

Dr. Toni Ryan

Re: Submission to the National Disability Review

22 August 2018

Thank you for the opportunity to contribute to the NDA review. My modest contribution responds to the parts of the review relevant to my personal and professional experience. I have shared my thoughts as a clinician with forty-years' experience in disability including 28 years in the insurance sector both in Australia and Asia.

**In light of developments in the disability policy landscape and intergovernmental funding arrangements, is an NDA still required?**

*"...with the Commonwealth now sharing responsibility with the States for the provision of disability services<sup>1</sup>. This sharing of responsibilities is creating confusion about who exactly is responsible for which services and user cohorts. The balance of some other shared responsibilities, such as data collection and research, have also changed..." (p12)*

I do not believe the NDA is still required. Creating confusion is the last thing we need at this vital time in the development of a national disability insurance scheme. This confusion undermines public confidence in the government's ability to deliver on this extraordinarily important social reform. A change in government could bring about even more confusion. It is time to divert the resources involved in trying to sort out these complexities to building a fully integrated NDIS for all people with disability.

**If not, by what mechanism would outcomes for people with disability not covered by the NDIS (or related continuity of support arrangements) be achieved?**

Why do we need two separate systems? Why can't we include all 2.4 million people that require assistance rather than this extraordinarily complex doubling up of resources, policy and processes. Why are we not utilising our existing infrastructures that support people with disabilities? Where is the contribution of our insurance industries and the knowledge and experience they could bring to these discussions?

The Victorian Workcover Authority (VWA) and the Transport Accident Commission (TAC) provide services to a complex range of people with injuries / disabilities. They utilise a structured framework, very specific accountability measures and clear measurable outcomes at both an individual and organisational level. Our system of workers compensation is lauded internationally. Clinicians, service providers and insurers all understand the eligibility requirements and services are provided accordingly. Insurers are responsible for gathering and collating the data adding a level of transparency to the evaluation process. The insurance industry seems to have had very little involvement in the development and delivery of the NDIS which is ironic given that it is an insurance scheme. Our reliance on an immature and largely unsophisticated not-for-profit sector is a real concern. There are significant commercial imperatives that we need to drive this scheme forward if we are to meet the expectations of the Australian public including people with disability.

Why are we not working towards a fully integrated no fault insurance scheme such as the one that has been working well in New Zealand for example?

**Are the objectives, outcomes and outputs of the NDA relevant in the context of contemporary policy settings? Are they clear and consistent?**

The objectives are aspirational but are not measurable and are therefore not objectives. *'People with disability and their carers have an enhanced quality of life and participate as valued members of the community'* (COAG 2009, p. 3) (p.10)

For example, how is 'enhanced quality of life' measured? How enhanced and by when? How do we base line quality of life? How can this realistically be measured. There is no way to objectively measure this aspiration. What assumptions are being made about the quality of life of carers and how can this be measured?

### **Outcomes**

- people with disability achieve economic participation and social inclusion
- people with disability enjoy choice, wellbeing and the opportunity to live as independently as possible
- families and carers are well supported.

The outcomes are similarly aspirational and unmeasurable. I have clients with disabilities waiting for rails for their toilets. Their independence will be improved when they can use their toilet independently. They can get \$35,000 of carer support but what they really want, and need are rails for the bathroom. They want to go to their local gym and have the support of a fitness instructor but cost of this is not included under their NDIS plan. They would like to work but there are no accessible and relevant training programs available. So, no toilet, no fitness, no job ... just lots of time to pay someone to take them to a movie, a coffee shop, bowling or the mall. Families still providing basic ADL support see valuable resources being spent on services that are not meeting their needs.

In addition, there is a paucity of qualified and experienced disability support workers. Poorly paid and poorly prepared for their role, there is no career pathway for people in our care service industry. In the future we will need more people working as carers, but we are not investing in this vital industry. Micro courses to broaden skills and enhance the confidence of care workers need to be developed and locked on to existing certificate courses and these need to be provided free of charge to people that have the potential to take on a career in care services.

There are also no pathways for people with disability to work within the NDIS system. I would have thought that would have been a no-brainer.

### **Outputs**

The outputs are not directly linked to any performance measures!

### **Benchmarks**

Clearly the current benchmarking system is counter-productive. Even the modest goal of 5% improvement in economic participation and social inclusion is apparently 'not on track'. The 5.2% decline in the proportion of people with disability who participate in social and community activities is profoundly disappointing for the many people working hard to implement the new scheme, the carers, families and people with disability, and the public.

The third benchmark does not have an associated national target and is not reported on in the Performance Dashboard.

I remain available for further discussion,

Yours Sincerely

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