



# A Better NDIS

What the Federal Government can do to ensure the NDIS works for everyone.

*Position Paper of the Queensland Community Alliance*



# QUEENSLAND COMMUNITY ALLIANCE

## Introduction

### **Who we are**

The Qld Community Alliance brings together faith institutions, unions, community organisations and ethnic associations to work for the common good.

Through a model of community organising we help Queenslanders act for a fairer and better life through the issues that matter to them.

We train and develop leaders in our member organisations to do politics differently. We help people connect, build relationships, listen to each other and act together.

### **Our Involvement with NDIS**

Our involvement with the NDIS began in 2017 when we listened to the stories of hundreds of people across our member organisations.

In March 2017, 350 community leaders came together to discern what to act on. In this process we heard the stories of people struggling to access the NDIS, people excited about its potential, and people fearful of the impact on them.

After choosing to act on this issue we went about developing positive solutions. Though the work of a research action team, consultation with our 29 stakeholders was done to analyse the issues and work at developing solutions.

Our Founding Assembly saw 1425 people come together in action. We shared stories about the NDIS and asked Qld Premier Anastacia Palaszczuk to act with us to address those issues through the proposals we had developed.

Since August 2017 the campaign team has achieved significant outcomes at the State Government level:

- Extended funding of Workability Project for 2018/19.
- State funding for disability advocacy secured to June 30, 2021
- Establishment of a workforce training and development fund to assist transition to national scheme

We are now focused on federal outcomes that could result in a better NDIS.



## Our Concerns, Values and Principles

### Areas of Concern

Following broad consultation with stakeholders in the disability sector, our analysis highlights concerns across three broad areas:

- How people access funding for the care they need
- How people get workers they can trust, who have the skills to provide the support they need
- How people can get help when things go wrong

### Principles

The following principles were adopted by our Research Action Team in 2017 and presented at our Founding Assembly:

1. We need a more welcoming community, open to people of all abilities to engage as active and equal members. While funding for support and care is essential, it can't replace a supportive community.
2. Our care sector should be focused on human flourishing, not solely market driven.
3. A good care system must work for recipients of care, workers, carers and the community.
4. Good care requires a committed, respected and skilled workforce.
5. Standards for quality of care must be enforced and regularly assessed.
6. Ensuring quality care for the more vulnerable in our community requires everyone takes responsibility to champion good care and prevent abuse. This means Care recipients, Carers, Service providers, Owners, Workers, Community, State, Federal.
7. As an Alliance, we believe values-based care is best achieved through not-for-profit service delivery over for-profit.

### Alliance Values

We come together across our Alliance with the shared values of:

- Fairness
- Equality
- Opportunity
- Safety
- Collaboration
- Sustainability



## Proposed Solutions

This paper outlines solutions that the Qld Community Alliance is proposing and advocating.

It outlines the stories we have heard, the issues that these stories highlight, and proposed solutions that will address them.

We intend to discuss these solutions with MPs, Ministers and candidates leading into the 2019 Federal Election.

We will build people power in our communities to advance these proposals through both delegation meetings and community assemblies.

### 1. Train Quality Workers

| <b>We have heard stories of:</b>   | <b>Issue:</b>   |
|--|---|
| <ul style="list-style-type: none"><li>· Participants not getting quality outcomes due to inadequately trained workers.</li><li>· High turnover of support workers meaning People with Intellectual Disability have routines disrupted, causing distress for participant and their family members.</li><li>· Support workers who don't have quality training being exposed to physical risks.</li><li>· Workers not able to access the training that participants need for full support.</li><li>· Participants not having enough choice in specialised services.</li><li>· Workers not able to develop sustainable career and expertise.</li><li>· Emotional damage when unsustainable roles split workers and participants apart.</li></ul> | <ul style="list-style-type: none"><li>· There is no provision for training under NDIS pricing. Training is included in overheads; the pricing margins only allow for basic process training.</li><li>· Therefore, most frontline support workers do not receive quality and ongoing training.</li><li>· Participants ultimately pay the price for a lack of quality outcomes.</li></ul> |



- Not enough staff for expanded system – many thousands of new staff required.

**Proposed Solution:**

- **Implement a portable training scheme based on the model developed by Centre for Future Work and Australian Services Union.**

**Explanation:**

The Joint Parliamentary Committee on the NDIS, chaired by Kevin Andrews MP, recommended in Sept 2018 that the Quality and Safeguards Commission consider introducing a portable training scheme to ensure disability workers can access funded training. (Recommendation 11)<sup>1</sup>

Under the model developed by Centre for Future Work<sup>2</sup>:

*“Disability support workers would receive credit for one hour of paid training, for every 50 hours worked in NDIS-funded service delivery.*

*“Those credits would be vested with each individual worker, allowing them to accumulate credits even if they work for multiple employers or directly (as sole traders) for NDIS participants. The training system thus takes account of the very flexible and mobile nature of work in this growing sector.*

*“The system would allow a typical disability support worker to access one three-day upgrading course per year. A corresponding system of advanced recognised qualifications (and matching job classifications) would provide specialised pathways allowing disability support workers to develop their careers over time, thus reducing the very high staff turnover that has bedevilled the roll-out of NDIS services.”*

<sup>1</sup> [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme/MarketReadiness/Report/a04](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MarketReadiness/Report/a04)

<sup>2</sup>

[https://d3n8a8pro7vhmx.cloudfront.net/theausinstitute/pages/2746/attachments/original/1523429118/ASU\\_Training\\_Report\\_Formatted.pdf?1523429118](https://d3n8a8pro7vhmx.cloudfront.net/theausinstitute/pages/2746/attachments/original/1523429118/ASU_Training_Report_Formatted.pdf?1523429118)



## 2. Simple and Equitable Access

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| <p><b>We have heard stories of:</b></p> <ul style="list-style-type: none"> <li>• People who should be benefitting from the NDIS do not access the program due to the difficult process.</li> <li>• People having difficulties with the processes resulting in inappropriate plans and ineffective implementation</li> <li>• Actual level of disability not being properly recognised or supported as their diagnosis isn't recognised for the actual level of disability.</li> </ul>   | <p><b>Issue:</b></p> <ul style="list-style-type: none"> <li>• Information on access and implementation is overly difficult/complicated for many participants and carers to understand</li> <li>• Planners cannot be expected to understand the difficulties faced by participants with every known disability. Currently there appears to be little attempt to find planners and participants with compatibility.</li> <li>• Access decisions and plans may be based on a participant's diagnosis.</li> </ul> |
| <p><b>Proposed Solution:</b></p> <ul style="list-style-type: none"> <li>• <b>Streamline the application process providing access to information more appropriate for participants to navigate.</b></li> <li>• <b>Train/employ NDIA staff with higher levels of awareness of the needs/challenges and also abilities of participants to improve consistency in plan outcomes.</b></li> <li>• <b>Base assessment on the applicant's actual functional impairment, rather than simply their diagnosis.</b></li> </ul>   |   |
| <p><b>Explanation:</b></p> <p>These proposed solutions go to the heart of the principles of fairness and equity that should underpin the NDIS.</p> <p>When the application, assessment and planning process is highly complex and difficult to navigate it undermines those principles. See appendix 1.</p> <p>We are deeply concerned that people who are well equipped are getting good plans and are happy with the system; but others are excluded from the scheme or offered plans that do not address their needs.</p> <p>These three solutions work together for a system that is simpler and more equitable:</p> <ol style="list-style-type: none"> <li>1. A simpler, streamlined process will allow more people to access the system.</li> <li>2. Better equipped NDIA staff who understand the complexities involved will improve consistency so that there is equity amongst participants.</li> <li>3. Equity demands that each case is treated on the specific level of functional impairment, not based on a bureaucratic line.</li> </ol> <p>These solutions should be implemented through a co-design partnership with people with disability and their families.</p> |   |



### 3. Supporting Our Most Vulnerable

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|---|--|
| <p><b>We have heard stories of:</b></p> <ul style="list-style-type: none"> <li>Prospective participants without advocacy support are unable to apply for and implement a plan.</li> <li>Some participants are unable to find appropriate support for their needs in isolated geographical areas.</li> <li>Those people with very complex, high level and intensive support needs not being able to find a service provider.</li> </ul>  | <p><b>Issue:</b></p> <ul style="list-style-type: none"> <li>In some professional areas and in some geographic regions there is insufficient if any qualified medical or allied health professionals to provide services.</li> <li>There are some regional or remote locations where there is no appropriate service provider.</li> <li>Service providers withdraw aspects of services or refuse/are unable to provide services for some people. There is no alternative service provision available.</li> <li>There is no mechanism to provide paid advocacy to support vulnerable people to access and implement a plan.</li> </ul> |
| <p><b>Proposed Solution:</b></p> <ul style="list-style-type: none"> <li><b>The NDIA funds and drives a solution that ensures a Provider of Last Resort for when private providers are not available or appropriate, using a combination of state government or NGO service provision with appropriate oversight and funding.</b></li> </ul>   |  |
| <p><b>Explanation:</b></p> <p>There is a gap in NDIS where it is not viable for private providers to provide services due to extreme levels of individual needs or remote/isolated geographic locations.</p> <p>The NDIA have recognised that even in a ‘mature NDIS marketplace, insufficient local demand, limited service delivery, workplace shortages, and lack of infrastructure will produce “weak” or “thin” markets; primarily in rural, regional and remote areas.’<sup>3</sup></p> <p>This requires a solution for when the market breaks down: “Provider of last resort” where the agency directly commissions the provision of services in order to ensure supply.</p> <p>Despite calls from the Productivity Commission, the Joint Parliamentary Committee, several States and a number of industry and community groups, the NDIA has not released their</p> |  |

<sup>3</sup> <https://www.ndis.gov.au/medias/zip/documents/h8a/h09/8799129960478/NDIS-Market-Approach-FINAL-002-.docx>



policy framework for Provider of Last Report (also known as “Maintaining Critical Supports”).

We want to see the NDIA drive and fund a solution/s that ensure appropriate services are provided. This should consider use of ‘block funding’ and provision of services by Government or the not-for-profit sector.

The draft policy needs to be released as soon as possible and allow time and resources for effective consultation and co-design with people with disability, their families, providers and workers.

The implementation of this system must then be handled transparently as recommended by the Productivity Commission including the publication of disaggregated data, reports on thin markets and reports on Provider of Last Resort.<sup>4</sup>

#### 4. Fair Prices

##### **We have heard stories of:**

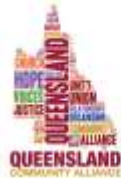
- Providers struggling to cover costs required to provide service.
- Support workers having little incentive to gain expertise in specialised areas, such as behaviour support, PEG feeding, due to the pricing system not recognising these skills.
- Families left out of pocket by skyrocketing transport costs
- Participants missing out on experiences due to travel costs they can not afford.
- Support workers paying for transport out of their own pocket so that participants don’t miss out.

##### **Issues:**

- Pricing levels are unrealistically low.
- Limited transport funding is limiting participant’s choice for basic services.
- Support workers do not receive appropriate remuneration, especially in recognition of specialised expertise and experience. Resulting in higher turnover.

<sup>4</sup> Recommendation 7.1 in NDIS costs inquiry report  
<https://www.pc.gov.au/inquiries/completed/ndis-costs/report/ndis-costs.pdf>





## Proposed Solution

- **Appoint a prominent person/panel to design a new pricing system that takes account of all genuine costs, especially for transport and a sustainable workforce. It should include a Staffing Capability Framework which recognizes workers' progression levels for skills and experience.**
- **The design process should be conducted transparently and include consultation with consumers, advocates, providers, academics and the general public.**

## Explanation:

Current pricing doesn't recognise the skills and experience of workers, which impacts the quality of service provided. There is little incentive towards specialisation and expertise. We have heard this as a concern from both participants and workers.

Pricing for transport is significantly out of step with real world transport costs. Travel and transport service provision is the top area NDIS providers are considering exiting in the near future, according to NDS State of the Disability Sector Report.<sup>5</sup> These trends ultimately push costs on the participant with stories of significant out-of-pocket expenses.

Service providers report that current pricing levels across the board create viability issues and some were forced to discontinue services to NDIS participants or go out of business entirely.

An Independent Pricing Review was conducted in 2017 and prices were then adjusted. This helped make providers more viable; which was a welcome improvement.

However, this hasn't resulted in fixing the other issues around quality, expertise and transport.

To provide high quality choices and care to clients, providers need to be able to recruit and retain skilled carers and professional services who are competent in managing highly complex and less complex needs.

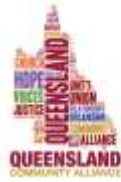
To recruit and retain skilled personnel within the system there must be recognition of advanced skills and the added education and training involved through a graded funding model developed in conjunction with a capability framework such as the Calderdale framework (<https://www.calderdaleframework.com/the-framework/>) provide appropriate remuneration packages.

We believe that a review is needed that is high profile, public, and consultative. These elements are required in order to build public confidence in the system. The review needs to identify ways for the pricing to be viable and sustainable for all concerned.

We have recently seen in many areas from banking to aged care that an open and transparent process is essential for long-term public confidence.

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<sup>5</sup> <https://www.nds.org.au/news/state-of-the-disability-sector-report-2018-now-available>



## Summary of Our Position

### **1. Train Quality Workers**

Implement a portable training scheme based on the model developed by Centre for Future Work and Australian Services Union.

### **2. Simply and Equitable Access**

Streamline the application process providing access to information more appropriate for participants to navigate.

Train/employ NDIA staff with higher levels of awareness of the needs/challenges and also abilities of participants to improve consistency in plan outcomes.

Base assessment on the applicant's actual functional impairment, rather than simply their diagnosis.

### **3. Support our Most Vulnerable**

The NDIA funds and drives a solution that ensures a Provider of Last Resort for when private providers are not available or appropriate, using a combination of state government or NGO service provision with appropriate oversight and funding.

### **4. Fair Pricing**

Appoint a prominent person/panel to design a new pricing system that takes account of all genuine costs, especially for transport and a sustainable workforce. It should include a Staffing Capability Framework which recognizes workers' progression levels for skills and experience. The design process should be conducted transparently and include consultation with consumers, advocates, providers, academics and the general public.



## **Appendix 1: The pitfalls of registering for NDIS**

People eligible for services under NDIS who were in receipt of disability services under State Government funding received automatic admission to NDIS; this could be activated by a phone call.

Most Service Providers supported clients to access the NDIS. Prospective participants who may have received minimal support through volunteer organizations and HACC funded services needed to phone and receive an application form. This then required a visit to a doctor and a form completed by the doctor. For this to be effective a prospective client of NDIS needed a regular family doctor and that doctor needed to be familiar with the processes around NDIS. There was little attempt to make doctors aware of their pivotal role. People from other cultures, with reading difficulties or with episodic disability faced further challenges.

Once registered with the scheme it is necessary to prepare for an interview to identify needs and goals. Prospective clients were advised to obtain evidence as to their incapacity and needs. Many found the former difficult as many medical records of diagnosis were lost as doctors had retired or families had moved. There are also many instances where there is no definitive diagnosis. The families of such clients found this process extremely stressful.

For some participants, when there has been a definitive diagnosis the supports have been funded according to that diagnosis rather than a participant's level of impairment and difficulty living within society. Some potential participants have not been granted access to the programme on the basis that their impairment is medical: the cause of their impairment may be largely medical but there has been no consideration of how the medical condition has caused considerable functional impairment.

Once a participant receives a funding package the process of implementation is complex and very time consuming. There is considerable negotiation with service providers necessary and much time and paperwork involved. If there is funding for a plan co-ordinator there is assistance available but there is no assistance to find a Plan Co-ordinator which is the role of the participant. Even when there is a funded co-ordinator the process is still difficult for people with impairment: they still require the support of an advocate who can work through the options to help develop a workable schedule of supports. If the NDIS is managing the co-ordination this happens through the LAC: many participants find this process unsatisfactory with inconsistent responses to questions and ineffective advice to best support the participant.