



AASW

**Australian Association
of Social Workers**

Submission to the Productivity Commission

*Re: National Disability Insurance
Scheme (NDIS) Costs*

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Introduction

Who we are

The Australian Association of Social Workers (AASW) is the professional body representing over 10,000 social workers throughout Australia.

We set the benchmark for professional education and practice in social work and have a strong voice on matters of social inclusion, social justice, human rights and issues that impact upon the quality of life of all Australians.

The social work profession

Social work is a tertiary-qualified profession recognised nationally and internationally. The social work profession is committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of each individual, group and community in society. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledge. Social workers work with individuals, families and groups in numerous fields, including disability and the NDIS. Social workers consider the relationship between biological, psychological, social, cultural and spiritual factors and how they impact on a person's health, wellbeing and development. Accordingly, social workers maintain a dual focus in both assisting with and improving human wellbeing and identifying and addressing any external issues (known as systemic or structural issues) that may be having a negative impact, such as inequality, injustice and discrimination.

Our submission

The AASW welcomes the opportunity to provide a submission to this inquiry. Some of our responses cross over between sections of the paper. Should you wish the AASW to expand further on any of the responses here we would be very happy to do so.

Response

The intersection with mainstream services:

- How has the interface between the NDIS and mainstream services been working?
- Can the way the NDIS interacts with mainstream services be improved?

Issues to do with complex family situations:

Particular issues are reported to us from social workers dealing with complex family circumstances, which is characteristically the work of this profession. A lot of time is taken up in liaison with mainstream services to try to find the best service to meet the needs of these families. This work comes under the role of Support Coordination, and the maximum time allocated in a participant's plan is generally two hours per week for the most vulnerable families with high level risks. This time needs to include: liaising with multiple community agencies; seeking information about new services; and exploring the options with the family. This is frequently insufficient to achieve the best outcomes for these families. It is suggested that the allocated hours for Specialist Support Coordination in the NDIS Plan needs to more accurately reflect the level of participant need.

Issues to do with the role of advocacy to connect with mainstream services:

When seeking to access mainstream services, advocacy is required to enable clients to access appropriate community supports, such as ensuring students receive the required supports at school, or providing a housing support letter to sustain informal supports. In the absence of the LAC role performing this function, the role of support coordination is key to ensuring that participants are appropriately connected to the most suitable supports to ensure they can achieve their goals, however advocacy is not funded by NDIA. It is a false distinction to separate advocacy from support coordination.

Interface barriers for marginalised people:

There continue to be accessibility barriers, both to mainstream services and the NDIS, for people from non- English speaking backgrounds, people with cognitive impairment and people experiencing poverty and multiple layers of disadvantage. Sometimes mainstream services do not have the capacity to assist disadvantaged individuals to access the required support to enable NDIA registration and there is no proactive outreach. This is a shortfall in the role of LACs at this stage of implementation, when LACs are predominantly engaged in participant plan development.

- Is there any evidence of cost-shifting, duplication of services or service gaps between the NDIS and mainstream services, or scope creep in relation to services provided within the NDIS? If so, how should these be resolved?

When mainstream services are reluctant to take on a client due to their lack of experience with certain disability conditions or their agency funding parameters, the client can fall through the gaps between mainstream and NDIS individual support, neither willing to accept responsibility. There are particular issues in multiple system intersections, such as those between child protection, mental health and the NDIA, as the child doesn't neatly fit into any system and is passed between them. These issues place the child and family at risk of further harm, and are ultimately likely to extend the child's lifelong Scheme costs. These issues can be resolved through appropriately skilled and experienced LACs and support coordinators advocating for and co-ordinating the necessary responses from the range of services, to create a system around the participant and family. Social workers have historically undertaken this work in roles which are now disappearing, and have not been adequately replaced by sufficiently skilled and dedicated roles in the NDIS service structure.

- What, if anything, can be done to ensure the ILC and LAC initiatives remain useful and effective bridging tools between services for people with disability?

As mentioned above, it is essential to ensure that people with the right skills and training are appointed to the LAC role, if these roles are to be effective at bridging between services. It is to the detriment of the NDIS bridging functions that many LACs at present do not have demonstrable evidence of experience or competence through professional accreditation or other relevant qualifications. In addition, at present they are fully preoccupied with individual planning processes in many locations, and support for navigation of the service system falls short.

Creating a support package:

- To what extent does the NDIA's budget-based approach to planning create clear and effective criteria for determining participant supports? To what extent does it lead to equitable outcomes for participants? What improvements could be made?

The NDIA's budget-based approach to planning at times appears to be at odds with the insurance principles of the Scheme. We have heard frequent accounts of funds allocated being insufficient to meet the participant's needs. What constitutes 'reasonable and necessary' support can be the subject of divergent opinion, however there is not enough recourse to professional expertise about what, in the long term, is most likely to produce the best and most cost-effective outcome. Rather, there is an emphasis on short term cost minimisation. As with LACs and specialist support coordinators, the issue of the quality of planners, and demonstrable evidence of competence and experience through professional accreditation or other relevant qualifications, is a key to achieving equitable outcomes for participants.

Market Readiness and Workforce

- What factors affect the supply and demand for disability care and support workers, including allied health professionals? How do these factors vary by type of disability, jurisdiction, and occupation? How will competition from other sectors affect demand (and wages) for carers? What evidence is there from the NDIS trial sites about these issues?

Social workers are finding many barriers to entry to the NDIS workforce. It is our observation that there has been an a-professional approach to developing the NDIS, which has resulted in the skills and experience of social workers and other allied health professionals being overlooked as crucial resources. Many social workers have been employed in state disability systems and have been left without disability roles once these systems have ended, notably in NSW. There is also a degree of disillusion about the way these processes have been implemented, which causes people to look to look to other sectors for employment.

Other barriers for social workers include the onerous requirements in several jurisdictions for third party verification to register to provide early childhood early intervention services, notably in Victoria and South Australia. These requirements are in addition to professional accreditation and continuing professional development, and are counter-productive to achieving the skilled workforce the NDIS is seeking. In other respects, there is too little quality control; such as insufficient attention by planners to the qualifications and experience of people approved to provide positive behaviour support, which is a significant risk to participants. It is reported from South Australia that some specialist agencies, such as those providing behavioural support, make ambitious promises to families but after the service agreement is signed it becomes apparent that the service doesn't have the capacity to respond in a realistic timeframe, for instance still have to recruit staff.

Another major barrier social workers have experienced is the difficulty of accessing the NDIS portal and completing the registration process. It is to be hoped that this will be increasingly less an issue, but it has been a definite deterrent to allied health professional becoming NDIS providers.

Provider Readiness:

- What is the capacity of providers to move to the full scheme? Does provider readiness and the quality of services vary across disabilities, jurisdictions, areas, participant age and types/range of supports?

The AASW is concerned that some new providers are appearing in the market who do not understand the complexity of issues impacting on families with high needs. When they are unable to deliver the appropriate level of service and support, the families experience failure and set-back. The skills required to provide appropriate services and supports in these circumstances must be recognised by the NDIA and planners, with protocols in place to ensure that the appropriate professional standards, experience and competence, are available to ensure the best outcomes for these families.

Governance and administration of the NDIS

- Do existing administrative and governance arrangements affect (or have the potential to affect) the provision of services or scheme costs? What changes, if any, would improve the arrangements?

Several specific, practical, issues for attention have been raised with us which are affecting the provision of services and resulting in inefficiency, hence increasing costs.

These include:

- The need for Plan Managers to have access to the client's balance of available funds from the portal. This information is vital to enable families to switch providers easily;
- Support Coordinators in South Australia are attempting to assist families with accessing the portal, when they have not been trained to do so themselves. This is in a context where the portal is often not accessible or appears different from the information on the NDIS website; and
- Significant time is wasted due to the time taken to receive a response from the NDIA to a query or question. Relying on only one access number is a major contributing factor to this inefficiency; it is often not answered or cuts off after long periods of waiting.

Submitted for and on behalf of the Australian Association of Social Workers Ltd



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