACs and planners. We give a guide around, if a person has an acquired brain injury, this is the preferred assessment tool. Autism, cerebral palsy, intellectual disability, as you'd imagine, are the key primary disabilities.

I'll give an example around intellectual disability, global developmental delay, or Down syndrome. There are a couple of really well-regarded, well-renowned, internationally regarded tools. The first one is what they call the *DSM-5*, which stands for *Diagnostic and Statistical Manual of Mental Disorders*. This can only be administered by a medical professional or a treating physician or a clinician or an allied health professional. We rely on that information to be provided to us as part of the planning conversation or the plan review process. We use the information provided by the treating health professional and we enter that information into our ICT system. We don't change those ratings. That builds a picture around that person such as their goals, their informal supports and mainstream supports. Those tools have a level. Level 1 is mild impact, level 2 is moderate, level 3 is severe and level 4 is profound. That information comes directly from the medical professional. If they don't have access to the *DSM* tool, they usually would use what's called a Vineland tool, and there are similar sorts of ratings within the Vineland tool. Again, Vineland is only to be administered by a medical professional. But what often happens is that many participants will have access to their medical professionals, their treating doctors, their allied health professionals, whoever it might be, to help with those tools, but not all participants do. If they don't, what happens then is that our local area coordinators or our planners, as part of the process, will apply what is called the WHODAS. WHODAS is where our planners will ask a series of questions, and they're around a person's cognition, their mobility, their self-care, their interaction with community. That is where the planner or LAC will use their skills and ask a series of questions. They'll have ratings around your ability to do something like answering a question from WHODAS: remembering important things to do, do you have difficulty or none? There's a rating for each of those. So the person will self-report and we will capture all of that information in administering the WHODAS and, again, that will build up a picture around the level of function; again, that's an important part of the planning process. For some participants, we administer that, so my staff, the planners of the LACs are doing the WHODAS. There's also a PEDICAT tool, which is used for zero to six-year-olds, and our early childhood providers do that, which is good. Other participants will have access to their clinicians, specialists, treating doctors and so forth and they'll provide a different tool that will give us a level of function. So here in lies where we get challenges around inconsistency at times. I do make it clear that that is just part of the planning process. We also have goals, aspirations, informal supports, behavioural support plans, complex AT or home modifications that may also go to form the plan.

But I thought it was important for the committee to understand how we currently do it and why there are inconsistencies at the moment. Again, this goes across almost all of the main disability types. Where it's a

psychosocial disability, we rely on a tool called the Life Skills Profile—again, to be administered by a clinician. If we don't have that, our staff will ask the WHODAS questions and that could actually result in a different level of reporting because it's a self-report back into our system. So it's spinal cord lesion and that has a rate and we'll enter that rating directly into the system; if not, we'll do WHODAS. Most people's spinal cord has a level of lesions, so that's probably a bad example but you'll see there are always different reports available.

I have given an example of how we currently do it. I think it's important for the committee to understand how we currently enter function as part of the planning process and why there is variability, where some participants will have access to those tools through their treating medical professionals and some our staff will have to administer through the WHODAS or PEDICAT tool.

CHAIR: To come to the nub of my question, Mr McNaughton, the current measure of functionality is the result of the data which has been entered by the person doing the assessment whether it's a medical practitioner using DSM-5 or a medical professional using Vineland or a planner using PEDICAT; is the data entered into your system as a result of those assessments?

Mr McNaughton: That's correct.

CHAIR: Is there any differentiation in the data as to which assessment was done, whether it was DSM-5 or Vineland or WHODAS? I'm perplexed about this reduction in functionality. Is there any difference in the outcome over a period of 2017 to 2020, depending on which assessment was done, which tool was used?

Mr McNaughton: If a participant has an intellectual disability, we have a DSM report and it's level 4, so it's profound. That's what we have from the medical practitioner and we put that into the system. For another person with intellectual disability who's been through WHODAS, who's done the self-assessment questionnaire with our staff, we enter into the system the result of the WHODAS report and that will produce a level of function based on the WHODAS questions. So there are different questions and different outcomes that go into the system based on the responses to those, whether the medical practitioner or the answers through the self-assessment questions through WHODAS.

CHAIR: In terms of what's proposed is the only thing that differs who actually does the assessment? In other words, will DSM-5, Vineland, WHODAS and the other tools still be used depending on the circumstances of the person being assessed?

Mr McNaughton: The proposal would be—and others will jump in here—that we would not have to have our planners or the local area coordinators be administering the tools. We would rather them also look at using the information from the assessment to develop a plan for the person to help them get the most out of their plan and realise their goals. We want consistency of those things. So where a person is able to afford it, has the wherewithal and can access one of these specialists to get one of those proper assessments, that's great for them. But where we have participants who can't access those same assessments, they could be potentially missing out because we're applying the WHODAS for them. So consistency across the board would be really useful, not only for the planners but more importantly for fairness, equity and parity for participants within the scheme.

CHAIR: I understand that, but what I still don't understand is how you achieve that. As I understand the proposal, it will be that a number of agencies will be contracted to undertake the assessments. These agencies will employ individuals as the assessors. Let's go to that step then. If I'm an individual to be assessed and I go to agency A, on what basis does the agency determine who does the assessment and on what basis does that agency determine which assessment tool is used? In other words, will the agency be employing doctors to undertake DSM-5 for some individuals or be employing medical professionals to undertake Vineland for others or will a standard assessment become WHODAS? I just don't know; I'm trying to get to the bottom of this.

Mr Hoffman: I'll ask Oliver to run through the way forward in terms of the tool set.

Mr Bladek: In that situation that you presented, an individual would then, in their LGA, be able to choose the assessor partner that they'll use. They would then go to that assessor and complete the independent assessment. The independent assessment has three sections. The first is for the participant to undertake a daily activity, so this could be showing how they would walk to catch the school bus, to prepare food, to clean the house or the like. The reason for that would be for the assessor to understand and be able to see the individual's functional capacity against the functional domains that are specified in the NDIS Act. They would then ask the participant a series of questions to understand who their supports are, how they navigate daily life, whether there's any assistive technology they need. They would then complete a collection of tools. Again, the tools depend on the age of the participant but are disability agnostic. They would include the WHODAS and they would include the Vineland and there are five or six others that I'm happy to go into detail on. All of these would be completed by an allied health professional who is trained and qualified to use the tool. Regardless of the participant's disability, they

would be completed equally such that the agency would receive consistently evaluated and assessed information upon which we would make decisions. So the tools, regardless if it was an 18-year-old with autism or 45-year-old with mobility impairment, would be assessed against the six functional domains due to consistency and parity point that Mr McNaughton made.

CHAIR: So I'm clear, I understand what you said is that the individual can choose their assessor?

Mr Bladek: They can choose the company at which they are undertaking their assessment.

CHAIR: Does that mean company will then designate an individual to do the assessment?

Mr Bladek: That is correct. They also choose gender. They are able to choose the location at which the assessment is taking place. So they have, again, choice in the company, the gender and location and whether they want it to happen over multiple points of time or at one time and date that works for them and their support person as well.

CHAIR: You referred to a collection of tools.

Mr Bladek: That is correct.

CHAIR: I understood you to say, but correct me if I misunderstood you, that a number of these tools would be used for each participant or perhaps all of them?

Mr Bladek: That is correct. Depending on the age of the participant, they would all be used—obviously tools differ for children and their development.

CHAIR: Vineland, WHODAS and other tools would be used for each participant?

Mr Bladek: The DSM-5 would not be used. The reason for that is we wanted these tools to be applied consistently nationwide with assessors who have the availability to do it. As Mr McNaughton said, DSM-5 is not available to be done—

CHAIR: I'm just trying to get the facts, because I don't follow all of this. The minister will understand this—I always said to people in your situation advising me that, if I can't understand and explain it, nobody's going to understand and explain it. So that's what I'm trying to get to the bottom of here. I take it that that rules out DSM5 as one of the assessment tools, so we can exclude that from what is proposed moving forward.

Mr Bladek: Correct.

CHAIR: Are each of the other assessment tools going to be used, or some combination or selection of them?

Mr Bladek: Yes.

CHAIR: For example, are Vineland and WHODAS going to be used, and, depending on the circumstances, the other tools, with the exclusion of DSM5?

Mr Bladek: Correct. When we did our initial research on tools that are available internationally, we whittled down a list of 100 to 120 to the five to nine that we would complete.

CHAIR: Again, so we're all clear, each participant will be assessed with that range of tools?

Mr Bladek: Correct.

CHAIR: So each participant may be assessed on four or five different scales or tools?

Mr Bladek: Correct.

CHAIR: And then that data is fed into the NDIA?

Mr Bladek: Correct.

CHAIR: I'll go to the people doing the assessment. What qualifications or skills will they have?

Mr Bladek: Each tool proposed in our tool kit has a minimum standard of qualification—that is that they have at least one year of practical experience and that they're an allied health professional in a number of categories, which include physiotherapists, occupational therapists, psychologists and the like.

CHAIR: If I have a speech problem, usually one would be assessed by a speech pathologist. Is a speech pathologist able to accurately use a tool which is assessing someone with a spinal injury and vice versa?

Mr Bladek: Again, the NDIS Act on which we make decisions is based on functional capacity, not disability. The individual that you'd speak to would be qualified, and we would ensure that they are sufficiently trained to assess that individual on their functional capacity across all domains that the NDIS Act makes decisions upon.

CHAIR: So the people are going to have to be trained sufficiently in some knowledge of speech pathology, occupational therapy, physiotherapy et cetera?

Mr Bladek: Correct. The amount of training that an independent assessor would have with the agency is over 24 hours, which is not just on the tools but also on the act and the understanding of disability. This complements, again, their tertiary education on qualifying as an allied health professional, yes.

CHAIR: So a speech pathologist, to take my example further, with 24 hours of additional training, will be sufficiently qualified to assess someone with cerebral palsy or with a spine injury or with a range of other disabilities?

Mr Bladek: We are working with our assessor agencies to ensure that there is appropriate matching. But, as you can imagine, if there are 460,000 participants in the country, and we want to ensure that they can access timely, independent assessment, we need to have the confidence that the tools are accurate and robust—and the assessors that can complete those tools have the necessary qualifications to complete them accurately—which is, again, what the agency has done, and it's released consultation papers and received feedback on that.

Mr Hoffman: The important focus is that, again, we are assessing against functional capacity, as we're required to do and should do, rather than the medical diagnosis or the medical condition of each individual disability type or related set of conditions. No-one is pretending that you're going to a medical expert or a specialist in each of the particular cases here. We're talking about an assessment of functional capacity that is consistent and across the board in order to make the decisions we're required to make. It's not seeking to be your treating professional on medical decisions that might be being made or, in fact, therapy that might then be funded by the NDIS disability supports. Something that you will then do as part of your plan implementation or plan use is take those funded supports and get the right sort of therapy—it might be speech therapy, for example—from the relevant provider at that point.

CHAIR: It's been put to us by numerous witnesses but, first and foremost, by Professor Bonyhady that these tools are not, to put it in a colloquial way, fit for this purpose, that they were designed for other purposes than what's been proposed. I'm interested in what your response to that is.

Mr Hoffman: Clearly, I have great respect for Professor Bonyhady and his longstanding contribution in this field. I respectfully disagree, however, with the idea that these tools are not designed for this purpose. They are precisely designed and used around the world for the assessment of functional capacity across a range of disability types. That's what they're for and that's what we're using them for. That's set out in our detailed framework assessment paper and then in the tools selection paper that, as Oliver said, considered over 100 different tools and came to the ones that we are using. That's why they're being used. As Mr McNaughton outlined, a number of them have been in use, in different ways, since the very start of the NDIS.

CHAIR: In your answer to one of the questions last week, Mr Hoffman, about the personalised budget tool, it states this: 'In summary, the personalised budget model or tool translates the results of independent assessments into draft plan budgets, provides guidance on appropriate funding levels for scheme participants based on their functional levels, the impact of their environment and personal factors.' You went on to say: 'This is a refinement of the existing typical support packages budget model.' Can you spell out for me what that means. When you say that the personalised budget model translates the results of the independent assessments into draft plan budgets, I don't understand that process. I'd like to know what that actually means for a participant. They get a functional assessment based on two or three of these tools, which provides data to the agency. How, then, does this model work? Are there some guidelines to this? The word that's been tossed around by various witnesses to this inquiry has been that an 'algorithm' is used in this process. I just don't understand, so I'd like to know a bit more about it.

Mr Hoffman: The results of the independent assessment give scores against the domains set out in the act. Those scores, against those domains, are then used to determine a plan budget, as I said. We've developed about 400 different reference groups, personas, of participants through disability type, age and a range of other factors that enable us to work out what a typical flexible plan budget should be, derived from the scores and the assessments from the independent assessment. That then gives the overall plan budget figure in draft, which is then the subject of the planning discussion to refine that to add in any fixed components such as expense of AT or SDA accommodation payments et cetera that need to be quarantined. That, in summary, is that planning process. We intend, shortly, to release the more detailed technical paper on the plan budgeting process to go along with the earlier ones on the assessment framework and the tool selection kit that outlines that process of going from the IA scores through reference groups and the outcome of the IA to end up with that initial flexible plan budget amount.

CHAIR: You used the expression 'scores against domains'—can you tell me what a domain is?

Mr Hoffman: They are the domains set out in the act in terms of communication, mobility, engagement et cetera. I've got the act in front of me. I can list them—

CHAIR: That's alright. I want to understand this simply. As I said, if I can't understand this simply, I can't explain to anybody how it works and I think we all need to be able to do that. So you get a scoring based on the functional assessments of the various tools. That gives a score which is somehow amalgamated because there are different tools. It's brought together and you get, presumably, one score that you take from the various tools for functionality.

Mr Hoffman: Across the different domains.

CHAIR: Then you have functionality against communication, for example. So you say on communication—this may not be how you measure it, but this is to put it simply—on a range from no communication to being fully able to communicate the functional test shows that this person is somewhere along that spectrum. Is that, in simple terms, what you're doing?

Mr Hoffman: Yes.

CHAIR: Then, on the basis of communication in these other domains, you have about 400 boxes—and I'm not being disparaging about this; I'm just trying to put it in simple language—to which you can allocate this person as being the nearest to their individual circumstances. So, if a person has 30 per cent communication and 60 per cent movement—or whatever the other domains are—and they're from a particular background and a particular age, you find the nearest one of those 400 boxes to put that person in and then that gives you a range of funding for that person. I know it's simplistic, but I want to be simplistic. I want to understand it so anybody can.

Mr Hoffman: Yes. That's not an unreasonable summary, trying to take account of the domains as well as, as you said—and this is where disability type comes back in—where age, location, the level of informal support and life circumstances come into it.

CHAIR: Ethnic background, Aboriginality—are they domains?

Mr Hoffman: Potentially in terms of whether that leads to the need. That's often played out in terms of the level of informal support and life circumstances that then affects the budget determination.

CHAIR: Thank you, Mr Hoffman. I better understand what's proposed now than I did 10 minutes ago.

Mr Hoffman: Good.

Senator Reynolds: I'll share with the committee some statistics that I'd asked for for further breakdown, because I've often heard over the last six weeks about the unfairness between participants. In my mind, having these reference groups—while not everybody's identical—is actually really important for fairness. I'll send you the statistics. For example, in my own home state of Western Australia, if you're an Aboriginal who lives on a community in the Kimberley, your package, on average, will be significantly less than that of somebody who's gone through the process that's been described already in Perth with a similar type of disability but obviously very different living arrangements and cultural arrangements. Those disparities are very, very clear right across the nation. So your postcode and your socioeconomic circumstances absolutely drive the likelihood of your outcome, and that is just not acceptable and it is not fair. To my mind, having these reference groups will provide more certainty. The double whammy at the moment, as you well know, is that without a consistent assessment process somebody in rural and regional Australia from a CALD community will almost certainly end up with a lower package. The double whammy is that, even with a package, they're likely to spend far less of a percentage of their package, because there are, as we all know, simply no services yet available, once you get outside the metropolitan area. So the process that the NDIA has got, that Martin has described, is very important to get right. I'll share with you the tables of disparity—I've got it by electorate, but we can cut it up in further ways. It is stark, profound and simply wrong.

CHAIR: Senator Steele-John has a question on this.

Senator STEELE-JOHN: I don't want to lose where we started here. Can I just clarify: you've put into the world some data, in your responses to these questions on notice, that are quite alarming to many disabled people. The minister's described them as alarming, in terms of the reduction of function over time for participants. Mr McNaughton, you've described a different set of inputs that come into the agency. You talked about Vineland and all the rest of it. If they're not available, a planner performs a WHODAS. That is then fed into the system. Are there other forms of self-reporting that may be fed into this assessment? I'm not talking about independent assessments; I'm talking about how you arrived at this information that you've provided us with.

Mr McNaughton: WHODAS and PEDI-CAT are the main self-assessment tools that our planners or early childhood providers will use for the assessment. There are a range of other tools, as you know, that we might get from the participant themselves—I didn't mention them all, but there are different ones for strokes et cetera.

Senator STEELE-JOHN: To use myself as an example, so it's clear to understand: I wouldn't necessarily need to be, but I may have been assessed using Vineland and a couple of others. We might also throw a WHODAS in there, some potential other information, and that would be fed into the system, which would then calculate a score that would then come out as high-, medium- or low-functioning; is that correct? That's the data we've got before us?

Mr McNaughton: Yes, in the current system; that's correct. It does depend on the person's primary disability, of course; there is a range. If you're a person with autism and we get the DSM report, it's quite clear—level 1, 2, 3, 4. If a person's got a psychosocial disability and we've got life skills, it's a different rating. But it does generate into those groups of high, low and medium.

Senator STEELE-JOHN: I'm genuinely trying to understand this. The agency has got a tool—an IT tool, I imagine—that takes these different inputs. Do you weight them against each other? My problem, Mr McNaughton, is: there isn't a set 'high', 'medium' or 'low' functionality score that is universal across disability. Do you have a tool that's averaging these out across these different inputs?

Mr McNaughton: All the information we have is the WHODAS. We just use that information to develop a high, medium or low score based on that as well as the person's primary disability. If we've got other, more granular information from an assessment supplied by a medical professional, we'll use that level of rating as well.

Senator STEELE-JOHN: But how would that be weighted against the WHODAS? If I've just got the WHODAS versus a bunch of other stuff, how are you combining those two things, or multiple data inputs, together?

Mr McNaughton: At an individual level, if the only assessment we have is a WHODAS we will just use that level of information to help develop that person's plan and to help understand the person's typical support package, plus the other inputs they might need. We won't then overlay it with other things, but for reporting purposes we can see more participants in the medium to higher ranges than a lower range. What we're seeing is more people move to medium to higher ranges with WHODAS.

Mr Hoffman: I can see that you are trying to ask a very genuine question here about the conversion of multiple different sources of information into a high, medium and low reported score.

Senator STEELE-JOHN: Yes.

Mr Hoffman: Can we take on notice to come back to you on this and effectively convert the conversion tool from those multiple sources of input provided by the participant, their doctors, their treating professionals or our planners into high, medium and low? We're happy to provide that tool.

Senator STEELE-JOHN: That's the key that I need to be able to understand this. Without that, we as a committee can't really interpret this.

Mr Hoffman: I see what you mean.

CHAIR: That's useful, Mr Hoffman, but I'm now more perplexed again by what Mr McNaughton just said. I understood him to be saying—and I may have misunderstood because of the line—that WHODAS is the default instrument. Whereas, before I'd understood that a number of these instruments would be used and that somehow—as Senator Steele-John was getting at—there would be some process of averaging or whatever. You don't have to answer it now, but I think we do need to know that.

Mr Hoffman: I will let Scott answer it.

Mr McNaughton: The simple answer is that WHODAS is the fall-back or the last resort if the participant has not come with other information that they already have.

CHAIR: So, if the participant comes along with, say, a DSM5 assessment that's been done by a medical practitioner, that would be taken into account as part of the process of working out what the functional assessment is?

Mr Hoffman: Correct.

CHAIR: Thank you. Anyway, I think the further information will be helpful to us to understand what's happening. Senator Brown?

Senator CAROL BROWN: I just want to ask a follow-up question. My understanding is that section 34 of the act makes it clear that planning must start with goals, and that is not what is happening under the independent assessment process. It starts with deficits and is a totally deficit based approach. I'm just trying to understand how this makes the situation that has been described better.

Mr Hoffman: Senator, that's a deep question. With respect, section 34 doesn't say the planning starts with goals. Section 34 lists six factors that must be taken into account when deciding upon funded supports. One of those, at 34a, is that the funded support enables or allows the pursuit of a goal. It is true that, in the planning process, goals need to be identified by the participant, and that continues in the proposed approach. Goals remain very important. It's how the funding that's made available is used individually and differently by different people because of their different goals and aspirations.

Senator CAROL BROWN: I just don't see how this process that you've outlined—when you don't talk about goals—actually fixes the situation you say that you're trying to fix. But I will come back to my question because I know that Ms Payne is next on the list of questioners.

Senator Reynolds: Chair, I have asked the department and the NDIA for something that more clearly demonstrates how this all works together. When I get that, I will share that with the committee. It actually looks at it from the position of a new entry or someone who is already in the process and going through reviews. It walks through the process—so the initial diagnosis from a health professional, the independent assessment and the work with the planner to actually finalise a plan. If that would be of help to the committee, I will share that so that we can see it a bit more diagrammatically, because I agree that it is very technical in nature. I found that quite helpful for me to understand the process. With your indulgence, I will also send you through a list of average participant plan packages by electorate, because it very, very clearly shows variation in plans in electorates in capital cities. They can be anything from \$15,000 to \$35,000 different per year. In Tasmania, in Clark, the average plan is \$105,000, whereas in Lyons it's just over \$70,000, and you see that replicated across the country. So I think that's important when we're having a look at the broader picture of the need for independent assessments.

CHAIR: Thank you, Senator. We'd appreciate that data.

Senator CAROL BROWN: My understanding, Minister, is that section 34 actually goes to the operational guidelines that funding decisions are based on and that all of the criteria are met. But I'll look forward to the document you've just outlined.

Ms PAYNE: My question is to Minister Reynolds. Thank you for appearing before the committee this morning. The government have been claiming that the NDIS is unsustainable, and you've reiterated those claims this morning. Your own budget papers place spending at \$31 billion by 2023-24, and the Productivity Commission report placed spending at over \$30 billion by 2024-25. So what are the assumptions that you are calculating the projected overruns on?

Senator Reynolds: I'll start off, and then I'll get Mr Hoffman to go through the detail. Those who've been making those claims about the Productivity Commission are not comparing apples with apples. Those who are comparing those two numbers are comparing the participant costs, but also the cost of the NDIA, which the Commonwealth also bears. If you actually have a look at the participant package costs—I'll get Mr Hoffman to correct me if I'm wrong—we're already, for participant costs, about \$3 billion over the amount that the Productivity Commission estimated in 2017. If you have a look at the report, back in 2017 the Productivity Commission rang the alarm bells about the sustainability of the scheme. It projected that it was to be, I think, about \$30 billion. But that's not saying that that's what it should be. That's just saying that they could see the potential for exponential growth in actual numbers and in package numbers, and that is indeed what has happened.

In fact, we are far in advance now financially of even what the Productivity Commission had foreseen. The fact is that the federal government has put in an extra \$17 billion over the last two budgets to make sure that the scheme is fully funded. We did that because there was a deficit, and the NDIA, can I say, have done a magnificent job of setting up the organisation, transitioning 450,000 Australians into the scheme and dealing with cost pressures while they're still developing the actual enterprise itself. We have ensured that it is fully funded, but a 12 per cent per annum growth trajectory is not sustainable. 'Demand driven', as we all well know, does not mean, for the taxpayer, 'unlimited'. Certainly, in an insurance scheme, it does not mean unlimited either. That is the stark fact on the numbers.

As I said in my opening statement, my absolute main commitment, as custodian, is to make sure this scheme endures. That means we have to find a growth trajectory that is sustainable for the taxpayers, both federal and state and territory. But we also have to find a pathway to the legislation to make possible a better experience for participants. The numbers in the budget speak for themselves, and I'll ask Mr Hoffman to go through the Productivity Commission data. But, again, those who've been using and citing the Productivity Commission publicly have, either wilfully or not, been conflating the actual participant costs with the participant costs plus the costs of the NDIA, and, again, that's not a valid comparison. So, with your indulgence, Chair, I'll hand over to Mr Hoffman.

Mr Hoffman: I'll be very brief in my answer to the question. There has been commentary around table 2.3 on page 100 of the 2017 PC report. That combines budget outcomes 1.1, or the scheme costs, with outcome 1.3, or the agency costs, to get that total. Taking out the agency costs, so we compare like for like, the Productivity Commission report's 2024-25 number was 28.5 against the budget of 31.9. That's a difference of \$3.4 billion or 12 per cent higher in the PBS. Over the four years, 2021-22 to 2024-25, the PBS is currently \$11.9 billion higher over the four years than the PC report, comparing like-for-like scheme costs to scheme costs.

The other important point on this is of course that, even with those increases and the additional money that is in the budget, just arithmetically, those amounts—as I said, over the four years, the \$11.9 billion more than the Productivity Commission—still imply a marked decrease or deceleration in the rates of growth, in terms of spend per participant per annum. So there has to be a change to the current rates of growth even to achieve these figures with their significantly increased contributions in the current budget.

Ms PAYNE: We've heard on this committee that the lack of transparency around these costs is leading to significant anxiety in the disability community and distrust around the motivation for the independent assessments, so will you release all the assumptions and modelling behind these projections?

Mr Hoffman: I accept, as I did in my opening remarks at the last committee, the concern that is there. We release a huge amount of information every quarter in our quarterly report on the costs, broken down in literally hundreds of pages of tables every quarter. The data or the spend to date and those growth rates are very clear, and we've been reporting them in our quarterly reports and calling out the concerns going back over the past year or more. Going forward, the budget outlays are there. The arithmetic calculations of what that means on a growth-per-annum and a growth-per-participant basis are there now. The issue around the matters of how the PBS budget papers are put together is a matter that I would give to my colleague in the department, in terms of the general way budget papers are handled.

Ms Rule: As with any number in the budget, there are a whole series of discussions that happen with our colleagues in the Department of Finance. But the numbers that are in the budget are the numbers that the government has put on the record as the amount that is budgeted for the NDIS. They're a product of what we expect the number of participants to be times the cost per participant, and they are subject to the same budget processes every year—and at MYEFO as well—to vary those numbers, as required for a demand-driven scheme. We can provide more data to the committee on what those costs are and what the projections are about the expected number of participants and the cost per participant.

The other thing that's important for the committee to understand is that, up until now, the focus has really been on transitioning people into the scheme. Because that took more time than may have been desirable there was a perception that the scheme was underspending. The number of participants in the scheme was smaller than projected because of that transition, and now that we've largely got through that transition we can actually see laid bare the total extent of the costs. It's not that there's been an attempt to hide costs; it's that that has been the actual experience of the number of people in the scheme times the cost per person. Now that we're at full maturity we can see, with much finer detail, what it looks like across the forward estimates.

Ms PAYNE: Is it possible that the projections that you're comparing it to are what's not correct?

Ms Rule: Do you mean the Productivity Commission's—

Ms PAYNE: Yes, the projections. Now that, as you say, people have fully transitioned into the scheme and the costs are more than were originally projected, perhaps the projections were incorrect.

Ms Rule: The government said that the scheme is demand driven and fully funded, so the budget papers reflect what we expect the actual costs of the scheme to be based on the current parameters, not based on the Productivity Commission's estimates or even previous budget estimates. As I said, as with every other demand driven scheme, we update those estimates both at budget and MYEFO based on the actuals and things like inflation, population changes and all those sorts of factors that go into developing budget numbers. They are always subject to update. They are the best possible estimates at this point in time, but are continually subject to review.

Ms PAYNE: Minister Reynolds, on this committee we've heard countless examples of people having battles with the NDIA to get funding in their plans for seemingly obvious and very necessary supports. We had an example reported of a nine-year-old girl who uses a wheelchair and who participated in the independent assessments trial and was found not to have mobility issues. Also we're very aware of the case of Liam Danher, who was denied funding of 2½ thousand grand for a seizure mat that was recommended by his neurologist and subsequently died. I have a constituent who lost the use of their legs in an accident, but it was only after dealing with the NDIA that they were diagnosed with PTSD, due to dealing with the NDIA. The evidence we see here—

and you must see it with your own constituency, because I know all members of this parliament hear it constantly and even more so on this committee—is that people are not getting the things they need. In the context of sustainability, where does the need of participants fit and where does the concept of choice and control fit for you, Minister?

Senator Reynolds: They're all very good questions. I might start with the legislation itself. Senator Brown asked questions about section 34. The current approach to planning involves an assessment under section 34 of the legislation. Each support item in everybody's plan—and there are 450,000 participants who have got many line items of support—has to be reconsidered every year for 'reasonable and necessary supports' under section 34. That is one of the legislative changes I want to get through. I don't think for a second that the original intent of the scheme was to have participants go through this painful process every year. It is certainly not the intent of the wonderful NDIA staff.

Again, the public servants have had to go through this process because that's what section 34 of the act says. I think it's not possible for them to make these decisions accurately, consistently and fairly right across the country in a timely and fair manner when we're relying on different information, as the NDIA officials have said today. We're relying I think too much on individual public servants' judgement and their natural empathy. They've all got different skills and experience. They are making their own judgements about the different levels of support that many participants have to negotiate themselves. The Tune review was quite clear that this is resulting in inequitable outcomes, such as a couple of those that you mentioned. People with similar levels of functional capacity really are receiving very different plans and different approaches.

I think there is sense in the Tune review recommendation about these independent assessments. How we finalise that process is still up for absolute discussion. Again, as I said at the beginning, I look forward to the committee's input into that. Negotiating individual supports is also a key driver of the inflationary effect of some of these packages. You can see this also in increasing numbers of complaints to the AAT.

So part of the solution to this is that we have to find a way to come together to make changes to section 34 of the act so that we can have a fair, equitable, respectful and consistent form of functional assessment and so that we can, as I said, push plans out to three to five years and provide the genuine choice and control that I think we all wanted at the beginning of this scheme—provide that flexibility so that people can actually take that choice and control that the act does not currently allow.

I'll hand over to Mr Hoffman to talk about those individual cases. My understanding of the case of the young girl with the wheelchair is that it resulted from how one of the questions was answered, but, certainly, in the rest of the documentation it clearly indicated that she needed a wheelchair. In case I'm wrong, or for any further information, I'll pass back to Mr Hoffman.

Ms PAYNE: Excuse me, Minister, I did ask, though, what is your conception—where does need fit into the equation for sustainability, and choice and control? How do you as the responsible minister see that?

Senator Reynolds: Well, very clearly, it's at the heart of the scheme. Going from your diagnosis by your medical professional to a functional assessment of what you can and can't do and what you require and what you desire is absolutely at the heart, and that does not change with having a consistent functional assessment introduced into the scheme. In fact, people who are currently disadvantaged because they can't advocate successfully for themselves in their packages are significantly disadvantaged in terms of access to health professionals and also to the supports they need. So it is absolutely at the heart of the scheme.

Ms PAYNE: Given that the disability community are essentially completely united in opposition to this independent assessments proposal, how do you reconcile that? If choice and control are really at the heart of what you're trying to do here, how can you proceed with it? You've paused it but you haven't said you're going to actually reconsider it. How can you reconcile that with the disability community essentially being consistently opposed to what you're doing?

Senator Reynolds: I said at the beginning of my opening statement that I have been listening to a wide cross-section of the disability sector, which is large and very diverse, and the sector itself is not always homogenous in its points of view. So I have listened very carefully and I will be acting on all of those. But, again, this is where I'm really hoping I can get some positive recommendations and findings from the committee, from yourselves, in terms of how to proceed, because it is not just about independent assessments; we need to deal with functional assessments so that we can ensure that we get fairer packages—and they are not fair; they are absolutely not fair. As I've said, it matters where you live, your socioeconomic circumstances, and it should not. Under the current section 34, there is not genuine choice and control because it makes people go through these processes of review every single year. If we have some sort of functional assessment, we can change how we do the assessments and

make them fairer. For me, my responsibility as minister is to work with you and to work with the disability community to make sure we leave the scheme better than it currently is, and there are hard conversations to be had.

I completely reject your assertion that everybody in the disability sector disagrees fundamentally with independent assessments. From my experience, that is simply not true. There are concerns about how we are implementing them, or how the trial has been conducted and communicated, and I've had some fantastic suggestions from the disability sector already about how we can improve that process. So I completely and utterly reject your assertion and, quite frankly, I don't think it's very helpful in moving forward and seeking some sort of bipartisan support—because we have to work together to make this a better scheme. It is as simple as that, in my mind.

Ms PAYNE: To be fair, Minister, I'm just commenting on the evidence we have received—to this committee. Going to my next question, is there a proposal to remove the 'reasonable and necessary supports' criterion from the NDIS Act and replace it with an overall funding package?

Senator Reynolds: Absolutely not. We need to better define what 'reasonable and necessary' is, because the act is not very clear on that, unlike pretty much any other insurance scheme that has much clearer definitions of 'reasonable and necessary'. But that absolutely stays.

Ms PAYNE: So, you are considering redefining 'reasonable and necessary'?

Senator Reynolds: Well, one of the things I'm hoping the committee will work through with me and also with the sector is: what is reasonable and necessary? Not having a clearly and consistently understood and applied definition of 'reasonable and necessary' results, I think, in a lot of the unfairness that we see between packages and between those in different socioeconomic groups. I think a better definition and a more consistent definition—whatever we come up with—is critically important.

Ms PAYNE: You've said several times, including just then, that there need to be hard conversations, and you've said including with states and territories. What do you mean by that?

Senator Reynolds: In my mind the scheme is very clearly at a very pivotal point in its history. As I said at the beginning, it is a scheme that is globally unique, that we should be incredibly proud of. But the legislation hasn't been substantially changed in terms of the participant experience since it was introduced in 2013. And, as I said, I think sections like section 34 are really detrimental to participant experience. And it is on an unsustainable financial long-term trajectory. I would not be doing my job as minister if I wasn't doing what I'm doing: consulting and listening to concerns about the scheme as it currently is—and not just about independent assessments but also about where, as a nation, we want this scheme to go in future so that it endures for many generations to come.

So, it's been successfully stood up. We've got 450,000 participants. We're looking at another 80,000. The discussion we're having today and the sort of evidence that the committee is taking and examining is incredibly important to the future of the scheme. I would be derelict in my duty as the minister if I were not having those sorts of hard discussions—with the committee, with my state and territory counterparts and with the crossbench in the Senate. We all want the scheme to endure, and it is at a point where we do need legislative change, where we do need to change some of our practices and processes, including the introduction of the functional assessments, which was initially envisaged in the scheme. I hope that's answered your question. As you can see, I'm very passionate about ensuring that this scheme endures.

Ms PAYNE: Thank you, Minister. My next question is to Mr Hoffman. You've referred to the lower-than-expected exit rates playing a part in scheme cost variations. What does that mean?

Mr Hoffman: Section 30 of the act sets out a regime for exit from the scheme. It was intended and was part of the scheme from its very conception, as per the act passed by parliament. Section 30 provides for exit—'revocation' is the term used in the act—for people who either cease to be a resident, which is an obvious one, or are no longer found to satisfy the requirements of either developmental delay, which is section 25, or impairment, which is section 24. That can come about primarily on the developmental delay one, or early intervention, where the scheme has been a success, investment has been made in terms of catching up, in terms of early intervention, and the person is able to leave the scheme because they no longer meet the requirements, and that's a success. There are other situations where we're looking at reassessing information that we have as to whether they continue to satisfy the requirements of the scheme.

You've spoken before about the Productivity Commission estimates. In 2017 they endorsed the exit rate of about 2.1 per cent per annum, which is made up of about one per cent mortality exits and 1.1 per cent other exits. Over the last three years, we've been running at about half that rate of non-mortality exits, and it's appropriate—in

the context of section 30 and that fundamental component of the scheme—to look at why that is and at whether we are making the decisions the act calls upon us to make.

Ms PAYNE: Sorry—so fewer people are dying than projected?

Mr Hoffman: No, no. The mortality exits are about on par, at about one per cent per annum, which is what you would expect. I'm speaking in statistical terms here, not about each individual, but you would expect, from actuarial mortality tables, to see about one per cent mortality per annum from the scheme membership. That's about what we see. The estimate in 2017 used by the Productivity Commission was for another 1.1 per cent per annum of scheme exit via section 30. I'm saying: for the last three years, we've been running at about half that rate and that's why it's appropriate, in the context of the scheme costs going forward, to look at that, and that's what we're doing.

Ms PAYNE: Would you make those exit assumptions public?

Mr Hoffman: I think—

CHAIR: You've just done so!

Mr Hoffman: I just did so! I'm sorry—I'm not being facetious. The Productivity Commission estimate of 2.1 per cent is public. It was in 2017. We regularly publish, in our quarterly report, detailed information about the rates of exit. I'm not quite sure what you're asking.

Ms PAYNE: I have one last question for the minister. Minister, in your opening statement—and I might be getting the quote wrong—you said that there was a situation where people were relying on the NDIS or nothing and that that was a regrettable situation. What does that mean? What else are they supposed to be relying on?

Senator Reynolds: The NDIS was never designed for everybody who has a disability in Australia, and it certainly wasn't designed to be the only support that people with disabilities get. What I'd heard and what, I understand, the committee heard from Mr Bonyhady—I think he used the expression—was that it was becoming an oasis in the desert, and that—if I've got his quote right—we needed flowers and trees around that oasis in the desert. In particular, the states and territories have been reducing their disability support services and also community support has been reduced. So I think that, as tier 3 has been introduced—and, as Ms Rule said, we've now largely done that—it's really important for us as a nation to have a look at what other support services in the community should be available for those who are not eligible for the NDIS, because the NDIS was intended for those who had permanent and significant disability, and that does not include everybody. So I think that there is a really important discussion to be had, at this phase of the implementation of the NDIS—and it was referred to initially as tier 2—as to what we do now with the states and territories to ensure that there are community based supports available to provide the full range of support for all people with disabilities, not just for those with permanent and significant disability who are eligible for the scheme.

Ms PAYNE: So you're saying states and territories need to stump up more support for people with disability?

Senator Reynolds: I think that states and territories obviously have an important role to play in that, absolutely, as does the federal government. The NDIS is a shared responsibility between the Commonwealth and states and territories, under our agreements, and of course they have an important role to play, particularly in supporting state based community supports—absolutely.

Ms Rule: Chair, if I could start giving some statistics quickly, that might help.

CHAIR: Yes, Ms Rule.

Ms Rule: The Australian Bureau of Statistics estimates that there are around 4.4 million people with a disability in Australia. In the scheme, depending on where the numbers settle, it's somewhere around half a million. So there's a discussion to be had about whether the service system exists for the people who have disability outside of the scheme. If the service system around the scheme is not adequate, then that incentivises people to try to get into the scheme because there's an absence of other services. The NDIS is one part of a complete service system for people with a disability, and we have a responsibility to make sure the service system is working effectively for all Australians who have a disability—the 4.4 million. That's an important consideration when you're discussing the financial sustainability of the NDIS as well.

CHAIR: Minister, you said that by 2024-25 the Commonwealth would be paying 61 point something per cent of the scheme on current projections. Were there projections when this commenced as to what the Commonwealth would have been paying by 2024-25? This is really the question that Ms Payne asked, but I'll ask it a different way: are the states and territories pulling their weight?

Senator Reynolds: It is not a question about whether or not people are pulling their weight; it is about the exponential increase in costs. My understanding is that, when we went into agreements with states and territories

about what we would respectively pay, it was a co-contribution: the states and territories would pay 50 per cent and the Commonwealth would pay the other 50 per cent. That formula was determined at plus four per cent for the states and territories every year, and the Commonwealth would bear the cost of all other cost increases. That was based on assumptions of participant numbers and average costs, which have now both increased significantly. As I've said, participant costs are increasing on average now by 12 per cent per year and, over the last three years, by just under 50 per cent. I haven't seen any sign yet in any of the figures or projections that that curve is starting to flatten to a more sustainable growth trajectory. Mr Hoffman may be able to add some more detail to that.

Ms PAYNE: Are you saying that too many people are getting onto the NDIS?

Senator Reynolds: No, not at all. I'm just saying that it is more than we initially projected. In fact, I have a quote from the Productivity Commission in 2017, who did start ringing the alarm bells with their projections. This is what they said in the 2017 report with their projections:

... there are signs that the rollout schedule is compromising the NDIA's ability to implement the NDIS as intended, and risking the financial sustainability of the scheme—and the number of participants entering the scheme is only just starting to ramp up.

Even back in 2017 they were sounding the alarm bells about the sustainability of the scheme. It's neither good nor bad; it's just a fact that we initially underestimated the number of participants. Don't forget that well over 200,000 Australians are now receiving disability support for the first time. That is a really good thing and it's a testament to the importance of the scheme, but we have to find a way now to make it sustainable and to pay not only for those extra 200,000 and the extra that existing participants are now getting—50 per cent on average—but for another 80,000 participants that we have to bring into the scheme. It was underestimated. We didn't know how many people would need to come into the scheme, but we now have a much better idea and we have to find a way not only to make room for everybody who's eligible but also to make sure that it's sustainable and it endures. It is as simple as that.

Mr Hoffman: As the minister referenced, if we take, for example, the rates of entry into the scheme and we go back to the very earliest places in the country where the scheme started—the Newcastle and Barwon trial sites, where we phased in from 1 July 2013—and we look at the year-on-year growth rates of a number of participants, that fell, as you'd expect, as people entered and as we got the people who should be in the scheme. It went down until, in 2017-18, there was eight per cent year-on-year growth. After that, however, in the last two years, growth has reaccelerated. In 2018-19, we saw growth of 10 per cent and, in 2019-20, growth of 13 per cent, even in those original trial sites. So we're seeing reaccelerating entry, even in those areas where the scheme has been in operation for six or seven years now, well in excess of the background rate of population growth and catastrophic accident and so forth. In sites that started in 2016, again we saw a fall. That stopped in 2018-19, and last year there was growth, even in sites that had been in place for five years—up to 23 per cent annual growth year on year. So, we are seeing a re-acceleration of participant growth and that does, as the minister has said, raise serious questions about the ultimate size of the scheme—another 80,000 or so—and what the sustainable long-term structure and size of the scheme is.

Ms COKER: I have a couple of questions for Minister Reynolds. Thank you very much for being with us today. It's really important to be able to put forward some questions. My first question relates to your opening remarks. You said that you would need to bring forward legislation and you mentioned independent assessments. Is it correct that, while the independent assessments have paused, they will be going ahead in some form, despite the fact there are many participants, including in my reference group in Corangamite, who have known frustrations and are quite outraged. They have questions they still want answered about independent assessments. What will the time frame be before we actually see the introduction of independent assessments?

Senator Reynolds: Thanks for the question. As I said in the opening statement, I put a pause on the process because a lot of the concerns were very clear to me as the minister. I put a pause on the finalisation and introduction of any legislation, not just on independent assessments, because you can't look at the participant experience just through the lens of independent assessments. As I've said, you need to look at it through the lens of their total experience with the NDIA, including the annual reviews and some of the unintended restrictions that are embedded in section 34 of the act. Independent functional assessments will go ahead, but I've heard very clearly—and I know the NDIA have heard, as I said in my opening statement—a range of concerns which I'm sure have been echoed in your own reference group in Corangamite. I very much see my role as minister to hear those concerns and work through with advocates, the committee, crossbenchers and all parliamentarians on how we address those concerns—some are communication concerns—and allay people's concerns through better information. Some of them probably fit into that category, and others fit into where we need to make some changes. I listed some of those in my opening statement.

For me, it's not all or nothing. It's about how we introduce, as has always been intended, a form of independent functional assessment. For me, the equity issue is absolutely fundamental. This is not a fair scheme. As I said, there are those from different socioeconomic groups outside of metropolitan areas. I'm looking at this holistically. Independent functional assessments are a really important part of changing the participant experience and making it fairer. But what I have indicated is that the trial outcomes will absolutely be made public. They will be provided to the committee for information and for feedback. We'll also provide them more generally to the disability sector so they can see what the trial outcomes are and what the changes we're looking at are. I will take all of that back, as I said, through to the disability ministers' meeting at the end of July and will discuss these issues with them and see if we can find consensus on the way forward. Then I will bring forward legislation in the next session really focused on improving the participant experience. That, of course, will be subject to parliamentary scrutiny and obviously the scrutiny of the committee. As I said before, I would be derelict in my duty if I didn't bring forward all of these changes and work with you to find a way to improve the participant experience and to make this scheme endure.

Ms COKER: Minister Reynolds, one thing you've said on a number of occasions is about the issue of equity. I think that equity is obviously really important, but are independent assessments the only way that we can do that? In the Tune report, there was a recommendation to have independent assessments, but it wasn't recommended there be a complete overhaul with them as one of the main mechanisms; it was a suggestion to be used in part. There have been some questions raised within the trials. As has already been mentioned, we've got nine-year-old Eliza who has lived with physical and intellectual disabilities. She took part in the trial assessment in January, yet, while she's got brittle bones and uses a wheelchair, the panel said she didn't have a mobility issue, which does seem quite surprising, and it was quite surprising to her mother, who actually had to persist for 16 weeks to get that report and the findings. What I'm concerned about is: how can participants have any confidence in a process when these things are occurring during a trial? How are we going to overcome those flaws? Something that a lot of people who work in the system are saying to me is, 'Instead of independent assessments that are causing so much angst and anxiety, as you're aware, why can't we have a system change that's co-designed with the sector so that it does embed some trust and we still get the outcome of equity?'

Senator Reynolds: This is exactly what I'm working towards—listening and providing the outcome of the trials and the input very transparently so that advocates and those living with disabilities who've gone through the independent assessment process can provide that feedback. That's exactly what we're doing. I look at it a little bit differently. In my mind, that's what a trial is for, and this is the second trial of this process, and it has raised issues. The fact we're having this discussion I think demonstrates the process is working. We've had a trial, and, as I understand it, the independent assessments are for trial; they don't actually impact on people's actual plans. They're designed to do exactly this: flesh out these issues. A lot of issues have been fleshed out, and we will be very transparent—and I'll be very transparent—in how we're considering each of these issues so that we can address them to make the process better for participants. That's inherent in a trial and why we do trials.

In relation to Eliza Tape, a person's functional assessment, as we've heard today, is not decided on one particular test or observation. My understanding is that in her assessment the fact she needed a wheelchair was certainly identified. But I might hand over to the NDIA officials to talk a little bit more about that. Again, that was a trial process; it wasn't anything that would have impacted on her plan, because it was a trial for trial purposes only.

Ms COKER: To clarify, the outcomes from this trial will have no implication for someone's plan.

Senator Reynolds: Absolutely; a hundred per cent. It's a voluntary trial that participants are given a small stipend—I'm not quite sure what word the agency is using. This is a trial process. People provide qualitative and quantitative feedback for this voluntary trial, and they have provided a lot of very valuable input back as part of the trial through MPs such as yourselves, through the committee in this hearing process but also directly through the NDIA through the participant feedback. I was very up-front in my opening statement with some of the feedback that I've had so far. We will be taking all of that, and I'll ensure that this is made public and that we work through the issues that are raised to find consensus on the best way forward and so that the voices of those with disability on the scheme are heard and that we incorporate that into the IA process.

Mr Hoffman: The case of the young lady, Ms Tape, has been mentioned a couple of times. I think that there is certainly a learning on one particular question and how it should be used. I'll get Mr Bladek to talk about the overall assessment in that case and how the information was recorded.

Mr Bladek: Again, out of respect to Eliza and her family, without revealing personal details, for an assessment of a child who has a personal disability there would be eight places where the mobility impairment would be identified. The first would be in their interaction where the participant would demonstrate an activity

that they wanted which would show their mobility or functional incapacity. There are questions about how they would transport to and from school. There are questions about the support that's required to travel. There are questions about what assistive technology would be required. There is the question at issue on concerns about mobility, which may have been misinterpreted in this case. There's a space for any additional comments. One of the toolboxes, called the PEDI-CAT, asks a number of questions about mobility, and another tool called the Vineland has questions regarding motor skills. In the case of a child like Ms Tape who has a functional capacity that requires supports to live an independent life with mobility, there are a number of places where that would be addressed, and I hope that Ms Tape and her mother would feel confident the other questions are adequate in addressing her functional capacity accurately.

Senator Reynolds: Unfortunately I'm going to have to leave the call shortly because I actually have a roundtable here in Perth with participants who've been through the IA process so they can personally give me feedback about the experience. I can assure you and the committee and anybody who's got concerns in this that I am listening and we're looking to make sure that their feedback is taken into account.

CHAIR: Senator Steele-John might have a couple of questions to you, Senator.

Senator STEELE-JOHN: Thank you, Chair. You've made a couple of comments about fairness and unfairness. I am certainly a champion of a fair scheme. But I think we might be floating a bit far from shared understandings here. We both agree that fundamentally what the NDIS is, among many other things, is the creation of a market in service delivery. That's a core element of what the scheme is trying to achieve. Do we share that understanding?

Senator Reynolds: Yes. I've sort of defined how I see the scheme as a custodian in some detail today.

Senator STEELE-JOHN: Yes, of course. As part of the creation of that market, that market has had to develop over time. There does exist phenomena such as thin markets. You're familiar with that phraseology.

Senator Reynolds: Absolutely.

Senator STEELE-JOHN: There are certain geographic locations where services are not available. That's something that's on your radar as minister, isn't it?

Senator Reynolds: Absolutely.

Senator STEELE-JOHN: You also would be aware that, as the market in service delivery has developed, in some locations, in different places around Australia, some services are available to participants where in other geographic locations those services are not available.

Senator Reynolds: Absolutely. I've talked about that today as well.

Senator STEELE-JOHN: That's part of the market developing. Sitting alongside that we also have a reality where, with the best hope in the world, there is a varied level of skill among different NDIA planners that are making decisions in relation to participant plans, and there can be some real challenges around those decision-making processes, particularly when we deal with complex cases like First Nations people in rural and remote areas. We all know that that is a challenge, for instance, that the agency and the government need to work to improve.

Senator Reynolds: Yes.

Senator STEELE-JOHN: Based on those shared understandings, then, Minister—that the market is developing in different areas, with different services being provided at different times and with a disparity in planner knowledge, particularly in rural, regional or remote locations, and also that we still suffer from thin markets in the scheme—I'm a little confused as to why you would look at a disparity in average plan value that would exist between a metropolitan area and a regional area and conclude, as you seem to have, that the primary reason for that disparity is an absence of standardised information coming into the NDIS, which would be solved by independent assessments. Could not these other factors be driving these disparities?

Senator Reynolds: In short, I think it is complex, and there may well be other factors. Again, I think that's one of the roles of the committee. If you're seeing other factors that the NDIA is not seeing and you have solutions to those, obviously we would welcome that. But I will share with you two lots of statistics that I had from the department and from the NDIA. The first one is the clear and unequivocal evidence that where you live is absolutely fundamental to the package. I have a couple of statistics here, and I'll share them for every electorate. There are two factors to this. Bear with me. For example, as I said, in Tasmania the average package in Clark is \$105,000, compared to \$70,000 in Lyons. In our own home state of Western Australia, in Perth it's \$99,400, but in Durack, mostly in the north of our state, it's \$71,000. So that's the first statistic. It is undeniable that where you live impacts on the total value of your package.

The second statistic which I will share with the committee and give you a breakdown on is the utilisation of that package. For example, if you live in Kununurra—where the average package is \$70,000, as opposed to \$100,000 in Perth—your utilisation of that package is probably about 50 per cent of your already reduced package number. That, I think, is attributable largely to what you're talking about: the lack of providers in this developing market, particularly outside of metropolitan areas.

So those are two of the big factors that I'm seeing in terms of fairness, but a lot of the feedback that I've had is that your socioeconomic status and your economic means are another factor. As the NDIA officials very clearly articulated today, some people have the ability to get further medical reports following their initial diagnosis or in their plan reviews, so they go into this process with much stronger medical evidence and are able to more effectively advocate for themselves. That is not just a regional issue; it's also an issue for the CALD community, where many people cannot advocate as effectively. They have to do that, because we don't have independent functional assessments that would even it out and, for those 400-odd persons, have them starting from a higher point in terms of their functionality to get a bigger package. But we still also need to make sure that they're in a position to use their package. Again, if you're from a CALD community in regional Australia, you've got the double whammy, and that has to change.

Senator STEELE-JOHN: Yes, but I think we need to be careful not to conflate a couple of issues. I know, being from Western Australia—we're both from WA—the difference between Perth and Durack very well. The difference between Perth and Durack—and what would be reflected in somebody's plan valuation, how much they're spending, how much they're utilising and how many they may have been allocated—would be a complex combination of the development of the markets in those two different spaces, the information captured by the planner during their interactions with the participant, and multiple other factors, none of which, as far as you've explained to the committee, are addressed by independent assessments. I accept that a disparity exists between those plan values as you have articulated them. What is currently missing at the centre of the government's argument here is how your proposal before this committee addresses the problem you have identified, and that's what I'd like you to speak to. How does the government propose that a standardised process of assessment will address the fact that you cannot access certain services in, for instance, Durack, because the thin market means they don't exist, and that in Perth, because of the nature of the distribution of SDA, if you need SDA and SIL you will be located in the metro area, and that will distort the average plan value comparison, which is the figure you have given us today?

Senator Reynolds: For me it's really clear. If you're in Perth and you have the financial means to advocate for yourself and get expensive medical diagnoses, you can advocate for a larger plan. So that's the first issue. But, again, a separate issue is that you're more likely to find the services in metropolitan Perth to deliver those services for you. So it's two separate issues: you'll have a bigger package and you will have greater access to use that plan. What if you are in Kununurra and you don't have the same access to advocate for yourself in terms of a medical assessment and diagnosis upfront and the ability to advocate for your own plan and the supports you need? Logically, if you are in Kununurra or Karratha with a similar diagnosis you should be getting more money, but at the moment you're getting \$70,000, which you can't use because you don't have the same access to, for example, allied health professionals or carers. But the average cost of that is actually more expensive, and that is not included in your assessment at the moment. So—

Senator STEELE-JOHN: Minister, sorry for cutting you off. I do know that you too have to go. Your proposal as you've put it to the public, though, still requires a disabled person to be able to access medical information and assessments speaking to the nature of their impairment in order to gain access to the scheme. So you're not actually alleviating the difficulty of somebody on the ground in Kununurra getting relevant medical treatment information or reports, which I do know is incredibly hard. This participant in Kununurra that we're discussing in the abstract still needs to be able to get access to that information in order to get access to the scheme. That's correct, isn't it?

Senator Reynolds: Senator Steele-John, you're right, there are two separate issues, and we need to address them both. We need to address the inequity. For those who come from regional areas, who can't advocate in the same way and the same depth financially and in actuality, we need to get rid of that unfairness and inequity. That's the first issue we need to address, and that's really where the independent assessments, I think, play an important role. But the supply of providers in thin markets is a separate issue, and we have to address that. I think part of the problem with this discussion is that we have been conflating the two. But they are two separate issues, and we need to address both so that people get the plan they need also at the price point, so that you can deal with both issues. And without the necessary—

Senator STEELE-JOHN: Yes. Apologies again, Minister, but if we were back at year 1 of the scene and we were having this conversation then I would accept more of the logic you are putting forward. However, we are now five or six years into the development of the scheme, five or six years into the development of the market. Where a thin market exists or does not exist is currently reflected in what somebody has in their plan—that is, if I live in metro Perth and I am able to access a bunch of services that I would not be able to access in Kununurra, I will have identified a bunch of goals that need me to access those services, and that additional allocation will be represented in my plan; whereas in Kununurra, where that has not developed, it will not be represented in the plan. So, again, when you look at average plan values, which are one of the two metrics you have given the committee to support this argument, they are again inevitably distorted by the development of the market. That is logically the case, is it not?

Senator Reynolds: Senator Steele-John, two things: one is that, if you and the committee have some innovative solutions on how to deal with thin markets, we would all welcome that, because that is a problem we have to address nationally to increase the supply—

Senator STEELE-JOHN: I understand that, Minister, but the actual contention I'm putting—

Senator Reynolds: Let me finish.

Senator STEELE-JOHN: The piece here is: do you accept that the existence of a thin market over multiple periods of time, over many years, will naturally lead a participant within that thin market having less in their plan than a participant that lives within a market area that is fully developed?

Senator Reynolds: That is not my understanding, but I might hand over to Mr Hoffman to clarify that point.

Mr Hoffman: Very simply put, Senator, I think that contention goes to how much is spent, so a utilisation question, and clearly there are issues with thin markets. Some of the trials are showing promise. We should talk about that further and so forth. Whether it goes to the plan size itself is a different question than the spend size, and I don't think that necessarily follows. I think the point the minister was making strongly was: nor should it.

CHAIR: Just on that, Mr Hoffman, I come back to my simplistic sort of verbal diagram—Minister, I understand you have to go, so can I say thank you very much for participating in this today. It's been most informative for the committee, and I think it will help us in our deliberations as we go forward. So thank you very much.

Senator Reynolds: Chair and committee members, thank you very much. For any other questions the committee has, if you want a separate briefing from the NDIA on the assessment tools themselves and the nature of the tools and the questionnaires, I think there might be some benefit in that, and I know that we'd be very happy to provide that for you, because I think the devil is in the detail of a lot of this.

CHAIR: I'm sure we will take that offer up. There are further questions that I know we will not reach today, which we will put on notice.

Senator Reynolds: I'm due at a roundtable with IA participants, so I don't want to keep them waiting. Again, Chair, thank you very much. I thank you and all the committee for the spirit in which you are engaging in this inquiry, and I genuinely hope to work with you on your report findings and outcomes so that we can achieve a better outcome for participants this year.

CHAIR: Thank you. Mr Hoffman, if I can come back to my boxes, I'm not against the idea of boxes; I recall in a different role looking at the New Zealand welfare model, which was based on an actuarial insurance scheme and which took that sort of approach. To come to Senator Steele-John's question, the fear that he is expressing would only be real, it seems to me—if I've got this wrong, tell me—if the place of the delivery of the service is one of the elements in the determination of a particular box. But that wouldn't seem to me to be an appropriate way to determine what's in each of what I'm calling boxes—the 400 categories, if you like, or cohorts—because that would seem to be a separate question as to the delivery of services. Whether you need the services shouldn't be determined by whether you're in Kununurra or Perth, to come back to the hypothetical example.

Mr Hoffman: Senator, that is half right, but there's a bit more. It shouldn't determine issues to do with support need, functional capacity, life circumstances, informal supports et cetera. They're geography-independent. However, we do allow for increased costs of the supply of services in regional and remote areas, quite necessarily, as Senator Steele-John has described, and therefore we would take into account in the categories loadings necessary for regional and remote locations.

CHAIR: I know this is a very gross generalisation, but theoretically a person with a disability in Kununurra should actually get an increased amount compared to a person with the same disability in Perth, given that getting services to Kununurra would be more difficult, more expensive et cetera than getting them to Greater Perth.

Mr Hoffman: All other things being equal, all the other factors being equal, yes, you should see a higher package outcome in rural and remote areas for those exact reasons. Then you go to the next level of question, which Senator Steele-John correctly identified, which is the ability or otherwise to make use of that. But, as the minister said at the end, that is a separate but still crucial question.

CHAIR: I know we've been over time, but we can go for another five minutes. Then there'll be questions on notice. Five more minutes, Senator Steele-John.

Senator STEELE-JOHN: This will be a quick one, and it's for the NDIA. What was the cost of the contract with Hall & Partners for market research in November of last year that was used to inform the new NDIA narrative, where all of the talk of fairness, consistency and accuracy has come from?

Mr Hoffman: On 24 November, the agency executed the work order with the supplier for \$8,000 to conduct two focus groups. It was then extended on 20 December to conduct a further four focus groups, at a cost of \$24,000. It was varied again in January 2021 for a further eight focus groups with participants, staff and partners at a cost of \$52,000. So the total for developing a scheme of forum messaging was \$84,000.

Senator STEELE-JOHN: For a full rollout, how many allied health professionals will be working as independent assessors?

Mr Hoffman: Oliver, is that one that you could address, please?

Mr Bladek: I'll have to take on notice the total number of assessors required for a full rollout.

Mr Hoffman: We're not trying to be evasive here at all. It depends upon the speed at which you attempt to work through the participant base at the time. We know there are 450,000 now. It's still growing, as we said before. How many can you do in a year at quality et cetera? That's not a thing that we just sort of decide upfront and don't vary. There's some learning as you go on that process.

Senator STEELE-JOHN: Could you also take on notice how many will be based in rural, regional or remote areas. I think this next one is a DSS question, or it might be for the agency: what modelling work has been done to assess the potential impact of the IA workforce on the provision of allied health services in rural, regional or remote Australia?

Ms Rule: Are you asking if we've modelled whether there is available workforce?

Senator STEELE-JOHN: I would hope that you already know that there's available workforce. Do you?

Ms Rule: This goes to one of the reasons for running a tender process—to assess whether the market exists. We haven't done any modelling specifically on that question.

Senator STEELE-JOHN: We heard from the peak body for allied health professionals in Australia, and they said very conclusively that they are very concerned about the potential diversion of workforce. What I actually want to know from you, though, is: have you modelled the impact of the implementation of IAs on the provision of allied health services in those geographic areas?

Ms Rule: No, we have not.

Senator STEELE-JOHN: So you can't tell me whether the implementation of this program will cause shortages of social workers, psychologists—the identified groups?

Ms Rule: No, we haven't modelled that.

Senator STEELE-JOHN: These are full-time positions, though, aren't they—being an independent assessor?

Mr Hoffman: Yes.

Senator STEELE-JOHN: So, logically, if you are being an independent assessor, you're not being a physio to the general community, are you?

Mr Hoffman: Not necessarily, no.

Senator STEELE-JOHN: Okay. It would have been very good if you could have modelled that, because that would have helped me consider those concerns. Let me finish, then, on this question of duration. Under the 'key facts' part of your website it says that independent assessments will take 'around three hours'. However, in a media release from your agency on 23 April—the same day as this committee started its hearings for this inquiry—it stated that independent assessments will not be a three-hour consultation and that there will be no limit on assessments. So I just want to get clarity: is the assessment around three hours, or is there no time limit?

Mr Hoffman: Oliver, do you want to answer that?

Mr Bladek: Yes, Mr Hoffman. Senator, there is no time limit to the assessment. It should take as long as is required for the participant and the assessor to complete the requisite questions.

Senator STEELE-JOHN: But, in the tender bundle you put out for independent assessments, is it the case that tenderers get paid per head rather than per hour?

Mr Hoffman: Per assessment completed.

Mr Bladek: Correct.

Senator STEELE-JOHN: And it's also the case that these documents don't list things like cultural translation or multidisciplinary briefings. In fact, they make it explicit that, in the view of the agency, those things are not required—correct?

Mr Bladek: I don't understand what you mean by 'briefings'.

Senator STEELE-JOHN: That's the wording used in your tender—it says, 'Multidisciplinary briefings are not considered to be required.' I'm just using the language that's in your tender.

Mr Hoffman: We're very happy to answer the question. It's a long document. I'd need to see the sentence in context. If you want to put it on notice with the reference, we'd be very happy to give a full answer.

Senator STEELE-JOHN: Alright. Within that tender, it goes on to state clearly that it will take approximately 2.5 to three hours to undertake an assessment and write a report. It makes it very clear that the report writing is inclusive in that 2.5 to three hours. You've just said it's unlimited and it should take as long as it needs to; however, your tender document says that you'll be paid per assessment and it gives a guideline of 2.5 to three hours. So are you suggesting to me, Mr Bladek, that a for-profit corporation will take as much time as they think they need with a participant, even though they're being paid per head and the guideline that they've been given is 2.5 to three hours?

Mr Hoffman: We needed to give some information in the tender for the purposes of getting responses back. As we've said, we haven't committed or contracted for any services. We've set up a standing panel to which, if we proceed—and conscious of all of the legislative requirements and the commitments the minister has made—we can then go to the standing panel and issue work orders. We have a high degree of flexibility as to the nature of those work orders at the time, which will be informed for the consultation development process that we've spoken about. So we aren't locked in to a specific time and a specific delivery, but we needed to give some indication back then in order to have a standing panel in place, and that's what we've done.

Mr Bladek: In addition, Mr Hoffman, there are contractual terms that also talk to the participant's satisfaction with the assessor, which is one of the metrics we will be using for panel assessor partners to be held to account.

Senator STEELE-JOHN: But why does it then say 'around three hours' in the 'key facts' section on your website?

Mr Bladek: As Mr Hoffman mentioned, we needed to give a guideline for how long it would take. Some assessments have taken longer. Some assessments—the one that I saw, for example—were shorter. But, again, that was a guidance at the start of this process.

CHAIR: I think Senator Brown has one final question.

Senator CAROL BROWN: Yes—a follow-up from Senator Steele-John's question. Whilst I accept what you say in terms of the time that may be allocated to doing independent assessments, with the pilot you have at least three of those organisations that are on the panel being contracted to deliver the trials—is that correct?

Mr Hoffman: Yes.

Mr Bladek: Yes.

Senator CAROL BROWN: So what is the contracted time in those contractors' contracts that is being allowed—is it the 2.5 to three?

Mr Hoffman: No. We're in the pilot—the trial. We're also remunerating them on the basis of completed assessments. As Mr Bladek has said, they're taking a range of time—longer and shorter than that phase. It's interesting that not an insignificant proportion of feedback from participants is that it's too long, but we'll wait until we see it in full to see the evaluation on that point. I think I've answered that.

Senator CAROL BROWN: Just to be clear: in the contracts, there is no time specified as to how long an independent assessment should take?

Mr Hoffman: So that I don't mislead the committee, I'll take the precise, definitive answer to that on notice. But the basis of the contracts is that we pay on a completed quality assessment that meets the quality standards in terms of what is supplied to us, and the full set of tools and questions need to be completed. So that needs to take the time that it takes.

Senator CAROL BROWN: This is my last question, Chair. Thank you for taking that on notice, Mr Hoffman. The minister talked about NDIS costs being conflated, and I noticed that the NDIA issued a clarifying statement in relation to NDIS costs a few days ago, I think on the 15th. So I want to follow up on a question that Ms Payne asked. If the minister is genuine about this committee actually being a partner to the issues that are being talked about and the concerns that have been given to us in evidence then, for us to do that, we really need evidence based information. So I'll follow up Ms Payne's question with this: will you in the NDIA release all the assumptions which underpin their cost estimates plus sensitivity analysis so that there can be a transparent and fully informed debate about the sustainability of the NDIS? Looking at that clarifying statement, I just find that it's impossible for me, without the clarifications of the assumption, to draw any conclusion other than that the latest projections are higher than four years ago.

Ms Rule: I think that's a question for the minister. I'm happy to take that up with her about the extent to which we release the modelling—

Senator CAROL BROWN: The minister was very clear that she wanted this committee to be central to her deliberations, and we wouldn't want to give the minister our findings if they couldn't be based on best evidence. We can't have best evidence if the NDIA or the DSS are not giving us transparent information around assumptions which underpin their cost estimates. This goes to the whole core of the reason the government is saying that we have to go down an independent assessment way, as proposed.

Ms Rule: I understand that, but I'm sure you'll appreciate that it's the government's modelling that underpins the budget and it's a decision for the minister. I can't make that commitment for her.

Senator STEELE-JOHN: No, we do understand. However, to be fair to Senator Brown, I as a member of this committee have asked—but I think every member of the committee would be helped—to see two documents that we have spoken about before: (1), the financial sustainability report that is delivered to the board annually and (2), the assumptions that underpin your actuarial models, because that's what sits underneath the entire budgetary assumption process. All of the quarterly reports and all of the data you give us—fine, well and good as they are—all come back to the assumptions within your actuarial models. We asked for that weeks and weeks ago. To my knowledge it has not yet been presented as information. That is the information which we need in order to be able to independently assess the accuracy of the projections that you have made. So we're going to keep going round and round and round on transparency until we get that information.

Ms Rule: Understood, and I'm happy to take that question on notice.

CHAIR: On that note, I'm going to draw this session to a conclusion. Can I say sincerely to Mr Hoffman, Ms Rule and all the others: thank you for the discussion today. I'm speaking for myself—and I think for the for the rest of the committee—but I've learnt more today about the process and what's envisaged than I have up until now, and that will be helpful in terms of the deliberations that we ultimately have to engage in and report to the parliament and, through the parliament, to the government. As I foreshadowed, there are questions that we will put on notice to you. We appreciate the answers to that and we appreciate your continuing cooperation, because, at the end of the day, I think we all have the same objective in mind—that is, to have an NDIS that works now and into the future for disabled Australians. So thank you very much.

Mr Hoffman: Thank you. Also, I received your letter from the committee this morning inviting an additional written submission by the end of May. We'll be delighted to supply such a document to you. Thank you.

CHAIR: Thank you, Mr Hoffman. We'll suspend.

Proceedings suspended from 13:46 to 14:33

McALPINE, Ms Catherine, Chief Executive Officer, Inclusion Australia

[14:33]

CHAIR: Welcome. Thank you for joining us today, Ms McAlpine. We have Inclusion Australia's submission to the inquiry. Would you like to make some opening comments?

Ms McAlpine: Yes, thank you. Inclusion Australia is the disability representative organisation for people with intellectual disability and their families. IA represents the approximately 500,000 Australians with intellectual disability. Our representation is framed by the UN CRPD, and our robust governance structure includes people with intellectual disability and their families. The authenticity and credibility of the information and feedback IA provides to government come directly from our national grassroots community networks, coordinated and supported by the IA state based member organisations.

Inclusion Australia is also a very strong supporter of the NDIS and acknowledges the very great difference it has made to the lives of many, many people with disability, including people with intellectual disability, and we very much appreciate the opportunity to appear before the joint standing committee to discuss our very significant concerns about independent assessments and how they will disproportionately impact on people with intellectual disability. Regretfully—and you will have heard this before—it is impossible to talk about independent assessments without addressing the breach-of-trust issues experienced by NDIS participants and their families since the first pilot was announced, or around that time.

It did not build trust when the NDIA did not involve people with disability in a number of critical decisions, despite this being a requirement of the NDIS Act. It did not build trust when the decision to make independent assessments mandatory was not discussed with people with disability. It did not build trust when tools designed to measure function were chosen to determine support needs. It did not build trust when the previous minister mused about participants buying yachts without any evidence of any fraud by participants. It did not build trust when changes were made based on secret data and untested assumptions. It did not build trust when pilots were designed internally and results were hidden from external scrutiny. It did not build trust when support statements by respected experts were not quoted in full. It doesn't build trust when the evidence of postcode inequity is disputed by academics with access to the same raw data. And it certainly does not build trust when the participants with the most complex support needs and therefore the most expensive packages are held up as examples of excess. In fact, it's these large packages, sometimes in excess of \$1 million, that are almost invariably for people with multiple cognitive impairments—often a complex combination of intellectual disability, autism and psychosocial disability.

This group of people is exactly the same group of people whose families and advocates spoke up publicly about the need for a disability royal commission. Why? Because the people who need 24/7 support, often on a two-to-one or three-to-one basis, are people who have experienced the most horrific violence, abuse, restrictive practice and trauma. One example was brought to the disability royal commission by one of our members. I encourage you to read the evidence provided by Dariane McLean about the experience of her son Hayden.

Another example is a case study contained within the Inclusion Australia omnibus submission to the disability royal commission. I'm going to read a short excerpt from that. I note the names have been changed to preserve privacy. It is a case study called 'A life in shackles'. This is a story of a man in his 30s: 'Adam has been in the disability system since he was a child. His advocate Claire said he was the victim of the worst restrictive practices she had seen. The biography of Adam is what Claire calls folklore, because disability files are archived every 12 months. As a consequence the official story of what happened during his childhood and early adulthood is buried. Claire said: "What I've been told by staff who have known him for a really long time is he was sent away to a residential school as a child, and they had him chained to the floor. They put bolts in the floor to chain him to. He landed in one of Victoria's disability institutions as a young person. What I've heard is that he was restrained with handcuffs for up to 23 hours a day, and that those restraints have caused his shoulder cuffs to basically rust downwards. This has made him hyperanxious, because he has been subjected to so many takedowns by staff, and his response to the world now is hypervigilance and, if in any way made anxious, hyperviolence. Adam lives alone in a secure unit. He has one service provider, 24 hours a day, 7 days a week. I went into his home. It is not a place you would want to live—some place anyone would want to live. It's dilapidated. It's depressing. He has been there a long time, and it's overlooked by the institution he previously lived in. He is captive.'" There's more to the case study, but that's the bit I wanted to talk about.

It's people like Adam who are at extraordinary risk from independent assessments. It's people whose experience of violence, abuse and trauma means they cannot tolerate strangers, participate in assessments or provide an account of their own lives. It's people that do not have anyone else except a provider, with the inherent

conflict of interest that that entails, as their reliable informants. Yet, already, it is this exact group that are the target of the new sustainability action taskforce.

It is Inclusion Australia's view that the push for independent assessments needs to stop. It's our view that the entirety of the Tune review recommendations need to be considered. It's time to think about how we can stop the pathways that lead to complex behaviour support needs. For example, how do we stop young people with disability being abused and traumatised by the education system? When will we require providers to use evidence based practice in employment supports?

How do we reduce the long-term demand for SIL by building independence? When will we investigate the true financial health and human cost of forcing people to live together? And how do we support genuine innovation instead of the growth of for-profit providers? These are the questions Inclusion Australia would like to support the NDIA to grapple with. It is time to stop punishing participants for the failures and unintended consequences of scheme design and it's time for us to have the NDIS that we fought for.

In the interests of brevity, Chair, I took the time to try and consolidate things into a short statement, but I would like to say a couple of other things based on the evidence that I have heard this morning. One brief story I would like to tell you is that, during COVID, there was a big push to give people NDIS participants access to devices so they could communicate. A new rule was made such that people could access iPads or similar things with the low-cost, low-risk part of their funding, but there were rules attached to that. You had to have an allied health provider give you the okay and you had to jump through another couple of hoops. After the worst of the pandemic and lockdowns were finished, one of the deputy CEOs came to the NDIS CEO forum—a regular gathering of the disability advocacy organisations—and said, 'We had a much lower take-up of that than we thought, so clearly everyone who needs one has one.' I had to ask for a separate meeting and say, 'This is an assumption. You looked at the data and you made an assumption. I have to tell you that assumption is wrong, because the people with intellectual disability are invisible to you. The people with intellectual disability in group homes didn't know, first of all, that the rule had changed, didn't know they had money in their plan that they could have spent that money on, didn't have a mechanism to say to the provider, "Can I get the assessment that would allow me to get the approval for the device?" didn't have the money to pay for the data that they would need as well, and didn't have social media safety training or anything like that. These people are invisible to you.' The thing is that people with intellectual disability continue to be invisible to decision-makers, and what keeps happening with the NDIS is that people look at the data and make assumptions. That's one of the things we have heard about today.

I heard some questions. We would suggest, for instance, that a map of where services are for people with intellectual disability, such as group homes and SIL versus plan size, might be illuminating. We would also suggest that the development of an inclusive market might fix this, because at the moment we have a segregated market. What is not shown in any of that data about where people live is how many people move once they have an NDIS plan or move to get an NDIS plan. If what is put in your plan is living in a group home, and that you will get the funding for a group home, you have to go where the group homes are. So it would be very interesting to map where all the congregate facilities are, where SIL is and where the supports for people with very complex support needs are. It's not quite the point that was made earlier about the thin markets, but it is that people will move to where the supports are.

The last point is that I've heard a lot about costs and I haven't heard a lot about benefits. Having an NDIS that achieves its aim has so many benefits to so many people and to the economy that there's a whole equation to look at, not just the cost of the scheme.

CHAIR: Thank you, Ms McAlpine. You were in the room, as I recall, throughout the evidence from the minister, the NDIS and the department this morning. I want to come to that because, in a sense, the committee has more information now than we had prior to the commencement of the proceedings today. I want to go through with you the process, as I understand it, in terms of what is envisaged for independent assessments, and that is that a participant would be able to select one of the contracted providers but not the actual person who does the assessment for that provider. The person who does the assessment for the provider would have to have at least one year's experience in some allied health professional setting. A number of assessment tools would be used, but not the DSM-5; the fallback or default tool would be WHODAS but with the possibility of other tools being used as well. My question is about that. I'll leave it open ended: what are your comments or views about that sort of process?

Ms McAlpine: There are end-to-end problems with that. One of the issues about the NDIS being a market is that the market is supposed to develop as consumers make choices. But 60 per cent of the participants in the scheme have cognitive impairments, so it's about the ability to be supported in those choices—and people with an intellectual disability will often choose the devil they know. Unless they're supported to make change they might

stick with the existing one, or they don't know how to choose providers. So it's that very first thing: if you've got the eight providers, how does a person with intellectual disability in any way go about making that choice to start off with? What information will there be? What will be accessible? What information will you have about those providers in terms that would give you some grounds to make that choice? So there's a problem there.

The second problem is with the assessors, and there are a couple of things there. One is assessors having only one year of experience. I don't know what your early career was like, but I would say that after one year I hadn't grown into what I learnt at uni. There's possibly very little experience of disability, and certainly no experience of the complex situations that I just described then. They come on site and it is deeply concerning that we've got a suite of tools—typically, the Vineland—that has been done by a psychologist, or possibly a social worker, whereas the other tests are done by other allied health professionals. We sent out a cheeky tweet during proceedings to say, 'It doesn't seem like everyone needs to go to university for four years to differentiate between those different allied health professions because, clearly, you can just lump them all together, give them another 24 hours of training and you're done.' If it were that simple we would have one thing called 'allied health professional'; we wouldn't have all those different specialised disciplines, would we?

So it's very concerning when we've heard that someone who is a physiotherapist would come out and deliver a Vineland. That's not covered in their training, and a Vineland is all in the interpretation; it's not just yes or no answers. It has questions such as, 'Can you walk to the shops?' That might go to mobility, but the answer for a person with intellectual disability might be, 'I can physically walk the distance but I'm not crossing the road.' Or, 'Can you dress yourself?' 'Well, yes, I can put all my clothes on but I'm not very good at choosing the right clothes for the right function or the weather.' So that's problematic as well.

Those were the first two—what was the next bit of the—

CHAIR: There was the organisation and the person who does the assessment, who will be an allied health professional with some minimal additional training and who will administer one or more tools. It seems to me that the default one is WHODAS—

Ms McAlpine: Yes—and the other tools.

CHAIR: but not necessarily only that. Then that will be inputted as data to the NDIA.

Ms McAlpine: That's right. First of all, it goes back to the assessment and the lack of appeal for the assessment itself. You have an assessment, but if the assessment is wrong, or if you refuse to participate it's not as simple as just being able to—if you apply for an exemption, you're not given an exemption. If you choose not to participate in the assessment you will be seen as withdrawing your application for the scheme. But that's not a reviewable decision, because no decision was made; you just didn't participate in the assessment.

Then there's the issue again, which you've heard before, about the tools not being fit for purpose. The tools are designed for functional assessments. They're not designed to develop a funding package. This new tool—

Senator STEELE-JOHN: The personal budget tool.

Ms McAlpine: the personalised budget tool—which all of these things are being fed into and crunched and then there's an outcome of a funding package size—is being used for the first time in the world. What's particularly galling to the researchers that we spoke to was that there is a tool, the I-CAN, that was not included. One of the problems with the paper that the agency put out about the tools that were chosen is that it doesn't say what other tools were considered and why they were excluded. We don't know why the I-CAN has not been included, despite it being the Australian tool that was designed for funding. That's what it's designed for. It's a mystery to us why the obvious tool has not been included.

Senator CAROL BROWN: Thank you for your evidence here today. First of all I want to go to the issue of the independent assessments and what they're actually assessing, because it seems to me that there don't seem to be any questions around family circumstances. Basically, the IA is really only focusing on functional impairments—a totally deficit-focused approach. I'm wondering whether you have anything to add to the fact that it seems to not take into account the participants' goals nor inform the supports that many participants obviously rely upon.

Ms McAlpine: Yes, we're very concerned about the lack of goals. One thing we've known about forever is transitioning to employment for a young person with intellectual disability. It's a complex process at the moment to navigate the systems. Someone who might genuinely have an open employment goal will need supports that have different costs to somebody who might be prepared to go to a group day program. Goals matter intrinsically, and it's not clear where goals will come into this.

We have been told that there's going to be another environmental scan, where I understand the environment will possibly look at socioeconomic status and other things, including the level of informal supports. That is something that concerns us greatly in terms of the informal supports. What we find even now in plans is that a person with a physical disability who needs seven-nights-a-week support in terms of, say, assisting with personal care will be given that because that's what's dignified. For a person with intellectual disability, they're more likely to have been told, 'Can't mum and dad do it three nights a week?' It wouldn't be personal care. It might be other sorts of supports.

We are concerned for a variety of reasons. One of them is: how are they collecting that information? We're also worried that, in the weighting, the informal supports by families, particularly adults, will be overstated or weighted more highly and that one of the ways they'll push the cost of plans down will be to push back on informal supports.

Senator CAROL BROWN: Yes. I was wondering if you had any evidence that you could share about how the independent assessments take into account sustaining informal supports. How do they look at how sustainable those informal supports are, because circumstances change?

Ms McAlpine: Especially when part of the sustainability of the scheme was actually about carers being more employed. There's the classic case of people like me who have adult children with intellectual disability. Historically, when there weren't any systems, when people left school, that was the time that a lot of parents, but particularly mothers, decreased their working hours to provide support for their young adult with intellectual disability. The informal supports are supposed to be allowed to be working, because that's supposed to be good for the economy too. That's the other problem about the lack of transparency. We've heard a lot of discussion about sustainability of the scheme and average plan sizes, but, as far as we know, the pilots are measuring things like: 'Were they respectful?' and, 'How did it go?' We haven't seen the impact on plans. We haven't seen the impact on informal supports. That's the whole black box that we don't know anything about. It's what concerns us, even when the minister says—which is great—that she's going to bring the results of the trials back. My question is: 'What information are you measuring?' It would be all very well to have a whole lot of data saying: 'People were respectful, and they knew this about the disability, and these things were good,' but, if you don't know the impact on your plan, how on earth can you make any sort of judgement as to whether or not it was a good process?

Senator CAROL BROWN: We have received comments and evidence around the risks associated with independent assessments and the fact that the decision to go down this pathway has not adequately identified the risk in introducing independent assessments. Is that something that you would concur with?

Ms McAlpine: Absolutely. There are risks to individuals—which I suspect is what you're talking about—but I think there's a huge risk to the scheme. This is a massive undertaking, without any evidence that this is going to solve the problems. When you talk about an insurance scheme, it's quite clear that the actuaries and the people with disability and their families define 'insurance' slightly differently, and I understand that we have to take the actuarial position, in terms of some of the sustainability issues, but the whole promise of the NDIS was that we would increase the capacity of people to have social and economic participation. The scheme is not achieving this. We are not achieving employment outcomes. One of the critical outcomes you need from the scheme is the employment of people with intellectual disability, because they're the ones in expensive settings like SIL.

What we're seeing and I'm seeing—this is anecdotal—is that you will get more supports in your plan if you just leave school and go to a day program and get some extra personal supports. You will get up to twice as much support as someone who's trying to transition to open employment and may be using a non-registered provider, because what matters is that you have the provider quote, not that you've got a really good idea about innovation as to employment. They're not rewarding innovation. They're not rewarding evidence based practice. They're rewarding more of the same. So what we're seeing is the growth of providers offering congregate supports, when, in fact, if we wanted to improve the postcode divide, we'd be having people included in their local communities—able to live in their local communities, with the right supports—and we'd be increasing their capacity to do that. So it feels really frustrating, because I think we all want the same in the end, but, at the moment, everything's about punishing the participant, where, frankly, I think we should be doing more to hold providers accountable.

Senator CAROL BROWN: Since the new minister has come on board, has Inclusion Australia had any consultation with the minister or her office?

Ms McAlpine: No. There's been one sector-wide consultation, where all of the disability representative organisations and disabled people's organisations had a face-to-face meeting, and that's it. Clearly, it's really important to us for the minister to meet some people with intellectual disability and to really understand the impact on us, but, no, we've not heard anything, except for a letter of thanks.

Senator CAROL BROWN: [inaudible] further meeting called to discuss independent assessments?

Ms McAlpine: Sorry, could you ask that again?

Senator CAROL BROWN: Was that a meeting to specifically discuss independent assessments?

Ms McAlpine: Yes, it was.

Senator STEELE-JOHN: But you weren't invited?

Ms McAlpine: No, no—I was invited to that. I've had that one meeting. It was a big group. There were 15 or so of us in the room. But we've not had any discussions with the minister specifically about people with intellectual disability.

Senator CAROL BROWN: Was that the NDIA or DSS who organised that meeting? Was that organised by the minister's office or was it organised by the department or the NDIA?

Ms McAlpine: We made an RSVP to the NDIS, so I'm assuming the NDIS set it up, and it was the NDIS offices in Sydney.

Senator CAROL BROWN: We have heard a number of reasons why the government introduced the pilot and wanted to go down the independent assessment process. They say this is to solve problems that have shown up in people's NDIS plans—that is, it's fairness, the fact that some people can't afford the medical records they need to show as evidence, their plans, those sorts of things. You'll be well aware of the narrative that the government has been using. But we've now got to the sustainability aspect of the NDIS, as to the reason why the independent assessment process is the way that the government wants to go. What does that mean to you? Does that mean this is all about keeping costs down? What's your view on why the government wants to go down the independent assessment road?

Ms McAlpine: We felt from the very beginning that the independent assessments has been about keeping down costs. One of the points we've raised is that Vineland is part of the diagnosis of intellectual disability. When the Tune review came out and it was proposed that for some people independent assessments might be helpful, one of the things we thought was, 'Great, people will be able to get those assessments for free.' We've been saying since the beginning of the scheme that, for access, people should be able to get vouchers or something to go to doctors so that they can get the tests that they need, which is also something that's never been trialled. But when the consultation papers came out, it became very clear that you have to do your proof of disability first, before you get to the functional assessment. Now it looks like a waste of money because the person will have already had their Vineland, with their proof of disability; therefore, why would you do another one by an independent person for the purposes of it being independent? So that's really problematic.

The second problem is that the NDIA have been pushing independent assessments for many months, probably up to a year now. For the whole time they've been telling us it's about equity and fairness and all these sorts of things. Suddenly, it's about scheme costs, and what we have is no evidence in all of the discussion about independent assessments, pros, cons or whatever. At no point have they made the case, 'This is going to decrease costs.' When we talk about equity, the point is, when they talk about it publicly and they say someone in Kununurra gets the low one and someone in Perth gets the high one—and it sounds to the listener like what they want to do is get all the people with the low plans up to the level of the high plans—in fact, it feels like they're saying the reverse: if people in Kununurra can do it for \$70,000 all the people in Perth can as well. We're not seeing the evidence that it will work.

The other thing is, since the sustainability task force thing started, we've been getting reports through our members who provide individual advocacy that people's plans are being cut, and what's being cut is capacity building. So we're seeing this short-term austerity measure or whatever it is to clamp down on scheme costs, and the very thing we need to achieve by investing in people, particularly people with intellectual disability, so that they cost the scheme later—we're in a win-win here. You look after people's human rights, you give them support for decision-making, you help build their capacity to be independent, then they won't need things like SIL. The costs of the scheme will come down, people will lead more inclusive lives and we're all happy. We're not doing any of that work, because if we squash capacity building now we kill the chances of that success.

So, it just seems very short-term in its view, and there also seems to be a lack of evidence that this particular thing, the independent assessments, will actually fix the problems. At no point has the agency walked into the room and said, 'These are the problems we see; what do you think the answers are?' And the only time that nearly happened, we said, 'Well, we think these are the answers, but we need some data; we need your data to see whether what we know from our experience is backed up.' We've never managed to have that conversation or get that data. The lack of consultation is very frustrating on so many levels.

Senator CAROL BROWN: And you haven't seen any of the evidence or data that has been used to suggest that independent assessments are the way to go in order to address any of the issues that have been raised, particularly around whether it's just postcodes, which may be an issue around unfairness or plans not having similar funding or similar supports.

Ms McAlpine: That's right. One of the other things it goes to is that in the medical profession and in the community in general there's a fundamental lack of understanding about intellectual disability and cognitive disability. As I said earlier, that's the majority of people on the scheme. Another reason plan sizes might be increasing is not to do with sympathy bias; it's that actually we're now creating a workforce that starts to understand disability. And maybe disability is more complex than people even realised. Maybe things are a little bit different in terms of some of the assumptions we've made. That's the issue, again, with the assumptions—that we're having people who have enormous economic and actuarial expertise looking at the figures, but they don't actually understand disability and they're not bringing that to us and really listening, saying, 'Maybe you really know.'

It's been quite disrespectful, the way we keep getting told, 'You don't really understand what we're trying to do.' We think, 'No, we really do; maybe you could listen to us and really try to understand what we're trying to say.'

Senator CAROL BROWN: I have to say, it is disappointing to hear your comment around capacity building being one of those supports that has declined. Obviously access is a great opportunity to ensure participation in the community and gaining new relationships. It's very disappointing to hear, if that's the case.

Ms McAlpine: Well, it's two things. First of all, we're seeing a decrease in capacity building. But the other thing—when you want to talk about cost cutting—is that we're wasting so much money on capacity building, because so much of the capacity building, particularly around employment, is not evidence based. We don't require providers to use an evidence base in terms of transition to employment. We just say, 'Go along.' For people with intellectual disability, it's been shown that you need on-the-job training to learn, because you don't go to classes and then implement it later on at work. Yet nearly all school leavers employment supports, or SLES—I know you're all pretty literate in the NDIS terminology—have been captured by day programs and are nearly all run in groups. There's no data that suggests that we're actually capacity building people for work. So, it's very frustrating, what we're seeing.

The other thing people forget is that all of this money doesn't go to people with disability; all this money is spent on workforce. None of the money in an NDIS plan ends up in the pocket of a person with disability. What they do is spend it on workforce and other supports. So, not only do we have both a decrease in capacity building supports but also many of the capacity building supports are completely ineffective.

Senator CAROL BROWN: Okay. Thank you so much.

Senator STEELE-JOHN: I want to take you back to an observation you made a bit earlier around the Vineland tool particularly and the expertise that is needed to record those responses correctly. As I understand, and as the committee has heard from a combination of the agency and other submitters—and it was clarified for us today—the intention is to have you assessed by an allied health professional. That may be a social worker or a psychologist, but it may also be a physio, an OT or an 'insert other'. Can you give me a little bit more of an idea of what you would miss when doing a Vineland assessment if you didn't have the appropriate background qualifications?

Ms McAlpine: There are a couple of things. I also want to point out that it takes agency away from people with disability. Tests like the Vineland are all usually done by another informant. Typically, when you've got a young person with intellectual disability, it's the parent who answers all the Vineland questions, not the person themselves. A person with intellectual disability, as I said before, might answer a question with 'Yes'. The Vineland typically has about five categories of answer: it's sort of 'never', 'sometimes', 'usually' and 'always'—you know, they have a thing there—whereas some of the tools that we're told have been used have got yes/no answers. Yes/no answers do not pick up support needs. The Vineland does have some of that complexity in there, but again, if you're not careful in the way you answer it and if you don't have the experience, you will end up with a higher score.

If you're a physio, you don't see some things. One of the problems—this is an IQ test thing that I'm saying, not a Vineland. In the IQ test you have some blocks, and they say, 'Can you put block A beneath block B?'. My son completely failed that one, because he didn't know what the word 'beneath' meant. Was he able to put something under something else? Yes, he was. He could do that. I was watching, going, 'He knows how to do that.' I still don't know to this day whether the IQ test was a check of vocabulary. Was it deliberately using the word 'beneath' or not?

What you'll get with an experienced psychologist or social worker doing that is that they might give some hints to the person—it depends on what they're trying to test—whereas, if you're a physio or an OT and you haven't got that experience or you haven't gone through some of the subtleties, you'll miss that. In that case, you might just mark someone as 'No, they can't do that', when in fact I don't know whether the test was a fine motor skill test or a cognitive test. As I said, to this day I still don't understand. There's just some complexity—and even more so for people with multiple disability and complex support needs.

Senator STEELE-JOHN: Absolutely. We've had on notice today information brought back to us in relation to the personal budgeting tool. The agency has confirmed that the model is dependent on inputs from independent assessments. So, if you don't get the Vineland right, because you're not qualified or experienced with it, it will then feed through into the amount of money you're funded.

Ms McAlpine: That's right, and you can't appeal the assessment.

Senator STEELE-JOHN: No, just the decision.

Ms McAlpine: Only the decision.

Senator STEELE-JOHN: Yes. On page 11 of your submission, you talk about how functional assessments are what you term 'an outdated model', something that I think you say accident insurance schemes, in particular, moving away from now. I wondered whether you could elaborate on what you mean by that.

Ms McAlpine: The information that we had, particularly from the academics that we talked to, was that this narrow functional assessment does not actually deliver the outcomes sought by the schemes and that, in fact, you need a multidisciplinary team. What you need is all those different experts who have that expertise; you can't just dumb it down in terms of knowing technically what boxes to fill out when you do a certain assessment. You actually need to have an understanding of what it means. Even in the assessment—you hear all the reports—they talk to you about doing a household task: make a cup of tea, take out the rubbish, empty the dishwasher or do whatever this task is. If you don't have any experience, you could watch my son make a cup of tea or unpack the dishwasher, and you'd go, 'Oh look, he can do that.' Yes, he can do it at home. He can't do it in any other settings. He wouldn't know how to go about problem-solving. Most of us can work out how to use a dishwasher or something; they're sort of standard things. He would find that much harder to unpick. If you don't have that experience, then, again, you'll mark people as having higher function than they do.

Senator STEELE-JOHN: Right. To pick up on a point you made earlier just to make sure I understood you correctly, you're saying that there's an equity argument put forward by the agency that's about creating a level playing field and all of that kind of stuff. But you're making the point to us it sounds that you will actually still need to get medical assessments from people to access the scheme, and, in relation to intellectual disability, that may be a Vineland.

Ms McAlpine: The Vineland will be one. The assessment of intellectual disability is an IQ test and a functional assessment. That's how you define it.

Senator STEELE-JOHN: So you'll pay for the Vineland test to get into the scheme to then be given the Vineland test by someone who isn't qualified and experienced in it alongside WHODAS and CHIEF and LEFS and the others.

Ms McAlpine: That's right, and we have brought this up with the agency, and the answer has been, 'We're trying to find a way that a GP could do something.' GPs don't assess intellectual disability.

Senator STEELE-JOHN: I might as well ask my mechanic! Good God!

Ms McAlpine: Yes.

Senator STEELE-JOHN: Just finally, what you're putting to us is this doesn't actually address the equity-of-access question that was used at the beginning of this discussion. We've kind of moved on in narratives a bit since then. You also spoke to us about the information gaps in the NDIA's analysis in relation to funding and the drivers of the inconsistencies that create inequality among participants. This is a critical point. We heard from the minister earlier that comparison between Karratha and Perth. What it seems you're saying to us is that there are other factors driving those inequalities other than ability to obtain assessments, which seems to be the underlying argument from the government. Can you just step us through what you see, particularly for intellectually disabled people, are the other drivers behind that inequality?

Ms McAlpine: This is where we need more data. What we're saying is from our experience, and we would like this investigated. We would like to be able to come to the agency and say: 'These are our theories. Why don't you look at our theories as much as you look at yours?' One is the thing about congregate care; it's about group

homes. Even for me who's been working in this sector recently, we had a meeting with the NDIS commission because a group of commissions are looking at the misuse of psychotropic medication.

Senator STEELE-JOHN: Yes.

Ms McAlpine: In every single setting, when you make people live with people that they don't want to live with, people end up sedated. You have overuse of sedation in group homes. You have overuse of sedation in aged care. You have overuse of sedation in prisons—in every context where people are forced to live together. We think there's a spiral. When they talk about function going down, if you put people with high behaviour support needs together, what happens is things get worse. The behaviour support plan gets more complex. It starts to cost more money. Their function would be probably measured as going down, and no-one's saying, 'Maybe that's because of the living context.' There's all this evidence for people with really complex support needs who are now self-managing where families have taken them out of services and built a service for one around the person. You see a decrease in restrictive practice and you see a decrease in the need for two-to-one support and you see an increase in function and independence. So we think there's a massive problem with the fact that people with intellectual disability and other cognitive impairments are given nearly all of their supports in groups. So you're living in a group home, you're going to an ADE and you're going to a day program with other people that you don't choose. When I did my big spiel at the beginning when I was talking about the financial and human costs, and also the drug costs, if you really looked at that and said, 'Maybe there's another way to do it,' that would be a lot cheaper and also be a win/win, which I think is still out there as the beacon on the hill. There's this win/win where people get to live more independent and inclusive lives, and it costs less. But we're not looking at that.

Senator STEELE-JOHN: Finally, I've had members of the public provide me with an opportunity to look at the report that they get back—if you're lucky enough to obtain a copy of your independent assessment, which can take weeks—so I've seen the way that it's structured. You can see Vineland questions, WHODAS questions et cetera. Of what you know of other assessment tools beyond Vineland, which was more designed for people with intellectual cognitive disabilities, how appropriate are those other questions—I think it's CHIEF, LEAF, WHODAS and a couple of others—that are all piled in there? I imagine they're very not good.

Ms McAlpine: No, they're not good. CHIEF I think particularly came out of strokes. So it was particularly useful for people with strokes. We don't have much idea of whether or not it's useful for people with intellectual disability. The WHODAS itself is old and it's a tool that's used particularly in developing countries as a whole-of-population tool. It's not what the academics describe it as—as outdated—in terms of the questions it asks and the underlying assumptions of how you interpret the answers to the questions. For the LEAF, I actually don't know. But there is great concern for us that those tools are not fit for purpose for people with intellectual and other cognitive disability.

Senator STEELE-JOHN: Thank you very much.

Ms COKER: Thanks for being with us today. I want to firstly ask you about assessment tools. In your submission you state that leading Australian experts have determined that selected assessment tools are 'not the most suitable' for the NDIS—so the ones that have been selected. Can you expand on that contention?

Ms McAlpine: The tools have been well validated for their primary purpose, which is to measure function. So we don't argue that they're appropriate tools to measure function. What we argue is that they are not tools to measure support needs and they don't pick up the things that you would need to pick up for support needs. The academics, some of whom were involved in the development of the I-CAN, have said very clearly, 'We've done this research, and we have a validated tool.' The problem is that the agency is saying that the tools are validated, but they're not validated. Mr Andrews just led us through the process of getting the tools and getting the assessment and plugging it into the algorithm. This algorithm is an agency construct; it's not something that's been validated by academics or other experts.

Ms COKER: It seems to me that a number of people have said today that the assessment tools are there to assess levels of function rather than assess support needs. What's the implication of what the government and the NDIS are saying? What does that mean for participants?

Ms McAlpine: They're saying: 'You'll get all these tests, and we'll number crunch down to a number. And then when you've got a number and you meet one of these personas, you'll get a budget based on that.' You'll get a \$70,000 budget, let's say. What they'll say is, 'People with Down syndrome who are 35 and have lots of informal support will fall into this box and that box, and then theoretically they should get a similar sized package.' Then you'll have flexibility on how you spend that package. So my son might spend more on supports for employment and someone else might spend more on something else. But there are a whole lot of problems with that—and this goes back to a few of the other questions. For example, if your primary disability is intellectual disability—and I

will take Down syndrome as an example here—they go, 'Oh, your primary disability is this, so we'll give you the Vineland and this and that.' But what if you have a hearing impairment or you've had a stroke—and I'm using real life examples here—or you've had an ongoing stomach ulcer issue, or you have a vision impairment as well? There's a high correlation between having an intellectual disability and having another disability as well. How will you pick up on all that? Also, how will you judge—and this goes to experience as well—the multiplying effect?

I don't know whether you know, but, in simple terms, to get into the NDIS if you are deaf or hard of hearing, there's a threshold that you have to meet. So at a certain threshold it's regarded as a disability and if it is over there you miss out. It is the same with a vision impairment. If you're deaf-blind, the threshold is higher—it is weird—as in you need to have less impairment if you're deaf and blind. If you've got a hearing and vision impairment, the threshold is higher because of the multiplying effect of the disability. If you just have a hearing impairment, you meet the threshold of disability at a certain point but, if you just have a vision impairment, you meet the threshold of disability at another point. If you have a hearing impairment and a vision impairment, because the two overlap with each other, the effect of being at a certain point is the same. I'm simplifying but it is trying to model what the multiplying effect of disability is.

So it's all very well to talk about people with Down syndrome who are 25, but you only have put a line of them up and go, 'This one has had a stroke as well; how does that get picked up? This one has a hearing impairment; how do I pick that up? This one wants to be an elite swimmer'—which is a whole different thing in terms of their goals in life—'and this person wants to run their own business.' It doesn't pick up goals and aspirations. But the fit-for-purpose bit is: how do you know what the funding is? And it's not okay to say, 'I'll get my \$70,000, and another person in my community whose young person is also deaf has to pay for a \$10,000 hearing aid as part of the \$70,000.' That's not equitable either.

Ms COKER: This afternoon, Minister Reynolds said that we will be getting independent assessments—that they are going to happen. My concern and the concern of a lot of the people in my region who have disabilities is: how are we going to resolve this particular issue of complex disability being assessed in a very short period of time by a certain number of people who do not know the participant or the person applying for the NDIS? It is a very challenging question to answer.

Ms McAlpine: It's a very challenging question to answer. The thing is that David Tune did a very significant consultation. In the Tune review, lots of us got lots of opportunities to participate. The recommendation that came out of that was that independent assessments could be considered discretionary. I have to confess that Mr Hoffmann and I have had a straight up and down argument about this. He says that 7b says compulsory and I've said, 'No; it says discretionary.' We completely disagree.

Ms COKER: In the Tune report?

Ms McAlpine: Yes, the Tune review. Basically, in simple terms, the Tune review said that independent assessments might be useful for some of the people some of the time for access. What that got extrapolated out to was 'all of the people all of the time for access and planning'.

Ms COKER: Yes, and I did raise that this morning.

Ms McAlpine: When Minister Robert first did the speech about independent assessments we all understood that it was independent assessments for the purposes of planning. That's why there was no outcry at the time of the speech. It was only when they announced that it was going to be mandatory and that it was going to be for access and planning that all hell broke loose. I feel that this is overly optimistic, but what if the minister went back to the Tune review and said: 'It's discretionary, not mandatory, and available, particularly for the equity issues, for people who can't get reports by other means and what have you, and let's have a look how it goes. If some evidence starts to emerge that better outcomes are coming up, well, let's expand it a bit?' To us it just seems gobsmacking that that's not what the agency did. Tune made a recommendation that was based on a lot of consultation. Why not just implement the recommendation?

Ms COKER: Why do you think they haven't done that? What's the motivation?

Ms McAlpine: We feel that there was an ideological stance by the minister in question at the time. At a very actuarial level, you can't run a disability scheme that's about empowering people with disability exactly the same way as you run an accident and compensation scheme. I think that we still have a very strong accident and compensation model, which clearly we need to adapt and learn from—I'm not saying for a minute that you would throw it out—and there are people that know more, but a disability scheme is different. This is groundbreaking, so we always knew that we'd make some mistakes along the way, and that's okay. It just seems ideological.

Also, we said from the beginning that this was about cost, not about equity. If you were really trying to resolve equity, there would be two things you would do. Basically, you would make reports free for people, and you can do that through a Medicare item or through vouchers for people or through free independent assessments. There are three or four models that you could use to resolve the equity issue without making independent assessments mandatory for everyone.

Ms COKER: You've just answered my next question. Those ideas are worthy of further exploration before we actually get these independent assessments in place. I would hope that the government was open to listening to those other suggestions.

Ms McAlpine: First of all, it's the right thing to do to listen. Secondly, you would think it from a risk approach. This is a really big, fundamental change to the scheme. So you're going to bring it in for 450,000 people before you've really tested whether or not it solves the problem that you've said you have? And it was made very clear to us that the pilots are not piloting whether or not independent assessments are a good idea; the pilots are piloting how independent assessments should be implemented. So they're not even testing whether or not they're the right answer to the question.

Ms COKER: Thank you.

Senator STEELE-JOHN: To pick up on that: in terms of the Tune review, you're not the first one to say this has been misinterpreted. It seems very clear to me—and I just had a quick look at the summary that we've got on our committee website—it was intended as a discretionary process. It was articulated as a voluntary process in some wording, never as a mandatory process. Can I just clarify something, though? You said one of the things we could do instead was free independent assessments. By that, do you mean free assessment in relation to the Vineland by somebody who is qualified—

Ms McAlpine: Free assessments for the purposes of access, yes.

Senator STEELE-JOHN: Free independent assessment is what the government calls what it's doing right now.

Ms McAlpine: Yes. And they're not independent, because they're not independent of the NDIA.

Senator STEELE-JOHN: No, okay—just to clear that up. What are the key differences that you see between an accident insurance model and what the NDIS is?

Ms McAlpine: One is the building of capacity. It's not a rehabilitation model. Intellectual disability isn't something that you recover from. But it's only within barely a century that people with Down syndrome died at age 14. People thought they couldn't do anything, because we just kept them in beds all day, and now we know all the things that we know. With an accident and compensation scheme, there's an underlying philosophy on what it's supposed to achieve.

Senator STEELE-JOHN: Getting you back to where you were before the car crashed or that kind of thing.

Ms McAlpine: Yes, which is different from—

Senator STEELE-JOHN: Totally different. There ain't nobody getting me back to where I was before the car crashed, because it never did crash. Yes, I get you. Thank you.

Ms McAlpine: You're very welcome.

CHAIR: Ms McAlpine, thank you for your submission and thank you for coming along and discussing it with us today.

Ms McAlpine: Thanks for your time.

WALSH, Mr John, Private capacity [by video link]

[15:38]

CHAIR: I now welcome Mr John Walsh, appearing via videoconference today. Thank you for appearing before the committee. We have your submission of 30 March. Would you like to make some opening comments?

Mr Walsh: I would, if you don't mind.

CHAIR: Please go ahead.

Mr Walsh: Good afternoon, Mr Chair and committee members, and thank you for this opportunity to say a few words on the critical subject of independent assessments in addition to my formal submission, which I don't need to re-prosecute. I'm appearing in a private capacity as a person who has lived with a disability for nearly 50 years. I was moved to make a submission in my capacity as a signatory and one of the principal authors of the 2011—

CHAIR: Mr Walsh, can I interrupt. Are you using a speakerphone?

Mr Walsh: I am.

CHAIR: It's a little bit indistinct. If you are able to hold the phone, that may help us.

Mr Walsh: Okay. I was moved to make this submission in my capacity as a signatory and one of the principal authors of the 2011 Productivity Commission report which recommended the introduction of the NDIS. By way of context, I'd spent the most part of my previous 25 years working on the state injury insurance models; and, in the early 2000s, I was asked to apply the same thinking to the New South Wales disability and home care schemes, which, along with those of most of the other states, were spiralling out of control in terms of both costs and outcomes for people with disabilities. As famously articulated in our report of 2011 the old system was underfunded, unfair, fragmented and inefficient and gave people with disabilities little choice and no certainty of access to appropriate supports.

Let me be very clear on one point. Despite assurances from both sides of politics, the NDIS recommended by the Productivity Commission has never been implemented. What we have today is an expensive welfare model with little attention to real choice, real outcomes and real independence and inclusion for people with disabilities. I spent yesterday privileged to sit with some of the best minds in Australia discussing opportunities for investment and real outcomes for people with disabilities. It made me angry to hear them talking about their feelings of frustration and 'dying inside' at the intransigent labyrinth we have created.

How has it come to this? Australian governments of all stripes and across the federation have let down people with disabilities. We have a broken National Disability Strategy with governments disinvesting in supports for people with disability. We have a disability service sector comfortably entrenched in the last century, making few attempts at true innovation and inclusion, and delivering the old model of supported accommodation and paid therapy and companionship at the expense of true social inclusion. We have obsolete defined services rather than investment in development and opportunity; and we have an incomplete National Injury Insurance Scheme, which means that many people who sustain major injuries have no exit plan from hospitals. Tier 2 of the NDIS has been a political football and has ignored the all-important ecosystem to build the capacity of all people with disabilities and to link them with mainstream and community supports.

All of these disinvestments mean that individualised funding of tier 3 of the NDIS is the only game in town. People with disabilities, and their families, are desperate to get an individual package because there are no other options; and, once they have a package, they are seeking to expand it and renew it at every opportunity. In the absence of an equitable and consistent approach to package allocation, this is an unsustainable model with poor outcomes for people with disabilities.

The substantive issue of independent assessments is highly relevant as a necessary but not sufficient instrument in bringing the NDIS back to the original visions of the PC and the *Shut Out* report. It is one component of the key triumvirate of structural design necessary to achieve real outcomes and inclusion within a sustainable structure—the other components being reasonable and necessary support at a whole-package level and the flexibility to apply funding in a way which maximises each individual's personal utility.

However, in the current environment of snowballing NDIS welfare expenditure, it is only by building this discriminatory capacity of people with disabilities themselves that sector development and innovation will become non-negotiable and the scheme will become sustainable. The introduction of independent assessments will be a difficult and complicated undertaking—far harder now than if it had been implemented as intended at the start of the scheme. But, done well, it is a critical component of the recovery and success of the NDIS. At the same time, we need to support all people with disabilities by investing in an ecosystem of community and

mainstream services through a vibrant and accountable National Disability Strategy, and we need tier 2 investment restored to the NDIA, where it can most effectively be linked to the development of personal capacity building, to an appropriate gateway to tier 3 of the scheme and to NDIA operational outcomes. Thank you.

CHAIR: Thank you. In what you said then, but more so in your submission, you referenced the fact that tier 2, if I can paraphrase your submission, has largely been abandoned and that means what we're left with is tier 3 and probably perverse incentives for people to get onto tier 3, because it's either that or close to nothing in some circumstances. How would you address that? What would you do to redress the situation?

Mr Walsh: The issue is that in the absence of an individual package people have nowhere to go, so the first port of call is rebuilding tier 2 and the National Disability Strategy in such a way that initiatives like the Early Childhood Early Intervention framework properly links people to mainstream and community and family services, where the intersections between the NDIS and mainstream services in health, justice, transport, education and employment—all those intersections—stream them towards the mainstream services before tier 3 of the NDIS as the first port of call. States and the Commonwealth have disinvested from those opportunities over the past 10 years. So, we're actually in a more difficult situation than we were at the start of the NDIS.

The first thing to do is to renegotiate the National Disability Strategy, which was abandoned over the past 10 years, and tier 2 of the scheme, in such a way that there are options for all people with disabilities. Many of the people don't need an individual package, and in fact an individual package is bad for them, because people are much better off using their own initiative and their own opportunities to live in the community, rather than having a defined service model and being marked as "someone with a disability". So, that's the first port of call.

The second port of call is building the capacity of those people in the community with a disability to be able to take advantage of those mainstream and community services. Those people who have a permanent and severe disability and who need additional support of course need to come into tier 3 of the scheme and receive an individual package, but that package needs to be structured in such a way that they receive the supports that are best for them, to get a good outcome, not a suite of defined services that are effectively programmed out for them by their service provider or their NDIS planner. So, I think we have quite a long way to go, but there is a structural road map that can lead us in the right direction.

CHAIR: Earlier today the minister indicated that by 2024-25 the Commonwealth would be funding 61 per cent of the total cost of the NDIS. Was that the proportion which was envisaged by the framers of this scheme when you were putting it together, or was it a more equitable division of costs between the Commonwealth, on the one hand, and the states and the territories on the other?

Mr Walsh: The recommendation of the PC was that the Commonwealth would fund the scheme, based on a hypothecated formula in the legislation, determined by an estimate of the reasonable and necessary support needs of the tier 3 population, and that that would all be from consolidated revenue of the Commonwealth, but that the Commonwealth would recover a proportion of that from the states, in proportion to each state's population of participants in the scheme, so that the notional assumption was that funding would be proportional. When the Commonwealth effectively implemented the NDIS within a framework of, really, an overly rapid escalation, they agreed to absorb the total upside financial risk of the scheme, which, in my mind, was a very risky assumption. The PC certainly would never have recommended it.

CHAIR: Has that led to a situation in which states and territories have further reduced their services?

Mr Walsh: That's the observation I'm making. It's very hard to provide hard evidence of that, but, anecdotally, when you talk to people leaving these schemes, that's certainly what we're hearing, and there are many examples that I'm sure you would have heard over the course of the submissions to you.

CHAIR: In your submission, you make comments relating to recommendations 7.3 and 7.4 from the Productivity Commission, and you speak about three components of aspects of the design feature—namely, independent functional assessment, 'reasonable and necessary at a package level', and flexibility for participants. I suspect other members of the committee might ask you more about this, but I just want to ask you about 'reasonable and necessary at a package level'. Can you explain more why you're saying that it should be at a package level rather than at an individual level?

Mr Walsh: I think the allocation of resources at an individual level invites the sort of bracket creep and escalation that we're seeing at the moment rather than providing people with a disability with the opportunity to be creative in using their support package to define a life and set of outcomes which feeds into community. 'Reasonable and necessary', at an individual item level, invites service providers, therapists and doctors to have an opinion that the person with a disability needs this or needs that or needs something else, and that can only go in one direction. My experience in injury schemes, and particularly in the common law jurisdictions, is that that sort

of escalation of heads of damage, as we call them in common law jurisdictions, is highly inflationary and takes away all the initiative and opportunity for people with disabilities to build a good life for themselves in the community.

CHAIR: Mr Hoffman was explaining to us this morning that what is proposed by way of the independent assessments is that, on the basis of the various assessments made of an individual, a score would then be converted to a domain, of which there were some 400 being proposed, and that the domain in which the individual was placed would determine the range of support for that individual. My question goes to the construction of the 400 domains. Is that something which you think is an appropriate way for the scheme to develop?

Mr Walsh: It's the same approach that we took in developing the costing model for the Productivity Commission report. What we did—and please stop me if I'm going on a bit—is that we convened forums of experts across the spectrum of disability types. I apologise for using diagnosis as the discriminant, but that was the most available definition at the time and probably still is.

For example, we got together experts in the area of cerebral palsy and said, 'Okay, tell us what are the types of severity of cerebral palsy and the types of age factors that might determine what someone needs, and what you would regard as a reasonable and necessary allocation of funds for someone in that category.' Cerebral palsy, for example, has a scale called the gross motor functional classification or something like that. A very severely affected person in that category might have an average where they say, 'That person needs this many hours of support a day and this much assistive technology and this much therapy, and that all adds up to \$250,000.'

So that was the way that we developed benchmarks—originally we called them reference packages—of types of disability, severity levels and age brackets. That became almost like the starting point, which was determined by the experts in the sector themselves and which would become the point of departure for each individual. If someone who came in lived in New South Wales or was a First Nations person or was culturally and linguistically diverse or had no informal supports at home or had a comorbidity with a psychological disability—whatever complicating factor—that benchmark could be ratcheted up or down. For example, I'm a C5 quadriplegic, and for whatever reason I seem to be able to struggle through the day reasonably well. I would expect my reference package to go down and need less support than the average benchmark.

That was the thinking that went into it. I didn't hear what Mr Hoffman said, but if that is what they're thinking I think that is consistent with the sort of work we did at the Productivity Commission, which the sector at the time strongly supported.

CHAIR: Thank you, Mr Walsh.

Ms PAYNE: Thank you, Mr Walsh, for your submission and the opportunity to discuss it with you today. In your submission, you've said:

Moreover, we know from extensive modelling that the total cost of meeting all support needs of all people with disability in Australia aged less than 65 is far higher than the funding envelope of the NDIS—probably by a factor of around 250%, or in round numbers a \$50b scheme rather than \$20b. Therefore, persisting with a methodology which allows debate around the reasonable and necessary nature of each individual's support not only creates an atmosphere of multiple disputes within every package, but again invites a world of very significant cost escalation, and inevitable Scheme crisis at some point.

If the original modelling was showing that, to meet the needs of all people with disability who would be eligible for the scheme, the scheme would cost more, by a factor of around 250 per cent, than it does, why was it not costed to meet that need?

Mr Walsh: Let me give some background to that. The original modelling for the NDIS took place in the New South Wales disability system around 2005 or 2006. It wasn't called NDIS then. Stronger Together was the action of the New South Wales government. It was in an environment where there was a situation where about 80 per cent of the cost of the scheme was being spent on a relatively small number of people. I think it was about 5,000 people in group homes. So basically the current supported independent living. What was happening was that, because there was a very rationed level of money, people with ageing parents were increasingly needing to find support. Their ageing parents were not able to look after them anymore, so the only option was for the parents to relinquish care of their ageing son or daughter, who were often in their 50s and the parent in their 80s. That would trigger what the New South Wales government called an emergency response and the need to fund more money to put people into a group home. Where did the money come from, because it was rationed? It came from the other 20 per cent of funding which was in the community-support-and-early-intervention bucket. So you had this spiralling downward whirl where all of the money was getting sucked into crisis emergency response.

Our model had shown that the total support needs of all people who might be covered by the scheme was about eight times what was being funded in the New South Wales system. The New South Wales system roughly doubled funding, which took the gearing impact to about four times. When we did the NDIS modelling, we further increased the funding to take the gearing ratio to around 2.5 times. That was a major increase in funding from \$7 billion to \$20 billion over the next five years. So it was a major increase in the gearing of paid support versus community and informal support. But it was considered that going higher, so going to covering the full \$50 billion by paid support, would not be a good outcome for people with disabilities. What that would mean was that every time someone needed any help they would need a paid person with them, and that's not a good life.

I know personally that I try and minimise the amount of time I have to spend with paid care. If a person's life is dominated only by those people who are paid to be with them, that's not inclusion and that's not independence. That is welfare at the extreme level. And so we didn't seek to try to implement a scheme like that. We sought to implement a scheme where a gearing of paid support to informal support was a much more equitable ratio than had been the case in the old system but was still a significant enough challenge so that people had some opportunity to achieve independence and inclusion and to contribute to society and the economy.

So that was the thinking. That was again supported by the sector at the time. It was such a wonderful improvement from the old model. People were excited by it. Those people who I spoke to and spent time with yesterday are frustrated that the current model is just seeking to fill up people's buckets, rather than help people to build their own personal capacity. That's what frustrates me.

Ms PAYNE: We heard from the previous witness that capacity building is one of the areas where people are getting less and less funding in their packages.

Mr Walsh: Yes.

Ms PAYNE: How does that reconcile with what you've said? Could you comment on that, please.

Mr Walsh: I'd say it's a characteristic of the poor nature of the planning process. There is not a lot of development of support, coordination and capacity-building. We need a lot more investment in tier 2. There just aren't the skills out there to help people. Also, I don't think the current planners and the current resource allocation process are doing a very good job; it's just loading up welfare and therapy rather than capacity-building.

Ms PAYNE: You've talked about the importance of Information, Linkages and Capacity Building program. Why do you think the government has effectively moved to dismantle that program, and what is the impact of ignoring it in relation to the scheme's sustainability?

Mr Walsh: Why has the government dismantled it? Your guess is as good as mine. I first heard about it in a phone call, and I think I said it was 'vandalism in the extreme' or words like that. I think it is criminal that it has been usurped from the agency just at a time when—the agency had only had control over tier 2 for about 12 months. Before that, it was all part of the transition from the state schemes to the Commonwealth. Tier 2 was effectively negotiated at the level of the disability ministers council and was a political football between the states and the Commonwealth. The NDIA was only just building its strategy and its plan for increasing disability support organisations in the sector, the capacity-building, when the money was taken away. And it wasn't the first time the money was taken away. When the scheme started, in about 2013, there was a bucket of money called the Sector Development Fund, which the agency was seeking to invest in capacity-building and disability support organisations. That money was taken away. I don't know why attention hasn't been given to tier 2—except possibly that the Commonwealth Public Service does not understand the ideology of the NDIS and is still wedded to a welfare model rather than an investment and opportunity model.

Ms PAYNE: In your view, has the National Disability Strategy delivered anything meaningful in the past 10 years, and why or why not?

Mr Walsh: No, in short. Why not? Because, with the states facing no upside risk in cost escalation of the NDIS, what incentive is there for them to invest in support for people with disabilities when they can say this is an NDIS responsibility and they don't have any risk for any cost overruns? There are no incentives in place for states to invest in expanding their supports for mainstream services for people with disabilities. So the National Disability Strategy has been a basket case. After 2016 it became so embarrassing it even stopped reporting. You can't find a report on the outcomes of the National Disability Strategy more recent than halfway through its tenure.

Senator CAROL BROWN: Mr Walsh, I want to go to your evidence around reference packages—that they were developed with the support of the disability sector. Was there any opposition from the disability organisations around reference packages?

Mr Walsh: The only opposition I can remember—and I wouldn't call it opposition so much as disagreement within the sector—was for people with psychiatric disabilities. When we wrote our draft report towards the end of 2010 or early 2011, because of the conflicts within the sector of psychosocial disability we sat on the fence around whether or not people with psychosocial disabilities would be covered by the NDIS. The response of the sector following that inconclusive recommendation was deafening. It was very clear that even though the sector was not speaking with one voice it wanted to have a voice within the NDIS rather than outside it. Mind you, this was all mainly done within New South Wales, so it was more for the development of Stronger Together than for the development of the NDIS as such. But when the NDIS report was published and we presented the findings, the methodologies and the terminologies, all we had was strong support from the sector.

Senator CAROL BROWN: Has anybody outside the NDIA seen these reference packages?

Mr Walsh: Absolutely.

Senator CAROL BROWN: Are they funded?

Mr Walsh: I think it is in chapter 14 of the PC report and has 15 categories of support. That report talks about the levels of support for each category.

Senator CAROL BROWN: So you can see all the information that was used to build those reference packages?

Mr Walsh: There was never a public report that I'm aware of, but it was certainly shared with the NDIS taskforce which was in the Department of Social Services.

Senator CAROL BROWN: It was not shared with the broader disability sector?

Mr Walsh: I don't remember. I don't think so, in that level of detail.

Senator CAROL BROWN: In your view, how important is it that the goals and aspirations of people with disability are part of the NDIS?

Mr Walsh: It's critical. But that's not happening at the moment.

Senator CAROL BROWN: Given that it's essential to the NDIS and that you think it's critical, the fact that independent assessments will not go to that point around goals and aspirations—my concern is from hearing the agencies basically say today that goals are not included in the independent assessments, which will mean that goals and aspirations will be taken out of that independent assessment, and therefore it takes a deficit based approach. Is that how you view the current—

Mr Walsh: My view is it's the opposite. My view is that, at the moment, it's a deficit based approach, where people will say what's wrong with them and what's required to fix it. That becomes a series of items that add up to an unworkable amount of money, to the extent that, when they then come to try and spend their money, that's the only way the cost can be obtained. We heard yesterday that people were in a situation where they were having \$30 declined or were in a situation where it took so long to get approval for a home modification item that the approval was out of date by the time they got it, and they had to get another therapy prescription session. The way I see it is that, by getting a reasonable and necessary bucket of money, there is far more opportunity for the person with the disability to make their own personal choices to achieve their own personal utility. The continual adding up of things to say that that's something I need for that problem is the ultimate deficit model.

Senator CAROL BROWN: But, as has been explained to us, independent assessments will not consider the importance of goals and aspirations.

Mr Walsh: My understanding is that the independent assessment will be one input into the later planning discussion, which will absolutely help people to articulate their goals and aspirations within what is a reasonable and necessary overall package of funding.

Senator CAROL BROWN: So you would agree with the way that the NDIA is planning to implement independent assessments currently—because they may change it?

Mr Walsh: I don't know the detail of what they're doing. I haven't been privy to the operational work that they've done. But I certainly agree with the need for an objective way of providing a reasonable and necessary package of support which is then flexible for the person with the disability to express their own utility and opportunity.

Senator CAROL BROWN: But, as you understand it, though, you think that the independent assessment process is an objective way to do that, even though other factors, other than functional impairment, will be taken into account?

Mr Walsh: Other factors will be taken into account. My understanding is that personal circumstances will be taken into account in adjusting the package size around the reference mark and that that final package which is determined using the independent assessment as one input will then provide the person with a disability the opportunity to express their own way of flexibly using their funding, and I think that's a good model. As I said at the start, it's a necessary but not sufficient investment to fix this. We also need to get a serious tier 2 and we need to get a serious National Disability Strategy.

Senator CAROL BROWN: So if they introduced independent assessments and not do the other measures that you've just spoken about, where do you think that will leave the NDIS?

Mr Walsh: It will leave the NDIS in a better place but it will leave people who don't meet the entry criteria—measured in an objective and consistent way—with nowhere to go, and there will be a deficit in mainstream and community supports for people who don't meet the entry point for the NDIS tier 3.

Senator CAROL BROWN: Do you think it's possible to come up with a single mathematical formula which is disability neutral, which is valid for every functional impairment, and takes account of every environmental factor?

Mr Walsh: We tried really hard to come up with something like that. Going back 20 years, it was part of the work that went into the international classification of functioning. I was an adviser to the Australian Collaborating Centre to the World Health Organization on the ICF. So I've been working on this stuff for 25 years. There have been numerous attempts to find a diagnosis neutral functional assessment. I haven't seen one that is workable in any operational framework. The short answer is that there have been models developed—there's one called D-START and there's one called I-CAN—that seek to do this. I'm not aware that they've ever been operationalised at any scale. I think we're trying to do the best we can within a very difficult framework.

Senator CAROL BROWN: So, you're reasonably relaxed about the six tools that have been selected?

Mr Walsh: I haven't looked at the tools in detail. I'm talking more about the ideology that's required. My understanding is that the development of the tools has had input from people who know more than I do about this stuff. And I've read the joint submission of the NDIA/NDSS, and the experts they've quoted are Australia's best people in the field. Will it be perfect? Probably not. It all needs time and an operational framework of risk management to support, as far as possible, inter-rater consistency, inter-rater reliability, intertemporal consistency, geographic consistency and consistency within the same disability type, across people of different ages. There's a whole risk management framework that needs to be built around this. I'm sure that won't have been built yet. I've heard some pretty bad stories about the initial rollout, so obviously there's a lot of work still to be done. Am I relaxed? No, I'm not relaxed, but I think that without doing this we're going to end up in a hell of a lot worse a situation than if we start on this path.

Senator STEELE-JOHN: Thank you very much, Mr Walsh, for your submission and for the opportunity to question you today. I think this is the first time, after nearly bumping into each other a bunch of different times in the past, that we've had the opportunity to speak.

Mr Walsh: It is, yes.

Senator STEELE-JOHN: So, it is great. I just want to clarify something. In your replies to Senator Brown you seemed to suggest—but I don't want to misquote you at all—that in understanding the views that you are putting to the committee today you are talking about the philosophical benefits, in your view, or the conceptual benefits, to independent assessments as outlined by the Tune review and the Productivity Commission's reports. Is that right?

Mr Walsh: That's right. You may not be misquoting me, but I think I'd go a bit further than philosophical and conceptual. I think there is evidence in 600 years of exposure in Australia's injury schemes that the absence of some sort of independent assessment is not a sustainable model. So, it's a bit more than philosophical. It's a view based on my life's experience.

Senator STEELE-JOHN: Yes—okay. You are supplementing the philosophical and conceptual with your experience in, as you say, accident and insurance models over a number of different years.

Mr Walsh: And over a number of different schemes.

Senator STEELE-JOHN: Yes, over a number of different schemes as well. You said as well that you haven't looked at the tools specifically that are being used but you referenced that the agency's submissions have utilised quotations from people you rightly identify as some of our leading academics in the space. Have you heard the recent news that those academics have subsequently written to our committee and asked to be removed as

supporting that work because they feel they've been misquoted in their support of what the government's proposing?

Mr Walsh: No, I hadn't. I hadn't heard that.

Senator STEELE-JOHN: Yes. So Professor Whitehouse and the other two or three at this point have all clarified that what they were giving their support to was a concept and that they do not support or don't want to be associated with what the government is currently imposing—or proposing, I should say. Does it concern you to hear that?

Mr Walsh: Well, I'd like more information about that to understand—

Senator STEELE-JOHN: That's okay. I understand that. Their correspondence is on the website, so you can have a look at that. We've asked DSS to give us a new submission in light of their comments. You talked about the fact that at the moment it can take a long time to get a piece of AT delivered. Hello, are you still there?

Mr Walsh: Yes.

Senator STEELE-JOHN: You were talking about the struggles of getting AT delivered on time. The participant gets it, and it's not practical or useful to them anymore. That's something that I've got experience with. It's very frustrating. That's more a problem, though, that's created by, say, understaffing at the agency or poorly trained planners, rather than something that's necessarily going to be solved by independent assessments, isn't it?

Mr Walsh: I don't think it is. I think, with cost escalation at the rate it's going at the moment, there will be an imperative to be more discriminatory about what's approved by NDIA planners. I've never seen a scheme which allowed this sort of inflation to continue for very long. So I think you'll find that it's the first bump down a very bad road.

Senator STEELE-JOHN: Yes, okay. In terms of your submission, page 2 speaks to the Productivity Commission's recommendation 7.3 in relation to independent assessments, which says 'assessment tools should be valid and reliable', and you're lending your support to tools of that nature. Am I understanding your submission correctly there?

Mr Walsh: Yes.

Senator STEELE-JOHN: Awesome. Okay. We heard in evidence immediately preceding you but also in quite a substantial amount of evidence in the course of the inquiry that the individual tools that are being administered as part of the assessment—Vineland, WHODAS, Chief, LEFS and a couple of others—all meet a World Health Organization standard of classification of function, independently, but this is the first time that they have ever been combined into a single assessment, with the intention of it being administered by an assessor who may not be relevantly qualified to a disabled person for whom those tools were never—not originally, I should say—designed. Does that process meet your test of 'valid and reliable'?

Mr Walsh: I think, as I said in my answer I think it was Senator Brown previously, this whole process needs to be implemented in a framework of constant vigilance and operational risk management around those things that you've said. So, if it is found in the implementation that it is not consistent, valid, reproducible and reliable, then it will need work done on it. But my response would be that you've got to start somewhere. I think this is such a fundamental requirement, to have a scheme which provides people with disability with the flexibility and opportunity they won't get from a prescribed service model, that I believe it's the right way to go.

Senator STEELE-JOHN: If we had hours and hours, you and I could explore what you mean by 'prescribed service model'. I think, from your evidence so far today, we may agree a lot about some elements of that.

Mr Walsh: It's basically that government bureaucrats and the government process have designed a support catalogue that is prescribed and doesn't allow people to use their own personal utility.

Senator STEELE-JOHN: Yes, indeed. You're aware, I imagine, that at the moment there's something underway called an independent assessment trial. We're on the second version of the trial. You would have heard of that, I presume?

Mr Walsh: Absolutely.

Senator STEELE-JOHN: At the moment that is asking participants in the trial, some of whom are disabled people and some of whom are not disabled people, questions about their experience with the assessment itself. They're not testing the validity of the assessment tools themselves; they're testing the participant experience. Do you think it would be useful if, before this was fully rolled out, there was some kind of work done to test the validity of these tools and their reliability, before they were rolled out any further?

Mr Walsh: I would institute those sorts of examinations.

Senator STEELE-JOHN: Excellent. Finally, we heard some evidence immediately preceding yours, from Inclusion Australia, which has sparked a couple of questions in my mind; I hope you will bear with me if they seem a bit ignorant! They're to do with the distinction between an accident insurance scheme, an ANI, and what the NDIS is, if that makes sense. Is it correct to say that, with ANIs, those schemes function with the goal of returning participants to the capacity they had prior to the accident that saw them interact with the scheme?

Mr Walsh: That's the principle of indemnity. In the old common law, the common law process sought to provide a person with damages to the extent it allowed them to restore their situation to what it was before the accident. That's an old principle. I think the more modern articulation, particularly of our lifetime care scheme and the National Disability Insurance Scheme, is more about providing people with the support and opportunity to achieve the same outcomes as you would look for in the NDIS. Indeed I was heavily involved in the design and development of the New South Wales Lifetime Care and Support Scheme, and the thinking behind that scheme heavily influenced the thinking behind the NDIS. If you read the 1,300 pages of the PC report, you will find the New South Wales Lifetime Care and Support Scheme quoted in lots of places.

Senator STEELE-JOHN: So, basically, the principle is, 'We will offer you an indemnity, so that if you have an accident you will be either restored to your previous functions or offered the reasonable and necessary supports you need to achieve similar function to that which you had before the accident'? Is that correct?

Mr Walsh: No, that's not correct. It's not about similar function. It's not possible to make me walk again. It is to achieve an outcome which gives you the best opportunity for a good life.

Senator STEELE-JOHN: That makes sense to me. The biggest cohort that would be in an accident insurance scheme would be people with a physical disability, wouldn't it?

Mr Walsh: The spectrum of people in the lifetime care schemes is very broad. They were probably defined as having physical disabilities, but the majority are people with acquired brain injury, and the overwhelming number of those people have multiple comorbidities, often including a psychosocial overlay and a cognitive impairment. Clearly it's not an intellectual disability by definition, but it's a cognitive impairment that would have many of the same functional expressions as other types of disability. It's more complicated than just a physical disability.

Senator STEELE-JOHN: Forgive me, but that still sounds slightly different to the primary cohort profile, if you like—even though that's just a phrase I just made up—of people in the NDIS itself.

Mr Walsh: It is.

Senator STEELE-JOHN: We as a committee have seen data that show that the largest cohort is autistic people, followed by people with intellectual disability. There are differences between the cohorts in the different schemes, aren't there?

Mr Walsh: Absolutely.

Senator STEELE-JOHN: When we look, then, at functionality through an NDIS lens, isn't there a challenge we then have, when we've got very different cohorts, in trying to apply, say, the same principles of predictability that you might get out of an accident insurance scheme, because of the predictability of the support needs of those potential cohorts, to the variability that you would see from cohorts made up primarily of intellectually disabled people, cognitively disabled people or people with autism, for instance? Wouldn't that make it a lot more difficult to predict what the future costs would be?

Mr Walsh: I wouldn't say that people with spinal cord injury, brain injury, amputation or serious burns have a particularly predictable life trajectory. That's a bit overly simplistic. But it's definitely true that the NDIS has a more diverse and complicated set of individuals—people—than lifetime care schemes do. The commonality between the two is that they both fit within the International Classification of Functioning, Disability and Health, which is the framework in which, as I understand, all of the instruments that are being used by the NDIS have been framed.

Senator STEELE-JOHN: Yes, each of the tools meets that international classification. What doesn't—what can't, because it's never been done before—is the combination of those tools in a tool set, which is what the government is proposing to do, and then the utilisation of those tools in relation to cohorts of people that the tools were never designed to assess. So that's the differentiation point there. But I just want to clarify: are you, or is anyone else, able to give us as a committee good-quality data about people with intellectual disability and autism in the same way that this data exists for cohorts of people in accident insurance schemes—for example, people with spinal cord injury?

Mr Walsh: Spinal cord injury is probably the most simplistic example. There are very few types of disabilities which have as predictable a set of functional outcomes as a complete spinal cord injury. There's effectively a

direct relationship between the neurological level of complete spinal cord injury and the subsequent functional capacity. So that's not a good example. Acquired brain injury is a more complicated example, and that is totally unpredictable.

If you're asking me for a guarantee that this suite of tools, applied against the complexity of disabilities in the NDIS, is going to give a 100 per cent predictable set of outcomes, the answer is no. What I'm saying is that the ideology of providing an NDIS that gives people the opportunity to express their own personal utility with a flexible funding package can only be sustainable if we find a way to have an objective allocation of resources that is consistent across the spectrum of participants. That's the sort of road we're starting on. I wish we had started this road back in 2011. I wrote a letter to government at the end of 2012 that said the way you're doing this is going to lead to runaway costs, it's only a matter of time. So this was entirely predictable. I wish it had been done when it was meant to have been done—but it wasn't. So now we've got a situation where we're up against a rapidly escalating scheme and it is much harder now than if it had been done 10 years ago.

Senator STEELE-JOHN: I agree with you in relation to the differences and the complexities between the two very different profiles of whom these two different types of schemes are created for. In the absence of data—predictable or otherwise—isn't it fair to say that we can't actually reliably model the future cost of the NDIS, as we do for accident insurance schemes, because we don't have enough data on the needs of these different cohorts to make those assumptions and because the interface and the roles of the schemes are so very different? One is attempting to restore function and the other is attempting to support a participant to achieve a goal in a continually changing social and environmental context.

Mr Walsh: I think you could say the same thing about the early days of the lifetime care schemes—that was an unknown commodity at the time. The reality is that the whole intention of the NDIS model is that it is a model of action research in which longitudinal data is used to continually learn about the support needs and the outcomes of the cohort and to adjust the framing of the scheme as it goes. That is the whole idea of the actuarial model—and the model that has been totally misunderstood by government to date. You're correct in saying we can't accurately predict the cost of the NDIS at the moment. But I think I'd disagree in that I can accurately predict where it is going to go if we don't do this, and that is escalating at a rate that is unsustainable to the extent that it will be a very bad outcome.

Senator STEELE-JOHN: Mr Walsh, you could tell us as a committee that you feel it would escalate and you feel that that escalation may at some point become unsustainable to the Commonwealth. But in the grand scheme of what the Australian government spends, particularly noting that the states and territories also pick up a large amount of the cost of the scheme, the question about sustainability is a subjective question for government and parliament more broadly, isn't it?

Mr Walsh: Absolutely it is. I would just correct you: the states don't actually have any upside risk, so they won't be picking up any of the cost or the cost escalation; that will be entirely held by the Commonwealth. I would also say that in a world where we've got a massive post-COVID deficit, demand from the aged-care sector and other pressing demands—my experience with governments is that they won't find a way to progressively continue to fund these schemes. They'll find a way to choke them, from which we'll get a much worse outcome than where we're heading with independent assessments.

CHAIR: Mr Walsh, thank you very much for your submission and for discussing it with us today. We appreciate it very much.

Mr Walsh: Thank you.

CHAIR: I thank everybody for their contributions to today's hearing. I remind participants that the committee is considering additional locations for hearings and we'll release additional hearing dates soon. Supplementary material may be forwarded to the committee secretariat via the NDIS committee's email address. We would appreciate responses to any questions on notice by 1 June 2021. I thank the secretariat, Hansard, broadcasting and everybody else who has assisted us today.

Committee adjourned at 16:46