

Feedback on the Productivity Commission Position Paper,
Overview and Recommendations
SAL Consulting Perspective

Commissioners
Productivity Commission GPO Box 1428
CANBERRA CITY ACT 2600

12th July 2017

Dear Commissioners

Re: Productivity Commission Submission on the NDIS

SAL Consulting and SAL Consulting Health Services is a human services consultancy group that provide a range of customised services to people and organisations, focusing on supporting children, and young people; people who have a disability; people with mental health support needs; and their families. SAL Consulting also work with organisations from the corporate sector that are managing complex team ecologies, and working with change, neuroleadership, and team culture. In particular, SAL Consulting and SAL Consulting Health Services work with people and families with complex needs, and provide services to organisations that deliver services and **supports to those**.

SAL Consulting provides direct services in the following areas:

- Health and allied health including speech pathology, occupational therapy and consultant paediatrician and psychiatric services
- Clinical Services such as psychology and behaviour support
- Therapy services
- Clinical Supervision for practitioners and management personnel
- Training, Embedded Learning & Education (Registered Training Provider)
- Organisational Development and capacity building services

Further information can be found on the SAL Consulting website www.salconsulting.com.au

This submission focuses on a number of specific issues and requests for information identified within the Productivity Commission Position Paper, Overview and Recommendations. The submission has been organised in alignment with the order of area and order of information requests as set out in the Paper:

- Key Perspectives and Themes
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- Scheme eligibility
- Scheme supports
- Provider Readiness
- Workplace readiness
- Participant readiness
- Governance

Key Perspectives and Themes

SAL Consulting staff have identified a number of specific issues relating to the processes of planning conducted by the NDIA.

These perspectives and experiences have been derived through our direct interface with participants and their families either deemed eligible or commencing the processes of eligibility and planning, NDIS registered non-government service providers and state-government employed practitioners and service managers.

These issues have directly impacted and directly shaped perspectives about the delivery of services within the NDIS context. In general, these concerns create barriers to the potential for creative exploration of 'what might be possible' under the NDIS scheme

These include a range of concerns with the rollout, processes and information delivery and have resulted in broadly expressed concern, anxiety and even scepticism that the NDIS adequately cater for authentic need, most particularly where the participant presents with needs that require an integrated and thoughtful approach to planning and funding. In some instances, these are 'complex needs' and in many others the needs are better described as simply requiring 'informed consideration'

A sample of identified concerns and examples raised include:

1. That NDIA as yet has not either adequately articulated an approach to scoping and planning for participants with complex support needs and (b) has not included a number of key elements that scaffold supports to achieve desired outcomes, within the available funded service options.

For participants, families and provider organisations conceiving and arranging services in this area requires a sophisticated knowledge of the scheme. For example behaviour support appears to be incorrectly viewed as one distinct product or service rather than services that

focus on facilitating an integrated ‘web’ of supports that enable a person with a disability to effectively engage, participate and belong – this involves developing solutions to barriers (both internal to the person and externally in the support system) in a planned way and commonly requires focus on both building capability and provided sustained support to persons directly delivering supports to the participant;

The Scheme’s funded items largely focus on assessments and direct support services and inadequately conceives the range of logistic (staff support, disability awareness, practice support etc..) supports required to establish, embed and maintain supports for persons with complex needs. In respect of complex needs these are ‘*reasonable and necessary*’ where the stated objectives of the NDIS for participants is authentically held.

This is a vitally important consideration, as neglect of this area will produce predictable cost overruns associated with participants with complex needs. Investment here (a) reduces potential for staff turnover, service breakdown and other worker related costs and (b) facilitates participant outcomes.

2. The approach to capability building and developing the market appears to be stalled currently. This is evidently producing a significant ‘gap’ in both accessibility of suitably skilled providers in particular disciplines and services and also geographical locations – and not only rural and remote areas, but in major centres also.

In jurisdictions where the rollout has been planned and underway for some time, there is a notable loss of capacity in regard to suitably skilled and experienced practitioners in key service delivery disciplines and localities. This phenomena, commenced both in localities inside and also outside the trial sites some time ago, in accord with the roll-out, as opportunities outside the disability sector presented themselves. This has produced considerable loss of services, capacity and coordination. Therefore, building market capacity commenced from a reduced base in comparison to pre-NDIS levels and most localities.

Further, there has also been a loss of capability to deliver key secondary-level supports¹, necessary for service effectiveness and development. While some providers are seeking to recruit and build capability, it is noteworthy that others appear to be refining their ‘target groups’ in response to the transfer of state-operated services to the non-government (NGO) sector providers. This raises concern that providers of accommodation services may lessen their capability to service participants with complex support needs.

3. The planning processes and phone planning approach have demonstrated significant challenges and disadvantages that lead to inadequate and ill-formed plans that require significant reframing. This has deleteriously impacted perceptions of the Scheme and NDIA more generally.

¹ Secondary Level supports include: (a) More complex Client-focused services (such as complex case review and support capability); (b) Therapy Services (eg Psychological therapy); and Service Development supports (eg service design, modeling, matching, etc..) (c) Practice and Training Supports (such as tailored staff practice mentoring; (d) embedding learning (training into applied practice) supports); and (e) Clinical systems supports

As indicated in the Productivity Commission Position Paper the general planning processes have been perceived as strongly unsatisfactory. Telephone-based planning is likely to be possible with only a small proportion of participants and their families, and only after the Scheme is well-understood and functionally more smoothly. The use of Telephone-based planning to address meeting rollout targets appears to have strongly compromised the rollout, confidence in the system

4. Another identified evolving risk appears to be that the transition to and in-practice application of the NDIS planning and funding framework is inadvertently instigating a framework of 'support siloing' where services are not conceived or effectively delivered in an integrated way. The need for service coordination and 'conducting' of services has always been a challenge where multiple providers or professionals are necessarily involved, however the Scheme does not specifically take account of this requirement. This risk area is one of the elements in point #1 above
5. The Productivity Commission Position Paper explicitly notes a range of challenges regarding the disability awareness and skills of NDIA planners that contributes to an evident deficits and a lack of linkage between preparation, planning and the subsequent development of first plan that is of sufficient quality and / or reflects identified need. This in turn necessitates plan review and adjustment and the resultant expenditure of NDIA resources

The ensuing level of 'contested plans' both (a) erodes goodwill and confidence in the Scheme and (b) further impedes transition and roll-out. Additionally, the process involves immediate switching / shifting of funding source to the NDIS which places accommodation support providers under significant financial pressure as in a substantial number of cases the participant receives considerably less funding (than was available through the state-based system). In SAL Consulting's experience to date, the level of funding in a great many 'first plans' is grossly miss-aligned to demonstrable need, and places the participant at risk;

6. With the transfer of state-operated Specialist Disability Services (SDS) to the non-government sector, state government departments such as ADHC in NSW have evolved focus to the SDS transfer and facilitating participant transition to the NDIS. Whilst in principle the working arrangements within the operational plans regarding the Bilateral agreements between State and the Commonwealth should provide a safety net, in practice the funding gaps noted in the previous point (#5) are unaddressed and many participants are significantly 'worse-off' under the new Scheme. In NSW the state system appears to be no longer in a position to carry the participant through to a reliably and genuinely effective 'take-up' point within the NDIS system. The delay and procedural requirements have been heavy burdens on the existing service system;
7. It is understood that in regard to participants with complex needs, that is the expressed commitment and agreements (and transitional arrangements) between the Commonwealth and State governments, the states will maintain responsibility for complexity, and support through to the full establishment of the NDIS and requisite infrastructure. The lack of clarity around the definition, approach and roll-out of planning for participants with complex needs has resulted in the use of the general planning processes, which are inadequate and inappropriate for this participant cohort.

8. From the outset, evident critical elements of the Scheme included (a) how 'Support Planners' and 'Plan Managers' were trained and (b) what access they have to informed disability-aware support-informed advice. These appear to be critical issues and challenges for the new system.

Effective training and practice development initiatives targeted to develop NDIA staff are one essential component and establishing a framework for their practice is another. A framework for practice (i.e., that includes the contemporary evidence base and guidelines for referral-on when a Plan Manager or their allocated 'supervisor' (e.g., NDIA Local Area Coordinator) requires requisite awareness / expertise (e.g. in ABI, Psycho-social disability, ASD etc..).

9. Reports that some families (including family self-reports as well as service provider reports) with responsibility for service coordination have and may increasingly become fatigued or overwhelmed in managing the support plans, packages and associated funding processes and requirements. This situation will require an adaptive set of options to assist families and more so, where a degree of complexity exists
10. Families are unsure and / or not provided with sufficient guidance by planners to request specific service (e.g., behaviour support) to sufficient levels and thereby leave themselves and the person with a disability with such needs vulnerable and excluded from quality-of-life facilitating services and opportunities due to the unaddressed issues associated with their unmet support needs;
11. *The Living Life My Way Framework* discusses safeguards in terms of a range of processes (e.g., plan management) as safeguarding measures. Feedback from participants, families and service provider organisations regarding the approach to safeguarding to date, has been that the approach appears manifestly inadequate and slim in rigour.

This sample of issues reflects that in areas such as effective and attuned planning, market development and complex support the functional roll-out to NDIS appears to have been impaired by a deficit in requisite foundation-building elements.

The potential strengths and positives around the introduction of the NDIS related to promise of authentic person-centered approach replacing a service-centered one in the sector once the funding, regulatory, safeguarding and capacity-building operations within the new system are operating effectively and strongly. The general outlook in the sector was that such features would take a significant period to plan, establish and bed-in.

Apprehension and misgiving were common notable features in participant's countenance within the focus groups at the outset of the roll-out post the trials in NSW and Victoria. Where people with a disability and their families had been without funding the Scheme has received widespread positive views, however where people with a disability, their families, and their current service providers were previously funded through the state-based arrangements, the experience has been uncertain, unclear, anxiety-eliciting, and disadvantaging, in a significant number of cases in our experience.

Scheme Eligibility

Information Request 3.1

The Commission is seeking feedback on the advantages and disadvantages of maintaining 'List D – Permanent Impairment/Early Intervention, Under 7 years – No Further Assessment Required' in the National Disability Insurance Agency's operational guidelines on access.

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SAL Consulting experience and perspective:

There are both advantages and disadvantages in maintaining 'List D – Permanent Impairment/Early Intervention, Under 7 years – No Further Assessment Required'. The advantages are as per List A (as noted above) and the disadvantages relate to potential for miss-diagnosis at an early age and subsequent revised assessment and diagnosis may not be properly considered.

The burden associated with demonstration of 'benefit' on both families and the NDIA for this group could be significant and would likely be focused on the application of 'diagnostic' formulations that can be too difficult or inappropriate to differentially diagnose at that age. The focus should be on treatment and measurement of efficacy. In SAL Consulting's experience early intervention is of significant benefit.

The issue regarding potential discouragement or inhibition from exit from the Scheme appears in part related to the development of awareness and indeed expertise within 'generic service' agencies such as FACS-Community Services, Education, Health and Community Mental Health.

Exit from the Scheme more broadly appears predicated on the development of disability-focused acumen and willingness in these areas

Information Request 3.2

The Commission is seeking feedback on the benefits and risks of maintaining 'List A — Conditions which are Likely to Meet the Disability Requirements in section 24 of the NDIS Act'

SAL Consulting experience suggests that there are advantages in maintaining 'List A — Conditions which are Likely to Meet the Disability Requirements in section 24 of the NDIS Act' as early intervention is a key issue in ameliorating or at least minimising, the potential for longer-term (and more expensive) service supports the over life span.

SAL Consulting has no instances of people who do not meet the disability requirements entering the scheme under List A, to date

Scheme Supports

From the outset, evident critical elements of the Scheme included (a) how 'Support Planners', 'Plan Managers' and 'Linkers' were trained and (b) what access they have to informed disability-aware support-informed advice. Effective training and practice development initiatives targeted to develop NDIA staff are one essential component; establishing a framework for their practice is another. A framework for practice (ie. that includes the contemporary evidence base and guidelines for referral-on when a Plan Manager or Linker or their allocated 'supervisor' (e.g. NDIA Local Area Coordinator) requires requisite awareness / expertise (e.g. in ABI, Psycho-social disability, ASD etc..) would be crucial.

Feedback from the trial sites (e.g., Hunter region in NSW) included that some NDIA support planners and their managers conceived supports improperly (i.e., viewed incorrectly and narrowly). The intent of the NDIS scheme remains potentially compromised where these positions are focused on their roles regarding funding and package management as distinct from gaining requisite understanding and having the capability to provide adequate and informed assessment and scoping of need, complexity and informed resource-matching.

The Living Life My Way Framework discusses safeguards in terms of a range of processes (e.g., plan management) as safeguarding measures. Feedback from participants, families and service provider organisations regarding the approach to safeguarding has been that to date the approach appears manifestly inadequate and slim in rigour.

Information Request 4.1

Is the National Disability Insurance Scheme Act 2013 (Cwlth) sufficiently clear about how or whether the 'reasonable and necessary' criterion should be applied? Is there sufficient clarity around how the section 34(1) criteria relate to the consideration of what is reasonable and necessary? Is better legislative direction about what is reasonable and necessary required? If so, what improvements should be made? What would be the implications of these changes for the financial sustainability of the scheme?

The NDIS is intended to be a 'generational reform', aimed at improving the opportunities, influence, social roles and the lives of people with disability. Therefore, the development of viable funding based on informed planning that can deliver and sustain good practice and accessibility to services is mandatory.

In our work SAL Consulting has identified a range of challenges and perspectives in this regard, including:

- The concept of the '*reasonable and necessary*' criterion needs to remain sufficiently broad but within the Scheme's scope. The key in our view is to develop and embed understanding of the effective mechanisms required to organise, coordinate, integrate and implement interventions based on informed assessment of both need and the presenting condition. Some conditions such as dysphagia is easy to evidence whereas communication and psychosocial disability issues are less so.
- Were legislation to become overly prescriptive regarding the criterion of '*reasonable and necessary*' the result outcomes would predictably include rigid yet potentially inconsistent interpretation of definitions which will impact the person-focused / person –centred outcomes of the Scheme for participants. Therefore, focus on developing awareness and capability in regard to both disability awareness and the key factors around effective assessment and implementation would likely produce a better outcome
- There is currently a lack of clarity about what **evidence** is relevant and there have been numerous instances where planners refuse to accept meeting documentation on occasion citing "confidentiality issues" as the rationale.
- NDIS rollout requires skilled, competent planners that had additional supports regarding complex needs issues is readily available to them at the outset. It is understood that many planners are Level 1 case managers from state-operated disability services. As identified in the **Productivity Commission position paper**, many of these staff require significantly improved knowledge to undertake such a pivotal role.
- Further the Scheme required a functional system of LACs to facilitate a range of crucial elements and market development – ideally having them on the ground six months before

the scheme was rolled out in an area and engaged in pre-planning with participants would have been logical and beneficial. Predictably may have reduced the anxiety, distress and perhaps reduced the number and impact of the problems associated with the approaches to planning now experienced.

- In specific regard to complex support and the inherent factors and risks (most notably for people with significant or complex behaviour support needs) such as periods of crisis and risk of placement / school, day or vocational program / family breakdown, maintenance of service capability (e.g. requisite support staff training and supervision requirements associated with complexity factors), building of service capacity, requirement for periodic professional expertise, etc; the options for effective needs analysis, associated support package budgeting and contingency planning can be significantly more overwhelming.
- Clients and families may become overwhelmed or lack the capabilities to effectively scope, plan and manage individual funding packages and to understand and identify support needs (particularly in regard to complex needs) and the approaches that are effective. The research literature generally describes a range of methods and supports that can be applied to the system to address such concerns including independent brokerage, fiscal intermediaries and quality case management in the case of funds / budget management.
- Families have reported that while having a level of control and capacity for refusal or dismissal of providers was welcome, the reverse side was that families are commonly exhausted and / or stressed beyond the capability for effective appraisal of options and decision-making. Access to skilled informed planners or resources for NDIA planners is crucial. Further, many case studies show complexity can limit viable, quality, and timely options. In some cases there is also a need for recognition that developing a viable 'market' in a person's locality of origin may be both unrealistic and unviable.
- Telephone-based planning is likely to be possible with only a small proportion of participants and their families, and only after the Scheme is well-understood and functioning smoothly. The use of Telephone-based planning actually sends a contradictory message to individualisation and authentic choice and control.
- The draft recommendations in 4.1 (points 1-3) all seem very logical. However, 4.1 (point 4) correctly reflect the need for effective functional LACs however the in many areas the Scheme is already actively rolling out without these important infrastructure, information and preparation supports

Information Request 4.2

Should the National Disability Insurance Agency have the ability to delegate plan approval functions to Local Area Coordinators? What are the costs, benefits and risks of doing so? How can these be managed?

NDIS Planners require disability and key practice support awareness (e.g. behaviour support, sensory processing, augmentative communication, psychosocial disability, etc..) and role capability in relation to adequate assessment and scoping of support needs.

Perspectives regarding the accuracy and insight of the NDIS planning approach and staff at present is that a range of key support area needs and disabilities is not sufficiently understood. The superficial approach may lead to disadvantage particularly where consideration of non-stock requirements or some level (even relatively minor) of complexity exists. This circumstance has been felt more distinctly in NSW post-ADHC (progressively throughout the roll-out). Therefore initiatives to remedy the current and potential future issues, the following suggestions are canvassed:

- NDIS planner training should be (a) reviewed and / or (b) developed as a priority in a number of key including (a) Disability Awareness, (b) Behaviour Support, (c) Allied health, (d) psychosocial disability, (e) ABI, (f) mental health (g) impact of adverse childhood experience on daily living and relationship functioning and (h) complex support needs for example
- NDIA planners require support about 'who they should ask' to effectively unpack the right questions to assess and scope support needs;
- The notion of specialised planning teams and/or more use of industry knowledge and expertise for types of disability that require specialist knowledge (such as psychosocial disability), is necessary and would it appear appropriate that contemporary industry knowledge would be most suitable to promote access to currency in approaches and delivery experience and issues
- Due to potential constraints about time / expertise within NDIA in this regard, a system where support planners may elevate cases where a level of complexity exists should be made available. In NSW prior to the ADHC SDS transfer this may have been available in some districts in the immediate term. Current advise is that this support be sourced from the selected service provider with relevant expertise and capability;
- It also appears increasingly evident that advocacy will be required in an environment where the Scheme is insufficiently informed. Advocacy is not funded through NDIS, however the role is a critical one in the sector.

Provider Readiness

Information Request 6.1

In what circumstances are measures such as:

- *cross-government collaboration*
- *leveraging established community organisations*
- *using hub and spoke (scaffolding) models*
- *relying on other mainstream providers*

appropriate to meet the needs of participants in thin markets? What effects do each have on scheme costs and participant outcomes? Are there barriers to adopting these approaches?

Under what conditions should block-funding or direct commissioning of disability supports (including under 'provider of last resort' arrangements) occur in thin markets, and how should these conditions be measured?

Are there any other measures to address thin markets?

It has to be recognised that services in NSW (ADHC) have already transitioned – the focus appears to be two objectives (a) transitioning people to seek supports through NDIS and (b) the SDS transfer.

Provider readiness and ongoing capability building are critical to the NDIS. In NSW the level and progress of any specific strategic work focused on building the other service areas (e.g. mental health etc..) and NDIS-attuned and ready is undefined and not articulated across the sector. Perceptions from practitioners and provider organisations are that no significant developmental progress has been articulated.

Cross-government collaboration to assist each state to be aware and engaged in an active approach so as not to will leave its citizens eligible for NDIS (particularly those who were previously supported by ADHC funding) vulnerable and disadvantaged to the challenges relating to transition and post transition funding environments

The use of hub and spoke (scaffolding) models may be of some benefit to the system as relying on other mainstream providers is not an appropriate approach to meet the needs of participants in thin markets.

The notion of a fixed-term (e.g. 5 year) project to address disability awareness and key practice support knowledge in other agencies such as Housing, Education, Mental Health, Police etc.., is identified as an important element to promote effective transition to the NDIS Context. This will require some involvement of cross-state government department negotiation underpinned by a clear mandate by both Commonwealth and State Governments;

Growing disability expertise within agencies such as Community Services, Education, Health and Mental Health might be supported by embedding some secondary-level resources and other senior practice guide positions, with a clear mandate and linkage to regional NDIA authorities and a network of like personnel, into these agencies (i.e., as consultants, not as direct practitioners, as they may be absorbed in the mainstream activities of those State-funded generic services) could provide an impetus toward readiness in practice

It seems clear that access to secondary-level support resources must be implicitly and explicitly available in the system. At any time, a client may be in greater need of explicit active supports, these services can provide. Such instances can readily overwhelm a developing system.

In respect of the potential value of block-funding or direct commissioning of disability supports, Chenoweth and Clements (2009) identified 10 key features of effective approaches relating to funding and service options for people with disabilities. A number of these key features directly pertain to effective planning for sustainable delivery of services and striving for desired outcomes:

“A good system for allocation and disbursement of individualised funds including provision for crisis conditions (e.g. increased periods of (dis)stress / mental ill health etc.), periodic enhancement of service in response to need, re-appraisal of changing needs and funding package etc...:

- *Allocation of ‘block-type allocated’ or ‘discretionary grant-type’ funding to services to build and maintain sector capability and capacity, and when transitioning to and implementing a scheme of individualised funding;*
- *Allocation of resources to be able to engage and be present in a local area to build community and social capital that is required to foster community engagement and opportunity for people with behaviour support needs in their communities;*
- *Provision of ‘implicit’ (or back-of-house) infrastructure supports, which are separate from the direct individual funded service system; and*
- *Universal access through the increased use of disability-informed and disability-engaged mainstream services.*

The objectives outlined above provide a basis for block-funding or direct commissioning of disability supports (including under ‘provider of last resort’ arrangements). These are likely to be most required in thin markets, and the primary measure around measuring these conditions is the prevalence or absence of capable providers, service delivery stress, potential for service breakdown and the require for focused capability building in the disability sector in specific localities, as is currently evident.

In many international jurisdictions (e.g. Canada, UK, and USA) Individualised Funding is one of a range of funding models utilised for services to people with disability. Commonly 75-80% of agency costs are related to direct staffing costs. Mixed funding models (e.g. 80/20 split between self-directed/block fund allocation) are also used.

In respect of people with complex behaviour support needs, that may require multiple services, supports and professional (clinical) coordination. The Scheme and NDIA will evidently require a range of funding models (i.e., multiple modes) to address needs and build a viable and responsive market in the disability sector.

SAL Consulting notes a range of challenges in this regard for periodic *service enhancement* including:

- The market is current Thin in regard to specialisation
- Staff shortages and skills
- Unprepared services / lack of supporting services outside NDIS
- Staff Retention is a key issue in this sector
- The requirement for Collaborative coordination support

Information Request 6.2

What changes would be necessary to encourage a greater supply of disability supports over the transition period? Are there any approaches from other consumer-directed care sectors — such as aged care — that could be adopted to make supplying services more attractive?

To enhance transition and smooth progression around the NDIS roll-out, the concept of tied block seed funding emerges as an incentive and safety valve element where provider organisations might enhance their capacity through fee-for-service engagements or short-term contracts with proficient expert clinical services, training and capacity building providers.

Alternatively, were state-employed specialist staff to take up potential opportunities to deliver project-type arrangements to provide some capacity building in the disability sector workforce.

The development of the support market (particular in regard to Complex Needs) requires scaffolding and an interim safety net structure and arrangements that promote a level continuity and security for clients, families and organisations. There is a clear and commonly expressed risk across the sector, that families will continue to experience lack of access to requisite specialist services and support and / or reliable delivery.

It is SAL's experience that in most areas the view of the sector considers that practitioner capability and flexibility (in particular in relation to the Secondary-Level roles) are critical in addressing the requirements posed. The sector perceives that quality complex needs and behaviour support personnel have (a) left the sector resulting in increased declination of resource, (b) that recent changes have and may continue to have a marked impact on capability and flexibility; that with the transition local ADHC Districts are or have withdrawn from strategic approaches around sharing or pooling resources for functions such as practice leadership and local clinical governance, in turn leads to loss of flexibility and capability over a relatively short period of time.

Capability to access some flexible resource pool at a local level has been absent during the transitional period to the NDIS system. Interface with agencies such as Community Services has been specifically highlighted in concerns around situations where crisis issues surface and where previously ADHC had become integrally involved. Such roles have not been transferred with the down-sizing and re-focusing of ADHC. . As stated such supports have not been re-allocated with the down-sizing re-focusing of ADHC. These agencies cannot reliably manage without specialist resource support.

This highlights a need and the rationale (and risk mitigation approach) for a sequential shift / changeover within a schedule for transition to the NDIS context of key secondary supports – this is a gap identified within the system but currently not considered by NDIS.

Exceptional situations will continue throughout the transition to NDIS and beyond. Processes around provision of ‘safety net’ support are understood to be the role state governments until transition. Suggested elements of the required features include:

Exceptional situations will continue throughout the transition to NDIS and beyond. Processes around provision of ‘safety net’ support are understood to be the role state governments until transition.. Suggested elements of the required features include:

- A ‘Discretionary funding’ capability (potentially by block funded allocation) - tied funds for specific planned purpose - connected to the sector-focused service provider post-ADHC;
- A model for buying in access to both interim and ongoing services to (a) maintain continuity of supports where required and / or (b) re-configure services where the existing supports have fractured or broken down; has been needed. Previously, such situations involved ADHC Complex Needs and Community Access services working collaboratively (and on occasion incorporating service development / funding personnel) to create interim arrangements around a plan to re-create safety and stability in service etc

The preparation of a strategic analysis and proposed plan for (regional) sector-focused services for each locality would be beneficial. Such analysis and planning can provide (a) information and enhanced understanding for NDIA as it plans for the establishment of systems, structures and potentially market-building incentives for providers in respect to both agency self-appraisal of capability and readiness to actively build capability and capacity for those organisations willing to take on providing support for people presenting with complex support needs.

Workforce readiness

Information Request 7.1

What is the best way for governments and the National Disability Insurance Agency to work together to develop a holistic workforce strategy to meet the workforce needs of the National Disability Insurance Scheme?

Workforce Development is identified as a critical concern for the sector.

Developing a national and collaborative approach to workforce development should not only consider workforce training initiatives but should also consciously develop a framework that comprises cost effective models that specifically enable and facilitate transfer of learning into best practice. Such frameworks place emphasis on facilitating capability building (i.e. information and skills acquisition) at the service level in the service setting guided by practice guides and / or clinical resource staff with specific skills and experience, competent staff 'mentors' and practice advisors. Developing practice and the requisite service culture requires a pervasive approach. Traditional training approaches alone are insufficient to develop practice.

The transition to the NDIS and the requirement for disability provider organisations to redevelop so many facets of their operational and financial systems in response to the changed funding arrangements continues to be a major undertaking. In some respects the sector's focus has been on viability and restructure rather than capability and practice development.

A national and holistic workforce strategy will predictably require strategic investment and planning that in part acknowledges the impacts of change and provides tailored scaffolding to engage and guide the sector.

Participant Readiness

Information Request 8.1

Is support coordination being appropriately targeted to meet the aims for which it was designed?

In SAL Consulting's experience support coordination is provided to variable standard and is dependent on the practitioner. Some pivotal perspectives include:

- Support coordination needs to be kept person-centric not target-centric
- Consequences of wider impact (stressors) on supporting services such as families and social support – direct and indirect - need to taken into account
- Supporting services appear to require increased in funding and attention

- Intermediaries might be well positioned to operationalise channels to collect data for NDIA but should not deliver direct supports when they manage the participant's plan.
- Intermediaries might be well positioned to provide feedback to the advocacy sector such as ILC enabling development of insights and recommendations at all levels throughout the sector

Governance

Information Request 9.1

The Commission is seeking feedback on the most effective way to operationalise slowing down the rollout of the National Disability Insurance Scheme in the event it is required. Possible options include:

- *prioritising potential participants with more urgent and complex needs*
- *delaying the transition in some areas*
- *an across-the-board slowdown in the rate that participants are added to the scheme. The Commission is also seeking feedback on the implications of slowing down the rollout.*

In respect of Governance and the request for information (8.1), the first two options listed are likely to have benefit with some adaptation see below:

- prioritising potential participants with more urgent and complex needs with an increased period of cross-over of joint responsibility between the commonwealth and the states for funding complex needs for a designated period
- delaying the transition in some areas - for existing service funding recipients but progressing for new participants

In regard to an across-the board slowdown in the rate that participants are added to the scheme, one key issue appears to have been the drive required of the NDIA to complete first plans. The outcomes of this imperative have been unsatisfactory and detrimental.

A strategic re-framing of the rollout accompanied by increased clarity and adjustments / regarding preparation, evidence requirements and revision of the planning processes is suggested. The prioritisation as identified above with systemic consultation, and articulation and use of processes appropriately tailored for participants with complex needs should be finalised.

The previous suggestion regarding preparation of a strategic analysis and proposed plan for (regional) sector-focused services for each locality would be beneficial to help plan the adjustment of the rollout.

Summary Recommendations

This submission collates the careful thought, experience and feedback from clinicians, therapists and consultants at SAL Consulting across the key issues outlined in the Productivity Commission Position Paper, Overview and Recommendations.

To surmise we propose the implementation of logistic (staff support, disability awareness, practice support etc..) supports to establish, embed and maintain supports for persons with complex needs is paramount. In regard to participants with complex needs, the expressed commitment and agreements (and transitional arrangements) between the Commonwealth and State governments, that states will maintain responsibility for complexity, and support through to the full establishment of the NDIS and requisite infrastructure should be reaffirmed.

The concept of the '*reasonable and necessary*' criterion should remain but it is crucial the effective mechanisms required to organise, coordinate, integrate and implement interventions based on informed assessment of both need and the presenting condition are understood. Focusing on developing awareness and capability in regard to both disability awareness and effective assessment will provide better outcomes for participants opposed to broadening the criterion.

Telephone planning too early in the scheme will contradict the person-centred vision and undermine the objectivity of the scheme therefore should only be used with participants and their families, where the Scheme is well-understood and functioning smoothly.

Recalibration of the workforce across the NDIA and the sector is required to ensure the person-centred promise is met. Credible assessment through the delivery of effective training and practice development initiatives such as specialised planning teams and/or more use of industry knowledge and expertise for types of disability that require specialist knowledge (such as psychosocial disability) to be made available to planners.

Scaffolding models should be provided to the system for a fixed-term (e.g., 3-5 year) in a project arrangement to address disability awareness and key practice support knowledge in agencies such as Housing, Education, Mental Health, Police etc., to promote effective transition to full operation of the NDIS. Involvement from cross-state government departments is crucial for an effective transition. Discretionary funding and/or other buy in models are suggested to maintain and reconfigure services to bridge the reallocation gap

We also propose the introduction of open meets in local areas such as schools, community centres and other existing hubs (for example YMCA) for families, GP's and any person affected by the NDIS scheme to provide face to face opportunities to further discuss and clarify eligibility criteria, planning processes and accessible support

Finally, we propose a strategic re-framing of the rollout with prioritisation given to those with more urgent and complex needs and progression to continue with new participants whilst affording further preparation and revision to the Scheme.