



Parliament of Tasmania

LEGISLATIVE COUNCIL
GOVERNMENT ADMINISTRATION COMMITTEE "B"

REPORT
ON
DISABILITY SERVICES IN TASMANIA

Members of the Committee:

Hon Rosemary Armitage MLC
Hon Jane Howlett MLC
Hon Tania Rattray MLC (Chair)
Hon Jo Siejka MLC (Deputy Chair)
Hon Josh Willie MLC
Hon Rob Valentine MLC

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INTRODUCTION

1. Legislative Council Sessional Government Administration Committee 'B' (the Committee) was established by resolution of the Legislative Council and its operation is governed by Sessional Orders agreed to by the Council.
2. The Committee met on 27 October 2020 and resolved to inquire into disability services in Tasmania.
3. On 29 October 2020 the Committee presented a Special Report on a Resolution to Commence Inquiry (the Inquiry) in accordance with Sessional Order 5(14).
4. The Inquiry adopted the following Terms of Reference:

To inquire into and report upon the Tasmanian Government's responsibilities under its co-arrangement with the National Disability Insurance Scheme (NDIS) to provide support for people with disabilities with particular reference to —

 1. Consideration and management of the State based costs of long-term care and support for people who are not eligible for the NDIS;
 2. The range of support services available to Tasmanians who are not on, or eligible for, the NDIS;
 3. Funding for organisations that service those not eligible for the NDIS;
 4. Workforce development and training opportunities for the disability support sector, including allied health; and
 5. Any other matters incidental thereto.
5. The membership of the Inquiry was:

Hon Rosemary Armitage MLC
Hon Ivan Dean MLC
Hon Jo Palmer MLC (Inquiry Deputy Chair)
Hon Tania Rattray MLC
Hon Jo Siejka MLC (Inquiry Chair); and
Hon Josh Willie MLC.
6. The Inquiry was advertised in Tasmania's three daily regional newspapers. The Inquiry also directly contacted organisations inviting them to provide evidence to the Inquiry.
7. The Inquiry also established a dedicated web-page at <https://www.parliament.tas.gov.au/ctee/Council/GovAdminB%20%20Disability%20Support.html>
8. Before the Inquiry's closing date for submissions, the Parliament was prorogued on 26 March 2021 for the State Election.
9. The Inquiry was re-established as a Sub-Committee by resolution of the Legislative Council on 30 June 2021.

10. The membership of the Sub-Committee Inquiry was:
Hon Rosemary Armitage MLC
Hon Jo Palmer MLC (Inquiry Deputy Chair)
Hon Tania Rattray MLC
Hon Jo Siejka MLC (Inquiry Chair); and
Hon Josh Willie MLC.
11. Twenty-one (21) submissions were received.
12. Public Hearings were held in Hobart on 17 August 2021 and 11 October 2021. One (1) individual and eleven (11) organisations provided verbal evidence at these hearings.
13. All submissions and transcripts are included on the [web-page](#) and these should be read in conjunction with the Sub-Committee's Report. Further, a list of submissions and witnesses is provided in Appendix 2 of the Report.
14. Before the Sub-Committee had finalised the Inquiry Parliament was prorogued again on 6 April 2022 due to the Premier's resignation.
15. The Sub-Committee was re-established by resolution of the Legislative Council on 5 May 2022.
16. The membership of the Sub-Committee Inquiry was:
Hon Rosemary Armitage MLC
Hon Tania Rattray MLC
Hon Jo Siejka MLC (Inquiry Chair); and
Hon Josh Willie MLC.
17. The Committee reviewed the Report of the Sub-Committee and on 31 May 2022 resolved to release a final report. The Committee intends that this Report be considered in its entirety.



Hon Tania Rattray MLC
Committee Chair



Parliament of Tasmania

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE GOVERNMENT ADMINISTRATION 'B' SUB-COMMITTEE INQUIRY REPORT ON DISABILITY SERVICES IN TASMANIA

Members of the Sub-Committee Inquiry:

Hon Rosemary Armitage MLC

Hon Jo Palmer MLC (Inquiry Deputy Chair) *(to 6 April 2022)*

Hon Jo Siejka MLC (Inquiry Chair)

Hon Tania Rattray MLC

Hon Josh Willie MLC

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CHAIR'S FOREWORD

In undertaking this inquiry the Legislative Council Sessional Government Administration 'B' Sub-Committee Inquiry into Disability Services in Tasmania (the Committee) sought to better understand the supports available to Tasmanians living with a disability, specifically for those who are ineligible for the National Disability Insurance Scheme (NDIS).

Tasmania has the highest rate of disability of any state or territory. There are a number of causal factors, including high rates of poverty and an ageing population. The disability support sector is vital in ensuring that Tasmanians living with a disability can participate socially and economically in our community.

For Tasmanians living with a disability and the sector that supports them, there have been considerable, constant and rapid changes over the past few years. These changes include the introduction of the NDIS, changes to quality and safeguarding, legislation, policy and practice, and a rapidly growing workforce.

The Committee examined the impact of these policy and economic changes to disability support; the availability of services for Tasmanians ineligible for the NDIS, including service gaps; and workforce and planning needs.

The introduction of the NDIS has been a positive policy change that has changed the lives of many people living with disability for the better. However, there remain many Tasmanians living with a disability who are ineligible for the NDIS and who rely on State Government supports and services.

The State Government has an obligation to support people living with a disability who are not eligible for the NDIS, in addition to the funding support provided to the NDIS through the Commonwealth Government.

The Committee noted the roles and responsibilities of the Tasmanian Government and Commonwealth Government under the NDIS are confusing for applicants, participants, carers and service providers to navigate.

One way that confusion occurs is that there is a lack of clarity of the role each level of Government has, as well as the roles and responsibilities between various mainstream government services, such as when a person living with a disability enters the health system.

The Committee noted that there are significant barriers to participation in the NDIS, including challenges in meeting the eligibility criteria and obtaining a diagnosis, accessing and navigating the system, and a shortage of allied health professionals (AHPs).

These barriers mean that many people are not receiving the NDIS supports they need and are eligible for, nor support to apply for the NDIS. The impact of these barriers can be seen in those living in rural communities, where despite high numbers of people living with a disability there is a low rate of NDIS participation.

Additional challenges are present due to the disability service environment rapidly changing, with numerous and ongoing changes to policy and practice, legislation and leadership. This includes five different Ministers being given responsibility for disability in a 12-month period.

Whilst there has been an increase in the number of service providers and in the amount of dollars spent on disability support, many State Government funded supports and services have had their funding reduced, removed or altered since the introduction of the NDIS.

One of the more significant changes to disability funding has been the move to individualised support and away from the provision of block funding to organisations. Due to this change in funding availability to organisations, many small organisations have reduced the services they provide or have closed, whilst others remain concerned for their future viability. This has meant that there are many Tasmanians who are now reliant on volunteers for support or who are unable to receive necessary support for their disability. The closure or threatened closure of these organisations also represent considerable intellectual knowledge and experience potentially lost to the Tasmanian sector.

Further, the funding options now available to some of these services through a Commonwealth grants-based program is inadequate and does not enable some organisations to meet the needs of the people living with a disability who need their support. One such example can be seen in the support for people living with brain injury, many of whom, due to the fluctuation in their condition and the rules regarding NDIS, are not eligible for the NDIS, and who are reliant on State funded services as a result.

Another significant issue impacting the disability service industry is the rapid increase in demand and the shortage of workers, including direct disability support and allied health professionals such as occupational therapy.

After a full consideration of matters raised during the Inquiry, the Committee has made eighteen (18) recommendations. These recommendations include clarity regarding roles and responsibilities, reinstating funding, and reducing gaps in services and supports.

In these recommendations, the Committee highlights the role of the State Government is to work with the NDIS to ensure the needs of Tasmanians living with a disability are met and to reduce current gaps in service provision and workforce. This includes the need for formal agreements with mainstream government services to ensure continuity of care and to reduce confusion.

Further, the need for the reinstatement of funding to disability support service organisations supporting those that are ineligible for the NDIS cannot be overlooked.

In reading this Report, it must be kept front of mind the very real and serious impact a lack of appropriate services and supports has on the life of a person living with a disability. The Committee acknowledges the distress experienced by those who struggle to have their needs met and participate fully in community life.

It is of concern that if the recommendations in this Report are not acted upon that the lives of many Tasmanians living with a disability will deteriorate, as their support needs are not met.

The work of the Committee began in 2020 and continued throughout 2021-22. The Committee's consideration of the evidence received was interrupted by the prorogation of the Parliament due to the calling of the State Election in March 2021. Before the Committee had finalised the Inquiry, Parliament was prorogued again on 6 April 2022 following the Premier's resignation.

As Inquiry Chair, I thank all those who provided submissions and gave evidence to assist the Committee in its work on this matter. The Committee thanks and acknowledges the support of the Committee Secretariat, Julie Thompson and Alison Waddington throughout the Inquiry.



Hon Jo Siejka MLC
Inquiry Chair

INTRODUCTION

Establishment and conduct of the Inquiry

On 24 March 2020, the Legislative Council Government Administration Committee 'A' tabled a [*Short Inquiry Process Report on Services and Supports available to Tasmanians not eligible for the NDIS*](#) and recommended that consideration be given to the initiation of a full inquiry into this subject. Further, that Committee recommended this report be provided to Legislative Council Government Administration Committee 'B' (the Committee) now responsible for the disability services portfolio due to a ministerial reshuffle.¹

On 27 October 2020, the Committee resolved to commence an inquiry and adopted the following Terms of Reference:

To inquire into and report upon the Tasmanian Government's responsibilities under its co-arrangement with the National Disability Insurance Scheme (NDIS) to provide support for people with disabilities with particular reference to —

- 1. Consideration and management of the State based costs of long-term care and support for people who are not eligible for the NDIS;*
- 2. The range of support services available to Tasmanians who are not on, or eligible for, the NDIS;*
- 3. Funding for organisations that service those not eligible for the NDIS;*
- 4. Workforce development and training opportunities for the disability support sector, including allied health; and*
- 5. Any other matters incidental thereto.*

On 26 March 2021, the Inquiry was interrupted by the prorogation of Parliament due to the calling of the State Election.

On 29 June 2021, the Committee resolved to re-establish a Sub-Committee to continue the Inquiry along with the same Terms of Reference.

The Inquiry was advertised in Tasmania's three daily regional newspapers. The Committee also directly contacted individuals and organisations inviting them to provide evidence to the Inquiry. Twenty-one (21) submissions were received. A list of submissions is provided at Appendix 2 of the Report.

Public hearings were held in Hobart on 17 August 2021 and 11 October 2021. One (1) individual and eleven (11) organisations provided verbal evidence at these hearings. A list of witnesses is provided at Appendix 2 of the Report.

Before the Committee had finalised the Inquiry, Parliament was prorogued again on 6 April 2022 following the Premier's resignation. On 4 May 2022, the Committee resolved to re-establish a Sub-Committee to continue the Inquiry along with the same Terms of Reference.

The Hansard transcripts and submissions received are available on the Sub-Committee's [web-page](#)

The Report provides a summary of the key findings contained in the evidence presented during the Sub-Committee process. This includes consideration of the written submissions and the verbal evidence which should be read in conjunction with the Sub-Committee's Report.

¹ Parliament of Tasmania, Legislative Council Government Administration Committee 'A', [*Short Inquiry Process Report on Services and Supports available to Tasmanians not eligible for the NDIS*](#), 16 March 2020, p. 3.

Background

The following section provides the legislative framework for the Tasmanian Government's responsibilities under its co-arrangement with the National Disability Insurance Scheme (NDIS) to provide support for people with disabilities who are outside of the NDIS.

The national disability policy environment is underpinned by the [United Nations Convention on the Rights of Persons with Disabilities](#) (UN CRPD) and the National Disability Strategy, which is the primary mechanism to implement the UN CRPD in Australia. A [new National Disability Strategy](#) is currently under development.

Before the implementation of the NDIS, state and territory responsibilities for providing disability services were set out in the 2009 *National Disability Agreement*. The agreement has not been updated to reflect the NDIS rollout. In a [2019 review](#), the Productivity Commission determined that this has led to a lack of clarity around the roles and responsibilities of state and territory governments and the Commonwealth. The Productivity Commission has recommended that a new overarching agreement be developed to address this issue.² The Australian Government has not yet formally responded to the Productivity Commission report.

The Commonwealth [National Disability Insurance Scheme Act 2013](#) (NDIS Act) acknowledges the interaction between the NDIS and other service systems (including state-based systems).

On 10 December 2018, the Commonwealth and Tasmanian Governments entered into the [Bilateral Agreement between the Commonwealth of Australia and the State of Tasmania on the NDIS](#) (commenced 1 July 2019). This agreement reflects both Governments' shared responsibility for the NDIS and locked in arrangements for both Governments to make ongoing, up-front funding contributions to the scheme.³

The Principles to Determine the Responsibilities of the [NDIS and other Service Systems – Applied Principles and Tables of Support \(APTOS\)](#) – provide guidance on state and territory government responsibilities outside of the NDIS. This document is provided at [Appendix 1](#).

Tasmanian context

The [Disability Services Act 2011](#) (Disability Services Act) provides the framework for specialist disability services funded or provided by the Tasmanian Government (Department of Communities); research and development activities; and for the regulation of restrictive interventions.

The Tasmanian Government has an overarching responsibility to ensure that actions under the Disability Services Act are guided by the principles in [section 5](#) of the Act (which reflect the UN CRPD).

While largely superseded by the rollout of the NDIS, under [Part 3](#) of the Disability Services Act the Secretary of the Department of Communities *may* provide services (directly or indirectly), or provide support to third parties to deliver services to people with disability.

Funded disability service providers must meet the requirements of the [Disability Services Regulations 2015](#). The regulations are aligned with the National Standards for Disability Services.

The Disability Services Act defines specialist disability services as follows:

***specialist disability services** means services specifically for, or related to, the support of persons with disability and includes, but is not limited to including, the following:*

² Australian Government Solicitor, [Report on the key elements of the legislative framework affecting people with disability](#) [for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability], 22 December 2020, pp. 55-56.

³ [www.federation.gov.au](#) website, [Bilateral Agreement between the Commonwealth of Australia and the State of Tasmania on the NDIS](#), website accessed 1 November 2021.

- (a) accommodation support services;
- (b) home care and family support services;
- (c) in-home community-based services;
- (d) intake and assessment services;
- (e) independent living training services;
- (f) information services and print disability services;
- (g) recreation services;
- (h) respite care services;
- (i) education or training services;
- (j) counselling, support or advocacy services;
- (k) community visitor services;
- (l) therapy services;
- (m) equipment services;
- (n) transport services;
- (o) intermediary services –

but does not include a prescribed service.⁴

Tasmanians with disability who are not eligible for the NDIS must meet the following criteria to be eligible for specialist disability services under the Disability Services Act:

- *Have a disability which:*
 - (a) *is attributable to a cognitive, intellectual, psychiatric, sensory or physical impairment or a combination of those impairments; and*
 - (b) *is permanent or likely to be permanent; and*
 - (c) *results in –*
 - (i) *a substantial restriction in the capacity of the person to carry on a profession, business or occupation, or to participate in social or cultural life; and*
 - (ii) *the need for continuing significant support services; and*
 - (d) *may or may not be of a chronic episodic nature.*
- *Live permanently in Tasmania and be: an Australian citizen; a permanent Australian resident; a Temporary Protection Visa holder; or a member of a family on a work or study visa sponsored by the Australian Government.*
- *Have a disability that manifests before 65 years of age.⁵*

In 2016, the Tasmanian Government commissioned KP Health to review its specialist disability services and ‘determine which functions should remain and which should cease to be provided in a full scheme [NDIS]’. KP Health determined that at full rollout, ‘the ongoing role of the State Government will be limited to strategic policy and purchasing, regulation, monitoring data and finance, and facilitating collaboration between the private, not-for profit and government sectors...Most of the existing specialist disability services provided by Disability and Community Services (DCS) will cease to be provided in a full scheme NDIS’.⁶

The Department of Communities currently advises that ‘with the introduction of the NDIS, the role of Disability Services in delivering disability services to Tasmanians has changed. With the exception of the [Tasmanian Autism Diagnostic Service \(TADS\)](#) and Advocacy Services, Disability Services no longer funds specialist disability services, this is now the role of the NDIS’.⁷

⁴ [Disability Services Act 2011 \[Tas\]](#).

⁵ Department of Communities (DoC) Tasmania, [Disability services](#), DoC website, accessed 29 October 2021.

⁶ KP Health, [A review of disability services delivered by Tasmanian Department of Health and Human Services](#), September 2016, p. 7.

⁷ DoC, [Disability services](#), op. cit.

Additionally, the Tasmanian Government states that it is providing ‘continuity of support’ for people eligible under the Disability Services Act but not eligible for the NDIS (as required under the intergovernmental agreement).⁸ The National Disability Insurance Agency (NDIA) states that ‘each government is responsible for providing continuity of support within the programs that government funds’.⁹

The Disability Services Act also requires that the Secretary of the Department of Communities assists in coordinating services for people with disability:

49. Secretary to be responsible for coordination of services

The Secretary is to take reasonable steps to assist in the effective coordination of the provision of the following services for persons with disability:

- (a) specialist disability services;*
- (b) health and psychiatric services;*
- (c) specialist education services;*
- (d) other services that are provided by or on behalf of Tasmania or the Commonwealth for the purpose of providing special assistance to persons with disability.¹⁰*

The Tasmanian Government’s ‘full review and rewrite’ of the Disability Services Act was announced on 25 November 2020.¹¹

Compensation schemes

If a disability is acquired because of a personal injury, in some circumstances the Tasmanian Government may be responsible for providing support through state-based statutory compensation schemes e.g. the [Motor Accidents \(Liabilities and Compensation\) Act 1973](#) or [Workers Rehabilitation and Compensation Act 1988](#).

⁸ Tasmanian Government, Parliament of Tasmania, [Government Services: Budget Paper No. 2, Volume 1: 2020-21](#), p. 42.

⁹ National Disability Insurance Agency, [Continuity of support](#), 8 November 2019, NDIS website.

¹⁰ [Disability Services Act 2011 \[Tas\]](#).

¹¹ Hon Jeremy Rockliff MP, Minister for Disability Services, *Review of Disability Services Act 2011 - Media Release*, 25 November 2020.

ABBREVIATIONS

ABI	Acquired Brain Injury
ABS	Australian Bureau of Statistics
ADA	Australian Dental Association Tasmanian Branch Incorporated
AHA	Allied Health Assistants
AHP	Allied Health Professional
AOPA	Australian Orthotic Prosthetic Association
APTOS	Applied Principles and Tables of Support
BIAT	Brain Injury Association of Tasmania
CoS	Continuity of Support
CHSP	Commonwealth Home Support Program
DCS	Disability and Community Services Tasmania
DoC	Department of Communities Tasmania
DoE	Department of Education Tasmania
DoHT	Department of Health Tasmania
DPAC	Department of Premier and Cabinet Tasmania
DSAA	Disabled Surfers Association of Australia Inc
DSS	Department of Social Services (Commonwealth)
D2DL	Support for Day to Day Living in the Community
HASI	Housing and Accommodation Support Initiative
LEoP	Late Effects of Polio
MHCT	Mental Health Council Tasmania
O&M	Orientation & Mobility Instructors
O&P	Orthotists & Prosthetists
OPST	Orthotics & Prosthetics Services Tasmania
OT	Occupational Therapist
NDIA	National Disability Insurance Agency

NDIS	National Disability Insurance Scheme
NDIS Act	<i>National Disability Insurance Scheme Act 2013</i> (Commonwealth)
NDIS IFP	National Disability Insurance Scheme Individualised Funding Package
NDIS ILC	National Disability Insurance Scheme Information Linkages and Capacity Building
NDIS ILC NIP	National Disability Insurance Scheme Information Linkages and Capacity Building National Information Program
NDS	National Disability Services
NDS	National Disability Strategy
NMHSPF	National Mental Health and Service Planning Framework
NHT	New Horizons Tasmania
NPS-T	National Psychosocial Support Transition
PBS	Positive Behaviour Supports
PDAC	Premier's Disability Advisory Council
PHaMS	Personal Helpers and Mentors
PHN	Primary Health Networks
PHT	Primary Health Tasmania
PiR	Partners in Recovery
PRT	Print Radio Tasmania Inc
PT	Physiotherapist
PTSD	Post-Traumatic Stress Disorder
RTO	Registered Training Organisation
SACH	Solid Ankle Cushion Heel
SARC	Social Action & Research Centre (Anglicare Tasmania)
SDA	Specialist Disability Accommodation
SIL	Supported Independent Living
SP	Speech Pathologist
TADS	Tasmanian Autism Diagnostic Services
TALS	Tasmanian Artificial Limb Scheme
TAS	Tasmanian Amputee Society Inc

TAS HACC	Tasmanian Home and Community Care
THS	Tasmanian Health Service
TPS	Tasmanian Prison Service
TRIS	Transition Reporting Information System
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities
UTAS	University of Tasmania
VALP	Victorian Artificial Limb Funding Program
YPIRAC	Younger People in Residential Aged Care

FINDINGS

TASMANIAN GOVERNMENT'S RESPONSIBILITIES UNDER ITS CO-ARRANGEMENT WITH THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS) TO PROVIDE SUPPORT FOR PEOPLE WITH DISABILITIES

1. People living with a disability have fundamental human rights as set-out under the [United Nations Convention on the Rights of Persons with Disabilities \(UN CRPD\)](#).
2. In Tasmania, it is estimated there are 140,100 people living with a disability.
3. The National Disability Insurance Scheme (NDIS) supports over 10,900 Tasmanian participants. This figure includes 6,000 Tasmanians who are receiving support services for the first time.
4. Since the introduction of the NDIS there has been a significant growth in service providers.
5. The Tasmanian Government has responsibility for providing support to those living with a disability who are ineligible for the NDIS. These responsibilities are set-out in the [Principles to Determine the Responsibilities of the NDIS and other Service Systems – Applied Principles and Tables of Support \(APTOS\)](#).
6. The roles and responsibilities of the Tasmanian Government and Commonwealth Government under the NDIS are confusing for applicants, participants, carers and service providers to navigate.
7. In rural or remote areas there are only 1.3 per cent of people who are living with a disability who are participating in the NDIS.
8. In rural or remote areas there is under-utilisation of the NDIS by participants.
9. Barriers to accessing the NDIS include:
 - meeting the eligibility criteria including obtaining a diagnosis;
 - challenges in accessing and navigating the system;
 - NDIS not originally set-up to cater for people with psychosocial disability; presenting difficulties transitioning into the scheme; and
 - clear lack of allied health services and professionals to meet the needs of participants leading to thin markets.
10. Continual changes to policy and practice adds to the challenges in navigating the NDIS.
11. There is less resourcing for disability policy and practice within Government since the introduction of the NDIS.
12. The Tasmanian Government has commenced a review of the [Disability Services Act 2011](#). This will be in conjunction with a number of national policy, program and legislative reviews.
13. The Tasmanian Government has committed to establishing the role of a Disability Services Commissioner.
14. The interface between disability support and government mainstream services is difficult for those living with disability leading to issues in accessing supports.

15. Lack of formal agreements between government mainstream services and disability services causes significant barriers for participants, carers and service providers.
16. There have been five Ministers over the past twelve months. In addition, it is intended that Department of Communities (DoC) will be disbanded and the disability portfolio will be absorbed into Department of Premier and Cabinet (DPAC).

TERM OF REFERENCE 1: CONSIDERATION AND MANAGEMENT OF THE STATE BASED COSTS OF LONG-TERM CARE AND SUPPORT FOR PEOPLE WHO ARE NOT ELIGIBLE FOR THE NDIS

Housing

17. There is a shortage of appropriate and accessible housing for Tasmanians living with a disability.
18. Due to a lack of options there are some young people living with a disability within residential aged care.

Prosthetics

19. Basic prosthetics offered through Tasmanian Artificial Limb Scheme (TALS) with comparison to the NDIS level of funding for prosthetics is inequitable.
20. There is inadequate data available in relation to the number of amputees in Tasmania. Noting nationally there has been an increase in the number of amputations.

Psychosocial

21. Tasmania has the highest rate of people living with psychosocial disability compared with other states and territories in Australia.
22. Data provided shows low participation rates of people with psychosocial disability receiving NDIS supports in Tasmania.

TERM OF REFERENCE 2: THE RANGE OF SUPPORT SERVICES AVAILABLE TO TASMANIANS WHO ARE NOT ON, OR ELIGIBLE FOR, THE NDIS

Education Support Services

23. The Tasmanian Government provides a range of education support services including support schools and adjustment models to Tasmanians who are not eligible for the NDIS.
24. There is a shortage of qualified interpreters in schools to support deaf students.

Family and Relationship Violence Supports

25. Despite Engender Equality being funded to offer medium to long-term specialist counselling to victim/survivors of family relationship violence there is an identified three-month wait list.

Prisoner Support Services

26. The Tasmanian Government provides most support services to prisoners with disability not eligible for the NDIS.

Prosthetic Supports

27. TALS provides basic prosthetics. Waiting times are extensive and for some there is a requirement to travel considerable distances to access services.
28. There is no funded formal and managed peer support program in place for amputees, leaving the responsibility of support to volunteers.

Residential Support Services

29. Within residential support services there is uncertainty for people currently living in supported accommodation not transitioning to the NDIS.

Tasmanian Home and Community Care

30. Tasmanian Home and Community Care (TAS HACC) provides basic core support services with many recipients having complex needs.
31. Funding is not adequate to meet the current needs of recipients.

Psychosocial supports

32. Current state-based programs are short-term and recovery focused for those ineligible for NDIS supports.
33. People with psychosocial disability require clinical treatment and wrap around service delivery.

Vision Impaired

34. There is a lack of access and subsidies for specialist support services for the vision impaired.

Support services for over 65s

35. There are gaps in support because continuity of support funding is not proportionate with NDIS funding.
36. Recipients of continuity of support are vulnerable to failures of mainstream supports.
37. My Aged Care is not set-up for those living with a disability.

TERM OF REFERENCE THREE: FUNDING FOR ORGANISATIONS THAT SERVICE THOSE NOT ELIGIBLE FOR THE NDIS

38. Funding is inadequate and in some circumstances non-existent for state-based services that provide supports for those ineligible for NDIS.
39. Funding service gaps exist between the state-based services and the services provided by the NDIS.
40. The level of state government funding for disability services has increased, however implementation of NDIS means it is allocated differently.
41. The implementation of the NDIS has negatively impacted some service providers and the people they support.
42. The NDIS Information Linkages and Capacity Building Grant program is not a suitable source of funding for the sustainability of numerous small organisations that support the disability sector in Tasmania.
43. The Tasmanian Government has withdrawn block funding for numerous small organisations and there are concerns for their ongoing viability.
44. There are limited options for therapy services for children leading to unacceptable wait times.
45. Funding for early intervention support services for children is insufficient.

TERM OF REFERENCE FOUR: WORKFORCE DEVELOPMENT AND TRAINING OPPORTUNITIES FOR THE DISABILITY SUPPORT SECTOR, INCLUDING ALLIED HEALTH

46. There exists a shortage of allied health professionals (AHPs) particularly in regional, rural and remote Tasmania.
47. Allied Health Assistants (AHAs) can alleviate some of the pressures on AHPs.
48. There is limited data available to understand workforce numbers and growth rates for the disability support sector in Tasmania.
49. TasTAFE does not provide a model of traineeship delivery for disability support sector courses, and there are no subsidies available.
50. Focus is needed by government and industry to promote employment opportunities in the disability sector.
51. Owing to the complexity of the system some employers in the disability sector are not aware of the availability of training that can be provided at a subsidised cost through Skills Tasmania.
52. University of Tasmania (UTAS) is intending on commencing allied health courses in the future.

TERM OF REFERENCE FIVE: ANY OTHER MATTERS INCIDENTAL THERETO

53. Government funding for visual smoke alarms for the deaf ceased in 2019.
54. People living with a disability face significant barriers in accessing oral health services in Tasmania.
55. The Tasmanian Government's Transport Access Scheme – taxi subsidy component is being reduced from \$1,000 to \$350 per annum.
56. There is a lack of accessible taxis available in Tasmania leading to additional barriers for people living with disability.

RECOMMENDATIONS

The Committee makes the following recommendations —

TASMANIAN GOVERNMENT'S RESPONSIBILITIES UNDER ITS CO-ARRANGEMENT WITH THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS) TO PROVIDE SUPPORT FOR PEOPLE WITH DISABILITIES

1. Roles and responsibilities need to be clearly defined and communicated by governments to assist participants, carers and service providers to navigate systems.
2. A priority should be to improve engagement and support for people living with a disability currently not accessing NDIS in rural and remote areas.
3. The Tasmanian Government needs to ensure the National Disability Insurance Agency (NDIA) addresses barriers specific to Tasmania.
4. The Tasmanian Government ensure there is capacity within the public service for disability policy across government departments.
5. The Tasmanian Government mainstream services must develop formal agreements to ensure continuity of care with NDIS and non-NDIS service providers.

TERM OF REFERENCE 1: CONSIDERATION AND MANAGEMENT OF THE STATE BASED COSTS OF LONG-TERM CARE AND SUPPORT FOR PEOPLE WHO ARE NOT ELIGIBLE FOR THE NDIS

6. The Tasmania Government has an obligation to provide appropriate and accessible housing for people living with a disability and should urgently address current shortages.
7. The Tasmanian Government must collect data in relation to the number of amputees in Tasmania to understand the prosthetic supports required.
8. The Tasmanian Government must work with the NDIA to address the disparity between Tasmania's high rate of psychosocial disability and low participation rates of people receiving NDIS supports.

TERM OF REFERENCE 2: THE RANGE OF SUPPORT SERVICES AVAILABLE TO TASMANIANS WHO ARE NOT ON, OR ELIGIBLE FOR, THE NDIS

9. The Tasmanian Government must ensure appropriate disability policies are applied across all government mainstream services.
10. An urgent increased investment is needed across multiple areas of government mainstream service areas to adequately meet the needs of people living with disability.
11. The Tasmanian Government should identify people living with a disability that are not currently accessing services to ensure continuity of care.
12. The Tasmanian Government lobby the Commonwealth Government to ensure people aged over 65 living with a disability are eligible for appropriate care.

TERM OF REFERENCE THREE: FUNDING FOR ORGANISATIONS THAT SERVICE THOSE NOT ELIGIBLE FOR THE NDIS

13. The Tasmanian Government urgently reinstate core funding for organisations that deliver services outside of the NDIS framework that support people living with a disability.
14. It is essential the Tasmanian Government further address the consequences of the lack of timely early intervention which impacts child development.

TERM OF REFERENCE FOUR: WORKFORCE DEVELOPMENT AND TRAINING OPPORTUNITIES FOR THE DISABILITY SUPPORT SECTOR, INCLUDING ALLIED HEALTH

15. The Tasmanian Government needs to ensure greater alignment of the education system with labour market demands, reducing barriers for people training or upskilling through a more simplified process.
16. The Tasmanian Government should consider developing a specific disability workforce development strategy to support the disability sectors growth and skill development needs.

TERM OF REFERENCE FIVE: ANY OTHER MATTERS INCIDENTAL THERETO

17. The Tasmanian Government consult with the transport industry to address the lack of accessibility and availability of transport options throughout Tasmania.
18. The Tasmanian Government review the impact of the reduction to the taxi subsidy ensuring no client is disadvantaged.

EVIDENCE

TASMANIAN GOVERNMENT'S RESPONSIBILITIES UNDER ITS CO-ARRANGEMENT WITH THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS) TO PROVIDE SUPPORT FOR PEOPLE WITH DISABILITIES

The Tasmanian Government submission provided background information regarding the National Disability Insurance Scheme (NDIS):

The creation of the National Disability Insurance Scheme (NDIS) was one of the most complex and essential reforms that Australia has seen in recent years. Tasmania moved to full scheme NDIS on 1 July 2019 and is now operating under the Bilateral Agreement between the Commonwealth of Australia and the State of Tasmania on the National Disability Insurance Scheme. This Agreement reflects the shared NDIS responsibilities of both Governments and locks in arrangements for ongoing funding contributions to the Scheme.

The National Disability Insurance Agency (NDIA) is the Australian Government agency whose role is to implement and manage the NDIS and ensure people with disability continue to get the support they need. The NDIA works with states and territories to realise a nationally consistent approach that recognises unique jurisdictional characteristics.

This year, the Tasmanian Government will invest \$264.1 million to contribute to the Scheme and disability support services that remain outside of the scope of the NDIS, increasing to \$274.6 million in 2022-23. The Government is committed to funding disability support services, including health, education, transport, mainstream children therapy services, advocacy services and continuity of supports for people with disability who are not eligible for the NDIS.¹²

The National Disability Services (NDS) submission provided data in relation to the number of Tasmanians who identify as having a disability versus the percentage of Tasmanians receiving NDIS supports:

The most recent quarterly report published by the National Disability Insurance Agency reports that as of the 31 December 2020, Tasmania had 9,868 active participants (excluding Early Childhood Early Intervention in the scheme). However, the Australian Bureau of Statistics most recent survey of Disability, Ageing and Carers, Australia: Summary of Findings, reports that 26.82% of Tasmanians reported a disability (or 140,100 people). This means only 7% of Tasmanians with disability are supported by the NDIS.¹³

The Anglicare Tasmania submission provided further statistical information:

- ... In terms of people under 65 years, 17% of the Tasmanian population lives with a disability (ABS, 2019 - see figure 1).
- Tasmania continues to have the highest prevalence of people with disabilities compared to all other states and territories in Australia (ABS, 2019).
- ...
- Approx. 89% or 124,686 Tasmanians living with disability will not be eligible for the NDIS based on the criteria (Productivity Commission 2017).
- ...

¹² Tasmanian Government, *Submission No. 21*, p. 3.

¹³ National Disability Services (NDS), *Submission No. 19*, 1 May 2021, p. 3.

Table 1: SDAC 2018 severity of disability persons (ABS 2019)		
	<i>Tasmania</i>	<i>Australia</i>
<i>Profound limitation</i>	3.8%	3.2%
<i>Severe limitation</i>	3.7%	2.6%
<i>Moderate limitation</i>	4.4%	2.4%
<i>Mild limitation</i>	9.0%	6.1%
<i>Schooling or employment restriction</i>	14.0%	8.1%
<i>Specific limitations or restrictions</i>	3.4%	15%

Figure 1: SDAC 2018 severity of disability for person 0-64 across states and territories (ABS, 2019).¹⁴



The Committee received the following evidence regarding barriers to accessing the NDIS and issues in relation to the roll out of the NDIS.

The VisAbility submission stated many people with disabilities do not meet the criteria for entry under the NDIS, eligibility requires a precise diagnosis and prognosis of a permanent disability:

... It can be very difficult to give prognosis in a situation where a precise diagnosis is not possible owing to an evolving diagnosis, inadequate or incomplete medical testing, and/or lack of knowledge or understanding in certain areas.

¹⁴ Anglicare Tasmania, *Submission No. 11*, April 2021, pp. 2-3.

We have encountered, for example, several young people who have significant vision impairment which functionally affects their ability to fulfil their study requirements, communicate effectively and live as independent community members with gainful employment. Examples of these disabilities include but are not limited to functional neurological disorders, auto immune disorders and genetic complications which are difficult or impossible to diagnose.¹⁵

Further, the submission stated that due to this ineligibility, families are impacted with significant costs:

Many families have chosen to bear the brunt of significant costs to mitigate the impacts of these disabilities and obtain appropriate therapies and service to give their children the best chance to gain independence. This has flow on impacts with the family's own support systems, productivity, employments and living circumstances. Increased reliance on Centrelink for social housing and support is not uncommon.¹⁶

In addition, VisAbility's submission provided comment on people with dual disabilities being declared ineligible for NDIS and the lack of assistance in appealing a decision of ineligibility:

Similarly many people with dual disabilities are rendered ineligible for the NDIS owing to, for example, lack of information about their secondary disability. VisAbility is aware of at least one long-term client who is severely vision impaired and has a mild cognitive disability. This client's application to join the NDIS was refused owing to lack of evidence of her intellectual disability, despite clear evidence from respected professionals about vision impairment and opinions provided regarding her secondary disability.¹⁷

The NDS submission provided information as to the amount of funding paid to the NDIS scheme by the Tasmanian Government and the under-utilisation of this funding:

This year \$403.7 million has been committed to NDIS plans in Tasmania, with only \$261.6 million paid. There is \$140.1 million underutilisation. It is vital that the Tasmanian Government ensures that their significant investment in the NDIS is maximised and Tasmanians with disability, whether they are receiving NDIS supports or not, are appropriately supported in all parts of the state. It is of equal importance to ensure those who are not eligible for NDIS services, but who still require supports, are able to access them where and when they need them.¹⁸

Further, the NDS submission provided information in relation to the underutilisation of the NDIS participants in rural or remote areas. NDIS utilisation of participants living in Hobart or Launceston sits at 64.8 per cent compared with 1.3 per cent of participants living in remote or very remote areas.¹⁹ The NDS submission stated:

With only 1.3% of NDIS participants located in remote or very remote communities in Tasmania, it appears that there is significant underutilisation of the NDIS in these areas. Further research into this potential discrepancy between distribution of people with disability and the distribution of NDIS participants must be undertaken.

Disability service providers have raised the issue that people in regional areas in Tasmania are often not accessing the NDIS, even when they are eligible. This is potentially attributable to multiple factors, including misunderstanding or confusion around what the NDIS is and how it could benefit a person with disability, or an unwillingness to engage in onerous regulatory requirements and

¹⁵ VisAbility, *Submission No. 15*, 9 April 2021, pp. 1-2.

¹⁶ *Ibid.*, p. 2.

¹⁷ *Ibid.*

¹⁸ NDS submission, *op. cit.*, pp. 3.-4.

¹⁹ *Ibid.*, p. 3.

lengthy application processes. This lack of engagement is detrimental to state government and the community. Financial costs for supporting someone eligible for, but not utilising, the NDIS must be found elsewhere, and the support received by the individual in this circumstance is unlikely to be as comprehensive as it might be within the NDIS. A targeted, place-based, approach that liaises with GP's, community houses, community groups and local councils is a potential avenue to address this issue.

Project reachABLE was a State funded project that assisted and supported Tasmanians with disability to make the transition to the NDIS. This project was highly regarded by disability service providers, and it is in the interest of state government to consider funding similar place-based programs to address underutilisation of the NDIS in rural or remote areas of our State.²⁰

Then Minister for Disability Services, the Hon Sarah Courtney MP and Acting Director of Disability and Community Services, Department of Communities (DoC) Wendy Yardy provided information regarding under-utilisation of the NDIS:

Ms YARDY - *We originally forecast or estimated that we would get 10 580 people into the NDIS and we have achieved that but it has taken a little longer than we estimated but we have reached our target now. As the minister mentioned earlier, that is 6000 new people who are receiving services who never received them before. There has been growth in that and there has also been a growth in providers. At 31 March 2016 there were approximately just under 300 active providers. We now have 1500 at 31 March 2021.*

CHAIR - *Do you have an understanding of where they are regionally-based which might account for some people not going to the effort of applying if they know the service isn't there?*

Ms YARDY - *Some people have and will always choose to say, 'the waiting list is too long and I don't want to go on the waiting list' and therefore choose not to have the service, but we are not hearing that there are lots of people who aren't receiving services. As the minister noted earlier, there are issues relating to thin markets of providers. There is a national shortage in allied health professionals across lots of industries. The NDIS is exploring a thin market trial in the Waratah-Wynyard area. That is looking at a different model of commissioning.*

As you know, the NDIS is about funding individuals but that sometimes means you can't generate capacity and enough viability for an organisation. So after a long process where they went out and spoke to lots of participants, people who had very low utilisation rates, they have contracted a panel, they have spoken to providers. They have engaged with the community and they have come up with a panel of providers. One was a Tasmanian-based organisation, two others are bringing new staff to Tasmania. They are working with those people in those areas to access the supports they need. It is something they are looking at nationally to see if that trial works because there are many jurisdictions that have problems in regional areas.

CHAIR - *If you are in a regional area and potentially you have some doubts about the effort and costs and everything that it takes to go through the process, people need access to clinicians in order to get their application up and running. Is that part of that trial, that consideration?*

Ms YARDY - *Well, maybe not necessarily as part of the trial but it is something that is well and truly recognised within the agency. In the transition years there were a lot of community education activities of the NDIA moving through all of the regions in Rosebery, Strahan and across on the east coast to try to generate interest, to try to give people the opportunity to ask the questions.*

CHAIR - *When I was with YNOT we actually did some work with the NDIA about reaching young people and informing young people as well. I know that there was a lot of work done in that space but potentially everything is cyclical, isn't it? It might be time to revisit it.*

²⁰ NDS submission, op.cit., pp. 6-7.

Ms COURTNEY - We also have the opportunity at the moment because we are currently going out to the community on the review of the act as well and encompassing what a disability commissioner might look at. Out of that, I am expecting that we will get a wealth of feedback and there will be some that will be very pertinent to the disability commissioner and there will be aspects that will be pertinent to the review of the act.

We also know that when you go out for consultation as broadly as we are going, we will get a whole lot of feedback on other things as well. Potentially, there is the opportunity through this process for us to get insights into other things where perhaps we need to look at providing assistance. The fact that we have such a deep process underway now in engaging particularly people's lived experience ²¹

The Mental Health Council of Tasmania (MHCT) provided information regarding the transitioning to the NDIS:

In the planning for the rollout of the NDIS, a number of Commonwealth and State/Territory disability programs were scheduled for cessation, with the assumption that participants of those programs would obtain at least equivalent, and hopefully better support through the NDIS.

With NDIS legislation passed in 2013, the gradual roll out has seen many of these funded supports folded into the NDIS. Of the 17 Australian Government programs that have been folded into the NDIS, three were specifically designed to support people with mental illness:

- *Partners in Recovery (PIR)*
- *Personal Helpers and Mentors (PHaMs)*
- *Support for Day to Day Living in the Community (D2DL)*

These programs provided psychosocial supports and services for people with severe and persistent mental illness. However, the phasing out of these services has highlighted a gap in the number of people successfully transitioning into the NDIS. There are a number of reasons evidenced for this occurring, including; the NDIS eligibility parameters, limited capacity to acquire suitable evidence to prove psychosocial disability, and individual choice of participants to prefer not to apply for the NDIS. To ensure continuity of support for participants of these programs, on 1 July 2019, the Australian Department of Health launched the National Psychosocial Support Transition (NPS-T program). Under the NPS-T program, clients were assisted to test their eligibility for the NDIS, with data recorded in the Transition Reporting Information System (TRIS) by Primary Health Networks (PHNs) and service providers.

Data recorded by the Tasmanian PHN indicates that, as at 30 June 2020, 223 clients of PIR, PHaMs and D2DL had transitioned to the NDIS, 154 had transitioned to the Continuity of Support Service and 483 people had otherwise chosen to no longer engage or had transitioned to another service or completed activity with the previous programs.²²

At a public hearing, the Committee questioned MHCT further in relation to the 483 cohort now no longer engaging:

Ms KLERCK - I think there are a few reasons why that may have occurred. In that 483 cohort, they may have recovered in some way and have left that service because they have recovered and they do not need to access any more services during that time.

²¹ Hon Sarah Courtney MP, Minister for Disability Services and Wendy Yardy, Acting Director, Disability and Community Services, DoC, *Transcript of Evidence*, 11 October 2021, pp. 7-8.

²² Mental Health Council Tasmania (MHCT), *Submission No. 20*, July 2021, pp. 4-5.

It is important also to understand mental health fluctuates. They might be better for a few months, but then their mental health might decrease. Knowing COVID-19 has impacted somewhat, then they will not be accessing those supports or services again.

CHAIR - *Would you expect that some of those people would have disengaged because of the changes in the system?*

Ms KLERCK - *Yes, I think, from some of our work, particularly with clients from the former programs like Partners in Recovery and Funding Agreement Managers, we did hear a lot about the relationships they made with their mental health support providers.*

Hearing that and then having to transition to another organisation to receive similar support was difficult, but also transitional. Deciding to go to the NDIS also meant they were losing that.

CHAIR - *The NDIS can be a lengthy and challenging process.*

Ms KLERCK - *Yes, absolutely.*

CHAIR - *In your view, what would be the impact for those people if they have chosen not to engage? If you are talking about the quality of life, the capacity to engage and all of those sorts of things, it could have far reaching consequences.*

Ms KLERCK - *Yes, one would hope they have access to the mental health system and the psychological treatment and supports that way, but we cannot fully know that.*

But in terms of that psychosocial area and not having access to different connections around the social service systems. They might need support with housing. If they are not getting that support, that might lead to homelessness. They might need supports around physical health. If they are not getting that, then that might deteriorate their physical health more.

There are all the social impacts.²³

Further:

Ms PALMER - *Is it too hard to engage in the NDIS?*

Ms KLERCK - *Potentially. We do know a lot about the barriers for people to even apply for the NDIS. It is a complex and time-intensive process. A lot of participants have even found it difficult to gain the evidence to support their application. That is not only for the participant, but also for the clinicians writing the evidence. It is difficult to explain what a psychosocial disability is. We have found the time intensiveness, the complexity of the application process itself and a general negativity towards the NDIS or the general mistrust around government services also impacts on a person's decision whether or not to apply for the NDIS.²⁴*

Further:

CHAIR - *The process of applying for the NDIS, you mentioned about the clinicians, are we referring to the access to the clinicians? Is there a cost at that stage as well?*

²³ Bree Klerck, Development Coordinator, MHCT, *Transcript of Evidence*, 11 October 2021, pp. 3-4.

²⁴ *Ibid.*, pp. 5-6.

Ms KLERCK - We know there is some, and usually they go through GPs. There are some GPs that will bulk bill. There are often GPs who do not want to do the NDIS work so they choose not to.

CHAIR - It's lengthy.

Ms KLERCK - I believe it is quite a lengthy process. Also, there are costs if they choose to go through a psychologist. There are some barriers.

CHAIR - A cost to the individual?

Ms KLERCK - Yes.

CHAIR - Some of that could be costly.

Ms KLERCK - Yes.

Ms RATTRAY - ...my information tells me that the NDIS was not originally set up to cater for people living with mental health issues. Is that why it has become difficult because it wasn't necessarily framed to cater initially? Do you think that is an issue?

Ms KLERCK - Yes, I do think it is an issue. I know that it was initially set up for disability services particularly and then the psychosocial disability was added on at a later date. I am not 100 per cent sure of the time in between those decisions. It does seem, and in our barriers to testing report that we sent to Primary Health Tasmania, it does definitely suggest that the term 'disability' relates to permanent and permanent impairment. That is quite incongruent with mental health conditions where we are talking about recovery and managing their conditions, so it is a different kind of lens. I know that the NDIS is now working on a recovery orientated framework so hopefully that will better support that psychosocial disability side but until that happens there is that incongruency.²⁵

The MHCT submission provided information regarding the roll out of the NDIS and how this has impacted on consumers and service providers:

Of particular concern in the roll out of the NDIS is the impact on people experiencing severe and persistent mental illness. It is understood that the roll out of the NDIS has been an uncertain and disrupting time for people receiving former psychosocial supports and the organisations who were commissioned to provide those supports. ...²⁶

Mainstream interface

Before the implementation of the NDIS, state and territory responsibilities for providing disability services were set out in the 2009 *National Disability Agreement*. The agreement has not been updated to reflect the NDIS rollout. In a [2019 review](#), the Productivity Commission determined that this has led to a lack of clarity around the roles and responsibilities of state and territory governments and the Commonwealth. The Productivity Commission has recommended that a new overarching agreement be developed to address this issue.²⁷ The Australian Government has not yet formally responded to the Productivity Commission report.

²⁵ Bree Klerck, op. cit., p. 7.

²⁶ MHCT submission, op. cit., p. 7.

²⁷ Australian Government Solicitor, [Report on the key elements of the legislative framework affecting people with disability](#) [for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability], 22 December 2020, pp. 55-56.

The [Bilateral Agreement between the Commonwealth of Australia and the State of Tasmania on the NDIS](#) (commenced 1 July 2019) along with the [Applied Principles and Tables of Support \(APTOS\)](#) which outlines the roles and responsibilities of different sectors that deliver supports to people with disability.²⁸ Evidence received by the Committee highlighted challenges and inconsistency relating to interfacing mainstream services with the NDIS scheme.

The NDS submission stated:

The NDIS introduced an individual based funding model where participants are in control of their own funding.

The two core benefit principles are:

- *Giving people with disability better choice and control over their funding and supports.*
- *Helping them reach their goals through reasonable and necessary supports.*

The NDIS funded supports and services are intended to be in addition to those that every Australian can access. However, interfacing with mainstream services has presented challenges and inconsistency of care depending on the State and the mainstream service. While the NDIS provides tailored funding to support people with disability who meet specific criteria, it does not replace, duplicate or directly fund government services.

There is a lack of clarity across Tasmania concerning the interface between the NDIS and health. Work is needed to ensure that people with disability and complex health conditions, and children with disability who have planned, or emergency hospital admissions receive the support they require. Under former block-funded arrangements, disability support workers accompanied a participant to hospital for all or part of their stay as required. Since the introduction of the NDIS when a person who is receiving NDIS supports enters the health system, particularly hospitals, there is widespread confusion about who pays for support and the processes around that.

Discharge from hospital is problematic in Tasmania as often patients do not have suitable housing [to] return to. The hospital cannot discharge a patient if they do not have suitable accommodation to go to, and this is causing bed blockages.²⁹

Chair NDS State Committee, Mark Jessop provided further evidence regarding difficulties with state-based systems interfacing with the NDIS:

Certainly, the significant interface issues are around education. My understanding is some issues have improved. I am not an expert on education and there are people more qualified than I am.

But getting access to the delivery of therapy services when you do not have those people is a significant issue. There is a significant interface issue around children in care. I will use an example of a case study. I have seen this both with families with psychosocial needs with acquired brain injuries and with intellectual disabilities. For those who do not know this, for three years I worked as the manager of intake and response for child safety in southern Tasmania so I am quite aware of how that system functions - or doesn't function sometimes, which is probably the term.

It is a very hard gig for sure. In a case I looked at recently, both parents had a mild intellectual disability. One had been incarcerated previously so there was a whole heap of social issues as well. They had unstable and inadequate housing, a conflictual relationship with extended family. Despite regularly attending neonatal appointments, no attempt was made to provide any training or parenting support prior to birth. One social worker said to me, 'If they had booked in

²⁸ Australian Government, Department of Social Services (DSS), [Applied Principles and Tables of Support \(APTOS\)](#), 6 September 2021, DSS website.

²⁹ NDS submission, op. cit., p. 5.

preconception they might have got into the one course that the hospital runs'. We seem to have lost our way in a whole heap of generic services that used to offer that.

Instead of getting support, a few weeks prior to birth a notification was made to that family. After ruling out where they were living - Child Safety looked at what was substandard housing next to their mother's house - they were told they could not have the child there. Because the mother didn't respond to the system in the way the system wanted it to, they decided that the mother was not a supportive enough person to support that child. After birth an assessment order was granted by the courts and now this has transitioned into a 12-month order. So, despite numerous assurances that when they were found stable accommodation they would be prioritised for a parenting-under-pressure program it did not happen. Instead access has been patchy, heavily influenced by the paternal grandmother's views, who is also the kinship carer, by the way, and the couple's goals have been largely dismissed.

There hasn't been pressure on that service to have an advocate at all at meetings. They have sometimes had support workers to get them there but there has not been somebody advocating for their rights. They now live in stable housing and they have around 30 hours of NDIS funded support each week. When the provider pressured around the start date of this program they were told that the parenting program was not appropriate because it was not suitable for people with an intellectual disability. Again, this is an example of the state saying, basically you need to overcome your intellectual disability to be in this program because it is not suited and can't be modified to adjust to that.

Both people in the family have been depressed. One of the parents has been suicidal. As we know, and I am also a registered psychologist so I can say this with some authority, that first six months of bonding with the mother is the most critical period for the long-term adjustment of that child.

I understand the risk perspective of child safety but again it is a system that is not willing to say with the right supports, be it funded - and there is a capped level of funding but again it is not an insurance level. And I understand that the state does have limited resources. There is no way that family can automatically get support from Child Safety to learn how to parent.

The NDIS is willing to throw in some money and had a plan review and will probably provide supported accommodation to that mother long term but again, the system has basically said, 'You cannot prove your capacity as a parent therefore you are not allowed to parent'. That is a good example of where a very much state-funded system under the bilateral needs to be responsive.³⁰

Clinical Associate Professor Robyn A Wallace in her submission to the Committee stated:

... at this point there is little in the way of practical change in disability (non-NDIS and NDIS) and health sectors and still a complete absence of interface between the sectors, which work to substantially reduce both the well-known preventable poor health outcomes experienced by adults with intellectual disability when they are unwell and the associated high preventable inefficiency in costs of disability support and health care.

There are still all too frequent examples where Tasmanian adults with intellectual disability do not receive standard treatments for particular health conditions received by Tasmanians without intellectual disability either because they are not offered the treatment by health professionals/systems and or they do not have adequate levels of disability supports required for them to participate in and access the required healthcare treatment. The end result is that adults with intellectual disability die unacceptably prematurely compared to their peers without disability and experience preventable suffering from inadequate healthcare treatments and or disability supports to help them obtain those treatments.³¹

³⁰ Mark Jessop, Chair, NDS State Committee, *Transcript of Evidence*, 17 August 2021, pp. 7-8.

³¹ Clinical Associate Professor Robyn A Wallace, *Submission No. 1*, 2 February 2021, p. 2.

The Expression Australia submission stated:

Children who attend government schools cannot use NDIS funds for improving their experience at school. Children can apply for the NDIS, but often their parents or teachers cannot understand it. While it is a school's responsibility to provide disability support, this is often not done satisfactorily and children go without the formative/foundational years of support they need.³²

Further, the Expression Australia submission provided concerns from their employees who work face to face in the community:

Staff in government departments need to be made aware of their obligation to provide interpreters for Deaf clients, and be provided with cultural awareness training. They should know where to find interpreters, and how to make their services accessible.

Accredited Tasmanian Auslan and interpreting courses – supporting local people to get qualified and provide the Tasmanian Deaf community with their services”.

...

Client was court ordered to attend a course related to custody of their children. The client was asked to provide an interpreter through their NDIS plan, despite the course being provided by the Department of Education. This was a vital course for the client to attend and an interpreter was a vital requirement for them which was not provided despite it being a Department of Education policy. The client ended up missing the course and will have to attend later in order to regain custody of their children”.

Social Researcher, Dr Lisa Stafford, Anglicare Tasmania's Social Action and Research Centre (SARC) when questioned commented:

Mr WILLIE - *There is some confusion too about where the support stops. Under the bilateral agreement equipment can be provided in the school, but there are some schools that allow NDIS providers in the school during school hours to deliver services. Others says no, that stops at the school gate, and we take over with the adjustments. There is a lot of confusion around the interface with government services.*

Dr STAFFORD - *Absolutely, and it all impacts on the child at the end of the day as they are the ones who can't get to school five days a week, because they can't sort it out.³³*

Previous director of the St Giles Society, Arthur Lindsay Dobson in his submission stated:

Having spent nearly forty years as a director of the St Giles Society I have also had access to many people with whom I can discuss my problems.

Over my seventy years plus I have unfortunately spent far too much time in hospital and the general lack of understanding of physical disabilities caused by polio and other illnesses is another major problem as nothing, or very little, appears to be taught in medical or nursing schools about these issues which leads to in appropriate [inappropriate] care and treatment.

I have had the opportunity in the past to speak to a number of groups of medical students, nurses and carers but due to my increasing mobility issues I find that this is now too difficult.³⁴

³² Expression Australia, *Submission No. 16*, 9 April 2021, p. 5.

³³ Dr Lisa Stafford, Social Researcher, Anglicare Tasmania's Social Action and Research Centre (SARC), *Transcript of Evidence*, 17 August 2021, p. 75.

³⁴ Arthur Lindsay Dobson, *Submission No. 6*, p. 2.

CEO Peter Hatters, Tasmanian Amputee Society (TAS) Inc when questioned commented:

Ms PALMER - We have had a couple of other presenters today talk about - and the way you have worded it in your submission - is that the lines are blurry when it comes to the confusion between NDIS participants who cannot access funding that is duplicated by mainstream. I was wondering how you've found that was impacting the people that you advocate for? For example, when they have to go to hospital for different things.

Mr HATTERS - That's very difficult because the state government might say, 'No, that's an NDIS responsibility'. And the NDIS will say, 'No, that's mainstream or community responsibility'. So, it's very difficult. It would be very good if there was some sort of firm line of responsibility between the state government and the NDIS.

Ms PALMER - That's definitely something that the people you advocate for are experiencing on a regular basis?

Mr HATTERS - Yes. And getting a response from NDIS. The decision could take a long time.³⁵

The MHCT submission stated:

People with severe and persistent mental illness who are eligible for the NDIS are identified as experiencing a psychosocial disability. The term psychosocial disability refers to a disability that may arise from a mental health issue. However, it is important to note that not everyone who has a mental health condition will have a psychosocial disability. It is estimated that there are 600,000 Australians living with severe and persistent mental illness of which 290,000 require support periodically due to the episodic nature of their illness. However, it is anticipated that only 64,000 people with severe and persistent mental illness will be eligible to access the NDIS. This leaves a shortfall of 226,000 people (nationally) with severe and persistent mental illness who are unable to access the NDIS.

Whilst the NDIS may provide some level of psychosocial support for people with the highest levels of severe and persistent mental illness, the NDIS is not designed to replace community mental health services or clinical treatment services provided through the health system. Therefore, a seamless interface and understanding between the mental health system and the NDIS is particularly important to support the recovery goals of all Tasmanians experiencing mental ill-health.³⁶

The Committee questioned NDS as to how mainstream interfacing issues between the NDIS and State-based services can be addressed:

Mr WILLIE - I want to go back to that case study that Mark was talking about and the interface with the health system. You've talked about child safety. It's quite common for that confusion to happen across lots of different government areas. I'm aware of some schools that will allow families and children to have NDIS services delivered at the school. Other schools say, 'No, that stops at the gate', and the adjustments model takes over. How important is it for the state government to clarify that and give very clear guidance to service?

Mr JESSOP - It is difficult to find really good examples of where the state works across a number of agencies. I think Communities Tasmania does some exceptional work with a very small number of exceptional cases, but we wonder from a peak-body perspective if there's sufficient staffing and resources at a policy level within government to really drive that.

³⁵ Peter Hatters, CEO, Tasmanian Amputee Society Inc, *Transcript of Evidence*, 17 August 2021, p. 34.

³⁶ MHCT submission, *op. cit.*, p. 4.

The interface issue with THS is a really good example. We facilitated a meeting with the Royal Hobart Hospital with the NDIS and it was quite clear that there's no process by which a provider can say on a Friday afternoon, 'Bob's gone in for emergency surgery. He'll need somebody there over the weekend to support him as he comes out.' There's just no structure for that at the moment and -

Mr WILLIE - *So, is a resource needed to be put back into the state government to work on these issues?*

Mr JESSOP - *It either comes down to providers having a whinge or the state demanding that the interface works. That's where the problem is at a policy level. There's two or three people left in disability policy. And again, as it goes across service sectors as well is where it becomes departmental and falls down. THS is obviously independent to Department of Health to some extent, so each of the hospitals we found have their own different structures and policies and the NDS were very clear, saying no NDS funding -*

CHAIR - *NDIS.*

Mr JESSOP - *no NDIS funding will be expended post-admission unless the NDIS gives approval for that. But there's no approval process -*

CHAIR - *To continuity of support.*

Ms FLOCKHART - *Without the process there, there is a lot of energy that is spent on each individual case because there is confusion every time someone is admitted. Then a lot of times they will get a call from a service provider who isn't getting clarity from either the hospital or the agency. If you go to a different ward, different understanding of the bill so there needs to be that process so that there doesn't need to be the energy spent and so there isn't confusion.*

There are a lot of families and people with disability who get very distressed at admission because they're expecting to have support there. There are disability service providers that do understand the system and need the hospital to agree to pay for those supports because it cannot be covered by the NDIS plan and when the hospital says no that's already funded through the plan then there's a gap there. Someone could be used to having a support person there and does not have one; they have just had surgery and don't have anyone there.

Mr JESSOP - *The example that this doctor wrote about, he turned up for his PEG tube to be inserted and the hospital said, well we can't support him and the provider said, well we can't support him and he was turned away. We have deemed that this guy needs a PEG, gastro feeding, but I think the provider has been negotiating with the hospital and the agency. They've had three meetings now and there might be a pathway but that's four weeks later.*

The difficulty for a provider - and there's one example which we've been told about but we don't know who it is, who provided services in the hospital: \$120 000 later was told by the hospital, we are not paying and was told by the NDIS you can't claim that. So, they're probably just purely a cost level because 90 per cent of the money we get from the NDIS goes out in wages, roughly. That's a pretty standard model. So, 90 per cent of \$120 000 is they have probably paid over \$100 000 to staff to support that person in goodwill. Maybe they didn't do their homework and get it signed off but these interface issues shouldn't be happening eight years into the scheme. I suppose that's one of the issues.

Ms FLOCKHART - *With hospitals, the agency can approve for funds to be used in exceptional circumstances. It doesn't happen very often when someone is in hospital for a health reason. But if they are ready to be discharged and they're not in hospital for a health reason and they have no house to go to, that's a time when often they can access their NDIA funds, because they're not in hospital for a health reason so that's not the state's responsibility. But then whose responsibility is*

it to find housing? That gap, that would be the majority of people who would be able to access funds in hospital because they don't have a house to go to.³⁷

CEO Darren Matthewson, Li-Ve Tasmania commented:

There are some real resource pressures on the people who are trying to deal with the disability portfolio at state level, particularly at a time where we're also dealing with COVID-19 and they're trying to assist the sector with COVID-19 as well. That's going to take up all their time, let alone everything else that they need to keep an eye on so I would agree with that. They probably need to have a look at how they can resource that because having a partnership with the sector in Tasmania and dealing with the federal government and the agency could only advance disability support and services in this state.³⁸

The TAS Inc submission stated:

During the late 1990's to approximately 2007, The Tasmanian Health Department conducted the Statewide Planning and Implementation Committee which was chaired by a Director from Tasmanian Health Department. The Committee comprised a combination of Allied Health professionals, rehabilitation specialists, consumers and other stakeholders of the Tasmanian community. This was an invaluable resource for all stakeholders accessing Tasmanian Health Services as it provided a mechanism for interagency organisations to discuss pertinent issues and improve services to consumers and gave Allied Health professionals opportunities to liaise with other allied health professionals and consumer groups. Consideration should be given to establishing a similar Committee.³⁹

Clinical Associate Professor Wallace proposed the establishment of a formal collaboration between disability and health services for people with an intellectual disability:

... the establishment of a formal collaboration between Tasmanian disability (NDIS and non-NDIS funded) services, health services and people with lived experience of intellectual disability to oversee a progressive positive interface between health and disability services and professionals in relation to disability supports and healthcare for adults with intellectual disability of all ages and across all geographical regions ...⁴⁰

Upon further questioning at a public hearing, Associate Professor Wallace stated:

Mr WILLIE - *On that point, if there was say an independent office with oversight do you think that would improve the way the health service was delivered and the service providers and the way they interacted, because there is that independent referral that's possible?*

Dr WALLACE - *Definitely. Health doesn't get off scot free, because it's got to make the reasonable adjustments to its service to better provide its services for adults with intellectual disability, and the disability supports have to provide the disability support to optimise access and participation in the mainstream. Both have to put in a few more resources. Health has to put in more resources to make it more open and accessible. The disability supports, non-NDIS, we need to have this flexibility and scope to increase the disability support when the person needs inpatient care or any healthcare. It's a recognised factor of life, health and ill-health.⁴¹*

³⁷ Alice Flockhart, State Manager, NDS and Mark Jessop, Chair NDS State Committee, *Transcript of Evidence*, 16 August 2021, pp. 11-12.

³⁸ Darren Matthewson, CEO, Li-Ve Tasmania, *Transcript of Evidence*, 17 August 2021, p. 69.

³⁹ Tasmanian Amputee Society (TAS) Inc, *Submission No. 5*, 27 February 2021, p. 12.

⁴⁰ Clinical Associate Professor Robyn A Wallace, *Submission*, op. cit., p. 3.

⁴¹ Clinical Associate Professor Robyn A Wallace, *Transcript of Evidence*, 17 August 2021, p. 20.

The Tasmanian Government submission provided information regarding the establishment of a Tasmanian Disability Services Commissioner:

During the 2021 State Election, the Tasmanian Government announced an investment of \$1.2 million over four years to establish a Tasmanian Disability Services Commissioner. This announcement emerged as part of the review of the Tasmanian Disability Services Act 2011. This office will act as an independent body, providing a free and confidential complaint resolution process to continuously improve the delivery of support and services for people with disability.⁴²

Accessibility

The Committee received evidence regarding the inequity Tasmanians living with a disability face when accessing mainstream services and social infrastructure.

The Anglicare Tasmania submission stated:

Addressing significant inequality that exists in mainstream services and social infrastructure is also required for Tasmanians with disabilities, particularly for those on low income.

- *This includes addressing unaffordable, unavailable, and inaccessible housing (Law & Claxton 2020), housing developments in inaccessible locations, and limited and unavailable access to public transport (TasCOSS 2014).*

Disparities in the provision of accessing and using essential social infrastructure has a direct impact on social, economic and health inequalities encountered by people with disability and mental illness on low income (Baldwin & Stafford 2019; Stafford 2020)⁴³

The Tasmanian Government submission stated:

Every day, Tasmanian public services are delivered to people with disability. As evidenced in the reports monitoring the Framework for Action, additional adjustments, amendments and supports are provided to help ensure more equitable access to services.

All current Government funded transport contracts require that all replacement vehicles used for general access bus services must be compliant with the Disability Discrimination Act 1992. Heavily discounted fares or free travel on public transport is available to Tasmanians with disability who hold a concession card. In some cases, this also applies to their carers.⁴⁴

The VisAbility submission stated:

VisAbility/Guide Dogs Tasmania recognises and applauds a recent decision to make all public transport services free to people who hold a Vision Impaired Persons' Travel Pass. This, along with the increased bus services between Hobart and Launceston, will have positive impact on the community as people can more easily travel across Tasmania.⁴⁵

Social Researcher, Dr Lisa Stafford, Anglicare Tasmania's SARC commented on the barriers to the disability sector when accessing public transport:

Dr STAFFORD - *Public transport is profoundly problematic here. In Launceston alone, 5 per cent of all households have access to public transport.*

...

⁴² Tasmanian Government submission, op. cit., p. 3.

⁴³ Anglicare submission, op. cit., p. 10.

⁴⁴ Tasmanian Government submission, op. cit., p. 7

⁴⁵ VisAbility submission, op. cit., p. 6.

Dr STAFFORD - 5 per cent. The federal transport infrastructure department has productivity measures around this. Hobart is only about 11 per cent and that's the capital city. So, think about working on the Tasman Peninsula, and those places.

CHAIR - Then you add disability as an overlay and very specific needs sometimes in terms of transport mode.

Dr STAFFORD - It's the whole journey, even if you only want to go up the road. How do you read a timetable? Has anyone tried to read the timetable?

...

Dr STAFFORD - Literacy, numeracy - these are fundamental. If you can't even access information, that is a barrier straight away. If you can't get out your front door and get down to a bus stop safely, that is a barrier. If you can't wait safely ...

CHAIR - I can see a lot of anxiety about public transport too.

Dr STAFFORD - Slopes, trips, hazards - we don't have safe footpaths. Then, if you are at the bus stop, are you feeling safe? Why is there no lighting, from winter to summer, to stay safe? There are multiple factors.

...

There are all these different situations, and I think that is the reality of people's lives. So, there are definitely people who always fit and always require, but there are a lot of people who could if they felt safe and secure. People talk about anxiety just in terms of the whole interaction process.

...

Dr STAFFORD - Predictability, what is going on. Yes, even waiting for the bus. There are multiple things. It's a really key connector to education, ...- people making decisions whether they were going to put food on the table or go to school. That should never be a conversation in a western society like Australia. ...⁴⁶

Chair NDS State Committee, Mark Jessop commented regarding accessibility:

*I suppose the issue for many people with any level of disability is that we still expect them to change the way they request services, to meet what is a standardised way of delivering services. When we have a truly accessible society, rather than giving a standardised impenetrable wall for people, we should be looking at how we can adapt the service delivery to meet somebody who is vision impaired, for example. Are all our state government websites readable by readers? I bet you they're not. Do child safety services, when they interview somebody who is from a diverse background, or has a disability, is there an obligation that they have an independent advocate - not a lawyer in this case, but somebody who can sit with the person and interpret? No, that's not the case.*⁴⁷

The Tasmanian Government submission provided information regarding the Tasmanian Disability Framework for Action:

All Australian states and territories have developed implementation plans under the National Disability Strategy (NDS). Accessible Island: Tasmania's Disability Framework for Action 2018-

⁴⁶ Dr Lisa Stafford, op. cit., pp. 80-81.

⁴⁷ Mark Jessop, op. cit., pp. 3-4.

2021 is Tasmania's current implementation plan, based on a rights-based, social model of disability. This approach the rights of people with disability as set out in the United Nations Convention on the Rights of Persons with Disabilities.

Each Government department has developed a disability action plan to deliver Accessible Island, to improve access for people with disability to agency services, facilities, employment opportunities, and communications. Work on the next stage of the development of the Framework will commence after the release of the National Disability Strategy, scheduled for launch in the last quarter of 2021.

The Premier's Disability Advisory Council (PDAC) works with the Government and the broader community to promote the inclusion and participation of people with disability in community life and provides strategic advice to the Government and assists in monitoring the implementation of the Framework.⁴⁸

Review of the Disability Services Act

The then Minister for Disability Services provided further information regarding the consultation process in relation to the review of the Disability Services Act:

Ms COURTNEY - Yes, I will get Wendy to go into the detail but this is something that we have been very focused on so it is not just going out for consultation like you would on any other piece of legislation that you are looking to review. We have worked very hard and we are using a lot of expertise to make sure that we are going out so that we have the time frame for engagement but also the different ways for people to be able to come forward. Wendy has been highly engaged in that so I will get her to talk through that.

Ms YARDY - Even the way we have put together the discussion paper we have tried to make it in a way that is accessible because otherwise it can be very dry and slightly uninteresting for a lot of people.

CHAIR - Oh thanks, it wouldn't matter which strata of government, they just are.

Ms YARDY - We have tried to make it in plain English and accompanied it and made sure that we published at the same time an easy English version so that we weren't missing out on reaching lots of people who may have literacy issues or some other disability and use their English as their form of written communication.

CHAIR - Is the website accessible for those with vision impairment and things like that as well?

Ms YARDY - We are doing our best to make sure that it is but there are a couple of people.

CHAIR - You are working towards that.

Ms YARDY - Yes. Even in preparing it we have tried to make sure that it is but we are very open to people coming back saying, 'I couldn't access this one' and there will be people that will do that.

CHAIR - I certainly have people in my office wanting to engage with varying areas of the Government and having challenges with that.

Ms YARDY - We are very open to that. We are also trying to have a process of consultation that isn't just about getting people together in a forum but we are actually taking the discussion paper to people in places where they might go. For instance, Gearing Up, those expos that will be happening in Hobart and Burnie.

⁴⁸ Tasmanian Government submission, op. cit., p. 3.

We are anticipating the person that we have brought in to assist will be able to have industry tables there and be able to actually talk with people directly. Our preferred consultant or expert is actually somebody well known to the disability sector. We are hoping to use as many of the normal kind of pre-existing relationships that people have and network so that we can reach as many people as we can.

Ms SIEJKA - *In regional areas is there a particular strategy that is going to be used, also you haven't got the consultant yet? They do not need to be considered.*

Ms YARDY - *That is why we are trying to cover as many options as we can so people can go online. People can give us their feedback over the phone, if they want they can record it. We will be having some online meetings for the teams' meetings. People that are very good at utilising that. We will be utilising networks such as Speak Out, for example. They have groups across the state and engage in those groups as opportunities to talk to people. We are trying to push it out as far as we can.*

...

CHAIR - *I think it is important to have this information on the record as well, some general information about the time frame for the commissioner and what we hope they will achieve for people who are falling through the gaps.*

Ms COURTNEY - *In terms of the time frame for the consultation, that is open until the middle of December, 15 December. I would like to see the commissioner in place next year. In terms of the act, the time frames will be somewhat dependent on the feedback we get as well in terms of the complexity of what we end up delving into. Ultimately, the act is out of date, considering we now have an NDIS so it is timely. Obviously, the commissioner, as well as the Act, will end up talking to each other so we will have to work through the mechanism to stand up the commissioner and the fact we might not have new legislation through the parliament at that time.*

CHAIR - *It's very much how the service is delivered. It is not reflected in the previous Act. There are so many different ways of operating and engaging that have changed in that space.*

Ms COURTNEY - *No, and it is a good way as well and the things that have come to me through both PDAC and also the minister's disability advisory group has been the breadth of ideas that there are in the community about what may or may not be appropriate. Once we have come through this process, it is a good opportunity to provide clear communications to not just those Tasmanians living with a disability but carers and service providers, how the system works and how to navigate it. It is difficult and if you are new, if you are a service provider, if you are caring for someone with a disability, understanding who is who in the zoo and how to navigate a system, who to go to with any complaints and things like that.*

With a disability commissioner we do not want to end up duplicating things we have stood up through the federal government so it is about complementing those things. They are the things that will be considered. We will get the feedback about what people want to see. I expect some of that will provide us with the opportunity not only to define the scope of the disability commissioner but also perhaps to more clearly define the roles and responsibilities of other parties within the NDIS.

CHAIR - *There seems to be a consistent theme that is raised in that lack of clarity and interpretation.*

Ms COURTNEY - *Yes, so I think once we get through this there is a good opportunity for a communications piece more broadly of how to navigate it and who to go to about different issues.*

CHAIR - *It often seems to be the crux of the issues that people are raising, that confusion and it is not clear.*

Ms COURTNEY - Navigating systems is always hard. As parliamentarians who have many resources and people to be able to assist us, we find it difficult sometimes to understand systems. Therefore, if you are someone in a stressful time in their life with limited access to internet, limited literacy, it can be very difficult. That is where I would like to be able to get to, not only the right governance of the Act and also the disability commissioner, but ultimately to make sure that we can provide clarity to service providers and also the intersection, because the MAIB was talked about. We have aged care, we have the health system, we have community health.

CHAIR - You would anticipate that some clarity would be included regarding the interface with the other service systems as well?

Ms COURTNEY - I would be hopeful, and I understand you have the minister, Mr Rockliff also coming to talk about that interface between the health system and the disability system as well. There are some friction points but, more broadly, I would like through the disability commissioner - because the feedback and the informal conversations I have had with people illustrate that there is still some confusion in some areas about what other statutory authorities in this space already do regarding complaints.

CHAIR - There seem to be good examples of people being able to advocate and have their needs met through the health system but then lots of others where people lack resources or the ability to stand up and say, actually, no I should have this.

*It seems to be very murky. We had some quite concerning stories about people with disability really struggling to care for themselves in the health system. I think that would be a really important place to ensure it was in there.*⁴⁹

⁴⁹ Hon Sarah Courtney MP, Minister for Disability Services and Wendy Yardy, op. cit., pp. 8-10.

TERM OF REFERENCE 1: CONSIDERATION AND MANAGEMENT OF THE STATE BASED COSTS OF LONG-TERM CARE AND SUPPORT FOR PEOPLE WHO ARE NOT ELIGIBLE FOR THE NDIS

The Tasmanian Government submission outlined the current consideration and management of the long-term care and supports available to Tasmanians who are not eligible for the NDIS:

It is important to note that NDIS is just one element of the service system available to all Tasmanians. It operates alongside other service systems as per the Principles to Determine the Responsibilities of the NDIS and other Service Systems – Applied Principles and Tables of Support (APTOS), which sets out that each system should not fund supports that are the responsibility of other service systems and requires other service systems to work together to negotiate and coordinate streamlined care for individuals.

Where an individual has a disability but is not eligible for the NDIS, their support needs become the responsibility of the aged care system or the Tasmanian Government as a person requiring Continuity of Support (CoS), rather than responsibility of other systems such as health. In planning for the transition to the NDIS, the Government holds \$1.5 million per annum, and clients are currently accessing this funding, with the number fluctuating according to demand.

People assessed as ineligible for the NDIS but who have a disability related to their health condition may access long-term State Government-funded therapy and support services. Examples of this cohort might include people with chronic conditions that significantly impact function and participation, people with temporary disability, people with mild to moderate disabilities, or people with mental health symptoms without a diagnosis.

The Tasmanian Home and Community Care (TAS HACC) program remains in place following the Commonwealth assuming responsibility for the aged care sector and introducing the NDIS. TAS HACC supports eligible people living with compromised health or moderate functional impairment who require support to maintain their independence while living at home. TAS HACC does not provide support for those requiring the highest levels of care, residential care not funded by the NDIS or aged care.⁵⁰

The Anglicare Tasmania submission provided information regarding how severity of impairment varies across the disability sector and needs to be considered and managed by the Tasmanian Government:

Severity of impairment varies greatly across the broader community. Severity is used by the NDIA in its criteria to determine access to the NDIS. However, the needs of people with less severe limitations or specific restrictions in life areas like education must also be understood and considered to inform service development and delivery by the Tasmanian Government to meet its responsibility to people who are not able to access the NDIS.

- *... Tasmania also has higher portion of population with moderate (4.4%) and mild (9.0%) limitations than all other states or territories (as per ABS 2019 figure 1). Eligibility is less likely for people in this limitation areas due to NDIS criteria.*
- *It is also acknowledged that 14% of Tasmanians with disabilities experience a limitation in schooling or employment restriction which is significantly higher than the national and state averages (as per figure 1, table 1 ABS, 2019).⁵¹*

⁵⁰ Tasmanian Government submission, op. cit., pp. 3-4.

⁵¹ Anglicare Tasmania submission, op. cit., p. 4.

The Anglicare Tasmania submission stated:

With the NDIS full transition to be completed in mid-2021, there is an urgency to ensure continuity of supports and services for Tasmanians living with disability and mental illness who are receiving supports but who are not transitioning to the NDIS.

Given the high proportion of people who won't be eligible for the NDIS, government needs to ensure Tasmanians can access adequate supports and services that address existing or future limitations and barriers encountered in society.⁵²

Housing

The Tasmanian Government submission provided information regarding Tasmania's Affordable Housing Action Plan 2019-2023:

The issue of affordable housing is significant beyond the disability sector and Tasmania. Tasmania's Affordable Housing Action Plan 2019-2023 (Action Plan 2) aims to supply 1,500 new affordable lots and homes. The Plan includes a target to provide around 600 new social housing dwellings constructed in areas of high demand with universal design features to flexibly [flexibly] meet housing needs. Under this plan, \$20 million is dedicated over three years to provide more suitable homes for people living with disability. The Affordable Housing Strategy recognises the need for supported housing for vulnerable Tasmanians in all age categories, including those older people over 65 living with disability.⁵³

The National Disability Services (NDS) submission provided information in relation to the importance of housing to the disability sectors needs:

Housing for people with disability is a critical area of need that is being overlooked within the broader concern about affordable housing shortfalls in Tasmania.

Lack of appropriate housing is a significant issue identified by disability service providers in Tasmania. The current shortage of accessible housing, alongside the wider affordable housing shortage in Tasmania, is having a major impact on the quality of life of many people with disability. People with disability are more vulnerable and at risk of exposure to violence, abuse, neglect and exploitation if they are not able to access safe, affordable and suitable accommodation.

People with disability are much more likely to be living on a low income (47.9%) compared with those without disabilities (29.2%), with the highest proportions on low income being people with intellectual (77.3%) and psychological (60.9%) impairments.

Access to public housing is critical for people with disability. Low incomes, low workforce participation and lack of capital exclude a lot of people with disability from home ownership. These factors also mean that private rentals are often not an option for people with disability, who are more likely to live in public housing, with approximately 40 per cent of households in public housing including a person with disability. Understanding the pathways that are required for a person with disability to access housing is important. Different levels of support may be required for a person with disability to navigate housing systems. Factors that may contribute to this include low levels of literacy, cognitive capacity and ability to understand the processes, a need for supported decision making, and access to suitable buildings for those with limited mobility.

People with disability are also at greater risk of homelessness than the general population. In 2011, the Productivity Commission estimated that around 6% of NDIS participants will require Specialist Disability Accommodation (SDA) funding, and the NDIA considers 6% to be the most accurate current estimate of the number of participants eligible for SDA funding under the NDIS. These

⁵² Anglicare Tasmania submission, op. cit., pp. 4-5.

⁵³ Tasmanian Government submission, op.cit., p. 4.

participants have very high support needs and need adaptations to their built environment. Although not all people with disability require the SDA design features funded through the NDIS, this does not mean that they do not have complex housing and support needs, and many will still rely on a state-government funded housing response. Specialist Disability Accommodation (SDA) is a great initiative under the NDIS, but it is certainly not a panacea due to its extremely limited scope and systemic problems.⁵⁴

The NDS submission highlighted the following concerns:

- Even for people eligible for SDA, the pace to SDA development/build cannot meet the growing demand and those people will remain inappropriately housed in the meantime, in residential aged care, the family home, or forms of homelessness.*
- People who have complex support needs will have access to support under the NDIS (namely, Supported Independent Living), but not to the housing infrastructure that will enable them to live independently in accommodation appropriate to their needs.*
- Housing in the open market in Tasmania is unaffordable and inaccessible, furthermore, Social and Affordable Housing systems are limited in scale to meet the needs of the above two groups of people with disability.*
- Participants who transitioned into the Scheme in state government funded housing programs are now required to have their eligibility for both the SDA and SIL component of that housing tested whenever they want or need to move house. This is giving rise to concerns that the Agency may be managing demand pressure on SDA by deeming some of these older residents ineligible for SDA in order to create space for new entrants whose needs may be greater. This will put long term support arrangements for people with disability at risk.*

Within the wider affordable housing shortage in Tasmania, people with disability are disproportionately further disadvantaged. Being already more vulnerable to a thin housing market, Tasmanians with disability are falling through the cracks of an already overburdened social housing system. The private housing market cannot and does not provide adequate alternative to people with disability, both those in the NDIS and those not eligible for it. Urgent action is needed to build affordable and accessible homes for Tasmanians with disability.⁵⁵

CEO Li-Ve Tasmania, Darren Matthewson commented:

I will start at a high level and work my way down. It is fairly clear from the comments from the new minister, and through the agency as well, that there are some budget pressures on the scheme. One of the things we have seen develop is that, through choice and control when it comes to the ideal accommodation for people with a disability, everyone has said they are going to choose to live on their own, in one-bedroom units with another bedroom where their overnight support might stay. It has become very clear that this is a very expensive way to go. The projections of the scheme will start to be very large and out of budget, so there is actually a move back to shared accommodation and shared arrangements - not quite back to the 35-resident model, but there is an understanding that there are some economies of scale in that.

The other thing I will say is that there was some commentary when the minister recently met with various state ministers. The minister came to speak at one of the NDS conferences and she talked about the importance of the second tier and the relationship with state governments; that the NDIS was set up as a specific type of scheme, but there is still a

⁵⁴ NDS submission, op. cit., pp. 10-11.

⁵⁵ Ibid., pp. 11-12.

responsibility of state governments to be active in the disability space. It is not for them to hand over their responsibilities. It is for them to work with the federal government and to be prepared to continue to deliver the tier-two service level - and in all the other areas, whether it be health, mental health, education, justice, transport.

Having only been in disability for a while, I get a sense that at state level there is a bit of an approach of, 'thanks, you can take it, that is a big responsibility' - and not having to continue to reinvest in the critical role of state governments.

For example, take housing. The state government, like the other state governments, they all threw a lot of money, millions of dollars, into SDA - Specialist Disability Accommodation. That then sat with the NDIS and could be funnelled out to developers as they built that stock. But if you talk to the government and the bureaucracy now about how those players are not coming into the market here - for all the money you have put in, we are not getting the stock built; all the other states are going well, but we're not getting our share back, what are we doing about it here?, the response is, 'We have our properties which we lease to you, and then we have paid our money'.

The problem I see is - if I was government, I would be saying we need to get out of holding that stock, which is old stock anyway. It is only going to cost money for the government in the future because it is old, it will need maintenance. In a small state like this where you need to encourage the market, I'd argue you need to say that this is going to be a tripartite arrangement between the housing development and the Specialist Disability Accommodation (SDA) provider section, the government's going to play a role in this and those care and support providers.

The government can't step back because Tasmania is the size it is and it will take a while for the market to develop. They actually need to step in because the more property they can assist in developing, including using some of our own funds - and I know there will be criticism where they have already put money in - but ultimately, it's going to cost them if they don't. They can actually then move people out of that old stock, move that older stock, maybe regenerate it in some way into community housing stock for those other people in the community who can utilise it, as well as families. That's an example from my perspective where the state government particularly needs to think a little bit outside the square. They also need to make a conscious decision that it's not an area where they are handing over responsibility but they see themselves as a partner in this.⁵⁶

Prosthetics

Orthotics and Prosthetic Services Tasmania (OPST) manages Tasmanian Artificial Limb Scheme (TALS). The Tasmanian Amputee Society Incorporated (TAS) provided information in relation to long-term care and support available to amputees in Tasmania:

... 98 percent of the services to Tasmanians living with limb difference or requiring orthotics is provided by OPST in three centres: Hobart, Launceston and Burnie. Amputees in all states and territories of Australia have access to choice over their prosthetic provider, with the exception of Tasmania. (source: Tasmanian Health Department). Even territories with smaller populations such as the Australian Capital Territory and the Northern Territory offer both private and public services and as such, individuals living with limb loss can choose their preferred provider. Participants who have NDIS funding have the option of accessing one other service based in Launceston. The underlying premise of the NDIS is to allow people living with a disability to live an ordinary life and have choice and control over where they can access a

⁵⁶ Darren Matthewson, op. cit., pp. 68-69.

preferred provider. In Tasmania no progress has been made towards this, and Tasmanian amputees are still limited to one service in their own state.

By comparison, The Victorian Artificial Limb Funding Program (VALP) provides clear pathways to how productivity and service can be shared among providers. In Victoria, there are twelve separate facilities which oversee the VALP, although the number of people living limb difference in other states such as Victoria and NSW are significantly higher than amputee population in Tasmania.

Sometime in 2017, the Tasmanian Health Department undertook a review of TALS but is yet to finalise, make recommendations and provide a draft copy as promised by the Tasmanian Health Department back in 2019. NSW and Victoria with a higher population of amputees and more providers completed their reviews within 18 months. We understand that the Tasmanian Health Department are seeking a project manager to complete the TALS review. We do not know if funding is available to complete this review. ...⁵⁷

The Limbs 4 Life submission provided a summary of their issues in relation to the Tasmanian Government's consideration and management of long-term care and supports for amputees who are not eligible for the NDIS:

- Provision of timely assistive technology, in particular prosthetics, is a fundamental disability and human right for amputees.*
- Prosthetics are vital assistive technology enablers which support amputees to access and feel included in their place of residence, local communities, lifelong learning settings and workplaces. However, delayed access to prosthetic services and inequitable funding for amputees ineligible for the NDIS present as barriers to achieving these outcomes in Tasmania.*
- Tasmanian amputees ineligible for the NDIS receive only basic prosthetics through the Orthotic Prosthetic Services Tasmania (OPST), via funding from the Tasmanian Artificial Limb Service (TALS).*
- Basic prosthetics and delays in accessing this service puts people at a greater risk of falls, back and hip problems, unnecessary stress on their sound limb, poor mental health, and inability to participate in work and contribute to the economy.⁵⁸*

The Limbs 4 Life submission described how the level of funding differs between NDIS participants and non-NDIS resulting in outdated prosthetics and how this negatively impacts amputees:

... amputees receiving prosthetic funding through TALS, administered by the Department of Health, are only funded for the provision of basic prosthetics; some of which are driven by passive technology in the 1950s and 60's. Such products include the solid ankle cushion heel (SACH) foot, 'split-hook' hand and mechanical friction knee, which require an exhaustive amount of energy and mental concentration to use. For a lower-limb amputee who needs to be on their feet for lengthy periods, such as those in the workforce or engaging in regular community activities, wearing a standard prosthetic foot or knee, which provide minimal stability and support can have long-term negative physical, body-biodynamical, mental, social and economic impacts. A person is at a greater risk of falls, back and hip problems, unnecessary stress on their sound limb, poor mental health, and reduced ability to engage in the community if wearing a standard prosthesis that does not meet their individualised needs and lifestyle. For example, it is not uncommon for prosthetic feet – such as the SACH foot – to snap if too much force is put through the toe load, leaving the user at risk and unable to ambulate at all. It is basic prosthetics which are provided to amputees reliant on TALS, unless

⁵⁷ TAS Inc submission, op. cit., p. 2.

⁵⁸ Limbs 4 Life, Submission No. 14, April 2021, p. 11.

a person is willing to co-contribute and purchase a more advanced device. But many amputees are not in the position to do this or, even if they can, it can place a significant financial burden on the person and their family. Some Tasmanian amputees are not even given the option to make a co-contribution to achieve a better outcome.⁵⁹

The TAS Inc in its submission stated:

For non-eligible consumers the options to the latest technology are not normally funded by the Tasmanian Health system unless a contribution is made by the person requiring a particular prosthesis. An OPST manager once described the situation as follows for amputees wanting to access the latest technology: They compared a current Holden model to the model of 10 years ago. Amputees accessing OPST are most like to receive the 10 year old model. One amputee commented about why he chose to pay for the cost of his prosthesis: "the basic 'standard' prosthesis was pretty ordinary, so I had to pay lots to upgrade to allow me to do the things I needed to do every day".⁶⁰

The Limbs 4 Life submission commented on how the level of funding has not increased:

It is worth noting that funding under the TALS scheme has not been increased in years, and therefore is not reflective of the growing population of people over 65 years living in Tasmania and/or the advancements in prosthetic technology. It is also not reflective of the fact that a significant number of amputees receiving TALS funding are still members of the workforce, and provision of an advanced and fit for purposed prosthesis would assist them to remain employed.⁶¹

The TAS Inc submission described NDIS funding as being discriminatory due to the level of funding received by NDIS participants compared with non-NDIS amputees who access the aged care system or Tasmanian Government supports:

For people over 65, or those living with minor lower limb difference (for example, diabetes related disabilities do not meet the eligibility criteria listed on NDIS list A and B conditions which are likely to meet under the NDIS Operational Guidelines, NDIS Rules and NSIS [NDIS] Act) being able to access NDIS funding is discrimination as the majority of Tasmanians living with a limb difference who have a permanent and ongoing disability despite their activity level do not enjoy the same access to services or assistive technology that people with NDIS funding enjoy. People able to access NDIS funding have better opportunity in their ability to retain employment, gain employment and contribute to the overall economy. They are better equipped to return to a similar "quality of life" compared to people that rely on the Aged Care System or mainstream services. There is already a huge difference in funding between the NDIS and the Aged care system and the type of services that are funded. The funding system heavily favours NDIS participants both financially and with the amount of services provided. This gap will most likely get wider over time because of financial limitations with the Tasmanian Health budget. People that do not have access to NDIS supports are likely to be requested by the Tasmanian Health system to make a contribution for componentry in relation to their prosthesis if deemed by the Tasmanian Health Service that is above standard componentry.

Some people have commented on being rejected for a prosthesis under the Tasmanian Health System. Examples include an 87-year-old who said:

"We were very disappointed that I didn't get the option to have a prosthesis. I am 87 and in reasonable health. I could have managed if I was given a go. We were never given the option to receive a leg. They said it was too hard to fit something due to stress on body. Please help us."

⁵⁹ Limbs 4 Life submission, op. cit., p. 13.

⁶⁰ TAS Inc submission, op. cit., p. 6.

⁶¹ Limbs 4 Life submission, op. cit., p. 14.

Consumers have raised inadequacies within the public system. Some comments related to funding for prosthetics, for example, "government funding for prosthetics is totally inadequate." "Only provides for basic limbs". "People who 'happen to get sick' are significantly disadvantaged compared with those who are compensable", and "Being a public patient I feel I am not able to access the best type of prosthetics available." (source: Limbs4 Life survey 2017).

This difference in funding may also limit the knowledge and availability of appropriately qualified and experienced prosthetic professionals within the Tasmanian Health Service. As providers in other states have greater competition, diversity and resources Tasmanians living with limb difference are at disadvantage and have limited choice and control over where they can access services. In future this will affect the quality and relevance of the prosthetic equipment supplied to amputees within Aged care and those who rely fully on the Tasmanian Health System or other mainstream services.⁶²

The TAS Inc submission stated there is a lack of knowledge about the number amputees within the Tasmanian Health system and further:

In Tasmania, some people living with limb difference are not aware of the services available to them (some of these supports are free). This applies to both public and private sectors and is most likely due to the lower numbers of amputees and access to providers in Tasmania compared to Victoria where more competition and options are available to consumers of services. One person commented. "In my experience I was not able to get a referral to more experienced interstate help when I needed it". Another commented: "I accidentally became aware of the TAS voluntary Peer Support Program. I was not aware it existed until 10 years from date of my amputation, until I had a prosthesis that didn't limit my lifestyle; and when severe pain issues developed, it has taken another 12 years to resolve these. On contacting the TAS I was provided with options and referred to services that resolved my issue". With the flexibility of choice, control and access to information, this amputee would have been able to get on with living an ordinary life. It took this person a 22 year long journey to get a quality prosthetic leg that didn't cause severe pain or limit their lifestyle. His experience was extremely frustrating and at times very expensive. Many amputees over 65 are worried about future services, equipment and funding.⁶³

The TAS Inc submission noted:

In Tasmania, diabetes is the leading cause of non-traumatic limb amputation. Information from the Tasmania Health Service who may require amputation are usually above 50 years of age and have other health issues that impact on their health and in particular, diabetes which places them at risk of other health complications. The incidence of amputations in Tasmania is increasing due to the diabetes epidemic in Tasmania. There are more than 4,400 amputations every year in Australia as a result of diabetes. This is the second highest rate in the developed world. The number of amputations is placing stress on the Tasmanian Health System.⁶⁴

Psychosocial disability

Development Co-ordinator, Mental Health Council Tasmania (MHCT), Bree Klerck provided a definition of psychosocial disability:

While psychosocial disability predominately focuses on people who have a mental illness, it is important to note that the term is not specifically about a mental illness diagnosis. Rather, the term refers to the challenges and the limitations experienced in a person's life that they need assistance with to recover and live well in their community.⁶⁵

⁶² TAS Inc submission, op. cit., pp. 4-5.

⁶³ Ibid.

⁶⁴ Ibid., p. 11.

⁶⁵ Bree Klerck, op. cit., pp. 1-2.

Of specific concern for Anglicare Tasmania is this disability cohort. The Anglicare Tasmania submission stated:

- *According to the 2019 Tasmanian Population Health Survey, depression and anxiety disorders are the most prevalent of all chronic illnesses, and the reported rate of prevalence of these conditions has increased from 21.4% in 2009 to 33.6% in 2019 (DoHT 2020). This is pre-Covid.*
- *Approximately 3-4% of all people living with mental illness will have persistent complex needs that severely limit daily life activities, resulting in disability (AIHW 2019, 2021).*
- *Psychosocial is the term used to describe a disability that may arise from a mental health issue (NDIS 2020c). Tasmania has the highest rate of people with psychosocial disability at 8.3% compared to other states and territories in Australia (ABS 2019).*
- *It is also estimated that about 85.5% of people living with psychosocial disability in Australia will also have at least one other disabling condition (ABS 2019).*
- *People with a psychosocial disability may qualify for the NDIS. Yet participation numbers are low in the NDIS, with only 0.07% or 688 participants of all Tasmania NDIS participants identify as having a psychosocial disability as their main condition according to the NDIS data Jul-Sep 2020 data.*
- *There are well-documented barriers to accessing the NDIS for people with psychosocial disability who are eligible, as outlined in the Removing Barriers report by the Mental Health Council of Tasmania 2020. Strategies to address these known barriers are still being advocated and progressed by the sector with the NDIA (MHCT, 2020b). As such continuing recovery focused supports by the Tasmania Government for people with psychosocial disability who may be eligible for NDIS but are not currently accessing the NDIS is essential.⁶⁶*

The NDS submission stated:

... Nationally as of 2018, 81.4% of people with psychosocial disability who applied for the NDIS were approved, compared to over 97% for people with cerebral palsy, autism, or intellectual disability. These figures illustrate that people with psychosocial disability are more likely to not gain access to NDIS funding, and that the NDIA is failing to engage appropriately with people experiencing psychosocial disability. It is also reported widely and to NDS that even when individuals with psychosocial disability are approved for the NDIS, they frequently receive inappropriate plans or are unable to find services to carry out their NDIS plan.

Currently 8% (755 people) of Tasmanians receiving NDIS supports are living with a psychosocial disability. Despite provision in the NDIS for this type of disability support, the majority of Tasmanians with mental illness and psychosocial disability will not be able to access NDIS supports. In 2018 the ABS reported there are 43,400 Tasmanians with psychosocial disability.

This means that there are many Tasmanians living with psychosocial disability and mental illness who do, and will continue to, rely on other services- including mainstream services, to address the barriers they face.

People living with chronic mental illness or psychosocial disability experience uncertainty in relation to the mental health sector concerning recovery orientated supports and supported accommodation for those who are not eligible for, or not accessing, the NDIS. There is a

⁶⁶ Anglicare Tasmania submission, op. cit., pp. 4-5.

large portion of people in this category who are not eligible due to episodic illness or evidentiary requirements. Disability providers have also noted that even those in the scheme are not all receiving the supports they need.

The nature of many mental health issues is episodic. This complicates the individual's eligibility for NDIS support and is a barrier to people even applying. The evidentiary requirements for NDIS support are often very high and this can be a major obstacle to accessing support. Reasons for this include a lack of understanding of the application process, a fear of the application process (including of having to revisit traumatic experiences in order to provide evidence of illness), and a lack of identification with the word 'disability,' people sometimes do not equate their diagnosis as a disability or illness, even when it meets these definitions.

As a result of the high presence of psychosocial disability in Tasmania, and the shortfalls of the NDIS in supporting people with this type of disability, the State government has a responsibility to ensure adequate services are available and funded for people with mental illness and those with psychosocial disability in Tasmania.⁶⁷

The MHCT submission suggested in considering the state-based costs for long-term support and care for people requiring psychosocial supports outside of the NDIS, further information should be accessed through the National Mental Health and Service Planning Framework (NMHSPF):

... The framework has been developed to guide service planning and identify service needs at a population level. National estimates indicate that 690,000 people with mental illness would benefit from some type of psychosocial support. Among the cohort; 290,000 people with severe and persistent mental illness are in most need of these supports, however the NDIS at full roll out will have capacity to support 64,000 people with the highest of psychosocial needs, this leaves a gap of 226,000 people with severe and persistent mental illness requiring psychosocial supports outside of the NDIS.⁶⁸

Further, the MHCT submission listed the supports provided under the NDIS scheme that could be beneficial to the 226,000 people outside of the NDIS:

- *supports to assist in service coordination*
- *assistance with planning and decision making and household tasks*
- *assistance to build capacity to live independently and achieve their goals, such as building social relationships, as well as financial management and tenancy management skills*
- *supports to participate in community activities such as recreation, education, training and employment.⁶⁹*

The MHCT submission provided information concerning the recent Productivity Commission's Inquiry into Mental Health:

[The Productivity Commission] has recognised the importance of ensuring that individuals ineligible for the NDIS have access to psychosocial supports, recommending that work must commence to understand the interface between the mental health system and the NDIS along with the unmet demand for psychosocial supports in each state and territory.⁷⁰

⁶⁷ NDS submission, op. cit., pp. 6-7.

⁶⁸ MHCT submission, op. cit., p. 7.

⁶⁹ Ibid.

⁷⁰ Ibid., p. 9.

The Productivity Commission Inquiry Report into Mental Health stated:

Productivity Commission Inquiry into Mental Health - Action 17.3 – Meet Unmet Demand for Psychosocial Supports

All people who have psychosocial needs arising from mental ill-health should have access to adequate psychosocial support.

Start now:

- *Access criteria for psychosocial supports should be adjusted such that potential participants would not be required to have a diagnosis of mental illness before approaching a service. However, an initial functional assessment must be undertaken by the service to determine the individual's psychosocial needs and the level of support required.*
 - *Where the information provided by the participant and the functional assessment indicate that the need for psychosocial support arises from a mental illness, the provider should work with the participant to facilitate their timely access to a clinical assessment and any necessary clinical intervention.*
- *The shortfall in the provision of psychosocial supports outside of the National Disability Insurance Scheme should be estimated and published at both State and Territory and regional levels.*
- *State and Territory Governments should continue working with the National Disability Insurance Agency to clarify the interface between the mainstream mental health system and the National Disability Insurance Scheme.*

Start later:

- *State and Territory Governments, with support from the Australian Government, should, over time, increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall.*
- *The demand for psychosocial support services by people with mental illness in a region should be estimated as a component of integrated regional planning.*
- *Psychosocial support services should provide data to their regional commissioning body on the number and nature of functional assessments they have undertaken of individuals receiving their support services.⁷¹*

At a public hearing, Bree Klerck, Development Coordinator, MHCT commented:

... we must recognise NDIS is not the complete answer here. It is complementary and a nice piece of the puzzle that has the potential to improve the lives of people living with psychosocial disability, but it will only be available to a select number leaving a significant unmet need in the community for quality psychosocial supports that can improve the lives of all those needing assistance to live and recover well in the communities.⁷²

The MHCT submission commented on residential support and services:

Additionally, with the rollout for the NDIS, many people living with severe and persistent mental illness, and complex needs arising from their mental illness, have difficulties in maintaining suitable long-term housing in their community. Whilst those eligible for NDIS should receive support via Supported Independent Living, residential support and services for those ineligible for the NDIS remains a concern. Anglicare Tasmania have identified that 60% of people currently

⁷¹ MHCT submission, op. cit., p. 9.

⁷² Bree Klerck, op. cit., p. 3.

*receiving state-based supported accommodation services from the organisation are not eligible for the NDIS.*⁷³

Residential Aged Care Facilities

The Tasmanian Government submission provided information regarding current considerations by the Tasmanian Government in relation to people with a disability aged under 65 years living in residential aged care facilities:

Recommendation made by the Royal Commission into Aged Care Quality and Safety relating to people with disability under 65 years state that residential aged care facilities are not appropriate have significant implications in Tasmania that have impacted individuals' access to accommodation alternatives other than hospital.

Department of Communities Tasmania (Communities Tasmania) representatives are participating in bilateral discussions with the Australian Government regarding the Younger People in Residential Aged Care (YPIRAC) Strategy – Implementation Plan 2020-2025. The Plan includes strategies and targets to reduce the number of young people in residential aged care.

*Work continues in Tasmania to understand the current situation and propose options for the future. There are complexities in regional areas where alternative housing may not be available, and aged care accommodation may be an appropriate option for a small number of people. Thin markets necessitate the access of such services through residential aged care providers.*⁷⁴

⁷³ MHCT submission, op. cit., p. 8

⁷⁴ Tasmanian Government submission, op. cit., p. 4.

TERM OF REFERENCE 2: THE RANGE OF SUPPORT SERVICES AVAILABLE TO TASMANIANS WHO ARE NOT ON, OR ELIGIBLE FOR, THE NDIS

The Tasmanian Government submission noted:

The introduction of the NDIS effectively replaced the specialist disability service system previously funded by the Tasmanian Government and has seen an additional 7,000 people in Tasmania access specialist support through the NDIS since 2013.⁷⁵

The following evidence was received by the Committee in relation to particular support services available through the Tasmanian Government.

Education support services

Expression Australia in their written submission stated there are a lack of qualified interpreters in schools:

There is a lack of qualified interpreters in schools; teacher's aides are unable to bridge communicative and cultural barriers. Itinerant teachers of the Deaf cannot provide sustained support to Deaf students. When the Claremont Project was running, Tasmania had perhaps the most well-respected education model for Deaf children in Australia – bilingual, bicultural, and sustainable. Now, with Claremont School closed, Deaf Tasmanian children are mainstreamed. Mainstreaming can be successful if a school has the funding for the right support (full-time interpreting, cultural awareness training for teaching staff, and so on).⁷⁶

The Tasmanian Government submission noted the education support services available to Tasmanians who are not on, or eligible for, the NDIS:

Beyond health, the Department of Education (DOE) provides a range of supports and services for students with disability in Tasmanian Government schools. The eligibility criteria for NDIS does not apply to DOE provision for students with disability.

For the 2020-21 financial year, \$115.2 million was provided to DOE to deliver a wide range of services and supports to students with disability in Tasmanian Government schools. These services include three specialist support schools, educational adjustments, professional support services and a range of other contracted services.⁷⁷

Prisoner support services

The Tasmanian Government submission noted the prisoner support services available to Tasmanians who are not on, or eligible for, the NDIS:

The Tasmanian Government also funds and delivers most services provided to prisoners with disability, with additional partners including NDIS service delivery providers and education providers. Where eligible, some services funded by the Australian Government and provided through the NDIS are also involved. The TPS supports those eligible prisoners to access the NDIS, including coordinating the gathering of evidence, liaising with the NDIA Justice Liaison Officer, disability service providers, and, where appropriate, the NDIA.⁷⁸

⁷⁵ Tasmanian Government submission, op. cit., p. 5.

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Ibid.

Residential Support Services

The Anglicare Tasmania submission expressed concern regarding supported accommodation discontinuing for those Tasmanians not transitioning to the NDIS:

There is uncertainty about ongoing Supported Accommodation for people not transitioning to NDIS. Urgency to extend support to those whose services cease end of 2021 is needed while planning continues by DOH [DoHT].

Insight Snapshot 2. Who's impacted by Discontinuing Funding of Supported Accommodation? 60% of people currently receiving state-based supported accommodation services from Anglicare Tasmania funded until the end of 2021 are not eligible for the NDIS. There are various reasons for ineligibility: age, severity, assessment testing issues (lack of documented diagnosis history, cost of assessments), triggering process related to past traumas.⁷⁹

CEO of Anglicare Tasmania, Rev Dr Chris Jones expanded on this at a public hearing referring to Anglicare Tasmania's residential and recovery support service, Curraghmore in Devonport as an example:

... Some of the guys there, because of what is happening with the NDIS, are having to move because they're not eligible for the NDIS so they're going to miss out.

What we've ended up with is a commitment to create homes for people to have a safe place to live, so we've got that need and we can respond to that, and what we've got is a system that now says you have to be eligible for the NDIS in a particular way otherwise there is not going to be a home for you. That is the gap we've been identifying, that there are people who don't meet that criteria under the NDIS and the state Government is saying, 'Not our problem, they should be there', and they're falling through the gaps.⁸⁰

The Committee further questioned Anglicare Tasmania as to what impact this support gap will create:

Rev Dr JONES - *We are worried about what will happen to them because where will they go? The public housing waiting list in Devonport, as it is in parts of Launceston - you are waiting a long time.*

CHAIR - *It is not only public housing - it is making sure it is appropriate housing as well, which may not exist.*

Rev Dr JONES - *There is a challenge about where will they go next? We are concerned about that because at the moment some of them would exit into homelessness. That is our concern. Some have family and they are returning home at 45 to be with mum, so that is not best for mum or for the person. That is the concern that if we aren't able to provide the home, if the gap isn't plugged, then that is what could happen.*

Dr STAFFORD - *It comes back to dignity, choice and control. These are fundamental basic rights, that someone has a choice of housing, a home, and are supported to survive.⁸¹*

Rev Dr Jones stated what needs to occur to address this support gap.

... That's where the state government can help. They can say, 'Well this is not going to fit there. We're not going to have people fall through the gap. We're going to pick them up, and we're going to continue to fund a home for those people.'⁸²

⁷⁹ Anglicare Tasmania submission, op. cit., p. 8.

⁸⁰ Rev Dr Chris Jones, CEO, Anglicare Tasmania, *Transcript of Evidence*, 17 August 2021, p. 72.

⁸¹ Rev Dr Chris Jones, CEO, Anglicare Tasmania and Dr Lisa Stafford, Social Researcher, Anglicare Tasmania's SARC, *Transcript of Evidence*, 17 August 2021, p. 81.

⁸² Rev Dr Chris Jones, op. cit., p. 75.

Social Researcher, Dr Lisa Stafford from Anglicare's Social Action and Research Centre (SARC), added:

*... As soon as we compartmentalise, that is where the gaps fall. ...*⁸³

In addition, the MHCT submission shared concerns around this uncertainty going forward for people with a major mental health diagnosis:

*... residential services are also an important consideration, with Anglicare Tasmania identifying that there is an uncertain plan going forward for people in supported accommodation who are ineligible for the NDIS. Currently, community residential services are provided across Tasmania by several organisations funded by the Tasmanian Department of Health. These residential services aim to provide a safe and secure environment within a community living setting for residents who have a major mental health diagnosis. The programs provide opportunities for individuals to regain social, recreational, and personal life skills and to work towards independent living. ...*⁸⁴

Further, the MHCT submission commented on how the Tasmanian Government has made several commitments under the Second Affordable Housing Action Plan however it is unclear how residential supports will be provided upon NDIS roll out:

*... In addition, the Tasmanian Government has made several commitments under the Second Affordable Housing Action Plan that aim to identify the housing and support needs for people receiving inpatient mental health care in hospital upon discharge. The Tasmanian Government has additionally trialled the Housing and Accommodation Support (HASI) initiative which aims to provide clinical and psychosocial rehabilitation support to enable stable housing and supported accommodation for people with mental illness. Whilst residential supports and services are provided under the Tasmanian Government, it is not yet clear how these services will be provided across the state and/or continue post NDIS roll out.*⁸⁵

Tasmanian Home and Community Care

The Tasmanian Government submission provided an overview of the support services available through Tasmanian Home and Community Care (TAS HACC):

... The Tasmanian Government provides basic core support services for people under 65 years of age who are not eligible for the NDIS, including through the TAS HACC and specific mental health funding programs. This includes limited support for people who may have complex needs and require a higher level of care (such as overnight care or unscheduled medical support) which informal support structures cannot meet.

TAS HACC provides episodic and ongoing supports to support people's ability to manage their lives when living with compromised health or moderate functional impairment. Services available include (but are not limited to) domestic assistance, personal care, social support, home maintenance, respite care, counselling, allied health and transport.

TAS HACC also supports the health system to enable practitioners to divert people from avoidable hospital admission and facilitate early discharge from hospital. These services have no age restrictions but are provided in circumstances where they are not available through other programs and are short in duration, prescribed by clinicians and provide support directly related to hospital treatment.

⁸³ Dr Lisa Stafford, op. cit., p. 75.

⁸⁴ MHCT submission, op. cit., p. 10.

⁸⁵ Ibid.

The TAS HACC engages with the NDIS, the aged care system and Primary Health Tasmania for clients whose needs increase or who become ineligible due to age. It also funds services that can support people when they apply for NDIS access.⁸⁶

The Anglicare Tasmania submission provided comment on the support gaps and demand for services within TAS HACC:

- *Many HACC recipients also have comorbidity of physical and mental illness as illustrated in Insight Snapshot 1 below.*
- *Many people with comorbidity receiving HACC have needs above the level of support available to be provided through HACC.*
- *Anecdotal evidence from frontline practice reveals a noted gap in community-based palliative care for people under 65 years.*
- *Limited health literacy is also a persistent barrier for many people.*

To give an insight into the demand for services and gaps for people living with mental and physical illness see Snapshot data on HACC services within Anglicare.

Insight Snapshot 1. Need and Prevalence of HACC services

For the period of Nov 2020 to Mid Feb 2021, of the 32 applications for HACC low level support, 72% of all applications had comorbidity of mental and physical illness. PTSD, Anxiety and Depression were common mental illness. Acquired Brain Injury was also co-existing disability. These individuals are not receiving NDIS, yet their needs are complex due to comorbidity and social and environmental factors.⁸⁷

The following section of evidence relates to specific sectors of disability in relation to support services.

Assistive Technology supports

The TADTas Inc submission stated:

TADTas is a not-for-profit organisation dedicated to improving the independence, dignity and quality of life for people with disabilities. TADTas changes the lives of people living with a disability by providing personalised technology, equipment and services.

Our personnel are skilled volunteers who design and build custom equipment to help people achieve their goals. We work with people of any age and any disability. Our volunteers assess needs, plan innovative solutions and manufacture products or make modifications to existing products.

*TADTas service is **unique** in Tasmania. By combining the technical expertise of our volunteer workforce with specialist occupational therapists of partner agencies, we are able to efficiently develop innovative, personalised equipment solutions that take into account individual needs and abilities.⁸⁸*

At a public hearing TADTas Inc Executive Officer Paul Duncombe expanded on the types of assistive technology:

Mr DUNCOMBE - *We're doing one at the moment, which is probably one of the most complex ones we've ever done. A little boy we'll call Adam can't move his body. He can move one hand*

⁸⁶ Tasmanian Government submission, op. cit., p. 5.

⁸⁷ Anglicare submission, op. cit., p. 6.

⁸⁸ TADTas Inc submission, op. cit., p. 1.

slightly forward, back, left and right. Inside that compromised body is a very intelligent young boy. He loves music and he wants to write music. We can't even get him to talk.

We started working with him in 2014 and we are waiting for the technology to catch up. It's just catching up now, so we have devised a device that's in a box with a joystick on it. He can move about just half a centimetre, so he can move this device forward, back, left, right, north-west and north-east. We've got it reading onto a computer screen at the moment, and you can pick up 'yes', 'no', 'maybe', 'thanks', and other words we've programmed into it.

We find his eyesight isn't good enough to really follow the computer screen. We're experimenting with sound, so that when the joystick moves, the sound goes off. They're musical notes - the genesis of the musical notes that we hope he'll be able to produce.

My colleague, Tony, is in the Symphony Orchestra chorus, and his ambition is to have the chorus singing this boy's music. It's the most complex job we've ever done.

CHAIR - *Goodness, wow. The example that always sticks in my mind of the work you do is the woman who was in a wheelchair and wanted to breastfeed, but had a challenge holding the baby, and there was a modification onto the wheelchair.*

Mr DUNCOMBE - *Yes, we hooked a bassinet onto the front of the wheelchair. The bassinet can spin around so that when mum's communicating with her child, they've got eye contact. When mum's off in the wheelchair, she spins the bassinet around so baby can see where it's going.*

CHAIR - *I'll let you continue, but there's no end to the variety of problems that you're solving.*

Mr DUNCOMBE - *There is a huge range of skills among our 10 volunteers. Only 10 of them, and they're just an amazing bunch of people. I can't drive a nail into a piece of wood without bending the nail, the piece of wood or the hammer, so I'm just in absolute awe of these people who can do this stuff.*

Tony, our technical coordinator, is down in the Huon Valley at the moment helping a woman who can't do gardening anymore ... he'll come back with an idea. There'll be something that hauls her up, or puts her down slowly or something. It's all quite rewarding.⁸⁹

Family and Relationship Violence supports

The Engender Equality submission provided information in relation to funded psychological supports for family and relationship violence supports for those not on, or eligible for the NDIS:

- *Medicare provisions, which are limited to 10 sessions per year;*
- *Government-provided counselling, which has shifted to offer brief intervention in response to demand;*
- *Psychosocial support provided through the Psychosocial Support Measure, which does not include counselling, and is generalist not specialist; and*
- *Engender Equality.*

Engender Equality is currently the only state-wide Tasmanian service funded to offer medium to long-term specialist counselling to victim/survivors of family and relationship violence. Demand for our services significantly outstrips supply, and new clients are currently waiting up to three months for an initial appointment in Hobart. We are likely to have to triage further in response to demand.⁹⁰

⁸⁹ Paul Duncombe, Executive Officer, TAD Tas Inc, *Transcript of Evidence*, 17 August 2021, pp. 38-39.

⁹⁰ Engender Equality, *Submission No. 17*, April 2021, pp. 2-3.

Further, the submission stated:

... people with disability disproportionately experience family and relationship violence; that there are unique forms of abuse for people with disability; and that there are increased barriers to accessing services. In light of this evidence, we can predict, with a high degree of confidence, that:

- *A significant number of Tasmanians with disability are experiencing family and relationship violence with no access to specialised counselling;*
- *Disability services, including allied health services, are unlikely to be fully equipped to recognise as family and relationship violence the forms of abuse uniquely experienced by Tasmanians with disability; and*
- *Refuges and accommodation for women leaving family violence do not have sufficient funding to ensure physical accessibility or to take up service improvement opportunities which require funding.*

We cannot be confident that Child Safety services in Tasmania are better equipped than those in other states and territories to work in a fully disability-informed way.

We can be confident that the issues around demand and service-sector awareness that we experience at Engender Equality are mirrored for the Tasmanian sexual assault support service.

...

There is so much to do to create a Tasmania in which women with disability experiencing family and relationship violence share the same rights, voice, and access to support as women without disability. Already, there is so much to do to create a Tasmania in which women without disability have adequate access to specialist supports and can freely and fully exercise their human rights.⁹¹

Prosthetic supports

The Tasmanian Amputee Society (TAS) Inc submission provided information regarding the service they provide to amputees:

The TAS provides a free service to people living with limb difference or people who may be facing an amputation via the Peer Support Program. Only an amputee who has taken the journey and has lived experience understands the barriers that can be faced by other amputees. The TAS can match an experienced Peer Support Volunteer and provide practical support to people living with limb difference, including supporting families and carers. The TAS meets regularly to discuss issues that are related to amputees. The TAS operates a Volunteer Support Program that will match like for like to support amputees living with limb difference. Support can be provided face to face and allows the person to have contact with a Peer Support Volunteer prior to and following surgery, via phone or via virtual for those who would prefer to have contact on-line. Group support is another option amputees can access via regular meeting where a guest speaker presents topics of interest to amputees. Group activities provide an opportunity for amputees socially to discuss and resolve barriers that are related to real life situations. ...⁹²

Limbs 4 Life in their written submission commented:

While the landmark introduction of the NDIS has certainly improved access to assistive technology for some amputees, there are still a great many who are ineligible for this scheme (largely people over 65 years) and their inequitable and unfair situation remains the same.⁹³

⁹¹ Engender Equality submission, op. cit., pp. 3-4.

⁹² TAS Inc submission, op. cit., pp. 5-6.

⁹³ Limbs 4 Life submission, op. cit., p. 15.

The Limbs 4 Life submission provided a summary of issues in relation to amputees accessing the provision of assistive technology, who are not on, or eligible for, the NDIS:

- *Amputees ineligible for the NDIS can access basic prosthetics through the Tasmanian Artificial Limb Service (TALS). However, the type of prosthetics are generally not as advanced as those available through the NDIS or require co-contribution if one of better functionality is required. Furthermore, amputees can often experience lengthy waiting times for vital appointments or have to travel considerable distances to attend an Orthotic Prosthetic Service Tasmania (OPST) clinic.*
- *There are only three clinics in Tasmania – Hobart, Launceston and Burnie. And unlike other states, there is no ‘travelling clinic’ to meet the needs of amputees in other locations, such as north-west Tasmania. Consequently, amputees must travel significant distance to see their prosthetist which in most cases require multiple visits for prosthetic fitting and subsequent gait training. In those cases, these amputees incur unfunded travel costs and spend considerable time driving or using public transport to attend appointments.*
- *Amputees in Tasmania have limited choice in relation to the prosthetic provider available to them. If they do not have a positive outcome with their OPST prosthetist the only other option is to attend an OPST clinic in another location or personally fund the cost of seeing the only private provider in the state. Indeed, some amputees reliant on OPST have even travelled to other states to see a prosthetist that could meet their needs.*
- *Some OPST clients are being told that the delays and wait times are up to six to eight weeks for the delivery of prosthetic componentry and products, despite the fact Australian suppliers hold vast amounts of stock that can be sent to Tasmania within 24 - 48 hours. And where stock needs to be sent from manufacturers overseas, these products generally reach Australian shores within 5 working days. The consequence of these delays can cause critical issues which result in skin breakdowns, ulcerations and, in worst case, hospitalisation.*
- *The prosthetic clinic in Burnie (North West General) does not manufacture prosthetic sockets. Clients’ socket casts are sent to either Hobart or Launceston for central fabrication extending the wait time of up to 3 weeks for a socket turnaround.*
- *Overall, the issues of fragmented and lengthy wait times to access to prosthetic provision and essential products is a human rights and systemic matter that the Tasmanian Government should be aware of and seek to resolve as an outcome measure in this Inquiry.⁹⁴*

The Limbs 4 Life submission provided a summary of issues in relation to the supports and services available to amputees for accessing amputee rehabilitation who are not on, or eligible for, the NDIS:

- *Rehabilitation is vital for amputees to learn to adjust to the loss of a limb/s and involves a multidisciplinary healthcare team. Rehabilitation involves not only critical physical training, but also other supports to facilitate independence, accessibility and socio-economic participation planning and goal setting.*
- *The effective and appropriate provision of rehabilitation and in areas as close to a person’s own community is a requirement of state parties that are signatories to The Convention on the Rights of Persons with Disabilities.*
- *It is unclear why the rehabilitation facility for amputees is based at Mersey Community Hospital in Latrobe but not connected to the Burnie prosthetic clinic at North West Regional Hospital, requiring amputees to be transferred from one to the other for prosthetic servicing.*

⁹⁴ Limbs 4 Life submission, op. cit., p. 15.

- Presently there is only one Hobart-based Rehabilitation Consultant (doctor) to oversee an amputee's rehabilitation plan. This doctor plays a critical role in planning an amputee's post-surgery rehabilitation journey, making it critical that this skill shortage is addressed in other locales such as Launceston and Burnie, as well as north-west Tasmania.
- The Tasmanian Government should, like many other states, implement A Minimum Standards of Care for Amputees which factors in the care needs for lower limb and upper limb amputees. In developing such Standards, amputee consumer bodies and stakeholders should play an active role in their development. Using a co-design approach ensures that the knowledge of those with lived experience or professional knowledge is captured and utilised. As such, representatives from Limbs 4 Life, LaTrobe University and the Australian Prosthetic and Orthotic Association (governing body for prosthetic providers) should be invited to the table.
- A formal and managed Peer Support Program, delivered by trained and experienced amputee peers, should be made available to all consenting Tasmanians who experience amputation. The option for the provision of peer support should be made standard practice as part of the Care Standards and offered to all people pre or post amputation, along with their family members.⁹⁵

The TAS submission provided further information in relation to the difficulties in accessing a rehabilitation specialist:

- Patients can access the Health system via OPST, access through rehabilitation doctors in all regions. The OPST prosthetist will make a referral to only Rehabilitation Specialist Dr Lucy Madebwe who is based in Hobart and has a long waiting list. Dr Madebwe is the only Rehabilitation Specialist currently available to patients. Previously Launceston had Dr Suzie Inglis, Rehabilitation Specialist who was connected to OPST, came from Melbourne, visiting Launceston regularly, about once a month. One user of this vital service commented:

"She was brilliant – a good overall knowledge of prosthetics, as well as the impact of amputation on the whole body. A pity she wasn't looked after, or valued by the hospital, so that she has moved on. There seems to be a lack of knowledge about the impact on health of long-term amputees – who overviews this – the care of the spine and the 'good' foot"? (name withheld due to privacy).

Many GP doctors are not knowledgeable about amputees' overall health implications or amputation sites. Most people living with limb difference will be referred to a doctor who specialises in sports injuries. Another issue is that amputees are often linked with Rehab Specialists who deal with geriatric patients –

"This happened to me when I was about 40 and was referred to Dr Andrew MacLaine-Cross; he was excellent, but this is unsatisfactory for younger amputees. And Dr MacLaine-Cross is now no longer seeing private patients – I believe that you can only see him through hospital clinics." (name withheld due to privacy)

Upper and lower limb amputees have a unique set of variables and potential inherent problems when it comes to residual limb (stump) care – a range of medical things such as pressure points, ulcers, neuromas, haematomas, bone spurs, circulation, skin break-down, and so on. We need to have regular access to a medical professional who specialises in these things so that we can be more proactive and avoid problems, rather than always treating the problems. Comment from consumer:

"I can go for many years without anyone else seeing the condition of my residual limb – who oversees this? Not the prosthetist – no one looks at it or feels the condition and identifies any potential problems. Who knows what is normal? It's only as we become experienced amputees that

⁹⁵ Limbs 4 Life submission, op. cit., p. 20.

we begin to know and understand our own unique set of problems – and we often find that we are informing the doctor about aspects of our care".

We believe that there are clinics available through OPST in Hobart, but these are infrequent and there is a long waiting list, as well as the travel component. People coming from the north or north-west of the state may have to take the day off from their normal activities to attend these clinics and may require overnight accommodation to access the service. What we need is more immediate access to a health professional when there is a problem – it's no good waiting for months to see someone if you are having difficulties.⁹⁶

Psychosocial

The Tasmanian Government submission provided information regarding the psychosocial supports currently in place:

... While the APTOS indicates that the NDIS is responsible for providing psychosocial support to eligible people with a persistent mental illness resulting in a lifelong psychosocial disability, the Tasmanian Government offers significant clinical services across the Tasmanian mental health and alcohol and drug systems.

The current Tasmanian mental health service system is focused on recovery, with a view to assisting people to live independently in a life of their choosing. However, there are people who are unable to develop the skills necessary to live independently. The NDIS provides options to facilitate long-term support for people requiring it. As the state system provides short-term recovery-focused support, this includes providing support during NDIS eligibility testing and transition to the longer term support the NDIS provides.⁹⁷

Bree Klerck, Development Coordinator, MHCT described what psychosocial supports are:

To understand what exactly psychosocial supports are, and there seems to be a lot of ambiguity about what that actually means, when we talk about psychosocial supports we are not talking about the clinical treatment for mental illness. This is provided through the mental health system. In the context of psychosocial disability, we are talking about the assistance needed for individuals to recover, improve their quality of life and capacity to live well in their communities.

Individuals cannot recover with clinical treatment alone. They need supports built around them to meet those recovery goals. Psychosocial supports include a range of services such as managing daily activities, rebuilding and maintaining social connections, building social skills, participating in education and employment, along with assistance in housing and accommodation.⁹⁸

The MHCT submission provided further detail in relation to the psychosocial support programs available to non-NDIS people living with a disability:

Psychosocial support programs are funded by the Australian Government and commissioned within the state via Primary Health Tasmania. The programs are expected to continue for the next two years whilst a new National Mental Health Agreement is established between Federal and State Governments. Current psychosocial support programs available for people who are not on, or eligible for the NDIS include:

⁹⁶ TAS Inc submission, op. cit., pp. 8-9.

⁹⁷ Tasmanian Government submission, op. cit., p. 5.

⁹⁸ Bree Klerck, op. cit., p. 2.

- **The National Psychosocial Support Measure**

The program supports people who have a mental health condition that affects their day-to-day functional capacity, or ability to manage the social and emotional aspects of their lives are not accessing psychosocial supports through the NDIS. The program is open to people who were not previously accessing Partners in Recovery (PiR), Day to Day Living (D2DL), or Personal Helpers and Mentors (PHaMS).

- **The National Psychosocial Support Transition Program**

Provides support for people who were accessing Partners in Recovery (PiR), Day to Day Living (D2DL) or Personal Helpers and Mentors (PHaMS) and are yet to apply for an NDIS package, are waiting for the outcome of their NDIS application, or are ineligible for the NDIS, but have not yet moved to the Continuity of Support program.

- **The Continuity of Support program**

Provides flexible and responsive psychosocial support to people who are not eligible for the NDIS and previously accessed services under Partners in Recovery (PiR), Day to Day Living (D2DL), Personal Helpers and Mentors (PHaMS) or the National Psychosocial Support Transition Program. The program provides one-on-one support at times of increased need.

The Anglicare Tasmania submission provided information in relation to Rethink 2020:

Wrap-around service delivery that is recovery focused, strength based and client-driven are known evidence-based best-practice (Commonwealth of Australia 2013). Unlike more traditional services where people are made to fit a model, support is “wrapped around” the client and their family in their natural environments to improve personal outcomes with a least disruptive intervention. The model centres on the person developing trust/rapport with a key practitioner who case manages individual needs of support across co-occurring issues (See SARC Anglicare Tasmania’s 2021 Information paper).

This approach is embedded in Rethink 2020, a 5-year state plan for mental health between Primary Health Tasmania (PHT) and the Tasmanian Department of Health (DoHT) 2020 to address systemic gaps.

Rethink 2020:

- *outlines a Mental Health Continuum of Care Model,*
- *is a collaborative strategic approach involving mental health consumers, their families and community sector organisations,*
- *reflects the Fifth National Mental Health and Suicide Prevention Plan (COAG Health Council 2017),*
- *values the importance of integrated regional responses, and*
- *is a contemporary, recovery-orientated, community- and person-directed service delivery approach.*

Continuing long-term recovery-oriented community supports for people with mental illness who are not eligible or not able to engage with the NDIS is an essential service that is the responsibility of the Tasmanian Government mental health systems according to Reform Direction 5 - Key Action 2 of Rethink 2020.

Anglicare Tasmania commends the Tasmanian Government’s commitment to the ongoing support of mental health consumers ineligible for the NDIS.

This is particularly important given the full transition (roll out) to the NDIS for Tasmania is due to be completed mid-2021. Based on recent patterns, anywhere between 35% to 50% of current clients living with mental illness receiving recovery orientated programs from Anglicare Tasmania may not be eligible or able to transition to the NDIS, and as a result may be left without support.⁹⁹

The MHCT submission highlighted the following:

The NDIS Psychosocial Recovery Coach

Mental health service providers are reporting an increase in the complexity of needs of people accessing their services. This is adding pressure on the mental health system with service providers undertaking extra work to coordinate supports across a broad range of service systems including physical health, housing, employment and financial supports. Whilst current psychosocial programs provide support to people not on, or not eligible for the NDIS, one service offered to NDIS participants under the psychosocial disability stream which could also benefit people with severe and persistent mental illness not on the NDIS is the Psychosocial Recovery Coach. The Psychosocial Recovery Coach provides coordination and support to meet the complexity of needs of NDIS participants.

The NDIS Psychosocial Recovery Coach supports individual NDIS participants in their recovery through collaborating with the broader service system. Psychosocial Recovery Coaches can provide the following assistance:

- *Support linkages and continued engagement with the broader service system*
- *Assist in building the capacity of the person with psychosocial disability to access, engage, maintain engagement with different service systems, particularly health, housing, education, employment, financial supports, family supports and physical health care services.*
- *Facilitate a coordinated response between services – including facilitating shared planning and case conferencing to ensure a coordinated response between services, e.g. mental health, physical health, justice and housing.*
- *Support shared planning at key transition points in the recovery journey.¹⁰⁰*

The MHCT submission provided commentary from a service provider concerning supports those ineligible for NDIS miss out on and also, the choice and control of supports that are available to NDIS participants:

“There are a number of NDIS supports that people ineligible for the NDIS are missing out on which could assist in helping them to recover in the community. These supports include practical day to day supports. For example, if a person does not have a carer to assist with practical day to day supports, they are limited in their capacity to leave home and also participate meaningfully in the community. Such supports include personal care and appearance along with meal maintenance to assist in cooking or having meals cooked if need be. NDIS can also fund community access supports and funded providers can engage with the NDIS participant to see what areas they may like to further as part of their aspirations and recovery.

Additionally, there are NDIS supports that assist people to maintain their homes and maintain stable accommodation, these supports include access to tenancy support, along with garden maintenance which is often the renter’s responsibility as part of a tenancy agreement.

Another component of the NDIS that is not necessarily accessible for those ineligible for the NDIS is choice and control in the delivery of supports offered to the person. At times an individual may be reluctant to engage with a service, this is usually because they don’t understand what the benefits of the type of support on offer are and how it may be delivered to suit the individual,

⁹⁹ Anglicare submission, op. cit., pp. 7-8.

¹⁰⁰ MHCT submission, op. cit., p.11

whereas participants on the NDIS can choose their provider, understand the benefits of the service and cancel supports as required and choose another provider.”¹⁰¹

Vision impaired

The VisAbility submission provided information in relation to the lack of access and subsidies for specialist support services for the vision impaired:

Schemes such as the NDIS and My Aged Care have changed the sector which in many respects has been extremely positive. However, it has significantly increased stress on the existing limited network of Allied Health Professionals (AHP) and in particular, Occupational Therapists (OTs), Orientation and Mobility Instructors (O&Ms), and Speech Pathologists.

When narrowed further to a particular specialist clinical scope, for instance low vision and blindness, specialist staff are infrequently available in Tasmania leaving the sector at risk of inability to function. VisAbility has undertaken several unsuccessful recruitment campaigns for allied health employees to work out of its offices in Hobart and Launceston. At times only one, or no, applications for these roles were received.

Demand for the limited supply of allied health professionals, and subsequent competition for recruitment and retention, has also drastically increased the cost of service provision, even on a fee-for-service basis.

For example; an older person who suddenly acquires significant vision loss and requires Orientation and Mobility (white cane training and learning to navigate around the community) in order to complete errands and access the community the costs can be significant. No subsidies are offered for these services and to learn a route, for example home to local shops and back, could cost in excess of \$1000. Many cannot afford this which leads to loss of independence and potential physical and social isolation.¹⁰²

Support services for over 65

Tasmanians with a disability aged over 65 years are deemed ineligible for the NDIS scheme, their support needs become the responsibility of the aged care system or the Tasmanian Government as a person requiring Continuity of Support.¹⁰³ Evidence received by the Committee highlighted gaps in supports to those aged over 65 years living with a disability.

The National Disability Services (NDS) submission provided comment in relation to Continuity of Support:

Governments committed to ensuring people with disability who were receiving services prior to the NDIS roll out were not disadvantaged in the transition to the NDIS. This includes people who are 65 years and over do not meet the age requirements for the NDIS. NDS has been informed by multiple providers that despite funding increases, Continuity of Support (CoS) funding is still not at a level commensurate with the NDIS. It has been asserted that CoS clients are particularly vulnerable to failures of mainstream supports, including housing and accommodation.¹⁰⁴

The Li-Ve Tasmania submission provided information regarding how the introduction of the NDIS has created difficulties for their residents aged over 65, due to the changes in accommodation funding:

Oakdale Lodge (The Lodge) was established in 1970 and is still home to 35 residents. Each resident has a separate bedroom and shares common areas. This NDIS and the NDIA as the funding agency are clear that large-scale residential/congregate living sites are not aligned with current policy

¹⁰¹ Ibid., p. 8.

¹⁰² VisAbility submission, op. cit., pp. 2-3.

¹⁰³ Tasmanian Government submission, op. cit., p. 4.

¹⁰⁴ NDS Submission, op. cit., p. 9.

settings or the aspirations of the scheme for participants in the future. As a result Li-Ve Tasmania is transitioning away from this model and working with residents and families on alternative and appropriate housing. This is a challenging process particularly as some of our residents have been living in this facility as their home for over 30 years, some since it opened.

Of our 35 residents we have 12 who were over 65 years of age at the time of the introduction of the NDIS and the policy response deemed them ineligible to receive NDIS supports and this includes accommodation funding for any move beyond The Lodge.

These older residents of The Lodge are in a vulnerable position. Whilst they have funding for supports from the Commonwealth Department of Health (under the Continuity of Supports program) they do not have any funding for a move to appropriate disability accommodation. This could mean we have to relocate these residents to inappropriate accommodation settings that do not cater for their specific needs where they are ageing with disability. To this date we are unable to receive any prioritisation or special case treatment through Housing Tasmania or from the State Government. When you add to this the current tight housing market in the south of the state, this group has lost the most crucial support, secure housing. This environment has created enormous uncertainty and anxiety for the residents and their families and friends.¹⁰⁵

CEO of Li-Ve Tasmania, Darren Matthewson provided an update at a public hearing:

The current situation is we have had to place these older people on a waiting list for community housing. We have not considered residential aged care as an option. We simply haven't because they are currently in a facility that provides for both aged care and disability and simply dislocating people from what is a site to a same site, for the purposes of policy really, we don't think is ideal.

Federal government policy does not obligate us to close the site so we will continue to operate it but obviously the Department of Health is in contact in terms of when are we transitioning these people out.

...

... For some of those people that has been their home for 50 years. We have two residents who were there from the opening of the site right through to people who have been there for 30 years.

CHAIR - *Their home.*

Mr MATTHEWSON - *It is absolutely their home and it is a home-like environment and that is what we are focused on. We have taken a decision that we will continue to operate the site. We obviously now have a growing cohort of NDIS participants who have come to live in that place and, interestingly, despite the fact that it is out of vogue, we continue to be full and we continue to have a waiting list.¹⁰⁶*

Private witness stated:

Because of the cut-off age of 64 to qualify for NDIS this disqualified me from accessing any help towards my disability but have to rely on My Aged Care for any services that I may need in the future. My Aged Care was set up to cater for frail age, not a person who has a disability. We have different needs like assistive technology and mobility assistance. We need to maintain quality of life, and stay out of the acute care health system.¹⁰⁷

¹⁰⁵ Li-Ve Tasmania, *Submission No. 9*, p. 1.

¹⁰⁶ Darren Matthewson, *op. cit.*, pp. 60-61.

¹⁰⁷ Private Witness, *Submission No. 4*, 25 February 2021, p. 1.

William Ovenell in his submission stated:

The elderly over the age of 65 years, cannot access any services under the NDIS. That policy is discriminatory.

My recent experience is that the Federal Government home age care system is a shambles. After assessment and given referral codes for the Commonwealth Home Support Program (CHSP), none of the Launceston providers had any funding on their portals to provide basic services. It's a disgrace.¹⁰⁸

The Disabled Surfers Association of Australia Inc (DSAA) submission noted the gap in support services for those with ageing and mobility issues:

The NDIS was established by the Productivity Commission to cater for those with profound disabilities, unfortunately many have fallen between the cracks including those with mobility and ageing issues.

The ABS finds that 18.4% of Australians have a profound disability, yet anywhere up to 32% have a disability which excludes them from participating in many activities. There are some people who are competitive and wish to go onwards to higher places such as the Paralympic games or other competitive sports, yet the majority simply wish to experience something different and safe and this is where the D.S.A.A. comes to their support.

The DSAA simply gives those who fall between the cracks an opportunity not only simply to go surfing, yet to become an intricate members of a group, build friendships, assist with mental health issues and become an intricate member of their community.¹⁰⁹

Previous director of the St Giles Society, Arthur Lindsay Dobson in his submission stated:

The introduction of the National Disability Insurance Scheme has been welcome by polio survivors in general but most of us find we are ineligible because of the cut off age of sixty five years. It is after that age that most of us start needing real assistance above what we can self fund as it is around that age the Late Effects of Polio (LEoP) really start to kick in.

We are continually told that the aged care system will provide for us but this is simply not the case as it not equipped to handle the difficulties of disability. The aged care sector seems to be able to assist in some very basic requirements but there is much inconsistency and unless you are lucky enough to be assessed by someone who understands the difficulties we face we are condemned to a life of pain and misery by being forced to use ill-fitting and inappropriate aids and equipment.

I am lucky to have inherited some aids and equipment from my now deceased parents and have been able to purchase a mobility scooter second hand but most polio survivors are not in that position.

...

As I see it the biggest problem is that while the official policies and guidelines are quite reasonable the availability of the services and equipment is very inconsistent in both the NDIS and Aged Care Sector. If you are lucky enough to be allocated an assessor who can understand the problems you face you may get all the assistance you could hope for but if you are not so lucky you miss out and there are many cases where some people are obtaining assistance far in excess of what they genuinely need whilst others with greater needs seem to go without even the most basic assistance.

¹⁰⁸ William Ovenell, Submission No. 2, 3 February 2021, p. 1.

¹⁰⁹ Disabled Surfers Association of Australia (DSAA) Inc, Submission No. 12, 27 March 2021, p. 1.

Therefore the biggest problem to be overcome is the inconsistency in the use of available funds where the loudest voice gets the support and those that try the hardest and don't make a selfish fuss get ignored even though they are the ones who have contributed most to the community.¹¹⁰

Clinical Associate Professor Robyn A Wallace in her submission provided information on this gap in support services provided to the cohort of people living with an intellectual disability aged over 65:

... Although the life expectancy of adults with intellectual disability is (preventably) lower than people without disability, there is still a significant number of older adults with intellectual disability who, because of their age, are not eligible for NDIS and so receive a specialized funded government disability support in a community home. Many of these Tasmanian adults lived in the era of Willow Court, are now experiencing serious health problems, very likely in part related to their experiences of institutionalisation years ago. The NDIS and the NDIS Quality and Safeguards Commission have established wonderfully strong regulatory and legislative standards of codes of conduct in relation to disability support and ideally these could be applied to any Tasmanian disability services for adults with intellectual disability who are not eligible for NDIS. Of concern is an observed trend in Tasmania for disability service providers of this group of older adults with intellectual disability transfer or push for transfer of these older adults with intellectual disability into aged care instead of disability service funded supports, in part because of increasing needs and illness. This means that once again these adults with intellectual disability are yet again removed from their familiar community based homes, set up in institutions where they are still relatively young, and where they are unknown and their story is unknown. By now their parents may no longer be alive to advocate and assert for proper care for their ageing adult children. This means that opportunities for their optimal healthcare is even further reduced. ...¹¹¹

The Expression Australia submission provided concerns from their employees who work face to face in the community:

"A deaf 80 yo came to Expression Australia requiring assistance with managing budgets. I had to refer them to My Aged Care. Although My Aged Care may assist with ramps or railings, it will not pay for home modifications for the safety of Deaf people. The price of Bellman and other devices is prohibitive, making it difficult for elderly Deaf people to realistically achieve a safe home environment.

A lot of people over 65 approach Expression Australia and we are unsure of where to send them. "Insufficiently" hard-of-hearing people who are not eligible for the NDIS, or those without an audiology report. ...

...

"People over the age of 65 are not eligible for the NDIS. They are encouraged to use a My Aged Care plan. These plans do not provide interpreting. Choice of services for aged care are limited, and very few, if any, provide deaf-aware services. If elderly people could choose their preferred service providers, they would often use Expression Australia to prevent communication breakdown. They are a small but vulnerable group. For example, a number of clients in the North are paying fee-for-service for Expression Australia staff to help them with errands, rather than using a My Aged Care plan. My Aged Care staff are not aware of how to support Deaf clients. They cannot sign or do not show cultural understanding".¹¹²

The then Minister for Disability Services, the Hon Sarah Courtney MP and Acting Director, Disability and Community Services, Department of Communities Wendy Yardy when questioned by the Committee in relation to the support gaps for over 65s provided the following information:

¹¹⁰ Arthur Lindsay Dobson submission, op. cit., pp. 1-2.

¹¹¹ Clinical Associate Professor Robyn A Wallace submission, op. cit., pp. 5-6.

¹¹² Expression Australia submission, op. cit., pp. 5-6.

Ms RATTRAY - ... In regard to people over 65 not being eligible for the NDIS. We know that My Aged Care picks up some of that. It has been suggested that it is not as well tailored to assist people with disabilities as the NDIS is. Do you have any comment on that?

Ms COURTNEY - In terms of aged care, again, going back to what Jo was saying about those interfaces with different areas of government, I think there are some challenges. I am not sure whether Wendy has something further to add to that.

Ms YARDY - There is a difference and they are two different systems. It was very clearly decided when the NDIS was established that it would be for people under 65. Mind you, there are people over 65 in the scheme because -

CHAIR - Are there many?

Ms YARDY - There's an increasing number of people aged.

CHAIR - Is that because of the continuity of their care, as they age out of NDIS ...

Ms YARDY - It's a choice. People who were under 65 when the NDIA came into their area, they could join the scheme. Some people have chosen to stay in the NDIS. They don't actually have to leave that system until their care needs get to the point where they may require residential aged care.

There are points where they will transition across but people can actually stay in the scheme. There are a number of people who have aged and are over 65 now and will continue to age.

...

Ms YARDY - ... Also for people who were 65 and may have been receiving disability support, they would have to have been receiving these supports, they need the Commonwealth continuity of care program which provided the same or basically a translatable level of care that they were receiving at the time.

That program will continue, and Continuity of Support Programs continuing for psychosocial disability as well as for people who are not eligible for the scheme.

There is that continuation, but there is a difference. A new funding model has just been trialled and run by the Commonwealth. We will see. That has more categories in it and more choices for support, so I am hoping that that will address some of those differences that occur.

CHAIR - Tania, did that answer your question?

Ms RATTRAY - There's a lot of hoping going on. ...¹¹³

¹¹³ Hon Sarah Courtney MP, Minister for Disability Services and Wendy Yardy, op. cit., p. 11.

TERM OF REFERENCE THREE: FUNDING FOR ORGANISATIONS THAT SERVICE THOSE NOT ELIGIBLE FOR THE NDIS

The Tasmanian Government submission noted:

... the introduction of the NDIS has not resulted in a change in the responsibility of other service systems to provide services and supports to people with disability in Tasmania. Those specialist disability services provided through Communities Tasmania - both Housing Disability and Community Services now the responsibility of the NDIS - are funded through the NDIS.

Through Communities Tasmania, the State retains responsibility for providing some services under the full NDIS. These services include: Continuity of Support (CoS); Tasmanian Autism Diagnostic Services; Individual Disability Advocacy supports; Children's Therapy Services (mainstream); and The Office of the Senior Practitioner.

These services are available to all eligible Tasmanians, and the expectation is that the services provided will not duplicate supports otherwise funded by the NDIS. For example, mainstream children's therapy services provide for health-related interventions (e.g. rehabilitation) and therapy for developmental support for children and young people ineligible for NDIS and Early Childhood Early Intervention Services. These services have recurrent funding allocations.

Through the TAS HACC, the Tasmanian Government funds support for people with compromised health or moderate functional disability through 36 community sector organisations (and the THS, which is also a TAS HACC provider). Similarly, the Tasmanian Government funds St Giles to provide interdisciplinary therapy services (such as occupational therapy, physiotherapy, and speech therapy) for children and young people (pre-school and up to 18 years of age) in the north and south, with THS providing interdisciplinary therapy services in the north-west.¹¹⁴

The Committee received the following evidence regarding a funding gap for support services for those ineligible for the NDIS and aged over 65 years.

The VisAbility submission stated:

For many years VisAbility/Guide Dogs enjoyed block funding which enabled these people to access essential services such as Orientation and Mobility, Occupational Therapy, Assistive Technology training and assessment, Guide Dog services and more.

Recognising that this inquiry limits itself to people who are not eligible for the NDIS, people over 65 years will be impacted. Tasmania has a significantly higher ratio of people over 65 than in most of the mainland states. Vision loss commonly affects people as they age so a large portion of the community which VisAbility/Guide Dogs Tasmania represents is over 65.

This demographic relies on organisations, like VisAbility, to assist them to resuming a normal life after acquiring vision loss. Those over 65 often require additional training to communicate effectively with friends and family using computers or other electronic communication.

Aged Care funding, while welcome, is not enough. Typically these community based, in-home, rehabilitative services are now provided under the guise of the Commonwealth Home Support Program, Allied Health Therapy and Social Support categories. The CHSP offers limited subsidies and can necessitate clients, living on an aged care pension, to be up to \$120 per hour out of pocket for allied health services, unless the provider agrees to cover the shortfall. VisAbility have established that it costs us 4 x the amount of fees we recover to deliver this service, meaning the service is unsustainable on it's own merits and requires significant philanthropic support (which may or may not be attainable).

¹¹⁴ Tasmanian Government submission, op. cit., p. 6.

In addition, many people over 65 have extremely long waiting lists for homecare packages, many in excess of two years. Many of these people are experiencing crisis situations owing to financial and housing stress and trauma associated with vision loss and acquiring of other disabilities.¹¹⁵

Li-Ve Tasmania submission stated:

As previously mentioned these older residents of The Lodge receive funding through the Commonwealth Department of Health. Li-Ve Tasmania, in addition to this, has to invest resources into critical health care coordination to respond appropriately to the complexities of ageing with disability. This includes the engagement of a Health Support Liaison Officer whose workload has increased eight fold. Considering the importance of integrated care with both the primary care and hospital systems in the state, including avoidance of acute admissions and re-admissions and access to quality palliative care we believe responsibility for resourcing the increasing health needs of this group should be shared.¹¹⁶

The Expression Australia submission stated:

Funding for clients who cannot apply for the NDIS. For those over 65 who approach Expression Australia, we have a duty of care to not turn them away, so we support them at our own expense, connecting them to a broader community of Deaf seniors, providing events, newsletter, and updates. This approach is not offering a holistic model and is unlikely to be sustainable for organisations like ours, with diminishing additional funds who cannot act as 'welfare' managers in addition to providing high standards of services.¹¹⁷

The following section provides evidence regarding funding concerns for state-based services.

Children services

The VisAbility submission provided information regarding the limited options for therapy services for children. Of particular concern are young children requiring speech pathology services:

Our primary source of publicly funded out-patient therapy is St Giles in Hobart and Launceston and the THS on the North West Coast. St Giles provides some outreach to areas including Kingston, Chigwell, Bridgewater and New Norfolk in the South and is facilitated greatly through the Child and Family Centres. These services have reduced significantly since the roll out of NDIS. THS provide some services to the paediatric population with a disability, including clinics for premature babies (who are more likely to have a developmental delay or disability) and specific medical issues such as talipes equinovarus (club foot), cystic fibrosis and diabetes.

There are other organisations that are available to privately service this population however, these services are often filled with NDIS participants with long waitlists, even for private paying consumers. Based on waitlists, number of families looking to access therapy services and decreased frequency of visits to outreach clinics it could be assumed this funding is not sufficient to support children in early intervention requiring services.¹¹⁸

Family and Relationship Violence

Engender Equality in its submission provided information as to how they are the only state-wide service funded to offer medium to long-term specialist counselling:

Adequate resourcing of both the disability and family violence service systems is essential to

¹¹⁵ VisAbility submission, op. cit., pp. 3-4.

¹¹⁶ Li-Ve Tasmania submission, op. cit., p. 2.

¹¹⁷ Expression Australia submission, op. cit., p. 4.

¹¹⁸ VisAbility submission, op. cit., p. 3.

*improve outcomes for people with disability who are experiencing violence and abuse.*¹¹⁹

The following section highlights funding concerns for the different sectors of disability for those ineligible for the NDIS.

Prosthetics

The Limbs 4 Life submission provided a summary of issues in relation to funding needs for the Tasmanian Artificial Limb Scheme (TALS):

- *The Tasmanian Artificial Limb Scheme (TALS) needs increased funding in order to meet the demands of a growing population of older amputees. This would facilitate funding for prosthetics that are more advanced and meet the needs of each individual, allow for employment of additional prosthetists, servicing availability in all key regions, and ensure timely access to appointments (including emergency ones).*
- *Take an 'open market' approach, as used in other states, by approving all prosthetic providers to service TALS-funded amputees.*
- *Peer support is an efficient and effective way to support people with disabilities and/or chronic illness to adapt to their new condition. It is vital that the Tasmanian Government fund the provision of a formally managed peer support program for amputees in Tasmania, in recognition that it is an important addition to rehabilitation as noted by researchers, the World Health Organization, The Convention on the Rights of Persons with Disabilities and in existing Amputee Minimum Standards of Care used in other Australian states.*¹²⁰

Psychosocial

The Mental Health Council Tasmania (MHCT) submission stated:

Commissioning of psychosocial and residential supports and services is critical to improve living conditions for people with psychosocial disabilities. However, the phasing out of psychosocial support services such as the Personal Helpers and Mentors (PHaMS) program, Day to Day living in the Community (D2DL), and Partners in Recovery (PiR), has led to uncertainty for organisations and the clients that they have supported. As addressed, currently clients from these programs have transitioned to intermediary programs funded under the Australian government, however, long-term service planning and funding must be implemented to ensure that programs are in place to support people with severe and persistent mental illness who are not eligible for the NDIS, or choose not [to] apply for the NDIS.

As highlighted by the Productivity Commission's Inquiry into Mental Health, funding for mental health supports and services has been inconsistent and complex contributing to a fragmented service system that is difficult for consumers to navigate and access supports. Whilst reforms are underway to address these inconsistencies through joint regional planning under Rethink 2020 and the development of a new national mental health agreement between State and Federal Governments, uncertainty continues in regard to long term support arrangements for people not eligible for the NDIS.

*Additionally, funding must be allocated to continue to support people in making an application to the NDIS. In particular, this funding will need to support people who have been recently diagnosed or where an individual's mental health condition has worsened and is impacting on their functional capacity. Currently, as part of the NDIS transition, the Australian Government commissions a program to support individuals in making an application for the NDIS, however, longer-term funding should be in place to support people in making an application to the NDIS.*¹²¹

¹¹⁹ Engender Equality submission, op. cit., p. 4.

¹²⁰ Limbs 4 Life submission, op. cit., pp. 4-5.

¹²¹ MHCT submission, op. cit., p. 12.

Anglicare Tasmania in its submission advocated for an ongoing investment in the range of state level services for people with disabilities who are not eligible for the NDIS, as identified in responses to Terms of Reference 1 and 2.¹²²

NDIS Information Linkages and Capacity Building program

Prior to the introduction of the NDIS, organisations supporting the disability sector were funded by the Tasmanian Government through block funding. The introduction of the NDIS established new funding arrangements for organisations through the Information Linkages and Capacity Building (ILC) program. The Committee received the following evidence in relation to the ILC program.

The Australian Government, Department of Social Services website provides a summary of the objectives of the ILC program as follows:

ILC provides funding to organisations to deliver projects in the community that benefit all Australians with disability, their carers and families.

These projects create connections between people with disability and the communities they live in. Projects aim to build the knowledge, skills and confidence of people with disability, and improve their access to community and mainstream services.

The ILC transferred from the National Disability Insurance Agency (NDIA) to the Department of Social Services (DSS) from mid-2020.

Through this transfer, the ILC is being aligned with other national disability policies and programs including the new [National Disability Strategy](#), [Disability Employment Services](#), [National Disability Advocacy Program](#), the new [Disability Gateway](#) and the recently reformed [Carer Gateway](#).

The ILC continues to be administered as outlined in the [ILC strategic documents](#).

The referral function of Local Area Coordinators (LACs), which help connect all people with disability to their community and to services within each ILC stream, continues to be overseen by the NDIA.

...

ILC comprises four programs:

- [Individual Capacity Building](#)
- [National Information Program](#)
- [Economic and Community Participation](#)
- [Mainstream Capacity Building](#)¹²³

The Brain Injury Association of Tasmania (BIAT) submission described the expectations regarding the new funding arrangements under the ILC program:

Under a bilateral agreement with the Commonwealth, Tasmania agreed to pay a fixed annual contribution to the NDIS, set at \$233 million in 2019-20, then escalating at 4.0 per cent per annum. This contribution represents the total of Tasmania's disability budget and, as such, funding ceased for organisations servicing Tasmanians with disability who are not on, or eligible for, the NDIS.

The expectation was that BIAT and other similar organisations apply for nationally competitive short-term, project grants under the NDIS Information, Linkage and Capacity Building (ILC)

¹²² Anglicare Tasmania submission, op .cit., p. 9.

¹²³ Australian Government, Department of Social Services, [Information Linkages and Capacity Building \(ILC\) program](#), accessed 13 October 2021.

Strategy, and that these ILC grants would fill the gaps created by the cessation of block funding to the disability support organisations.

At this point it should be noted that the Australian Institute of Health and Welfare (AIHW) estimates that 89% of the estimated 4.3 million Australian people with disability will not be eligible for an NDIS individualised funded package (IFP), but will need support to connect with or access community and mainstream services such as health, education, housing etc. They will, most likely, be dependent upon the Information, Linkages and Capacity Building (ILC) Strategy to meet their needs.

The National Disability Insurance Agency (NDIA) states ILC is the component of the NDIS which provides information, linkages, and referrals to efficiently and effectively connect people with disability, their families, and carers with appropriate disability, community, and mainstream supports, irrespective of whether the person is eligible for the NDIS or not. It plays a significant role in ensuring all people with disability are supported to live more accessible and connected lives.

Providing national competitive grants to organisations to carry out activities in the community, the ILC strategy however only receives 0.06% of the NDIS budget - \$132 million of the \$22 billion budget in 2019-2020.

People, organisations, and the media have been very outspoken about problems with the NDIS - extensive wait times for equipment and services, thin markets, a shortage of and/or inconsistency between NDIA planners, and inadequate pricing etc; the list is quite extensive. By March 2020, sixty-three (63) reports had been written by universities and industry bodies that identified major weaknesses and improvements needed to ensure success of the NDIS in the context of the wider Australian Disability Services System.

The Information, Linkages and Capacity Building Strategy on the other hand has received very little attention to date. Given the ILC is absolutely critical if better outcomes are going to be achieved for people with disability and their families, this needs to change!¹²⁴

The BIAT submission provided information regarding the consultation and grants process under the ILC program:

After a series of nationwide consultations in 2015 and 2016 around what an ILC Framework should look like, the NDIA apparently disregarded much of the information provided at the consultations and began delivering ILC initiatives in 2017 through a grants process and through Partners in the Community.

Some nationally competitive 12-month grants were made available and, in 2017 - 18 disability organisations in NSW, ACT and SA were able to tender for jurisdictional grants. TAS, QLD and VIC were 'next in line' for jurisdictional grants with preparation well underway by organisations in these States for this to occur.

Not only did the ILC 'goal posts' then move, the whole game changed. Towards the end of 2018, the NDIA acknowledged the rollout of the ILC program had been problematic; that they had "learned a lot about what works and what doesn't during the early implementation of the ILC program and have been listening to feedback from the community and key stakeholders." As a result, they changed the approach to the way they invested in building individual and community capacity, launching a refocussed Strategy in December 2018.

Interestingly the feedback from the community and key stakeholders –

¹²⁴ Brain Injury Association of Tasmania (BIAT), Submission No. 13, 8 April 2021, pp. 1-2.

- annual grants are administratively burdensome
- one-year grants provide too short a time to make a difference
- a more strategic approach should be taken
- outcomes from programs should be measurable
- the capability of the organisations involved in the ILC program should be enhanced

was the same information they had provided to the NDIA during the initial consultations 3 years earlier.

Implementation of the new Strategy began in early 2019 with the commissioning of a three-year ILC National Information Program (NIP); of the 37 NIP grants awarded no Tasmanian based organisation was successful in this grant round. The lack of commitment to local, place-based programs delivered in each state and territory by local service providers is evident in the exclusion of Tasmanian initiatives approved.

Three other grant rounds – Economic and Community Participation (0 Tasmanian based organisations successful from 28 grants awarded), Individual Capacity Building (6 Tasmanian based organisations successful from 80 grants awarded) and Mainstream Capacity Building, with a focus on health (2 Tasmanian based organisations successful from 28 grants awarded) – were progressively rolled out over the next 12 months.

In mid 2020 the Information, Linkages and Capacity (ILC) Building Strategy transitioned from the National Disability Insurance Agency (NDIA) to the Department of Social Services (DSS). The rationale [rationale] for the move being that through this transfer [the] ILC will be aligned with the National Disability Strategy, ensuring a strong connection with other national programs including disability employment services, disability advocacy, the new Disability Information Gateway and the recently reformed Carer Gateway.

When the transfer of ILC to DSS was announced last year, it was also stated that “DSS is leading a review and consulting broadly on future directions for ILC.” As far as BIAT is aware this has not occurred and there have been no further updates re this. Other than monitoring grants transferred from the NDIA, the only DSS ILC activity during the past 12 months has been to offer 2 one-year grants – Economic Participation, and Social and Community Participation (despite the NDIS acknowledging that one-year grants provide too short a time to make a difference).

These grants closed on the 8th of December 2020 and to date successful grant recipients are yet to be notified.¹²⁵

The Committee received the following evidence from organisations expressing their concerns with the ILC program.

The National Disability Services (NDS) submission stated:

NDS has previously expressed concerns regarding the implementation of the Information, Linkages and Capacity Building (ILC) program, coupled with the withdrawal from specialist and mainstream disability services by the State Government. This resulted in a diminution of long-standing local organisations that have the capacity to provide services and programs to their local communities (whether these be communities ‘defined’ by geography and/or need - i.e; acquired brain injury).

There is concern that government has underestimated the significant impact the loss of these organisations and services has on both the Tasmanian community and Tasmanian economy. A particularly strong example of the need for block, non-project specific funding for an organisation providing supports for those ineligible for the NDIS is explored below.

¹²⁵ BIAT submission, op. cit., pp. 1-4.

The Brain Injury Association of Tasmania (BIAT) lobbied extensively for the Mental Health Diversion Court (List) to be expanded to include people with cognitive impairment. The success of any Diversion Court is dependent upon there being services in the community to divert people to.

However, with the removal of block funding, many services were interrupted, or ceased operating, due to the uncertainty of funding. This has meant that there are no longer services resourced in the community that people with cognitive impairment can be diverted to through the courts. These people are not being connected to the services (alcohol, drug, mental health, housing etc) they need to ensure they do not end up in prison, at a far greater cost to the Tasmanian Government, Tasmanian community, and welfare of the individual.

This is just one example of the critical role many community organisations play in filling the gap between government provision of services and supports available through the NDIS. NDS believes that project-based funding is insufficient to support this distinct provision of services, as illustrated in the above example. There are gaps in supports for people with disability that are best addressed by community-based organisations such as BIAT, that require direct and ongoing funding (not short- term or project based). Funding to sustain local service delivery in Tasmania is crucial to supporting Tasmanians who fall outside of the NDIS.¹²⁶

The BIAT submission stated:

... not fit for purpose and is failing Tasmanians with disability who are not on, or eligible for, the NDIS.

The Brain Injury Association of Tasmania (BIAT) believes the ILC Strategy - a project-by-project strategy with a narrow focus on a limited range of outcomes - is not fit for purpose. The Strategy does not take into consideration the broad array of activities most ILC type services provide and it does not consistently adhere to the NDIA's espoused value of "place-based responses to meet local need."

Projects are primarily single focussed and time limited; whether one year or three years is purely semantics. The majority of ILC type organisations, particularly those that lost their block funding, are not single function; they are the community's safety net, responding to need and providing a wide range of supports and services. What these organisations need is surety of ongoing funding, not a drip feed of project funding that many don't have the resources to apply for, or if they do invest time and resources into the application process, may not be successful.

Whilst in the short term ILC will provide some programs and supports not previously available, in the long term it 'offers' expensive bandaid solutions that do not contribute to an effective, sustainable, efficient, and reliable supply of services to stakeholders and for government.

BIAT is concerned that the capacity of the Tasmanian disability sector to deliver ILC services may be diminished by the time a 'fit for purpose' strategy is developed and implemented. Short notice by the Tasmanian Government of an allocation of bridging funding initially granted for the period 1 June – 2 December 2019, then extended to 31 March 2020 resulted in staff being given short term contracts, being made redundant, or leaving the sector - trends which will continue until certainty of funding is provided. Crucially, these trends will decrease the skills available to deliver ILC services, while people with disability will feel uncertain if known and trusted sources of support (both individual and organisational) are no longer available.

Organisations may disappear... the problem will not

¹²⁶ NDS submission, op. cit., pp. 12-13.

People disadvantaged by flaws in the ILC Strategy include Tasmanians living with or impacted by acquired brain injury (ABI); people for whom the Brain Injury Association of Tasmania has been providing services and supports to for the past 22 years.

There is an inherent lack of awareness and understanding of brain injury in the community. Brain injury can be difficult to diagnose, is rarely screened for, and is often overlooked when another injury is present.

...

What the Tasmanian Government (and other State and Territory Governments) fail to realise is that whilst organisations may disappear, the problem will not. For example, a person with brain injury, who does not receive the supports needed, will appear with multiple issues somewhere else in the system, most likely the revolving door of prison, and/or homelessness services and/or mental health services, and/or the acute healthcare sector, and/or alcohol and drug services, and/or family violence services... the list goes on. The cost may have shifted from disability support, however it will be significantly higher for State and Territory Governments at the next stage, and the next, and the next.

Research also shows the care burden on families is much higher following brain injury; the right supports can do much to alleviate this care burden on families. If people with brain injury do not get these supports not only will they present more often in our overburdened health system, their families will too.¹²⁷

Furthermore, the BIAT submission highlighted their concerns in relation to ongoing sustainability for organisations under current funding arrangements through the ILC program:

The Legislative Council Inquiry Terms of Reference make particular reference to 'Funding for organisations that service those not eligible for the NDIS'; with ILC grants (assuming they are successful) often their only source of disability funding, ongoing sustainability is a major concern for these organisations.

This concern is compounded by ILC Program Guidelines stating that ILC funding cannot be used to apply for an ILC Grant. With the ILC strategy being a nationally competitive grant process, quality applications take a significant amount of time and resources to develop. If organisations now only have ILC funding, how are they expected to resource further grant applications?

Furthermore, ILC grant money can also only be used "to pay for the portion of operating and administration expenses directly related to the project as per the grant agreement". Consideration needs to be given as to how, without infrastructure funding to exist, smaller ILC type organisations will be in a position to apply for further ILC funding, or any funding for that matter.

Earlier ILC grant rounds attracted applications from organisations that, prior to the introduction of the NDIS, would not have applied for or received disability funding. Grants, such as the one provided to Little Athletics Australia Ltd, to deliver true inclusion of children with disabilities in competitive athletics, is a good example. This project delivers outcomes - upskilled and accredited Little Athletics centres - which are sustainable without the need for ongoing ILC grant funding.

However, many other projects, which are for establishing and/or piloting services and supports, are not sustainable without ongoing security of grant funding. With each ILC grant round an increasing number of projects are falling into this category. This creates a significant risk that projects will commence, deliver positive outcomes for people with disability, but then not be able

¹²⁷ BIAT submission, op. cit., pp. 2-5.

to continue as either further grants are not available or the pool of ILC resources are diluted by the increasing number of organisations needing on-going funding to continue their projects.¹²⁸

The New Horizons Tasmania (NHT) submission provided a summary of their current funding situation and difficulties experienced in attempting to align with NDIS funding:

- *New Horizons Tasmania (NHT) lost the organisation's traditional core Tasmanian Government funding with the rollout of the NDIS in Tasmania in 2018/19.*
- *NHT was awarded a one-off Federal Government 'Muster' grant for 2019/20 "in recognition of the organisation's work in helping to build inclusive, cohesive communities." This assisted in supporting NHT programs for a further 12 months.*
- *NHT has been without any core funding since July 2020, and is now existing on savings and fundraising. The future of our organisation and state-wide programs are at risk, with enough funds available to continue operating for only a further 16 months.*
- *For 5 years, the NHT Board and Management have been investigating ways to strengthen and solidify financial sustainability through increased and diversified funding streams (since the announcement that the end of state core funding was imminent). Unfortunately, this has been very difficult to achieve.*
- *A large portion of this time has been attempting (unsuccessfully) to align NHT's programs to be able to operate profitably under the NDIS model.*
- *The 'Volunteer-led' structure of NHT, where the majority of NHT programs are led by passionate volunteer coaches, instructors and supporters, has proven impossible to align with NDIS plan charging. NDIS 'groups' are based upon paid support persons.
(Please note that the volunteer-led model which NHT has run very successfully for over 30 years is a large contributor to NHT not only enriching individual lives, but also the organisation's important contribution to building more inclusive communities in Tasmania).*
- *Team and non-therapeutic sport and physical activity (which are the majority of NHT's programs) are very difficult to align with NDIS charging.*
- *There are significant one-off and on-going costs relating to organisational NDIS registration and set-up, invoicing etc for small Not-For-Profits.*
- *Specialised consultants DSC – Disability Services Consulting — national experts in NDIS transition (<https://teamdsc.com.au/>) have confirmed that converting to an organisational model with NHT operating as an NDIS Provider under the current NDIS structure, with our current proven programs, would be unsustainable.*
- *This would even be the case if every participant of every program NHT ran had an NDIS plan. (which, as explained earlier, they do not).*
- *New Horizons Tasmania has been planning the roll-out of trial NDIS-charged programs (new therapeutic and heavily adapted programs), however there have been barriers to establishing these. For example: there is a real lack of expertise available to support the setting up of these trial programs. NHT advertised for 2 months for a part-time NDIS transformation consultant and didn't receive a single application. Also, there are a lack of Allied- qualified coaches available at a cost NHT could afford.*
- *NHT is eligible for consideration for NDIS ILC funding.*
- *"ILC is a key component of the NDIS insurance model and will contribute to the sustainability of the NDIS by building the capacity of the community, people with disability, their families and carers which in turn will reduce the need for funding of supports for people with disability through IFPs." (* www.ndis.gov.au)*
- *NHT has applied for NDIS ILC funding in every suitable grant round since the ILC program's inception 2018, but have so far been unsuccessful.*
- *The NDIS National ILC leadership group visited NHT in 2019, and offered feedback that NHT's ILC applications had been of a high standard and were considered worthy of funding — however there were "too many quality projects and only limited budgets".*
- *Each ILC round is open to national submissions, so the competition is fierce. Also, there is often requested 'national focus' for projects, which is impossible to achieve for state-based*

¹²⁸ BIAT submission, op. cit., pp. 6-7.

organisations.

- If NHT were successful, and received an NDIS ILC grant, this would only cover funding for a 12-month period, which makes planning and state-wide expansion very difficult.
- Please note, we are currently awaiting news of the last ILC grant round, which closed in December 2020. Funded projects are due to be announced in April 2021.¹²⁹

At a public hearing, NHT CEO, Belinda Kitto provided an update in relation to receiving project funding:

Since our submission to this inquiry in April, we received news that we have finally been successful in an application for the NDIS ILC project funding. Despite being a significant sum, this is a one-off and project-based, and must be spent within 24 months - or 18 months now that we're down the track.

From 2023, New Horizons will again be without any core funding, placing our existence in jeopardy.
...¹³⁰

Belinda Kitto and Board Member, Penny Nicholls added:

Ms NICHOLLS - *We have been successful in getting some grant funding from Sport and Rec but that's on an annual application process; however, it does help meet some of our core costs.*

Ms RATTRAY - *It's always cap in hand when you're trying to live off that type of funding arrangement, never having any surety.*

Ms KITTO - *The short-term funding is really difficult because so much time goes into preparing for those grants. We're able to put on a couple of additional staff to cover the north-west but by the time you go through the application process, put people on, train them, you're a quarter of the way down the track and then you've got to deliver these really big outcomes, which we're excited to do. Then you've got to do the evaluation process and start lobbying again. It's nearly over before it starts. So, those 12-month grants are really difficult.*¹³¹

NHT provided information regarding the challenges for their organisation in accessing funding through the ILC program:

Ms KITTO - *It's really difficult. With the first ILC round that came out, the recommendation from government was that they wanted us to apply for that and see how that went.*

CHAIR - *Each round is differently targeted. Is that correct? So you may not actually be eligible for that opportunity.*

Ms KITTO - *Yes, or you have to totally change your business model to try to fit, or a lot of that existing work that has been proven to be successful doesn't always seem to be funded.*

CHAIR - *Do you mean on an ongoing basis?*

Ms KITTO - *Yes, or the frustration when we find that what's been proven to work for 30-plus years - and the structure the way it is - can't be funded under a lot of these project-based grants. They want new projects, so you have to invent something new, but we don't want to let the members down in what is being covered.*¹³²

¹²⁹ New Horizons Tasmania (NHT), *Submission No.18*, pp. 3-4.

¹³⁰ Belinda Kitto, CEO, NHT, *Transcript of Evidence*, 17 August 2021, pp. 51-52.

¹³¹ Belinda Kitto, CEO, NHT and Penny Nicholls, Board Member, NHT, *Transcript of Evidence*, 17 August 2021, p. 56.

¹³² Belinda Kitto, op. cit., p. 53.

At a public hearing, Executive Officer, Deborah Byrne provided some examples of the difficulties encountered by BIAT under the ILC program:

For example, the Brain Injury Association has done a lot of work in the area of raising awareness of brain injury as a contributing factor and consequence of family violence, but we don't have the resources because it sits outside our project funding to be able to do any work in that space and if there are project opportunities, technically we don't have the funding to be able to apply for those.

CHAIR - And you may not be eligible for every ILC grant round either.

Ms BYRNE - No. As you saw in the submission, the ILC goalposts continue to move on a regular basis, so you think you're doing one thing and you prepare for that and then something changes and you have to then look at responding in a different way.

Ms RATTRAY - It's for specific programs or projects, isn't it?

Ms BYRNE - Yes. The ILC strategy identified some key areas and grants have been rolled out, focussing on specific projects. Our major issue is the longevity of the ILC strategy, when organisations are required to lurch from project to project.

CHAIR - Without core funding?

Ms BYRNE - Without core funding. The grants are nationally competitive, and so you have to put in a lot of time and effort into a grant, getting it right and being able to compete. As I said, you're not funded to be able to do that. Normally that requires me to go offline for days to work on the grant, with no surety of success.

The other issue is the time limitations around your grant, and we've experienced this. Because we were providing an information and referral service, we had a grant that enabled us to purpose-build a database so that we could capture the people who were contacting the organisation, and also to develop a referral database. So, if you rang up and said, 'I need a neurologist in Launceston', we would be able to go to that database and provide you with that information. We were funded to provide that under a 12-month ILC grant, but we weren't funded to provide the information service.

Technically, we're not funded to provide an information and referral service anymore. A Queensland-based organisation received that big, national information program funding. They don't have anyone on the ground in Tasmania, so we still remain that first point of contact for people and family members, and organisations supporting people with brain injury. Technically, we are supposed to ring the local area coordinator, who doesn't have the brain injury knowledge and expertise that we have built up over 20 years; or we tell them to ring the Queensland-based organisation that is providing a national service, but they also don't have that local expertise and knowledge.

The ILC was about local responses, placed-based responses, but we're not seeing that happening. There is that issue around funding projects that are delivering really good outcomes for people, and building up people's expectations over time, and then it's 'I'm sorry, we can't deliver that program anymore.'

Another really good example is the project I talked about, that also had some funding for brain injury peer support groups. We developed peer support groups around the State. We have one in the north-west, one in Launceston and one in Hobart and people started coming along. The evidence, the benefits of those peer support groups, are really significant to people and then technically - 'Well, that project's finished. We can't continue doing that.' We've had to look at some

*different ways to try and keep that going because we really value that project, and also that opportunity for people to feed into some of the work that we do.*¹³³

The Committee questioned NHT in relation to the difficulties of accessing funding through the ILC program:

CHAIR - *Is it the workload? With some grants, they ask you one or two questions and with others there is a huge process ...*

Ms KITTO - *The ILC grants are really big, and the reporting, if you are successful, you nearly need a full-time person to be able to keep on top of all of the reporting. All of that has to be taken into consideration when you are applying, if you can manage that with small staffing levels.*

Ms PALMER - *Regarding the ILC funding, you said that is one-off funding. Is that something that in the lead-up to 2023, you apply for it again or is it a one-hit wonder and you cannot apply again, or you have to wait and see what their focus is in 2023?*

Ms KITTO - *Yes, that is right. Every time they have rolled them out the focus has been different and so that next round comes out, if it comes out - there have been no announcements yet - may not fit us to apply. We may be able to apply; we may not be able to apply.*

CHAIR - *I have heard if it was state-based and it is obvious you are looking locally for an organisation to provide the service, but in an ILC you are now nationally competitive. You might be a small place competing against some interstate player. Have there been instances where somebody external to Tasmania who does not have the community connections or the networks or the location, has been funded to do work here? Have you heard of that at all?*

Ms KITTO - *With the initial ILC grants we put in for and were unsuccessful, the team came down and spoke with us. They advised that our grant was very worthy of funding but unfortunately the funding pool was not big enough to fund all the great submissions that came through. One of the ILC grants that we have now was an organisation - we do not know who it was - that was unable to follow through on their submission and spend their funding. The state government lobbied hard to keep that money within Tasmania. Submissions were put up against that and so fortunately we were successful in receiving that funding. So that has happened where other organisations have received funding but then been unable to deliver their outcomes and spend the money.*

CHAIR - *Through that grant process you would be in competition with all manner of people and also other people in the same situation as you are, I think, where they are trying to make their service fit at times because they need the funding.*

Ms KITTO - *Yes, essentially.*

CHAIR - *There must be some consequence of that, having to compete on a national level?*

Ms KITTO - *There is. Many of the national organisations have a lot of resources at hand, specific staff who can focus on these grants and are not trying to run an organisation and do the grants. It really is tough competition. That first round we missed out on, the feedback was that the big priority was national organisations. That was one of the reasons we were pipped at the post.*¹³⁴

Penny Nicholls, Board Member, NHT commented:

... applying for short-term or project-related federal government funding in a very competitive national market will make it really difficult for organisations like New Horizons to become

¹³³ Deborah Byrne, CEO, BIAT, *Transcript of Evidence*, 16 August 2021, pp. 83-84.

¹³⁴ Belinda Kitto, *op. cit.*, pp. 53-55.

sustainable, particularly in delivering the programs and activities that we do at New Horizons that don't align with the NDIS.

A large number of our participants are not NDIS participants, whether that is of their choosing or they are simply not eligible. Some sort of ongoing block funding really has to be reinstated to support some of our core staffing and other activities, so we're able to continue to provide some sustainable and inclusive sport and recreation programs state wide.

I'd like to reiterate Belinda's point that we have a responsibility to ensure that inequities are not experienced for people living with a disability, regardless of whether they are NDIS participants or not. There needs to be an appropriate level of funding, and that must continue to be provided to meet the needs of all people with disability. It is just not acceptable that those who are not on NDIS plans continue to fall through the funded gaps.¹³⁵

BIAT provided evidence regarding how the cessation of core funding to their organisation will have a flow-on effect which will impact the Tasmanian Government:

... I understand that for the Tasmanian Government, the funding was signed over under the bilateral to the Commonwealth; but the responsibility to people with disability doesn't stop there. And if we don't have services such as those the Brain Injury Association was providing - those safety net services of being there for people in a whole range of different circumstances - we will see them, as we know, in the criminal justice system, because the research says that potentially up to 60 per cent of your prison population have diagnosed or undiagnosed brain injury. The research says that 65 per cent of detainees in youth detention centres have brain injury. We see that if the carers, or the family members are not supported, we see them in the hospital system, or in mental health services.

Ultimately, the Tasmanian Government is going to pick up the bill and the bill is going to be a lot higher than providing for the safety net services that organisations such as ours provided. That was the main concern of our submission, ...¹³⁶

The Committee questioned NHT regarding how these gaps in core funding will impact the Tasmanian Government:

Ms KITTO - *Yes, it is going to be massive. ... there are more than 400 people on our books but unfortunately before we got this ILC we had to halt. We had amazing volunteers in the north-west coast who ran those programs. This is a perfect example of what would happen statewide if New Horizons had to cease. Through COVID-19, our volunteers who ran those programs who had elderly parents had to retire so everything stopped in the north-west. We were nine months without funding. We could not put the resources in to continue so that gap in numbers means there are participants down there who are not accessing any sport and recreation at the moment. Depression and mental health problems are really high in people with disabilities.*

Mr WILLIE - *The costs to the state government are going to be higher, aren't they?*

Ms KITTO - *A lot higher.*

Mr WILLIE - *There is a lot of preventative health that you are doing as well.*

Ms KITTO - *That is right.*

Ms NICHOLLS - *It is very much a volunteer-led structure.*

¹³⁵ Penny Nicholls, op. cit., p. 52.

¹³⁶ Deborah Byrne, op. cit., p. 85.

Mr WILLIE - Which the state government cannot harness, the volunteer capacity.

Ms NICHOLLS - A lot of our programs and activities are led by passionate coaches, instructors and other types of volunteers and supporters, so that is an additional cost that we do not have to incur at the moment.¹³⁷

BIAT provided information regarding how these funding gaps could be addressed, Deborah Byrne stated:

Ms BYRNE - I think there are a couple of elements. It is around that core funding. I am aware that, for example, they looked at the advocacy services because that funding was also handed to the Commonwealth and they realised that wasn't being funded by the NDIS so the Tasmanian Government has funded the advocacy services. I think it is having a look at the value that organisations such as ours can provide and going back to that core funding model, whether that's something the Tasmanian Government does or something that it advocates through the NDIS that maybe ILC is framed a bit differently. I think that with the ILC funding, there should still be some of the funding allocated for innovation and projects such as ours, but I think also some of it should be quarantined.

It's almost like your ILC projects are pilots and if you get a really good pilot that demonstrates that the outcome is not sustainable - for example with the card where you're asking people who are already disadvantaged to pay for something that is going to change their lives in ways that are really incredible - to be able to say, 'This is really great, we think the organisation needs core funding to be able to continue this', and also some core funding that allows the organisation to look at other opportunities.

I think they need to have a really good look at the gaps that have been created. For us it is that information and referral gap and I guess to hold some of the ILC projects to account. I'll give the other organisation the benefit of the doubt because it is a three-year project so you have that opportunity to roll out your outcomes over three years, but an outcome of that project was that they would have a physical presence in every state and territory. They talked about having local engagement officers in each of the regions. That hasn't happened in Tasmania, so there's a significant gap there that is having a flow-on impact on people and on the Tasmanian Government.

Having a look at where the gaps are is something that government needs to do. We can tell them where the gaps are. We want to be able to work with government around solutions. We've evidenced that with our justice project that we're working on and we're happy to work with government around coming up with solutions.

The NDIS has created gaps for people who aren't eligible for the NDIS and I think that needs to be addressed. I would hazard a guess that it's not just in Tasmania, it's in the other states as well. The focus needs to not just be on participants. The focus for the Tasmanian Government in investing our taxpayer dollar needs to be also on ensuring an outcome for those Tasmanians who are not eligible for the NDIS.¹³⁸

The Committee questioned NHT in relation to the amount of core funding needed to continue its work:

Ms RATTRAY - What is the core funding that New Horizons needs to continue the work that they have been doing since 1986?

Ms KITTO - Going back before it was taken away it was \$115 000. That was when we were just northern based. Now we are looking at our statewide model that we know is really important and

¹³⁷ Belinda Kitto and Penny Nicholls, op. cit., p. 55.

¹³⁸ Deborah Byrne, op. cit., pp. 86-87.

it is important for our funding as well. We have been told that if we were just a northern based organisation we would not be able to access a lot of funding. We are looking at \$500 000 to be able to operate. That is the core funding that we need. Then we work hard to fundraise and with sponsorships we can top that up to be able to provide the full resources.

Ms PALMER - *What is your fundraising capacity outside of grants and government each year? I know you work very hard in that space. What does that amount to?*

Ms KITTO - *Sponsorships aside, just the pure fundraising we target \$100 000 a year.*

Ms PALMER - *And with sponsorships?*

Ms KITTO - *It depends if you take COVID-19 into account which is the same with our fundraisers, we have had to cancel a number of fundraisers but we tried to get at least another \$50 000 in sponsorship, but \$100 000 would be ideal.*

Ms ARMITAGE - *And with COVID-19 you haven't been able to have hardly any events.*

Ms KITTO - *No, we had a full year of no fundraising. A little bit of online fundraising and then we were able to produce the Cycle Challenge in March this year, which was great. But we've put off the gala again this year, which is at least 50 per cent of our fundraising.*

Ms NICHOLLS - *We have been successful in getting some grant funding from Sport and Rec but that's on an annual application process; however, it does help meet some of our core costs.*

Ms RATTRAY - *It's always cap in hand when you're trying to live off that type of funding arrangement, never having any surety.¹³⁹*

Since 2004, TADTas Inc. received block funding from the Tasmanian Government, however this funding was withdrawn in June 2020 due to funding available under the NDIS. Twenty-five per cent of their clientele access NDIS funding, however, the remaining clientele are ineligible for NDIS funding due to their age or do not have permanent disabilities.¹⁴⁰ The TADTas Inc submission stated:

... These people are equally deserving of life changing assistance through accessing our skills, but sit outside the NDIS framework.

Prior to the introduction of the NDIS this was not a problem. A client was a client and our focus was on making their life better. With the full roll-out of NDIS we were informed that our funding which had been in place since 2004 would be withdrawn from the end of June 2019. Totally withdrawn, regardless of the fact that we were still committed to serving the needs of a clientele wider than NDIS eligibility. We made representations to the DHHS, and our funding was continued for a further year, but finally withdrawn at the end of June 2020.

The reason given for the withdrawal of funding was because we had access to NDIS funding. NDIS funding in fact covers only approximately 25% of our clients. TADTas, in its charter is committed to assisting all clients who are referred, regardless of NDIS status. While receiving grant funding, the client reimbursed us for materials used, with the grant funding covering the overheads of providing the service. In response to the loss of funding, to be sustainable, we must now recover a contribution to our administrative and technical overheads.

In our experience, non-NDIS clients are not independently wealthy, and struggle to find funding to obtain basic aids for living. It would appear that they are being neglected by government, and that we (amongst others) are assumed to meet their needs with no source of funding to enable

¹³⁹ Belinda Kitto and Penny Nicholls, op. cit., p. 56.

¹⁴⁰ TADTas Inc submission, op. cit., p. 3.

this. Our service offering is unique and our historical modest level of block funding was an extremely cost effective method for government to respond to demand not serviced by the NDIS or elsewhere.

While we support the overall vision of the NDIS, the absence of funding to support those excluded from the scheme by age or permanency of impairment enshrines discrimination as many do not have the means to privately fund. This cohort represents a significant permanent service gap rather than a temporary transitional NDIS funding issue.

Our work facilitates increased independence, recovery from temporary disability, social inclusion, health and wellbeing and can prevent or postpone more expensive support requirements or simply improve quality of life. The block funding enabled us to seamlessly service and improve the quality of life of all Tasmanians in need of our service, responding to need rather than their wealth, age or eligibility.¹⁴¹

The Committee questioned TADTas Inc at a public hearing as to what happens to people who can't get support, Executive Officer, Paul Duncombe stated:

The ones who contact us are the ones we know about. The ones that contact us receive a service from us.

I sent a bill out this morning for \$50 to a man who had a modified toilet seat, but it wasn't high enough for him. He had to plonk down onto it, so our volunteer raised the toilet seat. He went out one morning, diddled round and got it working, and I sent out a bill for \$50 because he hasn't got any money and the volunteer travelled from Devonport to Port Sorell twice, so that was the \$50.¹⁴²

The TADTas Inc. submission stated:

... One of the dangers of the NDIS is the perception that all disabilities are now covered in an insurance based scheme. This is not the case – particularly for the over 65s.

*There is a clear economic and moral argument for adequate funding to continue to service their needs and provide technical aids for **all** people with disabilities in Tasmania. TADTas stands ready to assist, but cannot do so without government playing its part.¹⁴³*

The Committee further questioned TADTas Inc on the amount of funding required to continue their service. Executive Officer, Paul Duncombe stated:

I guess what I [would] like to see is some state government funding to cover the overheads for the people who rely on us for assistive technology. In Victoria when the same thing was happening, the Victorian organisation lost half its funding. If we lost half our funding, I would not be here today talking about the problems, because the problems would be solved. So, the bikes will take care of themselves and we need, for the people under 65 who have a plan, we can charge full overheads for that, so half our previous funding would cover those people over 65 who don't have access to the NDIS. We are talking about \$25 000.¹⁴⁴

The Print Radio Tasmania (PRT) Inc submission stated:

Print Radio Tasmania (PRT) has for almost forty years provided a valuable reading and information service to the more than half of the Tasmanian community with a print disability such

¹⁴¹ TADTas Inc submission, op. cit., pp. 3-4.

¹⁴² Paul Duncombe, op. cit., p. 41.

¹⁴³ TADTas Inc submission, op. cit., p.4.

¹⁴⁴ Paul Duncombe, op. cit., pp. 41-42.

*as vision loss or impairment, are functionally illiterate, have a physical disability, or are aged or infirm.*¹⁴⁵

The PRT Inc submission provided information regarding their previous funding arrangements:

PRT operates on a "shoe string" annual budget of around \$250,000 per annum, has two employees and relies heavily on a wonderful team of over 80 volunteers to carry most of the workload.

*In the past PRT has been funded by a mix of State and Federal grants, augmented by donations and bequests from various sources. The Tasmanian Government provided financial support to PRT from the date of the organisation's inception in June 1982 until June 2019, when funding was to be abruptly discontinued following the introduction of the NDIS. Our understanding is that this decision was made by Government in the expectation that the NDIS would take over the State's funding role in the future. It is a matter of record that this has not happened, the NDIS having no plans to provide funding for organisations such as PRT which do not provide one-on-one personal support for people with disabilities. We understand that a suggestion from PRT at that time that the Government consider the possibility that continuation of funding from the State, or its termination be at least deferred as had occurred in other States, was declined. As it happened a delay in the introduction of the NDIS led to State Government funding continuing in part during 2019/20, with funding discontinued after 30 June 2020.*¹⁴⁶

PRT Inc submission explained the consequences of this cessation in funding:

The cessation of Government funding equal to around one third of PRT's annual operating costs has created an unsustainable financial dilemma for PRT. We have no option at present other than to call on PRT's retained earnings to close this substantial funding gap:- an action which, if allowed to continue, will have a predictable and inevitable outcome. Bridging the funding gap from private sector donations and the like is unlikely to succeed, unless the lack of Government support for PRT's community service activities arising from the withdrawal of Government funding is reversed.

These deeply concerning matters led to a request to the Government in September 2020 for the restoration of funding to a minimum of \$75,000 per annum and preferably an increase to \$100,00 per annum:- this compares with the average Government grant received for each of the three years ending 30 June 2019 of \$82,000 per annum. Our request for the reinstatement of Government funding was declined.

*It seems to us that the NDIS has failed to live up to community expectations in that it is unable to support charities such as PRT that do not offer direct personal assistance for people with disabilities, irrespective of the benefit that charity brings to that community. At the same time we have great difficulty in understanding why, after almost forty years of collaboration with PRT, the Government has seemingly abandoned the large cohort of the State's population who live each day with a print disability.*¹⁴⁷

The Minister for Disability Services, the Hon Sarah Courtney MP and Acting Director, Disability and Community Services, DoC, Wendy Yardy when questioned by the Committee provided comment on the above-mentioned issues:

CHAIR - *I know that in the same way that the NDIS has greatly benefited many individuals and improved their lives, there are also organisations that have been able to access ILC grants and deliver projects and programs that they may not have otherwise been able to. We all acknowledge that. We heard from a few small volunteer organisations during the inquiry that did not have the capacity to apply for an ILC grant or did not fit the criteria on that particular grant round but they are still delivering an important service, one that people still need in Tasmania.*

¹⁴⁵ Print Radio Tasmania (PRT) Inc, Submission No. 10, 2 April 2021, p. 1.

¹⁴⁶ PRT Inc submission, op. cit., p. 2.

¹⁴⁷ Ibid.

What work is being done to support those organisations to continue to deliver those services? At the end of the day there are people who are ineligible for the NDIS and there are organisations that are ineligible for most of the NDIS, if not all.

Ms COURTNEY - ...

A range of organisations have got funding, many of them successfully through different ILC funds. There also has been funding provided through different mechanisms of government, including New Horizons. They got funding passed through some of the Sport and Rec grants as well.

Ms YARDY - *They continue to receive funding from Sport and Rec. We have worked very closely with New Horizons.*

CHAIR - *We had a very emotional hearing with them.*

Ms YARDY - *We have been working closely with organisations right through from 2016 when we started talking to them about the fact we would cease their funding. We have done many engagements and many rounds of conversation with organisations to support them in moving forward.*

We found that by 2019 most organisations had developed a pathway forward. Some of them had changed their business model receiving funding through individual plans. What they are doing is using the funds that they generate through that process to deliver some of those more ILC-type services than they have before. Other providers have adjusted to being individual providers. Organisations like Riding for the Disabled have a mixed model so they are a NDIS registered provider. They actually earned more in the previous 12 months through the NDIS plans than they did through the funding that we gave them previously. They also get community support levy grants as well.

CHAIR - *We heard from a number of organisations and the Brain Injury Association is one that springs to mind. Deborah was talking about the amount of work it takes to apply for an ILC; the fact that it is time limited and project focused and that they can't draw on any of those resources and staff time and things like that to apply for further grants. A number of them said that they had been able to adapt their model at this point but it wasn't sustainable so they were concerned. They also mentioned varying times but they all seem to have a clearly defined time at which point they would no longer be able to continue to deliver those services.*

The question is that some of those gaps aren't going to emerge until organisations do begin to fold.

Ms COURTNEY - *Some of the issues you raise are uniquely Tasmanian. We are engaging our federal colleagues on some of our unique organisations to hopefully ensure that these things are at least considered as part of the review. Some of that includes the time frames and the length of funding. That has been raised by some organisations and also the type of activity that can be encompassed. Clearly, without that review having kicked off substantively, these are still early days on that, but they are the things that we are hoping would at least be considered through that process.*

Ms RATTRAY - *I am hearing what you are saying minister, but it doesn't give any confidence to those small organisations that do a fantastic job in our communities and often provide a niche service to know they are going to have funding, and be able to hold on to staff in the future. Hoping that the federal system will come along is probably not going to satisfy their needs. Is there some other way that they can be funded and not be so reliant on the process we are using at the moment?*

Ms COURTNEY - ...

We can all accept the NDIS has been a game changer for people with a disability. The significant amount of funding that the Tasmanian Government provides each year for that is great for people

living with a disability. It shows our Government's commitment to that and it shows broadly, the commitment of other governments around the country, including the federal government.

In the quantum of funding that was committed and in the development of the NDIS and the way that the feds would take ownership effectively of this ILC style shows why it is relevant they can have a review now. Clearly there are some areas that haven't worked as smoothly as some had anticipated. There was always the expectation with this move to the NDIS that for some service providers there would be a necessity to reshape what they do. For some organisations, as we have heard, it has been easier than others because of what they actually do and how they do it in the community.

We keep mentioning New Horizons. They have an enormous history and are well loved in our community but do provide things in a different type of way to others that could have more easily got that service from the NDIS. Perhaps Wendy could talk about the genesis of it a bit more because it is relevant into where you are going, Tania, to where we are today and why we are looking to the Feds so much. That was always the case that with the significant amount of funding that we provide, that it was made through the NDIS so that this could be effectively taken care of, for want of a better word, through another mechanism.

Ms RATTRAY - *Nobody disputes the fact that all governments around the country are putting in significant, millions and millions of dollars, but when it means we lose really special services in our community, then people do not see the value of it. It is a really difficult one.*

Ms YARDY - *In the transition process, we have met with organisations a lot, and we met with organisations after. We gave bridging funding to organisations so they could continue to operate until ILC was more fully established.*

One of the things that we have done is checked in with organisations along the way, to find out how they are going and how successful they have been. Most of the 18 organisations in that group, have actually adjusted or they have made the decision they are just a small body and wanted to withdraw from the ILC process, because they did not want to have to do a whole lot of government regulation.

At the end of the period of bridging funding, [for] two of the organisations, New Horizons and Brain Injury Association Tasmania, we actually then extended a further grant so they had further opportunity and time to investigate their business systems.

The issues you have raised in terms of longevity and project base are the absolute strongest pieces of feedback DSS received. It is very clear that will need to be addressed, because there is a recognition that model of service of funding they have been providing may not meet a long-term need.

CHAIR - *One of the other aspects that was not with BIAT in particular, but a couple of the others we heard from were talking about when the focus becomes on a grant-based system. The wrap around, flexible services they were able to provide previously are no longer a possibility for them.*

Is that part of the review, considering whether it is project-based funding or another type of funding available?

Ms COURTNEY - *That is what our engagement has been about to date, making sure what we would like to see and advocating for the work looked at. Obviously, any review, you want to make sure the terms of reference for that review and what they are looking at is actually sufficient. Otherwise, there are challenges.*

As Wendy said, these are the things that have come to us. These are the things we would like to see addressed through the review. These are the aspects we would like them to help inform the future directions of ILC funding.

*In some ways, committees like this. We talked about being timely and being able to advocate strongly for Tasmanian organisations. For some of these organisations, we know that they have been loved by communities for many, many years. The more we can advocate as a state, the better placed they are.*¹⁴⁸

Futhermore:

Ms COURTNEY - *My understanding is that the federal government is looking at reviewing the way that they do things next year. We have had engagement from my office federally on that. ...*

Ms YARDY - *We have had a long engagement with the ILC when it was the branch in the NDIS and as well with DSS to really consider how ILC is funded and utilised in Tasmania. It is a national process but we have been able to lobby really strongly for Tasmanian organisations. What we find is that when the ILC was introduced, it was new. Nobody quite knew how it would work. What we are finding as we go along is that there are parts of the system that we can improve. We have been engaging with DSS around the review process because that has captured a lot of the concerns that organisations have, particularly around project funding.*

CHAIR - *What's the timeframe for that review?*

Ms YARDY - *Because it is in DSS's control it is a little hard to say but they have engaged Swinburne. We are looking for some active process to be happening fairly soon from that one. I think we will be hearing from Ms Ruston very shortly on that time frame.*¹⁴⁹

¹⁴⁸ Hon Sarah Courtney MP, Minister for Disability Services and Wendy Yardy, op. cit., pp. 2-5.

¹⁴⁹ Ibid., p. 2.

TERM OF REFERENCE FOUR: WORKFORCE DEVELOPMENT AND TRAINING OPPORTUNITIES FOR THE DISABILITY SUPPORT SECTOR, INCLUDING ALLIED HEALTH

The National Disability Services (NDS) submission provided an overview regarding some of the challenges facing the disability support sector in relation to workforce development and training:

Significant growth in the disability workforce is required to meet the increased demand under the NDIS. Equally important is the extent to which that workforce, including those recently recruited, is suitably skilled, motivated, and capable of delivering NDIS supports in a manner that meets the quality aspirations of people with disability, and the Scheme itself.

The unavailability of industry specific data from the ABS, NDIA or any other source hampers our understanding of workforce numbers or growth rates in Tasmania. The disability sector is one of the fastest growing in Australia with one in five new jobs over the next few years is predicted to be in the disability sector.

Every indication is that the localised, especially rural and remote, workforce shortages evident before the NDIS have only been accentuated since its roll out. The simple lack of people available to the sector in rural areas, and factors such as housing unaffordability and poor transport, restrict the labour supply in areas such as North West Tasmania.¹⁵⁰

NDS in its submission provided information regarding the barriers the disability support sector face in the recruitment of allied health professionals (AHPs) in regional, rural and remote areas of Tasmania:

In 2017 NDS received NDIS Sector Development Funding from the Tasmanian Department of Health and Human Services to increase the supply and availability of the allied health workforce in regional, rural and remote areas of the State and to:

- *Define the existing workforce and forecast the supply mix of AHPs at full scheme.*
- *Develop an allied health disability workforce strategy and action plan for regional, rural and remote areas.*
- *Implement priority strategies:*
 - *Influence the use of allied health assistants (AHAs) in NDIS plans and facilitate the establishment of AHA traineeships.*
 - *Implement strategies to skill the allied health workforce in positive behaviour supports (PBS) to reduce and eliminate restrictive interventions.*

The work undertaken identified a shortage of allied health professionals (AHPs) available to provide therapy supports to people with NDIS plans in regional, rural and remote Tasmania. At the time it was estimated that Tasmania has 4.3 AHPs per 1,000 participants, which is the lowest of any state and over 25 percent lower than Australia as a whole (5.8 AHPs per 1,000 people).

This shortage, in conjunction with the expected increased demand for disability services in the coming years, posed a significant risk to the success of the NDIS, potentially impacting on the quality of life for people with disability and developmental delay. This issue was being felt especially and more acutely in regional, rural and remote Tasmania due to the following challenges:

¹⁵⁰ NDS submission, op. cit., p. 13.

- *University training for AHPs in demand under the NDIS (occupational therapists [OTs], speech pathologists [SPs], physiotherapists [PTs], orthotists and prosthetists [O&P] and podiatrists) is not currently available in Tasmania. These professionals must therefore be recruited from interstate where demand is already strong and competition for remuneration and career opportunities is high.*
- *Tasmania's demographics result in a relatively strong need for AHP services. At the outset of the NDIS trial, Tasmania had the highest rates of disability of any state or territory for people aged 64 years and under.*
- *Tasmania's thin markets outside the major urban centres make delivery of services difficult; regional, rural and remote workforce retention has already been identified by service providers as a significant challenge.*

In the context of the NDIS, thin markets exist where there is a gap between the needs of participants and the services available in the market, which can occur in a particular location (where the services are needed), and /or for a particular service, and/or for certain cohorts of participants; and is driven by difficulties in servicing a client's need or their location, such as cost.

Within Tasmania, except for psychology and social work, there are no study pathways for students to become qualified in any of the other allied health professions. This means to study and become qualified as an allied health practitioner, students must relocate interstate. Although some of these pathways are currently being developed through the University of Tasmania, there is still a medium- term risk over the next 10 years ensure adequate supply.

NDS was funded for a workforce attraction project, Project Momentum, which concluded in 2020. This project involved working with AHPs. Over the course of Project Momentum, AHPs were surveyed regarding their study and career pathway. Over half of the respondents began their professional career in the state in which they studied. This is significant because it highlights that Tasmania lose over half of the practitioners entering the sector after graduation, due to Tasmania's limited study options.

The results also indicated that the majority of practitioners' reasons for moving to Tasmania were not professional ones, but focused on social/lifestyle, family, or home state. The majority of AHPs working in the state originally grew up in Tasmania. This highlights the limitations Tasmania has in recruiting AHPs to the state. Rental affordability and the wage gap between AHPs working on the mainland and those offered in Tasmania were found to be the main reason deterring AHPs considering relocating to Tasmania.¹⁵¹

VisAbility in its submission described the recruitment of AHPs in the therapy sector for the disability support sector as challenging:

... We have advertised for over 12 months to recruit to a speech pathology position without success. The network of professionals in Tasmania is exhausted, and there is limited/no incoming supply due to closed borders.¹⁵²

Steven McGregor, Manager, Tas Services, Kites Therapy Tas added:

From my perspective, as the manager for Tasmania Services, the biggest concern we have across the board, and this would apply to aged care, state health and disability, is the lack of allied health professionals. Often when we advertise a position, if we get one person apply we're very happy; if

¹⁵¹ NDS submission, op. cit., pp. 16-18.

¹⁵² VisAbility submission, op. cit., p. 3.

we get two, we're ecstatic. And that happened recently. We had two people respond to a position, so we have to interview them. But that's very, very unusual.

If you can't attract therapists, we can't provide the services that people need. We've tried several things over the years, trying to encourage people to come from the mainland and telling them how wonderful Tasmania is. Tennille was involved in UTAS trying to get some educational programs set up and running. That is just the core focus for us. It's a bit heart-wrenching at times, knowing that all these people need the services but we just can't provide it.¹⁵³

CEO Peter Hatters, Tasmanian Amputee Society (TAS) Inc stated AHPs are deregistering due to the cost and burden of auditing and compliance processes required to be a provider under the NDIS scheme:

Anyone who wants to be a registered provider has to go through the Australian Safety and Quality Framework for Health Care. Once they are accredited as a provider they have to say what service they are providing. They then have to be audited. I do not know if you are familiar with Disability Employment Services? They have the same sort of system. That cost could be anywhere between \$8000 and \$16 000 to the provider, that is what they tell me. If you are a single person working for yourself that is a big cost, but if you are a larger organisation you could probably absorb that.

¹⁵⁴

The Committee questioned witnesses as to what impacts are felt by the disability support sector due to this shortage of AHPs:

Ms BURNS - *Probably the service that receives the most referrals would be speech pathology. Currently the wait list for that without NDIS funding is approximately 18 months.*

CHAIR - *And this is early intervention?*

Ms BURNS - *Yes, this is for early intervention.*

CHAIR - *Without the early intervention, can you give an example what the impact of waiting might be for a client?*

Ms BURNS - *I guess if a child has a communication delay and whatever nature that might be, the longer they go without services, then the more significant that becomes, the further behind they fall from their peers. Then they're left often starting school quite significantly behind. They may receive some kind of minimal or consultative services through their school once they start school.*

Intervention being provided once they are already at school, which means they're already four or five, is not what we would consider early intervention when we think about typical speech or language development starting in that 12- to 18-month age group.

CHAIR - *By waiting, if the severity has increased, that's going to require more resources to address as well?*

Ms BURNS - *Yes. We know a lot now about the long-term impacts of not providing early intervention for communication difficulties in particular. It leads to a lot of issues with learning, literacy, numeracy. A lot of research has gone into those significant speech or language delays that tie to adolescent and young adult mental health, job and social outcomes. The evidence is quite clear.¹⁵⁵*

¹⁵³ Steven McGregor, Manager, Tas Services, Kites Therapy Tas, *Transcript of Evidence*, 16 August 2021, p. 43.

¹⁵⁴ Peter Hatters, op. cit., p. 33.

¹⁵⁵ Tennille Burns, Program Manager, Tas Services, Kites Therapy Tas, *Transcript of Evidence*, 16 August 2021, p. 45.

Furthermore:

CHAIR - Can you estimate how many allied health providers in your field, how many additional specialists do we need to meet our current demand?

Ms BURNS - That is a really difficult question to answer. All I can say is at the moment, if you have a child who requires speech pathology or professional therapy there are no services that can see your child in a short time period.

CHAIR - That's private or public?

Ms BURNS - Yes. Even those who provide NDIS services, the workforce just doesn't match the need at the moment. They are just exhausted. I'm not aware of any services that have open books. It's waitlists, waitlists. It's heartbreaking, really.

Mr McGREGOR - We have to watch with the kids to provide therapy more or less across the board. In Launceston, we don't provide that type of support. It's mostly for adults living with a vision impairment and only about, say, 2 per cent of the population will have a vision impairment. It's a very specialist skill set, especially in Launceston. We've been without an occupational therapist in Launceston for a couple of years. They've stopped taking people onto their waitlist. They don't want to raise their hopes. They already have a year and a half waitlist.

CHAIR - What do they do?

Mr McGREGOR - They can try going back through the health profession - through the state system - but that specialist support, they would struggle to provide it as well because of the lack of that skill set. Even when we get occupational therapists quite often they don't have the vision skill set that we need so we're relying on people in Hobart and WA to provide that technical support.

CHAIR - I imagine these services are generally ones that are going to be as 'productivising' -

Mr McGREGOR - It's funny you should say that because one of the things we're trialling in this area and you might have heard the term before is Google glasses. We've researched them. We have what we call technical assistance or therapy assistance. So, they can put on the Google glasses and they have a technical expert in WA. They are there with the Google glasses, the person who is receiving the support can hear and talk to the therapist in WA and the technical assistant on the ground can provide whatever hands-on support is needed. We are just about to start trialling that. It's not something up and running. If it takes off it's something we can advertise for families.

CHAIR - Who's funding the trial? Are you doing it to solve that problem partly?

Mr McGREGOR - We are doing that. The thing is not every family, parent or person would like that because they think they've been short-changed if they're not getting a therapist. Some people are okay with it, especially because it is a technical assistant, you can charge the cheaper rates and you can get more hours. If we can show that it works for them, potentially more people will use it.

Ms RATTRAY - How do you choose the right technology, ... or the right service to match those people who are your clients? Do you think, 'Oh, that one won't take to that but this person will'?

Mr McGREGOR - That's a very interesting question because to understand somebody's needs, you need to be spending time with them, engaging with them and understanding what they want. Sometimes the pressures of NDIS and lack of funding, you have pressure to meet with the family It is very challenging for our guys to spend quality time with families.

So, yes, it is a challenge. Luckily, with VisAbility and Kites, our head office is in Perth, WA, and there's quite a lot of very specialised knowledge and technical skill sets we can tap into from a

vision impairment point of view, which we do. You set it up fairly frequently. At the end of the day, we can only do so much due to the lack of therapists that we have.¹⁵⁶

CEO, Peter Hatters, TAS Inc commented on the impacts felt by amputees due to this shortage of AHPs:

Mr HATTERS - *Even if you are an NDIS participant there is still a long waiting list, you are talking nine months maybe. A lot of people are going with Telehealth if they have the capacity to do that and that service is provided on the mainland. If that person needs a wheelchair, for example, it is very difficult to do that on Telehealth because you have to trial the wheelchair and so forth.*

CHAIR - *The membership support, the people who come to you for assistance, what are you advising them to do in terms of that allied health if it is not there and there is a wait time?*

Mr HATTERS - *Write to your local MP.*

CHAIR - *Is there a lot of distress for people in having to wait?*

Mr HATTERS - *A lot of people give up.*

CHAIR - *So what does that mean?*

Mr HATTERS - *They just have to carry on and suffer.*

CHAIR - *Do you see that very often?*

Mr HATTERS - *We see that very often, yes.¹⁵⁷*

VisAbility in its submission highlighted the impacts regarding the shortage of AHPs have on their organisation as a provider of services to the disability support sector:

Lack of experienced therapists means employing more new graduates. New graduate therapists require extensive support and training as they embark on their new careers, particularly in a niche field. This is difficult to facilitate in organisations, when there is already insufficient staff to service caseloads and waitlists, let alone provide mentoring and training.¹⁵⁸

Furthermore, this impacts the opportunity for staff to further develop specialist skills:

... there are also very few clinicians who have the time and opportunity to acquire qualifications to provide services in specialist niche areas, such as:

- *Driving instructor training.*
- *Vehicle access for disability.*
- *Home and vehicle modifications.*
- *Dysphasia.*
- *PROMPT and other specific speech pathology techniques.*
- *Complex feeding and issues with PEG feeding.*
- *Neurological and physically complex adults.*
- *Complex equipment providers.*
- *Complex seating and wheelchair specialists.*
- *Hydrotherapy.¹⁵⁹*

¹⁵⁶ Tennille Burns, Program Manager, Tas Services, Kites Therapy Tas and Steven McGregor, Manager, Tas Services, Kites Therapy Tas, *Transcript of Evidence*, 16 August 2021 pp. 46-47.

¹⁵⁷ Peter Hatters, op. cit., p. 34.

¹⁵⁸ VisAbility submission, op. cit., p. 5.

¹⁵⁹ VisAbility submission, op. cit., p. 6.

In addition, training opportunities for staff are limited:

Specifically, access to professional development opportunities for paediatric allied health in Tasmania for both NDIS and non-NDIS providers is extremely limited. Staff and organisations are often required to fund travel to interstate centres to access training in this field. It is a niche market, but has the opportunity to drastically improve life outcomes for kids. Early Intervention research confirms that assisting children between 0-5 is critical. A dedicated service to bring allied health training and professional development providers to Tasmania would be invaluable.¹⁶⁰

VisAbility in its submission stated that the introduction of NDIS and My Aged Care scheme plus COVID-19 have all significantly impacted on the market price for employing AHPs:

In the most recent six months to April 2021; we have found it is not uncommon for us to offer a new graduate employee in Tasmania to commence at a Level 6.1 - \$76,541 per annum (was previously Level 5.1, \$67,754 per annum). Anyone with four years plus of clinical expertise also now has the expectation of being paid at the top of our therapist salary banding Level 7.3 - \$89,882 per annum (was previously Level 5.4 - \$73,047 per annum).

Additional benefits such as laptop, mobile phone, and home garaged vehicle are also standard. Our professional development allowance has increased from \$250 per person per annum to \$1,000. This is a huge impost on our bottom line. Yet we are aware we are bottom- to-mid range when comparing salaries across the sector, despite our allied health professionals being highly specialist.¹⁶¹

The NDS submission provided information regarding Allied Health Assistants (AHAs):

Allied Health Assistants (AHAs) are an opportunity to alleviate the pressure on allied health practitioners in the state, a pathway that is not currently being exploited. Disability service providers need workforce development support to embrace the pathway.

AHAs support and assist the work of an AHP by undertaking a range of less complex tasks, (both clinical and non-clinical) enabling the AHP to focus on more complex clinical work (that cannot be undertaken by others) and provide care to a greater number of clients. AHAs commonly work with dietitians, physiotherapists, podiatrists, occupational therapists and speech pathologists in a variety of settings, including acute, rehabilitation, outpatient, community and mental health.

Allied health assistants support and assist the work of allied health professionals by undertaking a range of less complex allied health tasks, both therapeutic and non-therapeutic. A skilled and flexible AHA workforce that is able to work with particular allied health disciplines or in multidisciplinary allied healthcare teams will help to alleviate some of the increasing demand pressure on allied health services and allow for the delivery of new and innovative models of care in response to community need.

Qualification requirements for an AHA include Certificate III and IV in Allied Health Assistance and are delivered by a range of public and private registered training organisations (RTOs) and Vocational education and training (VET) providers. These courses are difficult to access in Tasmania. TasTAFE is no longer offering these qualifications.

The development of an AHA pathway in Tasmania has been explored, particularly on the North West Coast with the NDIS Market Intervention and Commissioning Branch – Provider and Markets Division, and the Industry Training Hub. After a forum on Innovative Allied Health supports in Thin Markets - Allied Health Assistants there was interest in the AHA pathway, however, there was no

¹⁶⁰ VisAbility submission, op. cit., p. 6.

¹⁶¹ Ibid. p. 5.

interest in the pathway from school into AHA traineeships. This is the only pathway that had potential project funding available, through the Industry Training Hub, and was a pathway from school.¹⁶²

The Mental Health Council Tasmania (MHCT) submission stated:

Workforce development and training is a key factor to ensure people with severe and persistent mental illness can access high quality supports and services to meet their needs. However, it is understood that the phasing out of psychosocial services has led many skilled and qualified staff into other areas outside of the community mental health sector, which in turn has exacerbated the already sizeable gap in the mental health workforce in Tasmania. The Productivity Commission's Inquiry into Mental Health suggests that mental health professionals who have left the workforce are unlikely to return until employment opportunities in the sector stabilise, leading to lower skill levels across the psychosocial support workforce and lower quality care for consumers.

The Tasmanian Health Workforce 2040 strategy has also identified that Tasmania is below the national average in allied health professionals and has identified challenges in attracting a mental health workforce to rural communities. Impacts on a limited rural mental health workforce have been documented in MHCT's submission to the Legislative Council's Inquiry into Rural Health Services, where these workforce challenges impact on timely access to mental health services of people experiencing mental ill-health in rural and remote communities.

Whilst work is currently underway to address these challenges at, both a state and national level through the development of a national mental health workforce strategy and via Rethink 2020, much can be done now to support the workforce. This includes the establishment of a Tasmanian peer workforce and initiatives to support mental health training across the NDIS provider workforce along with the health workforce more broadly. Peer workers form a valuable part of the psychosocial workforce providing capacity to form a relationship with their clients and provide additional assistance in navigating the mental health system. MHCT has developed the [Peer Workforce Development Strategy](#) with the strategy expected to commence implementation in the second half of 2021.¹⁶³

The Anglicare Tasmania submission provided information around the mental health workforce in regional and remote areas:

The Productivity Commission final report on mental health in 2020 identified a reduced mental health workforce in regional and remote areas as an issue. No specific actions were identified in the Commission's final report to address this.

There is also concern regarding retaining the expertise of recovery workers in the sector due to uncertainty of programs as well as the NDIS funding gaps.

- *The NDIA in June 2020 recognised the importance of Recovery Coaches (NDIS 2020b). However, under the current NDIS Price Guide the hourly funding (weekdays) for a Supports Coordination – Psychosocial Recovery Coach is \$83.15, which is much less than the Supports Coordination – Level 2 Coordination of Supports at \$100.14.¹⁶⁴*

The Li-Ve Tasmania submission highlighted the need for the State Government to recognise the importance of a 'quality' workforce in the disability support sector and further suggested that not all vocational training may need to be 'accredited':

¹⁶² NDS submission, op. cit., pp. 18-19.

¹⁶³ MHCT submission, op. cit., p. 13.

¹⁶⁴ Anglicare Tasmania submission, op. cit., p. 9.

Workforce continues to be a critical issue for our organisation and for the Sector as a whole. Taking a strategic workforce planning approach we work from the basis that 'right fit' people to 'right skills & knowledge' = quality services to participants and sustainable businesses.

Aligned with the ongoing implementation of the NDIS and the changing demographic (e.g. increasing health needs, people with disabilities living longer, [and] increased community support) of our participants the skills and knowledge requirements of our workforce continues to grow and change. It is critical for government (as a funder of vocational education and training) to recognise that more importantly it is about quality. Are the people being recruited by RTO's into the programs (aligned to the qualification) the 'right people'? In the current environment do the outcomes from the skills and knowledge delivered through 'the program' support the delivery of quality services to people accessing supports through Disability Service Providers?

It is important to recognise that in order to achieve the required workforce development outcomes not all vocational training provided to industry may need to be 'accredited'. The NDIS Quality and Safeguards Commission (the regulator), through an Industry led process, have developed the NDIS Workforce Capability Framework. The 'Capability Framework' provides a guide for industry to the minimum skills and knowledge required (particularly for Disability Support Workers) if quality outcomes/services are to be met and provided.

Although the 'Capability Framework' won't be mandated it is likely that it will be considered 'best practice' by industry. At this point in time the capabilities within the framework do not clearly map to a qualification. It would be beneficial for Disability Service Providers in Tasmania, if funding was available, to skill/upskill our workforce in line with capabilities documented in the 'Workforce Capability Framework'.¹⁶⁵

Further, Li-Ve Tasmania noted in its submission the following areas of current and emerging workforce development needs:

- *Middle Management*
- *Leadership*
- *Allied Health Assistants/Assistance (physio, OT, Speech Pathology)*
- *Palliative approach and end of life care (specifically contextulised for people with a disability)*
- *Non-clinical Health Supports*
- *High Intensity Health supports¹⁶⁶*

NDS in its submission provided information around the training opportunities available through TasTAFE:

TasTAFE are in the process of removing the Certificate IV in Disability from scope. Reasons cited include lack of enrolments and the incorrect perception that industry deem the qualification irrelevant. The Certificate IV in Disability is not included in TasTAFE's head deed, resulting in a cost of \$2334.00 which is far higher than the cost if accessed through a private Registered Training Organisation (RTO) who is accessing User Choice Funding through Skills Tasmania (this can be as little as a \$450 administrative fee). It is important that TasTAFE offers the Certificate IV in Disability at a subsidised cost through the head deed. However, this will be of little consequence if the traineeship model of delivery is not embraced, which is currently the case with TasTAFE.

NDS was successful in receiving funding for two projects to increase the use of traineeships in the disability sector. One aims at increasing the number of new entrants to the sector utilising traineeships while the other aims to increase the number of existing workers that utilise traineeships to upskill. When NDS was awarded the funding, it became clear that TasTAFE were not able to offer the flexibility required for traineeships and this path was not viable. TasTAFE were

¹⁶⁵ Li-Ve Tasmania submission, op. cit., p. 2.

¹⁶⁶ Ibid.

not offering traineeships in Certification III in Individual Support (Disability) or Certificate IV in Disability. Since this time TasTAFE has assisted an employer to enter 20 students into traineeships on the North West Coast, but it is concerning that this is a rare event.

NDS were able to secure a pathway for the project through a private RTO. It greatly concerns NDS that, at a time of such high unemployment there remains a significant shortfall in disability support workers and that TasTAFE – our state's largest public provider of vocational education and training, does not highlight the disability sector among the sectors 'with meaningful career options for young Tasmanians' that it assists. The Mercury published an article on 12 October 2020, ['TasTAFE open day to showcase meaningful career options for young Tasmanians'](#), which failed to highlight the disability sector or any other sector within community services.

Through the traineeship projects that NDS is currently executing there has been an increased uptake of traineeships in the sector. Traineeships offer a pathway for employers to practice values-based recruitment and an avenue through which unqualified candidates can gain employment and accredited training in the sector.

It is NDS's view that TasTAFE needs to:

- *Offer the Certificate IV in Disability subsidised through the existing head deed.*
- *Increase its flexibility to offer disability qualifications through the traineeship model.*
- *Work closely with the Sector to increase the number of Trainers.¹⁶⁷*

The Expression Australia submission highlighted the need for Auslan courses in Tasmania:

... the availability of Auslan interpreters in Tasmania is very low. Mainland interpreters move to Tasmania, however there are not enough at high level qualification and many prospective interpreters leave Tasmania to access interpreting education on the mainland. We find ourselves using interstate interpreters via Zoom in order to meet demand, but this is not a long-term solution. We need accredited Auslan courses in Tasmania – Cert II-Diploma of Interpreting. The demand for services has increased with the rollout of the NDIS and we want to encourage clients who, for example, live in Queenstown, or Flinders Island (let alone Hobart, Launceston, Burnie), to be able to access Auslan courses and local interpreting insofar as possible.¹⁶⁸

The TAS Inc submission provided information regarding the training and information sessions offered through their organisation for people dealing with limb amputation:

TAS [Inc] provides free accredited training and information sessions for people living with limb difference and can provide information to allied health professionals on how to refer and assist people living with limb difference. Peer Support Volunteers are accredited to support people living with limb loss and their families. Peer support is not about counselling but helping people through issues that they are going through by a person that has taken the same journey and experienced barriers and overcome them.

Our program is accredited by AOPA and the Tasmanian Health Department.

Peer Support must meet the following criteria: It is required that volunteers are checked for suitability for the program and are at least 3 years post amputation surgery (i.e. they have had a chance to adapt to limb loss and have a lived experience and positive mind set). Peer support volunteers do not provide counselling.

The TAS [Inc] volunteer training program:

¹⁶⁷ NDS submission, op. cit., pp. 15-16.

¹⁶⁸ Expression Australia submission, op. cit., p. 4.

- Outlines codes of conduct, personal boundaries and communication/listening skills/the do's and the don'ts;
- Requires completion of police and criminal conviction checks;
- Requires completion of privacy and confidentiality agreements;
- Working with vulnerable people clearance.

There is a post-visitation review process to ensure consumer satisfaction. In addition, the consumer of the visitation is followed up on to determine if any concerns have come from the visitation. Further follow up sessions may be offered if required or requested.¹⁶⁹

The NDS submission stated there is a lack of understanding and awareness by employers regarding availability of subsidised training:

There is a wide-spread lack of understanding or awareness of the subsidised training available to employers in the disability sector. Though the above-mentioned traineeship projects have begun to address this, more can be done to foster the growth of a training culture within the disability workforce. NDS have [has] identified this gap in employer knowledge not just in accessing subsidised funding for traineeships through User Choice funding, but also in understanding Skills Fund, Adult Learning Fund and any ad hoc funding that may arise. NDS has found the market to be driven by RTOs, when it should in fact be employer and industry needs driven.¹⁷⁰

CEO of Li-Ve Tasmania, Darren Matthewson commented:

... You have to try to understand the VET system which is a 'kingdom' in its own right.

We have recently employed someone. Again, we have taken a decision to self-fund this decision. We brought someone on who knows the VET system very well, knows how we can achieve subsidies and incentives to ensure that we can build some size in how we develop our employees. That is what you have to do. We did not have that resource. Other providers have to try to navigate it. I think the amount of unspent dollars for incentives and subsidies in the training system is just tragic.

Ms RATTRAY - *... again, it is navigating through that. You hear a lot of employees say that it is just too hard, I will just pay them and I will be done with it. You are right, there is so much unspent potential there that people need to be using because then you will get the right qualifications.¹⁷¹*

The VisAbility submission provided information as to how the University of Tasmania (UTAS) is commencing an occupational therapy course and highlighted there's still a need for further incentives to attract AHPs:

VisAbility is aware of moves within the University of Tasmania, to open an Occupational Therapy course. We believe this should be encouraged and would hope the course is successful and incentives are applied so that Tasmanian graduates will remain in-state to provide services and supports needed in the community.

However, we note that these courses may not be offered for up to two years meaning graduates may be at least five years off entering the workforce. While this is a promising medium term plan for allied health staffing in our state there needs to be far stronger incentives to encourage allied health staff to move and stay in Tasmania.

There is a growing community trend to have access to allied health services in outreach areas, including working groups for increased access to therapy services in Dunalley. However, these

¹⁶⁹ TAS Inc submission, op. cit., p. 10.

¹⁷⁰ NDS submission, op. cit., p. 16.

¹⁷¹ Darren Matthewson, op. cit., p.66.

*working parties are usually driven by volunteers and retired therapists. At this stage there are a number of volunteer and community groups working towards these services being available.*¹⁷²

The Committee further questioned VisAbility as to what role the State Government could play in the recruitment of AHPs:

Ms BURNS - *It is getting harder and harder to get people to commit to moving here. There are some other things on top of that that makes it more difficult, things like securing housing and work for other family members or partners. It is all in the mix. Some support around relocation could possibly work. We have certainly tried that from an organisational point of view. I know in years gone by - and I am talking many years ago, probably 20 years or more ago - the state government did have scholarships and things like that they offered for Tassie based students to come back and work here. That was quite successful at the time, I understand.*

CHAIR - *Is there a role in the workforce planning or development - and obviously there are gaps - would they have any role in influencing that side of things, or does that lay more with the university?*

Ms BURNS - *I think there is a place for that. Certainly, at a Tasmanian branch organisation level, and I can only speak from a speech pathology perspective given I am a speech pathologist, we do try to engage in career days and work experience opportunities with college and high school students to encourage that interest. I am sure that will become more prevalent over the next couple of years given the UTAS course and getting that interest amongst the students and making them aware of it.*¹⁷³

CEO of Li-Ve Tasmania, Darren Matthewson stated:

Mr MATHEWSON - *... We think it's the next big employment opportunity.*

...

There needs to be a broad approach and also to assist in encouraging a pipeline of people to seriously consider it and making it clear that it's a specialised area. For too long, and it's not necessarily been something we've struggled with state governments but with other levels of government, encouraging people to move into aged care and disability almost as a last resort rather than a first resort.

Mr WILLIE - *There are some good learning packages for 9-12, but whether there's an opportunity there in different sectors -*

CHAIR - *Organisations like Young Leaders are fostering that connection with the school in Bellerive. A lot of young people have then shown interest in following that career.*

Mr MATTHEWSON - *Yes, and we've started those connections again. Previously in aged care, we did a lot of work with the pathway planners, and we had our model right. We were actually dealing directly with the pathway planners, educating them, giving them all the information around a career in aged care, which they had their own bias about. We had them all developed and all geared up. We were starting to get some runs on the board - and pathway planners disappeared.*¹⁷⁴

¹⁷² VisAbility submission, op. cit., pp. 3-4.

¹⁷³ Tennille Burns, op. cit., pp. 45-46.

¹⁷⁴ Darren Matthewson, op. cit., pp. 69-70.

CEO of Anglicare Tasmania, Rev Dr Chris Jones stated one of Anglicare's challenges is recruitment of staff for individual support work. Rev Dr Jones provided information of ways Anglicare is working towards addressing these shortfalls:

Rev Dr JONES - ... *One of things for us is what is it you can do to make it possible for people to take up the work. For us, this part is this idea of continuing and building the relationships with training organisations like TAFE. It is pretty crucial.*

Some of [the] things back on us are about what we can do to make our work attractive and we are trialling running more rounds. People will start work at 9 a.m. and finish at 3 p.m.

...

Rev Dr JONES - *To fit in with the school hours. What this requires is to have people who are prepared then to have their shower a bit later. Then, can we work with you if you want to do your shopping and things after and not before lunch?*

In other words, we have to come up with the rounds of work - because everyone wants a shower in the morning or wants to do their shopping - whatever those things. We are trying to come up with what an individual might need and then work that to be attractive for people to do in school hours.

...

The other thing is we are trying to attract people for whom this is not a job they have ordinarily seen they would do. You and I have talked about the French pine closure. Part of what we are looking at is people who would have gone into those particular jobs, we are trying to make this attractive to them.

You have a family member and they worked at the pulp mill at Wesley Vale. When the pulp mill closed, what do you do? You have work in disability or as a security guard on the wharf. ... You have a family member with a disability. You know disability. A boy working in this area would be so good but he took the security guard job.

We are trying to work hard at making this industry attractive.

Ms RATTRAY - *And a choice of employment.*

Rev Dr JONES - *And make sure it is clear that it is worthwhile work and the difference you can make. Those things are important. One, to make the jobs attractive to start with and we have to get the training done. The job has to be attractive, then the retention and what would cause people to stay.*

Part of what we are doing is wanting to celebrate - ...- what is attractive is the difference you are making with someone over time. You stay and what has happened now is he talks about his disability. You can see it is the difference.

We are trying to make sure we help them see the difference they are making. That has been really important for us. We are now doing some video clips of some of our staff talking about those sorts of moments - longer term staff, see the difference it is making to clients' lives, telling an anecdote de-identified about the difference they can make. Some of those things are so crucial.

I need staff to go to Moltema. We cannot get staff to go. We have a team at Smithton that is running behind in terms of the recruitment. We need four more people at St Helens. It is constant pressure.¹⁷⁵

¹⁷⁵ Rev Dr Chris Jones, op. cit., pp.77-78.

The Tasmanian Government submission provided detail regarding the current processes in place to address the above-mentioned challenges:

Service access for participants is significantly affected by thin markets across the State, particularly in rural and regional Tasmania. Access to allied health professionals has been especially challenging. Tasmania has actively participated in projects to identify and address thin markets, particularly in rural and regional areas.

DOH has been working in partnership with the University of Tasmania to support its plans to offer a broader range of allied health programs, including physiotherapy, occupational therapy and speech pathology. The Government has also convened a new Health Staff Recruitment Taskforce that will work with professional organisations, including the Australian Nursing and Midwifery Federation, the Australian Medical Association and the University of Tasmania, to look at how to improve recruitment across the health system.

The Tasmanian Government has invested \$3 million in activities to enhance the capacity of the broader disability service system to meet demand. This investment includes supporting an additional 600 training places in Certificate III in Individual Support training, along with projects to address allied health professional skill shortages and the better uptake of technology to connect participants and providers of support and services.

Through Skills Tasmania, the Department of State Growth (State Growth) administers a range of programs supporting training of the disability workforce, with significant amounts in training subsidies being delivered to the sector under the Skills Fund, Adult Learning Fund, Tasmanian Apprentice and Trainee Training Fund and the Rapid Response - Careers in Aged Care and Disability Support program training both new and existing disability workers.

All staff working in DOE are expected to have professional learning goals relating to inclusive practice in schools and working with children and young people with disability.¹⁷⁶

Further, when questioned at a public hearing, Minister for Disability Services, the Hon Sarah Courtney MP commented:

Ms COURTNEY - ... This is not a challenge just for the disability sector. We are seeing it across many of my portfolios. We do know there are thin markets across Australia, across Tasmania particularly, in rural and regional areas. ...

We are also working with the Federal Government on this. In terms of the work that is underway, there is the Tasmanian Thin Market Working Group, which was established in April 2020 with representatives from Communities Tasmania, Quality and Safeguard Commission, First in the Local Care Workforce, UTAS and the NDIA. This was the one mentioned being delivered in Waratah/Wynyard to look at what we do. ...

CHAIR - NDIS is talking about estimating the shortfall being thousands of people.

Ms COURTNEY - If we step back a moment, we have workforce shortages across Tasmania. I do not think you would find any industry that would come in and speak to a parliamentary committee and not have a workforce shortage. Tourism and hospitality, aged care, disability, building and construction, civil, childcare, education. There are very few who do not have huge levels. There are a couple of distinct things. Firstly, this is a broader workforce shortage because we have had borders closed for Australia as well as Tasmania and that has provided a lot of challenges. Then we need to look at different sectors and what they are doing to be able to pull people into their industry. Disability and aged care have done a stronger job than some other industries of doing

¹⁷⁶ Tasmanian Government submission, op. cit., pp. 6-7.

that. We are making sure places are available for training. We are targeting that money through the skills portfolio into those areas.

We are doing things like the Jobs Hubs and all those other mechanisms I am doing through my portfolio to try to engage people that have not worked or are returning to work, into a range of different industries. Aged care and disability care services are definitely those, and why we are targeting these specific areas.

We have a national work force plan and this is also being worked through with Disability Reform Ministers.

There are things being done, but it is not just an isolated challenge for disability. This is a broader workforce shortage across all industries. The challenge we have, is how to make sure we are ensuring any Tasmanian that wants to be involved in productive work, can have that opportunity, which is where that workforce growth component in our portfolio is so important.

We are not going to throw open the borders to overseas here in Tasmania. We have seen that across a range of sectors.¹⁷⁷

¹⁷⁷ Hon Sarah Courtney MP, Minister for Disability Services, *Transcript of Evidence*, 11 October 2021, pp. 12-13.

TERM OF REFERENCE FIVE: ANY OTHER MATTERS INCIDENTAL THERETO

Fire safety

The Expression Australia submission noted how funding support ceased for visual smoke alarms:

*... Prior to NDIS, a government subsidy was provided for visual smoke alarms. This funding support stopped 2 years ago – 2019. Now smoke alarms may be requiring repair, or those over 65 who did not access the subsidy may be requiring a new smoke alarm. This is a major risk for deaf people's safety at home. It can also impact people's mental health – they deserve to feel safe at home.*¹⁷⁸

The Tasmanian Government submission noted:

*... The Tasmania Fire Service, as part of the Community Fire Safety Division has a Home Fire Risk Mitigation Project. This Project aims to collaborate with agencies and services to mitigate home fire injuries and fatalities. The Tasmania Fire Service is currently investigating how they [it] can provide greater targeting of fire safety programs for people with disability, carers and trained health and home care providers.*¹⁷⁹

Oral health services

The Committee received evidence from the Australian Dental Association (ADA) Tasmanian Branch Incorporated in relation to the barriers in place for people with disability accessing dentistry services. Professor Leonard Crocombe stated:

The barriers to the care for people with disabilities, the first thing is they can't afford quite a lot to go to private practice. Secondly, public dental services have limited resources and long waiting lists which are blown out even more under these COVID-19 days.

In Tasmania, people with disabilities often languish for long periods of time on the waiting list with their oral health deteriorating. I'd like to suggest that at a state level, we should consider people with disabilities as a priority group.

The dental workforce has limited skills with treating people with disabilities. Australia's National Oral Health Plan does not include enough detail regarding upskilling dentists to do work on people with disabilities. Most dentists are unable to provide dental treatment under Medicare. There is literally no funding for these people.

There is a lack of services, this is more a state role, for being able to treat people under a general anaesthetic. We also need to make carers aware of the negative impacts of oral problems and train them to identify by looking at behavioural changes and the effects on their quality of life and the suffering that the people are going through.

*I mentioned my medical colleagues but its true across the board that there is a lack of knowledge in the community about the importance of oral health for general health. If GPs and allied health professionals considered oral as part of overall annual health assistance for people with disabilities and are provided the appropriate oral health message and then referred them to general health professionals ...*¹⁸⁰

¹⁷⁸ Expression Australia submission, op. cit., p. 4.

¹⁷⁹ Tasmanian Government submission, op. cit., p. 7.

¹⁸⁰ Professor Leonard Crocombe, Australian Dental Association (ADA) Tasmanian Branch Incorporated, *Transcript of Evidence*, 17 August 2021, p. 23.

Professor Crocombe provided information regarding the current practice standards under the NDIS:

... do not address oral health in any specific or meaningful way, although it does call for increasing oral health capacity of the broader health professionals' research.

It is concerning to note that currently dental visits to facility residents are not mandatory. An inclusion of oral health assessments within facility care plans would be an appropriate addition to the NDIS to achieve this outcome. The NDIS must broaden its approach to the oral health of Australians with disabilities.

Alterations are required to the Medicare procedure banding systems so dentists can provide equitable care with realistic time frames for people with disabilities, but there is also an opportunity to lobby the state government to consider people with disabilities a priority group.¹⁸¹

Further, the ADA submission noted:

... An initial assessment of each potential resident prior to admission to the facility would help identify their ongoing dental care needs.

It is concerning to note that currently, dental visits to facility residents are not mandatory. Inclusion of oral health assessments within facility care plans would be an appropriate addition to the National Disability Services Scheme to achieve this outcome for residents.¹⁸²

Transport Access Scheme – Taxi Subsidies

Transport Access Scheme administered through State Growth, is for people with a permanent disability which significantly reduces their mobility¹⁸³ and provides people with one or more of the following components:

- Australian Disability Parking Permits
- Taxi subsidies through the Taxi Subsidy Program
- Concessions on vehicle registration and driver licensing.¹⁸⁴

Steven McGregor, Manager, Tas Services, Kites Therapy Tas provided background as to why the taxi subsidy was introduced:

... Essentially if you go back to pre-NDIS there was the mobility allowance and generally speaking that was quite good in meeting people's transport whether that was the bus, train or taxi subsidy, or whatever. When the NDIS came along you could apply for transport funding through the NDS [NDIA] level one, two, three - level three being the top-end, which was lower than what they used to get in the mobility allowance, so there was a gap formed straight away there. That then put the pressure on the state government to provide the taxi subsidy. I think it's different from state to state, so families and organisations including NDIS have gone back to the state government to encourage them [it] to continue to provide the taxi service which they do in Tasmania through the Tas subsidy which I think is about 60 per cent discount on your travel.¹⁸⁵

The NDS submission provided information regarding the importance of transport to the disability sector particularly in regional and remote areas and provided comment on the taxi subsidy component:

Transport is critical to an inclusive society. People with disability are facing inadequate funding for transport in their NDIS plans, limited or no accessible public transport (especially in regional

¹⁸¹ Professor Leonard Crocombe, op. cit., pp. 23-24.

¹⁸² Australian Dental Association (ADA) Tasmanian Branch Incorporated, *Submission No. 3*, 8 February 2021, p. 1.

¹⁸³ Tasmanian Government, Department of State Growth website, [Transport Access Scheme](#), accessed 20 October 2021.

¹⁸⁴ Ibid.

¹⁸⁵ Steven McGregor, op. cit., p. 48.

and rural areas), decline in disability providers fleet car services and the reduction of the taxi subsidy annual cap through the Transport Access Scheme.

The Tasmanian Government cap on taxi subsidies for people living with disability is planned to reduce from \$1000 to \$350 per annum. Though it has been asserted by the state government that few participants are reaching this limit, it is important, particularly in rural areas, that people with disability do not face further barriers to transportation than already exist.

Transport also significantly impacts workforce availability in regional areas. Owning and maintaining a car is expensive and getting a licence can be a struggle for many. Without private transport, reliance often shifts to public transport, but that can also be a barrier. Tasmania has a rural- metropolitan divide in transport access and provision, with rural services having significantly restricted timetables and reach compared to metropolitan services. If you live in regional Tasmania where buses are infrequent or absent and you cannot afford to run a car or have no one to help you complete the hours required to obtain a licence, it is easy to miss out on opportunities that others take for granted.¹⁸⁶

The Committee further questioned NDS regarding why there has been this reduction in funding to the taxi subsidy component:

Mr JESSOP - *There are probably two issues: one is the funding; taxi voucher funding has to be spent on a taxi. If you can find an accessible taxi outside of Launceston or Hobart you are a very lucky person. When the NDS [NDIS] senior management were over here a couple of years ago [they] were aghast at my colleague from Multicap up in the north-west saying there was no accessible taxi in Devonport. They could not understand how that was true, let alone that there were no accessible tramways or anything like that for the people.*

The concern we have is that the advice we have had is that people generally do not spend beyond that \$350 but there are a number of people who do have to spend more. My concern is that they are probably people in the regions. So how is there a risk assessed model by the state to give people more when they need it? Again, we are not a one-size-fits-all community.¹⁸⁷

The VisAbility submission stated the taxi subsidy component funding is being reduced and described the impact this will have on the vision impaired disability sector:

It is noted, however, that there have been recent moves to make significant changes to the Transport Access Scheme, particularly for NDIS participants. This will have a severe and negative impact on the blind and vision impaired community, which owing to the fact that they cannot drive, relies heavily on taxis and ride-sharing schemes on a daily basis. Many people must take long taxi trips to access work, school, to access vital therapies and simply to visit friends and family. This is owing to lack of useful public transport options or lack of appropriate training to access available options which represents a significant financial cost.

Rhetoric from the Australian Government at the commencement of the NDIS stated that “No one will be worse-off under the new scheme”. If the Tasmanian Government removes access to the Transport Access Scheme for NDIS participants who are blind or vision impaired, many people will be significantly worse off and will not be able to access work, study or other community activities which add value and meaning to their lives. Unless there is significant change within the available public transport infrastructure rendering it fully accessible and useable by blind and vision impaired people, the TAS should remain untouched or increased in order to provide access to additional, and potentially cheaper options, such as ride-sharing services.¹⁸⁸

¹⁸⁶ NDS submission, op. cit., p. 9

¹⁸⁷ Mark Jessop, op. cit., p. 13.

The Tasmanian Government submission did not provide specific information in relation to the adjustment in funding to the taxi subsidy component, their submission noted:

To ensure a nationally consistent solution, Tasmania helped establish a national transport working group to assist the NDIA in reaching a workable arrangement for students, families, and operators in relation to school transport. Until a resolution, Tasmania is continuing to deliver supported school transport on behalf of the NDIA as in-kind support.

The NDIS provides “reasonable and necessary” transport supports based on an individual’s assessment of need, although some Tasmanian participants have indicated that the assessment of need concerning transports supports has resulted in a reduced capacity to travel.

While transport support is an in-scope component of the NDIS, all Tasmanian NDIS members currently continue to receive taxi subsidies through the Taxi Safety Net Program. This will continue until the NDIA develops and implements new, more comprehensive guidelines for assessing transport needs.¹⁸⁹

¹⁸⁹ Tasmanian Government submission, op. cit., p. 7.

PRINCIPLES TO DETERMINE THE RESPONSIBILITIES OF THE NDIS AND OTHER SERVICE SYSTEMS

All governments have agreed that our vision is for an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens. To achieve this vision, all Australian governments, non-government organisations, business and the wider community have a role to play. The interactions of the NDIS with other service systems will reinforce the obligations of other service delivery systems to improve the lives of people with disability, in line with the National Disability Strategy.

Governments agree that the principles outlined in this document will be used to determine the funding and delivery responsibilities of the NDIS in achieving this vision. The NDIS launch sites provide governments with an opportunity to review interactions between the NDIS and other service systems and consider any lessons arising out of launch.

These applied principles, and arrangements needed to operationalise them, have been reviewed through the process set out in Part 8 of the Intergovernmental Agreement for the NDIS Launch. Based on this review and on the lessons from trial, the Disability Reform Council may provide advice to COAG on amendments to the Applied Principles and ‘tables of supports’. The Agency Board may also report to the Disability Reform Council and COAG on the operation and effectiveness of the interface with other service systems.

1. People with disability have the same right of access to services as all Australians, consistent with the goals of the National Disability Strategy which aims to maximise the potential and participation of people with disability.
2. The NDIS will fund personalised supports related to people’s disability support needs, unless those supports are part of another service system’s universal service obligation (for example, meeting the health, education, housing, or safety needs of all Australians) or covered by reasonable adjustment (as required under the Commonwealth Disability Discrimination Act or similar legislation in jurisdictions).
3. Clear funding and delivery responsibilities should provide for the transparency and integrity of government appropriations consistent with their agreed policy goals.
4. There should be a nationally consistent approach to the supports funded by the NDIS and the basis on which the NDIS engages with other systems, noting that because there will be variation in non-NDIS supports funded within jurisdictions there will need to be flexibility and innovation in the way the NDIS funds and/or delivers these activities.
5. In determining the approach to the supports funded by the NDIS and other service systems governments will have regard to efficiency, the existing statutory responsibilities and policy objectives of other service systems and operational implications.
6. The interactions of people with disability with the NDIS and other service systems should be as seamless as possible, where integrated planning and coordinated supports, referrals and transitions are promoted, supported by a no wrong door approach.

Applied principles and tables of services

In addition to the six general principles, applied principles have been developed in a range of other service systems to assist governments to further define the funding responsibilities during the launch of the NDIS. There is also a table of specific activities funded by the NDIS and by other systems for each of these other service systems. The purpose of this document is to define the activities funded by the NDIS and other systems and it does not intend to place additional obligations on other systems. Responsibility for the identified activities will be reviewed based on the NDIS launch experience.

Applied principles and more detailed tables of funding responsibilities have been developed for:

1. Health
2. Mental health
3. Early childhood development
4. Child protection and family support
5. School education
6. Higher education and Vocational Education and Training (VET)

7. Employment
8. Housing and community infrastructure
9. Transport
10. Justice
11. Aged care

1. HEALTH

APPLIED PRINCIPLES — HEALTH

1. Commonwealth and State and Territory health systems have a commitment to improve health outcomes for all Australians by providing access to quality health services based on their needs consistent with the requirements of the National Healthcare Agreement and other national agreements and in line with reasonable adjustment requirements (as required under the Commonwealth Disability Discrimination Act or similar legislation in jurisdictions).
2. The above health system will remain responsible for the diagnosis, early intervention and treatment of health conditions, including ongoing or chronic health conditions. This may involve general practitioner services, medical specialist services, dental care, nursing, allied health services, preventive health care, care in public and private hospitals, and pharmaceuticals (available through the PBS).
3. Health systems are responsible for funding time limited, recovery-oriented services and therapies (rehabilitation) aimed primarily at restoring the person's health and improving the person's functioning after a recent medical or surgical treatment intervention. This includes where treatment and rehabilitation is required episodically.
4. The NDIS will be responsible for supports required due to the impact of a person's impairment/s on their functional capacity and their ability to undertake activities of daily living. This includes "maintenance" supports delivered or supervised by clinically trained or qualified health professionals (where the person has reached a point of stability in regard to functional capacity, prior to hospital discharge (or equivalent for other healthcare settings) and integrally linked to the care and support a person requires to live in the community and participate in education and employment.
5. The NDIS and the health system will work together at the local level to plan and coordinate streamlined care for individuals requiring both health and disability services recognising that both inputs may be required at the same time or that there is a need to ensure a smooth transition from one to the other.

Note: In applying these principles, consideration will be given to alignment with services funded under the National Health Reform Agreement, with a view to avoiding overlap or gaps.

INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — HEALTH

REASONABLE AND NECESSARY NDIS SUPPORTS FOR ELIGIBLE PEOPLE	OTHER PARTIES
<ul style="list-style-type: none"> – Elements of community re-integration which enable the person to live in the community such as assistance with activities of daily living and home modifications. – Active involvement in planning and transition support, on the basis of the person having reached a point of stability in regard to functional capacity, prior to hospital discharge (or equivalent for other healthcare settings) wherever there is a need for ongoing maintenance support. – Prosthetics, orthoses and specialist hearing and vision supports (excluding surgical services) where these supports directly relate to a person's permanent impairment. – Allied health and other therapy directly related to maintaining or managing a person's functional capacity including occupational therapy, speech pathology, physiotherapy, podiatry, and specialist behaviour interventions. This includes long term therapy/support directly related to the impact of a person's impairment/s on their functional capacity required to achieve incremental gains or to prevent functional decline. Also includes allied health therapies through early intervention for children aimed at enhancing functioning. – The delivery of nursing or delegated care by clinically trained staff (directly or through supervision), where the care is required due to the impact of a person's impairment/s on their functional capacity and integral to a person's ongoing care and support to live in the community and participate in education and employment (including, but not limited to, PEG feeding, catheter care, skin integrity checks or tracheostomy care (including suctioning). – The delivery of routine personal care required due to the impact of a person's impairment/s on their functional capacity to enable activities of daily living (e.g. routine bowel care and oral suctioning) including development of skills to support self-care, where possible. – Any funding in a person's package would continue for supports for people with 	<ul style="list-style-type: none"> – [Jointly with NDIS] Provision of specialist allied health, rehabilitation and other therapy, to facilitate enhanced functioning and community re-integration of people with recently acquired severe conditions such as newly acquired spinal cord and severe acquired brain injury. – Acute and emergency services delivered through Local Hospital Networks including, but not limited to, medical and pharmaceutical products (available through PBS), medical transport, allied health and nursing services (where related to treatment of a health event), dental services and medical services covered under the Medicare Benefits Schedule, or otherwise government funded (including surgical procedures related to aids and equipment). – Sub-acute services (palliative care, geriatric evaluation and management and psychogeriatric care) including in-patient and out-patient services delivered in the person's home or clinical settings. – Rehabilitative health services where the purpose is to restore or increase functioning through time limited, recovery oriented episodes of care, evidence based supports and interim prosthetics, following either medical treatment or the acquisition of a disability (excluding early interventions). When a participant is receiving time limited rehabilitation services through the health system, the NDIS will continue to fund any ongoing 'maintenance' allied health or other therapies the person requires and that are unrelated to the health system's program of rehabilitation. – Preliminary assessment and disability diagnosis as required for the determination of an individual's eligibility for the NDIS (e.g. developmental delay). – General hearing and vision services unrelated to the impact of a person's impairment on their functional capacity as determined in the NDIS eligibility criteria (e.g. prescription glasses).

<p>complex communication needs or challenging behaviours while accessing health services, including hospitals and in-patient facilities.</p> <ul style="list-style-type: none"> – Training of NDIS funded workers by nurses, allied health or other relevant health professionals to address the impact of a person's impairment/s on their functional capacity and retraining as the participant's needs change. – Aids and equipment to enhance increased or independent functioning in the home and community. – In relation to palliative care, functional supports as part of an NDIS participant's plan may continue to be provided at the same time as palliative care services, recognising that supports may need to be adjusted in scope or frequency as a result of the need to align with the core palliative care being delivered through sub-acute health services. – Funding further assessment by health professionals for support planning and review as required. – The coordination of NDIS supports with supports offered by the health system and other relevant service systems. 	<ul style="list-style-type: none"> – Inclusion of people with disability in preventative health and primary health care delivered through General Practice and community health services, including dental and medical services covered under the Medicare Benefits Schedule. – Intensive case coordination operated by the health system where a significant component of case coordination is related to the health support.
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2. MENTAL HEALTH

The designation of mental health system responsibility here refers chiefly to public funding through the state and territory public mental health system and/or private mental health services receiving Commonwealth funding through the Medicare Benefits Schedule, together with non-government organisations in receipt of state, territory or Commonwealth funding where these continue to undertake roles outside the NDIS.

APPLIED PRINCIPLES — MENTAL HEALTH

1. The health system will be responsible for:
 - a. Treatment of mental illness, including acute inpatient, ambulatory, rehabilitation/recovery and early intervention, including clinical support for child and adolescent developmental needs;
 - b. residential care where the primary purpose is for time limited follow-up linked to treatment or diversion from acute hospital treatment; and
 - c. the operation of mental health facilities.
2. Where a person has a co-morbidity with a psychiatric condition:
 - a. The health or mental health system will be responsible for supports relating to a co-morbidity with a psychiatric condition where such supports, in their own right, are the responsibility of that system (e.g. treatment for a drug or alcohol issue).
 - b. The NDIS will be responsible for additional ongoing functional supports associated with the co-morbidity to the extent that the co-morbidity impacts on the participant's overall functional capacity. This applies equally where the impairment is attributable to a psychiatric condition and/or is the co-morbidity to another impairment.
3. The NDIS will be responsible for ongoing psychosocial recovery supports that focus on a person's functional ability, including those that enable people with mental illness or a psychiatric condition to undertake activities of daily living and participate in the community and in social and economic life. This may also include provision of family and carer supports to support them in their carer role, and family therapy, as they may facilitate the person's ability to participate in the community and in social and economic life.
4. The NDIS and the mental health system will work closely together at the local level to plan and coordinate streamlined care for individuals requiring both mental health and disability services recognising that both inputs may be required at the same time or that there is a need to ensure a smooth transition from one to the other.

Note: In applying these principles, consideration will be given to alignment with services funded under the National Health Reform Agreement, with a view to avoiding overlap or gaps. Investments in psychosocial early intervention supports for people with early onset psychosis may improve whole-of-life outcomes for individuals, consistent with the insurance principles of the NDIS. Governments will continue to focus on and consider this issue in the implementation of the NDIS and other government programs.

<u>INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — MENTAL HEALTH</u>	
NDIS REASONABLE AND NECESSARY SUPPORTS FOR ELIGIBLE PEOPLE	OTHER PARTIES
<ul style="list-style-type: none"> – Support for community reintegration and day to day living including development of skills, assistance with planning, decision-making, personal hygiene, household tasks, social relationships, financial management, transport, support for accommodation access**, and community connections provided other than where provided as an integral part of an established treatment program. – Allied health and other therapy directly related to managing and/or reducing the impact on a person's functional capacity of impairment/s attributable to a psychiatric condition, including social and communication skills development, routine symptom and medication management, and behavioural and cognitive interventions. – Capacity building support to help the person access and maintain participation in mainstream community, including recreation, education, training and employment, housing, and primary health care. – Community supports aimed at increasing a person's ability to live independently in the community or to participate in social and economic activities, including in-home and centre-based care, recreational activities, day centre services and holiday care, community access (including life skills and social skills day programs). – The coordination of NDIS supports with the supports offered by the mental health system and other relevant service systems. 	<ul style="list-style-type: none"> – Services and therapies in which the primary function is to provide treatment* of mental illness targeted towards people affected by mental illness or a psychiatric condition, including acute and non- acute residential services, mental health crisis assessment services, hospital avoidance services and post-acute care services. – Early intervention designed to impact on the progression of a mental illness or psychiatric condition, especially where delivered by health services (notwithstanding the note above). – Intensive case coordination operated by the mental health system where a significant component of case coordination is related to the mental illness.

[Treatment is defined here as activities associated with stabilisation and management of mental illness (including crisis, symptom and medication management) and establishment of pathways for longer term recovery.]*

*** Supports to assist a person to obtain and maintain accommodation and/or tenancies where these support needs are required due to the impact of the person's impairment on their functional capacity.]*

3. CHILD PROTECTION AND FAMILY SUPPORT

APPLIED PRINCIPLES — CHILD PROTECTION AND FAMILY SUPPORT

1. In recognising the statutory role of the child protection system and in line with the National Framework for Protecting Australia's Children 2009-2020:
 - a. other parties will be responsible for promoting the safety of children from abuse and neglect, including public education on child safety, and management of the statutory child protection system including reports of child protection.
 - b. the NDIS will ensure its rules and processes are consistent with jurisdictional child protection legislation, including reporting requirements.
2. The child protection, community services, family support, education and/or health sectors will continue to be responsible for universal parenting programs, counselling and other supports for families that are provided both to the broad community and families at risk of child protection involvement, or families experiencing or at risk of experiencing family violence, including making these services accessible and appropriate for families with disability.
3. Relevant state and territory authorities will be responsible for meeting the needs of children with disability in out-of-home care and support to carers of children in out-of-home care, including making reasonable adjustments to meet the needs of children with disabilities.
4. The NDIS will fund supports required due to the impact of the child's impairment/s on their functional capacity where a child with disability is in out-of-home care and has support needs that are above the needs of children of a similar age. The diversity of out-of-home care arrangements is recognised and the level of 'reasonable and necessary' supports will reflect the circumstances of the individual child. The standard supports provided by the child protection system to carers relevant to their out-of-home care arrangement will continue.
5. The NDIS will be responsible for support for children, families and carers required as a direct result of the child's or parent's disability, including supports that enable families and carers to sustainably maintain their caring role, including community participation, therapeutic and behavioural supports, additional respite, aids and equipment and supports to help build capacity to navigate mainstream services.
6. The NDIS and the systems providing child protection and family support will work closely together at the local level to plan and coordinate streamlined services for individuals requiring both child protection and/or family support and disability services recognising that both inputs may be required at the same time or that there is a need to ensure a smooth transition from one to the other.

INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — CHILD PROTECTION AND FAMILY SUPPORT	
REASONABLE AND NECESSARY NDIS SUPPORTS FOR ELIGIBLE PEOPLE	OTHER PARTIES
<ul style="list-style-type: none"> – Funding disability-specific family supports, which are required due to the impact of the person's impairment/s on their functional capacity, including for parents with disability. – Disability-specific and carer parenting training programs both for when the child has a disability or the parent has a disability. – Funding the reasonable and necessary disability support needs of children with disability in out-of-home care where these supports are required due to the impact of the child's impairments on their functional capacity, and are additional to the needs of children of similar ages, including: <ul style="list-style-type: none"> • skills and capacity building for children with disability; • supports to enable sustainable caring arrangements (such as additional respite and outside school hours care); • home modifications (consistent with other applied principles); • therapeutic and behaviour support; and • equipment and transport needs (consistent with other applied principles). – The coordination of NDIS supports with the systems providing child protection and family supports and other relevant service systems. This includes services which aim to support people experiencing or exiting family violence. 	<ul style="list-style-type: none"> – Accepting, assessing and responding to reports on child protection issues. – Community awareness of children's safety and wellbeing. – Responsibility to place children in out-of-home care arrangements* as well as arranging and providing the standard supports to sustain those out-of-home care arrangements. – Child protection statutory requirements. – Family support, including general supports for families where a parent has a disability. – Accommodation needs of children in out-of-home care, including the purchase and maintenance of any capital assets such as housing, care allowances and payments. – Universal parenting programs. – Intensive case coordination operated by the systems providing child protection and family supports where a significant component of the case coordination is related to child protection and family support. This includes coordination of services where a significant component of the case coordination is related to issues associated with family violence.

*[*NOTE: Out-of-home care includes statutory and voluntary care as defined by legislation or policy within the jurisdiction including from child protection involvement or other state or territory authorities.]*

4. EARLY CHILDHOOD DEVELOPMENT

APPLIED PRINCIPLES — EARLY CHILDHOOD DEVELOPMENT

1. The early childhood education and care sector will continue to be responsible for meeting the education and care needs of children with a development delay or disability, including through:
 - a. reasonable adjustment;
 - b. inclusion supports that enable children to participate in early childhood education and care settings; and
 - c. building the capacity of early childhood education and care services to provide inclusive education and care to all children, including those with high needs subject to reasonable adjustment.
2. The health system, including child and maternal health services, will be responsible for supports which are treatment related including acute, ambulatory, continuing care and new-born follow-up.
3. The NDIS will be responsible for:
 - a. personalised individualised supports required due to the impact of the child's impairment/s on their functional capacity and additional to the needs of children of a similar age and beyond the reasonable adjustment requirements of early childhood development service providers.
 - b. Working with and through a child's family, carers and educators to implement supports/early interventions that promote and support their functional capacity.
4. The NDIS will be responsible for early interventions for children with disability (or development delay) which are:
 - a. specifically targeted at enhancing a child's functioning to undertake activities of daily living or specialised supports to transition a child with a disability into school (not supports, such as school readiness programs, which are for the purpose of accessing universal education);
 - b. likely to reduce the child's future support needs (recognising the degenerative and evolving nature of many functional impairments), which would otherwise require support from the NDIS in later years, including through a combination and sequence of supports (not including medical and health treatments outlined in the health interface); and
 - c. supporting connections and access to community and mainstream services.
5. The implementation of the NDIS' responsibilities for early childhood development services will be coordinated with other early childhood services being provided, and will take account of relevant workplace relations arrangements, duty of care, quality standards and state-based schemes such as 'working with children checks'.
6. The NDIS and the systems providing early childhood supports will work closely together at the local level to plan and coordinate streamlined services for individuals requiring both disability services and early childhood supports recognising that both inputs may be required at the same time or that there is a need to ensure a smooth transition from one to the other.

<u>INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — EARLY CHILDHOOD DEVELOPMENT</u>	
REASONABLE AND NECESSARY NDIS SUPPORTS FOR ELIGIBLE PEOPLE	OTHER PARTIES
<ul style="list-style-type: none"> – Post-diagnosis information, linkages, referrals and coordination with community and early childhood mainstream and specialist services. – Additional supports required due to the impact of the child's impairment/s on their functional capacity including portable aids and equipment (e.g. hearing aids, wheelchairs or personal communication devices), where the support needs are above the needs of children of a similar age and the supports are additional to what is required under reasonable adjustment, and those legislative requirements applicable to early childhood education and care service providers in that jurisdiction. – Early interventions that are likely to increase a child's level of functioning towards that of other children of a similar age without which the child is likely to require NDIS funded supports in the future (except where these are treatment related and/or aimed at treating a medical condition). – Additional supports to address behaviours which are a result of the impact of the child's impairment/s on their functional capacity and which are integrally linked to the support the child needs to live in the community and participate in education. – Capacity building and general disability supports through Information, Linkages and Capacity Building focusing on children with disability (or development delay) where this improves awareness, builds community capacity, creates networks or 'circles of support' for children and parents. – The coordination of NDIS supports with the systems providing early childhood support and other relevant service systems. 	<ul style="list-style-type: none"> – Diagnostic assessment and specific screening for development delay and other mental or physical conditions that are likely to lead to a disability. – Support for families and carers to understand and manage the process and outcomes of assessment/diagnosis, including counselling and other family supports. – Learning assistance (this may include teachers' assistants) and inclusion supports (for example Auslan interpreters) to enable the participation of children with disability in early childhood education and care services in line with reasonable adjustments and any other legislative requirements. – General children's services, including play groups. – Maternal child health programs where interventions are primarily treatment related or medical in nature, including new-born follow-up. – Intensive case coordination operated by the systems providing early childhood supports, where a significant component of case coordination is related to early childhood supports.

5. SCHOOL EDUCATION

APPLIED PRINCIPLES — SCHOOL EDUCATION

1. The allocation of responsibilities between the NDIS and schools will be consistent with the legal obligations of schools and governments' policy objectives for education, including:
 - a. the compulsory nature of schooling;
 - b. the current responsibilities schools have for reasonable adjustment, under the Commonwealth Disability Standards for Education; and
 - c. curriculum planning, assessment and reporting requirements and requirements for students to receive the legislated number of hours instruction or meet class attendance requirements.
2. In recognising the universal and statutory role of the schooling system:
 - a. schools will be responsible for making reasonable adjustments to personalise learning and support for students that primarily relate to their educational attainment (including teaching, learning assistance and aids, school building modifications and transport between school activities); and
 - b. the NDIS will fund supports that the student requires due to the impact of the student's impairment on their functional capacity and additional to reasonable adjustment (i.e. those not primarily relating to education attainment), including personal care and support and transport to and from school and specialist transition supports to and from school to further education, training or employment. Any funding arrangements for individual students will recognise the operational requirements and educational objectives of schools.
3. The allocation of funding responsibilities will avoid placing inappropriate legal, financial or administrative obligations on schools or on the NDIS.
4. The NDIS and the school education system will work closely together at the local level to plan and coordinate streamlined services for individuals requiring both school education and disability services recognising that both inputs may be required at the same time or through a smooth transition from one to the other or across service systems.

[NOTE: Further work will be undertaken on how students' personal care needs will be assessed, the calculation of the level of funded supports for personal care and how these funds will be managed/administered.]

INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — SCHOOL EDUCATION

<i>NDIS REASONABLE AND NECESSARY SUPPORTS FOR ELIGIBLE PEOPLE</i>	<i>OTHER PARTIES</i>
<ul style="list-style-type: none"> – Personal supports at school/education facility that are required by an individual regardless of the activity they are undertaking (e.g. feeding, managing airways/ventilation). – Aids and equipment at school/education facility that are required by an individual due to the impact of the person's impairment on their functional capacity and are additional to reasonable adjustment obligations of schools regardless of the activity they are undertaking (e.g. hearing aids, wheelchairs, personal communications devices). – Specialist transport to and from school/education facility required as a result of a person's disability (where no other transport option is available and not substituting for parental responsibility). – Specialised support and training for school staff related to the specific personal support needs of a student with disability, including specialised behaviour intervention and support. – Responsibility for funding and coordinating allied health and other therapies to support a student's functional capacity including those which may be delivered during school times, as negotiated with the school, for non-educational purposes. – Specialist transition supports required due to the impact of the student's impairment on their functional capacity and additional to the reasonable adjustment obligations of schools. – The coordination of NDIS supports with the supports offered by the school education system and other relevant service systems. 	<ul style="list-style-type: none"> – Skills, capability and other forms of training and transition support, including reasonable adjustment for students with disability, delivered in schools through the Australian curriculum. – Learning assistance (this may include teachers' assistants), and inclusion support (for example Auslan interpreters) to enable the participation of students with disability in education services, in line with reasonable adjustment. – Reasonable adjustment to campuses, including capital works (e.g. ramps, lifts, hearing loops). – Aids and equipment which are fixed or non-transportable in schools that enable a student access to education (e.g. hoists). – Aids and equipment for educational purposes (e.g. modified computer hardware, education software, braille textbooks). – Transport for school activities e.g. excursions, sporting carnivals. – General support, resources, training and awareness building for teachers and other school staff to support and engage students with disability at school and in the classroom. – Therapy delivered in schools for education purposes (e.g. allied health practitioners assisting classroom teachers to make adjustments to the curriculum). – Intensive case coordination operated by the school education system where a significant component of case coordination is related to educational supports.

6. HIGHER EDUCATION AND VOCATIONAL EDUCATION AND TRAINING (VET)

APPLIED PRINCIPLES — HIGHER EDUCATION AND VOCATIONAL EDUCATION AND TRAINING (VET)

1. The allocation of funding responsibilities between the NDIS and both the Higher Education and Vocational Education and Training (VET) providers will be consistent with the legal obligations and governments' policy objectives for education, including the current responsibilities education providers have for 'reasonable adjustment', under the Commonwealth Disability Standards for Education.
2. Higher Education and VET providers will be responsible for the learning and support needs of students that directly relate to their educational and training attainment (including teaching, learning assistance and aids, building modifications and transport between education or training activities where this transport is being arranged for all students), as well as general transition supports from education or training to employment consistent with reasonable adjustment.
3. The NDIS will fund supports that the student would require due to the impact of the student's impairment/s on their functional capacity and which are additional to reasonable adjustment (i.e. those not primarily relating to education or training attainment), including personal care and support, transport from home to and from the education or training facility and specialist transition supports required as a result of the person's disability, consistent with the NDIS individualised approach to funding.
4. The NDIS and the higher education and VET system will work closely together at the local level to plan and coordinate streamlined services for individuals requiring both further education/vocational education and disability services recognising that both inputs may be required at the same time or through a smooth transition from one to the other or across service systems.

<u>INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — HIGHER EDUCATION AND VOCATIONAL EDUCATION AND TRAINING (VET)</u>	
<i>NDIS REASONABLE AND NECESSARY SUPPORTS FOR ELIGIBLE PEOPLE</i>	<i>OTHER PARTIES</i>
<ul style="list-style-type: none"> – Personal supports at the education or training facility that are required by an individual regardless of the activity they are undertaking (e.g. feeding, managing airways/ventilation). – Aids and equipment that are required by an individual regardless of the activity they are undertaking (e.g. hearing aids, wheelchairs, personal communications devices). – Transport to and from an education or training facility for those unable to use public transport, as part of broader transport assistance a person would receive to address their mobility needs. – Specialised support and training for education or training staff related to the specific personal support needs of a student with disability, including development of specific behaviour management plans. – Specialist transition supports which are required due to the impact of the student's impairment/s on their functional capacity and are additional to the needs of all Australians and reasonable adjustment. – The coordination of NDIS supports with the supports offered by the higher education and VET system and other relevant service systems. 	<ul style="list-style-type: none"> – Learning assistance (this may include teachers' assistants), and inclusion support (for example Auslan interpreters) to enable the participation of students with disability in Higher Education and Vocational Education and Training programs and services, in line with reasonable adjustment and any other relevant legislation. – Reasonable adjustment to education and training facilities, including capital works (e.g. ramps, lifts, hearing loops). – Aids and equipment which are fixed or non-transportable which enable a student access to education or training (e.g. hoists). – Aids and equipment for education or training purposes (e.g. modified computer hardware, education software, braille textbooks). – Reasonable adjustments to transport for education or training activities (e.g. excursions, site visits) where this transport is being arranged for other students. – General support, resources, training and awareness building for education/training staff and other staff to support and engage students with disability. – Skills, capability and other forms of training and transition support, including reasonable adjustments for students with disability, delivered in higher education and VET institutions through their education curriculum (e.g. programs assisting transition between education or training and employment). – Intensive case coordination operated by the higher education and VET system where a significant component of case coordination is related to education and training supports.

[Note: There are different funding arrangements for universities and vocational education and training institutions. The Commonwealth currently provides funding to eligible higher education providers to assist them to meet the costs of providing support to students with a disability with high cost needs. Vocational education and training organisations may not have access to similar funding sources to assist the organisation meet the needs of students with disability]

7. EMPLOYMENT

APPLIED PRINCIPLES — EMPLOYMENT

1. Employment services and programs, including both disability-targeted and open employment services, will continue to be responsible for providing advice and support to:
 - a. people with disability to assist with preparing for, finding and maintaining jobs; and
 - b. employers to encourage and assist them to hire and be inclusive of people with disability in the workplace (e.g. support, training and resources, funding assistance to help employers make reasonable adjustments, and incentives for hiring people with disability, such as wage subsidies).
2. Employers will continue to provide work-specific support to people with disability related to recruitment processes, work arrangements and the working environment in line with the *Disability Discrimination Act 1992*, including workplace modifications, work-specific aids and equipment, and transport within work activities.*
3. The NDIS will be responsible for supports related to daily living that a person would require irrespective of the activity they are undertaking (including personal care and support and transport to and from work) consistent with the NDIS individualised approach to funding.
4. The NDIS will be responsible for reasonable and necessary supports additional to those required by reasonable adjustment, that assist people with disability to take part in work where the person's impairment has an impact on their functional capacity and/or productivity and the person is unlikely to be able to find or retain work in the open market, including with the assistance of employment services.
5. The NDIS will be responsible for funding individualised assistance to support a person with disability to take part in work where the person's impairment has an impact on their functional capacity and/or productivity and where these supports are additional to the needs of all Australians and additional to what is required by reasonable adjustment, such as training on dress, workplace relationships, communication skills, punctuality and attendance, and travelling to and from work. **
6. The NDIS and the employment system will work closely together at the local level to plan and coordinate streamlined services for individuals requiring both employment services and disability services recognising that both inputs may be required at the same time or through a smooth transition from one to the other or across service systems.

*[*Where a person's employment includes a program of training, such as apprenticeships the, training organisations will also be responsible for providing reasonable adjustment, in line with the Disability Discrimination Act 1992 and the Disability Standard for Education.]*

*[** Commonwealth officials will continue to work through arrangements with the Departments of Human Services and relevant agencies where supports offered by the NDIS are similar to those offered by Centrelink and/or employment services.]*

<u>INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — EMPLOYMENT</u>	
NDIS REASONABLE AND NECESSARY SUPPORTS FOR ELIGIBLE PEOPLE	OTHER PARTIES
<ul style="list-style-type: none"> – Personal attendant care for people who require support within the workplace due to the impact of the person's impairment/s on their functional capacity in the workplace (e.g. assistance with personal hygiene, feeding). – Aids and equipment related to the person's functional needs (e.g. wheelchair). – Transport to and from work for those unable to use public transport, as part of broader transport assistance a person would receive to address their mobility needs. – Specialised or targeted employment supports that respond to the nature of a person's disability. – Transition support into employment where a person's support needs are additional to what is required by reasonable adjustment for employers and additional to the needs of all Australians and specifically related to the impact of the person's impairment/s on their functional capacity (e.g. training on travelling to and from work, dress and hygiene, relationships with colleagues, communication skills, and punctuality and attendance). – The coordination of NDIS supports with the supports offered by the employment system and other relevant service systems. 	<ul style="list-style-type: none"> – Employment services and programs that provide advice and assistance to people with disability to prepare for, find and maintain jobs, including the development of industry-specific or workplace specific knowledge and skills (e.g. job applications, on-the-job training, and career development). – Employer support services and programs that encourage and assist employment of people with disability (e.g. support, training and resources for employers, funding to make reasonable adjustments, and wage subsidies). – Workplace specific supports (including modifications, employment-specific aids and equipment). – Transport for work activities (e.g. meetings). – General employment-related planning and support (e.g. retirement planning, careers counselling). – Intensive case coordination operated by the employment system where a significant component of case coordination is related to employment supports.

8. HOUSING AND COMMUNITY INFRASTRUCTURE

APPLIED PRINCIPLES — HOUSING AND COMMUNITY INFRASTRUCTURE

1. Social housing providers will be responsible for providing accessible accommodation for people in need of housing assistance in line with existing allocation and prioritisation processes, and consistent with universal design principles and livable housing design standards as outlined in the National Disability Strategy 2011-2020, including appropriate and accessible housing for people with disability, routine tenancy support, and ensuring that new publicly-funded housing stock, where the site allows, incorporates Liveable Design features.
2. Housing and homelessness services will continue to be responsible for homelessness-specific services, including through homelessness prevention, outreach and access to temporary and long term housing for people who are homeless, or at risk of homelessness.
3. Parties responsible for community infrastructure will continue to improve the accessibility of the built and natural environment (including roads and footpaths) through planning and regulatory systems and through building modifications and reasonable adjustment where required.
4. The NDIS will be responsible for support to assist individuals with disability to live independently in the community, including by building individual capacity to maintain tenancy and support for appropriate behaviour management where this support need is related to the impact of their impairment/s on their functional capacity.
5. The NDIS will be responsible for home modifications required due to the impact of a participant's impairment/s on their functional capacity in private dwellings, in social housing dwellings on a case-by-case basis and not to the extent that it would compromise the responsibility of housing authorities to make reasonable adjustments.
6. The NDIS is also responsible for user costs of capital in some situations where a person requires an integrated housing and support model and the cost of the accommodation component exceeds a reasonable contribution from individuals.
7. The NDIS and the housing system will work closely together at the local level to plan and coordinate streamlined services for individuals requiring both housing and disability services recognising that both inputs may be required at the same time or through a smooth transition from one to the other.

[NOTE: Social housing is inclusive of public and community housing.]

INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — HOUSING AND COMMUNITY INFRASTRUCTURE

REASONABLE AND NECESSARY NDIS SUPPORTS FOR ELIGIBLE PEOPLE	OTHER PARTIES
<ul style="list-style-type: none"> – Supports that build people’s capacity to live independently in the community, including living skills training, money and household management, social and communication skills and behaviour management, where these are required due to the impact of the person’s impairment/s on their functional capacity. – Supports to assist a person to obtain and maintain accommodation and/or tenancies where these support needs are required due to the impact of the person’s impairment/s on their functional capacity. – Reasonable and necessary home modifications to private dwellings and on a case by case basis in social housing where the modifications are additional to reasonable adjustment and specific to the impact of a participant’s impairment/s on their functional capacity. – User costs of capital in some circumstances, including for disability-specific housing options. – Working with other parties to facilitate appropriate housing options and improve accommodation choices for people with disability, including through developing partnerships with housing providers and influencing the development of housing options and housing design (not regulation or setting standards in housing design). – Supports for participants at risk of or experiencing homelessness to support the participant, their families and carers to access and maintain secure and stable accommodation including by accessing housing and homelessness services, where the need for support is due to the impact of the participant’s impairment/s on their functional capacity. – The coordination of NDIS supports with the housing system and other relevant service systems. 	<ul style="list-style-type: none"> – Provision of accessible and affordable accommodation options that meet the needs of people with disability, through social housing within available resources. – Provision of routine tenancy support by social housing authorities. – Homelessness-specific services, including homelessness outreach and emergency accommodation. – Provision of accessible community infrastructure, including modifications to general community amenities. – Encourage innovative models of affordable and accessible housing investment by private or corporate investors. – Social housing providers have a duty to make reasonable adjustment in providing accessible housing stock for people with a disability. – Intensive case coordination operated by the housing or homelessness system where a significant component of the case coordination is related to housing supports.

[Further work required in 2013 to define responsibilities for ‘Development of options/innovative models of housing/accommodation solutions’]

9. TRANSPORT

APPLIED PRINCIPLES — TRANSPORT

1. The public transport system will be responsible for ensuring that transport options are accessible to people with disability, including through concessions to people with disability to use public transport (including parties choosing to provide concessions for the total cost of transport) and compliance with relevant non-discrimination legislation including the Disability Standards for Accessible Public Transport.
2. Others parties will continue to be responsible for transport infrastructure, including road and footpath infrastructure, where this is part of a universal service obligation or reasonable adjustment, including managing disability parking and related initiatives.
3. The NDIS will be responsible for funding supports for individuals that enable independent travel, including through personal transport-related aids and equipment, training to use public transport and modifications to private vehicles (i.e. not modifications to public transport or taxis).
4. The NDIS will be responsible for reasonable and necessary costs associated with the use of taxis or other private transport options for those not able to travel independently.

[Note: links with the 'Education Applied Principles' and 'Employment Applied Principles' regarding transport to and from work/school.]

INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — TRANSPORT

REASONABLE AND NECESSARY NDIS SUPPORTS FOR ELIGIBLE PEOPLE	OTHER PARTIES
<ul style="list-style-type: none"> – Training and support to use public transport where public transport is a viable option for the participant and the person's mobility device(s) can be used. – Modifications to private vehicles and driver assessment and training. – Costs associated with innovative transport options for people who cannot travel independently or use public transport due to the impact of their impairment/s on their functional capacity. – Costs associated with the use of taxis/private transport for people who cannot travel independently or use public transport due to the impact of their impairment/s on their functional capacity. 	<ul style="list-style-type: none"> – Accessible public transport. – Concessions to facilitate use of public transport, including where a full concession is offered. – Community transport services. – Modifications to public transport and taxis.

APPLIED PRINCIPLES — JUSTICE

1. The criminal justice system (and relevant elements of the civil justice system) will continue to be responsible for meeting the needs of people with disability in line with the National Disability Strategy and existing legal obligations, including making reasonable adjustments in accordance with the *Disability Discrimination Act 1992* (CTH), through:
 - a. ensuring its systems, supports and buildings are accessible for people with disability including appropriate communication and engagement mechanisms, adjustments to the physical environment, accessible legal assistance services and appropriate fee waivers;
 - b. general programs for the wider population, including programs to prevent offending and minimise risks of offending and reoffending and the diversion of young people and adults from the criminal justice system; and
 - c. the management of community corrections, including corrections-related supervision for offenders on community based orders.
2. Other parties and systems will be responsible for supports for people subject to a custodial sentence or other custodial order imposed by a court or remanded in custody. This includes where a court has ordered a person reside in a prison, or other facility accommodating people on custodial orders such as youth detention and training facilities, secure mental health facilities or secure facilities for people with disability. These parties are responsible for meeting the day-to-day care and support needs of people with disability in these custodial settings, including supervision, personal care and general supports which are also required by the general custodial population, and also general supports to enable skill development and living skills and promote the effective transition of people with disability out of custodial settings, in line with supports offered to other people in custodial settings.
3. The health system, mental health system and other parties will be responsible for operating secure mental health facilities which are primarily treatment focused.
4. The NDIS will continue to fund reasonable and necessary supports required due to the impact of the person's impairment/s on their functional capacity in a person's support package where the person is not serving a custodial sentence or other custodial order imposed by a court or remanded in custody. As such the NDIS would fund supports where the person is on bail or a community based order which places controls on the person to manage risks to the individual or the community (except in the case of secure mental health facilities).
5. The NDIS will fund specialised supports to assist people with disability to live independently in the community, including supports delivered in custodial settings (including remand) aimed at improving transitions from custodial settings to the community, where these supports are required due to the impact of the person's impairment/s on their functional capacity and are additional to reasonable adjustment.
6. Where a person is remanded in custody NDIS funding for reasonable and necessary supports in the participant's plan will continue to be available to the person when they are released.
7. The NDIS and the justice system will work closely together at the local level to plan and coordinate streamlined services for individuals requiring both justice and disability services recognising that both inputs may be required at the same time or through a smooth transition from one to the other.

[Note: Governments acknowledge that the NDIS interface with justice is complex. Consistent with the approach to all interface areas, the lessons learned from NDIS trial will assist governments in refining the supports most appropriately provided by the NDIS and those most appropriately provided by other service systems.]

ROLE OF THE NDIS AND OTHER PARTIES — JUSTICE		
NDIS REASONABLE AND NECESSARY SUPPORTS FOR ELIGIBLE PEOPLE		OTHER PARTIES
SUPPORTS FOR PEOPLE IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM CURRENTLY LIVING IN THE COMMUNITY (INCLUDING PEOPLE ON BAIL, PAROLE AND NON-CUSTODIAL ORDERS)		
<ul style="list-style-type: none">– Coordination of NDIS supports in collaboration with the supports offered by the justice system, including for victims, witnesses and alleged offenders with disability.– Supports to address behaviours of concern (offence related causes) and reduce the risk of offending and reoffending such as social, communication and self-regulation skills, where these are additional to the needs of the general population and are required due to the impact of the person's impairment/s on their functional capacity and are additional to reasonable adjustment.– The NDIS will continue to fund the reasonable and necessary supports including the funded supports outlined in the participant's plan, including assistance with planning, decision making, scheduling, communication, self-regulation and community living.	<ul style="list-style-type: none">– Pre-sentence psychological and psychiatric reports regarding cognitive ability, psychiatric conditions or other matters required to assess a person's ability to plead in court or considerations prior to sentencing or diversion.– Support for people with disability including victims and witnesses of crime to access and navigate the justice system including guardianship, advocacy, community visitors and legal support.– Reasonable adjustment to mainstream services provided to individuals, organisations and systems that have contact with the justice system that provide services to people with disabilities.– Court-based support programs and specialist lists, including bail support.– Management of offenders to ensure compliance with supervised orders or conditions.– Early identification and intervention programs and post-custody services to prevent (re)offending, including in accessible formats for people with disability.– Offence specific interventions which aim to reduce specific criminal behaviours, reasonably adjusted to the needs of people with a disability and which are not clearly a direct consequence of the person's disability.– Intensive case coordination operated by the justice or other service systems where a significant component of the case coordination is related to the justice system.	
SUPPORTS FOR PEOPLE SUBJECT TO CUSTODIAL SENTENCES OR OTHER CUSTODIAL ORDERS (INCLUDING PEOPLE ON REMAND)		
<ul style="list-style-type: none">– Coordination of NDIS supports with the supports offered by the justice and other service systems.	<ul style="list-style-type: none">– Pre-sentence psychological and psychiatric reports regarding cognitive ability, psychiatric conditions or other matters required to assess a person's	

<ul style="list-style-type: none"> – For people in a custodial setting (including remand) the only supports funded by the NDIS are those required due to the impact of the person's impairment/s on their functional capacity and additional to reasonable adjustment, and are limited to: <ul style="list-style-type: none"> • aids and equipment; • allied health and other therapy directly related to a person's disability, including for people with disability who have complex challenging behaviours; • disability specific capacity and skills building supports which relate to a person's ability to live in the community post-release; • supports to enable people to successfully re-enter the community; and • training for staff in custodial settings where this relates to an individual participant's needs. – Where a person is remanded in custody, NDIS funding for reasonable and necessary supports in the participant's plan will continue to be available to the person when they are released. 	<ul style="list-style-type: none"> – ability to plead in court or considerations prior to sentencing or diversion. – Offence specific interventions which aim to reduce specific criminal behaviours, reasonably adjusted to the needs of people with a disability and which are not clearly a direct consequence of the person's disability. – Early identification and primary intervention programs, post-custody services to prevent (re)offending, including in accessible formats for people with disability. – Meeting the day-to-day support needs of people while in custodial settings (as well as forensic services in custodial settings) including personal care, fixed aids and equipment (e.g. hoists and specialised beds) and supports required by reasonable adjustment. – Secure accommodation facilities (including the accommodation, general operations and supports available to all people in the facility) where a person is residing in this facility due to a custodial order, including supervision, personal care and fixed aids and equipment. – Support for people to access and navigate the justice system including guardianship, advocacy, community visitors and legal support. – Intensive case coordination operated by the justice or community services systems where a significant component of case coordination is with justice or enforcement agencies. – Advising, consulting and assisting prison systems to improve supports for eligible prisoners including the development and implementation of behaviour management, risk and case management plans. – Implementing practical disability training available to Corrections Officers and other criminal justice staff and additional specific disability training to staff having high contact with people with disability within the prison. – Assisting prison staff to understand individual client's needs and human rights, especially in relation to triggers for challenging behaviours, de-escalation strategies, issues associated with vulnerability and interaction with other prisoners, as specified in any behavioural plan the person may have. – Cultural, linguistic and religious support for people in custody (including Aboriginal Liaison Officers, Cultural Liaison Officers, Chaplaincy). – Training and skills to increase people's capacity to live in the community post-release, in line with the supports offered by these systems to other
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	people in custodial settings, as part of the reintegration process and to reduce recidivism, including general education services and self-regulation.
SUPPORTS FOR PARTICIPANTS RESIDING AT YOUTH TRAINING CENTRES (ALSO KNOWN AS YOUTH JUSTICE CENTRES OR YOUTH DETENTION CENTRES)	
<ul style="list-style-type: none"> – Coordination of NDIS supports with the supports offered by the justice, disability, education, health, community services and other systems. – For young people in youth training centres (or youth justice centres) the only supports funded by the NDIS are those which are required due to the impact of the person's impairment/s on their functional capacity and additional to reasonable adjustment, and are limited to: <ul style="list-style-type: none"> • aids and equipment; • allied health and other therapy directly related to a child or young person's disability, including for children and young people with disability who have complex challenging behaviours; • disability specific capacity and skills building supports which relate to a person's ability to live in the community post-release; • supports to enable people to successfully re-enter the community; and • training for staff in custodial settings where this relates to an individual participant's needs. 	<ul style="list-style-type: none"> – Intensive case coordination operated by the justice or community services systems where a significant component of case coordination is with justice or enforcement agencies. – Support for people to access and navigate the justice system including guardianship, advocacy, community visitors and legal support. – Meeting the day-to-day support needs of young people while in residential centres including supervision, personal care, fixed aids and equipment (e.g. hoists and specialised beds) and supports required by reasonable adjustment. – Implementing practical disability training available to Corrections Officers and other criminal justice staff and additional specific disability training to staff having high contact with people with disability within the prison. – Offence specific interventions which aim to reduce specific criminal behaviours, reasonably adjusted to the needs of young people with a disability (for example, therapeutic services to address problematic sexual or violent behaviour or difficulties with self-regulation). – Early identification and intervention programs and post-custody services to prevent (re)offending, including in accessible formats for young people with disability. – Secure accommodation facilities (including the accommodation, general operations and supports available to all young people in the facility) where the purpose of this accommodation is to safeguard the community or prevent (re)offending. – Mental health services (as described in the Mental Health interface). – Drug and alcohol services (as described in the Health interface). – Education services (as described in the Education interface).

APPLIED PRINCIPLES — AGED CARE

1. The aged care system will continue to be responsible for access to quality and affordable aged care and carer support services, including through subsidies and grants, industry assistance, training and regulation of the aged care sector, information assessment and referral mechanisms, needs-based planning arrangements and support for specific needs groups and carers.
2. Consistent with Principle 6 of the *Principles to Determine Responsibilities of the NDIS and Other Service Systems*:
 - a. where a participant chooses to move from the NDIS to the aged care system there will be a seamless approach to the person's transition between these systems, with the person supported at all points during the transition to ensure people receive appropriate supports as they age;
 - b. the NDIS and the aged care system will recognise their relative areas of expertise and seek to leverage this expertise as appropriate.
3. A participant can choose to continue to receive supports from the NDIS after age 65, or can choose to take up an aged care place.
 - a. A person ceases to be a participant in the NDIS when the person enters a residential care service on a permanent basis, or starts being provided with community care on a permanent basis, and this first occurs only after the person turns 65 years of age (residential care service and community care have the same meanings as in the *Aged Care Act 1997*).
 - b. All parties will fulfill the responsibilities set out under Schedule F of the National Health Reform Agreement in relation to aged care and disability services, to the extent relevant to Parties of the Agreement (Clause 17 National Disability Insurance Scheme, Intergovernmental Agreement).
4. An NDIS participant under the age of 65 can choose to purchase support from an aged care provider and the NDIS will fully meet these 'reasonable and necessary' support costs.

APPENDIX 2 – SUBMISSIONS AND WITNESSES

List of Submissions

No.	Name
1	Clinical Assoc Prof Robyn A Wallace
2	William Ovenell
3	Australian Dental Association (Tas)
4	PRIVATE WITNESS
5	Tasmanian Amputee Society Inc
6	Arthur Lindsay Dobson
7	TADTas Inc
8	IN-CAMERA
9	Li-Ve Tas
10	Print Radio Tasmania Inc
11	Anglicare Tasmania
12	Disabled Surfers Association of Australia Inc
13	Brain Injury Association of Tasmania
14	Limbs 4 Life
15	VisAbility
16	Expression Australia
17	Engender Equality
18	New Horizons Tasmania
19	National Disability Services
20	Mental Health Council of Tasmania
21	Tasmanian Government

Public Hearings - List of Witnesses

17 August 2021 Hobart
Alice Flockhart, State Manager TAS Mark Jessop, Chair NDS State Committee NATIONAL DISABILITY SERVICES
Clinical Associate Professor Robyn A Wallace
Prof Leonard Crocombe, Councillor Dr Annika Wilson, Researcher AUSTRALIAN DENTAL ASSOCIATION (TAS)
Peter Hatters, CEO TASMANIAN AMPUTEE SOCIETY INC
Paul Duncombe, Executive Officer TADTAS INC
Steven McGregor, Manager Tas Services, Kites Therapy Tas Tennille Burns, Program Manager – Kites Therapy Tas
Belinda Kitto, CEO Penny Nicholls, Board Member NEW HORIZONS TASMANIA
Darren Matthewson, CEO LI-VE TASMANIA
Rev Dr Chris Jones, CEO Dr Lisa Stafford, Social Researcher, Anglicare's Social Action and Research Centre ANGLICARE TASMANIA
Deborah Byrne, Executive Officer BRAIN INJURY ASSOCIATION OF TASMANIA
11 October 2021 Hobart
Bree Klerck, Development Coordinator MENTAL HEALTH COUNCIL TASMANIA
Hon Sarah Courtney MP, Minister for Disability Services Wendy Yardy, Acting Director, Disability and Community Services, Department of Communities Tasmania

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'
DISABILITY SERVICES IN TASMANIA INQUIRY

MINUTES OF MEETING

TUESDAY, 27 OCTOBER 2020

The Committee met at 1.48 pm in Committee Room 2, Parliament House, Hobart.

Members present:

Ms Armitage

Mr Dean

Mr Palmer

Ms Rattray

Ms Siejka

Apologies:

Mr Willie

Ms Natasha Exel (Inquiry Secretary)

Ms Jenny Mannering (Inquiry Secretary)

Ms Ali Waddington (Executive Assistant)

Election of Chair:

The Government Administration Committee 'B' (GAB) *Chair* called for nominations for the Inquiry Chair. *Ms Rattray* nominated *Ms Siejka*. *Ms Siejka* being the only nominee, the Chair declared *Ms Siejka* to be duly elected Inquiry Chair. *Ms Siejka* took the Chair.

Election of Deputy Chair:

The *Inquiry Chair* called for nominations for Deputy Chair. *Mrs Armitage* nominated *Ms Palmer*. *Ms Palmer* being the only nominee, the Inquiry Chair declared *Ms Palmer* to be duly elected Deputy Chair.

Terms of Reference:

A discussion took place regarding the draft terms of reference.

The Committee **RESOLVED** to accept the terms of reference.

Advertisement of Inquiry and call for Submissions

A discussion took place regarding advertisement of Inquiry.

The Committee **RESOLVED** to defer advertising for submissions until 30 January 2021, with closing date for submissions to be 12 March 2021.

The Committee **RESOLVED** the advertisement be placed in the three Regional Newspapers.

The Committee **RESOLVED** that a list of stakeholders be prepared for consideration by Members.

Draft Media Release

The Committee **RESOLVED** that a media release be prepared advising advertising for submissions to be deferred until 30 January 2021.

Inquiry Webpage

The Committee **AGREED** to establish inquiry webpage.

Next Meeting:

To be advised.

Adjournment:

The Committee adjourned at 1.57 pm

DATE 2/3/2021

CONFIRMED



INQUIRY CHAIR

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'
DISABILITY SERVICES IN TASMANIA INQUIRY

MINUTES OF MEETING

TUESDAY, 2 MARCH 2021

The Committee met at 11.03 am in Committee Room 2, Parliament House, Hobart and via Webex.

Members present:

Ms Armitage (Webex - phone)

Mr Dean (CR2)

Ms Palmer (Webex)

Ms Rattray (Webex)

Ms Siejka (CR2)

Mr Willie (Webex)

Apologies:

Nil

Staff Present:

Ms Julie Thompson (Acting Inquiry Secretary)

Ms Ali Waddington (Executive Assistant)

Confirmation of Minutes:

The Minutes of the Meeting held on Tuesday, 27 October 2020 were confirmed as a true and accurate record.

Draft Invitation to Stakeholder List

A discussion took place regarding the draft invitation stakeholder list.

The Committee **RESOLVED** to accept the draft invitation stakeholder list, as amended.

A discussion took place regarding consideration of extension to closing date for submissions (previously resolved 12 March 2021).

The Committee **RESOLVED** to extend the period for receiving submissions until the close of business on Friday, 9 April 2021.

The Committee **RESOLVED** that the *Acting Secretary* prepare a draft a media release advising extension of receipt for submissions.

Future Meeting Date

A discussion took place regarding future meeting date.

The Committee **RESOLVED** to meet on **Tuesday, 20 April 2021** at 8.45 am – 10.15 am to consider submissions received.

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Other Business

A discussion took place regarding PRS providing a background paper on the first part of the TOR.

The Committee **RESOLVED** that PRS provide a background paper on the first part of TOR – What are the Tasmanian Government's responsibilities under its co-arrangement with the NDIS to provide support for people with disabilities.

Next Meeting:

8.45 am on Tuesday, 20 April 2020.

Adjournment:

The Committee adjourned at 11.20 am.

DATE 14/7/2021

CONFIRMED



INQUIRY CHAIR

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'
SUB-COMMITTEE INQUIRY
DISABILITY SERVICES IN TASMANIA

MINUTES OF MEETING

WEDNESDAY, 14 JULY 2021

The Committee met at 9.35 am in Committee Room 2, Parliament House, Hobart and via Webex.

Members present:

Ms Armitage (*Webex*)
Ms Palmer (*Webex*)
Ms Rattray (*Webex*)
Ms Siejka (*Webex*)
Mr Willie (*Webex*)

Apologies:

Nil

Staff Present:

Ms Julie Thompson (Inquiry Secretary) CR2
Ms Ali Waddington (Executive Assistant) CR2

Election of Chair:

The Inquiry Secretary called for nominations for the *Inquiry Chair*. Mr Willie nominated Ms Siejka. Ms Siejka being the only nominee, the *Inquiry Secretary* declared Ms Siejka to be duly elected *Inquiry Chair*. Ms Siejka took the Chair.

Election of Deputy Chair:

The *Inquiry Chair* called for nominations for *Inquiry Deputy Chair*. Ms Siejka nominated Ms Palmer. Ms Palmer being the only nominee, the *Inquiry Chair* declared Ms Palmer to be duly elected *Inquiry Deputy Chair*.

Confirmation of Minutes:

The Minutes of the Meeting held on Tuesday, 2 March 2021 were confirmed as a true and accurate record.

Correspondence

Incoming

1. Email dated 17 December 2020 from David Asten, DA Electricity regarding MHOs.
2. Letter received 17 March 2021 from the Premier, the Hon Peter Gutwein MP regarding participation of PDAC in DST Inquiry.
3. Letter dated 29 March 2021 from Claire Robbs, CEO, Life without Barriers, providing copy of Life without Barriers Strategy 2025 Paper for Sub-Committee's information.

Redaction Submission Request

In-Camera Submission Request

The Sub-Committee **RECEIVED** the incoming correspondence.

Outgoing

1. Letters dated 2 March 2021 to stakeholders inviting written submission to the Inquiry

The Sub-Committee **ENDORSED** the outgoing correspondence.

Submissions received

The Sub-Committee **RESOLVED** to receive the following submissions:

No.	Submission received from
1	Clinical Assoc Prof Robyn A Wallace
2	William Ovenell
3	Australian Dental Association (Tas)
4	Redaction of name - content of submission to be published
5	Tasmanian Amputee Society Inc
6	Arthur Lindsay Dobson
7	TADTas Inc
8	IN-CAMERA
9	Li-Ve Tas
10	Print Radio Tasmania Inc
11	Anglicare Tasmania Inc
12	Disabled Surfers Association of Australia Inc
13	Brain Injury Association of Tasmania
14	Limbs 4 Life
15	VisAbility
16	Expression Australia
17	Engender Equality
18	New Horizons Tasmania
19	National Disability Services
20	Mental Health Council of Tasmania

Publication of Submissions

The Sub-Committee **RESOLVED** to publish submissions received to the website (excluding No. 8 and to redact name from No. 4, content can be published).

Submission Extension Requests

The Sub-Committee noted that extension submission requests were received from Tasmania Fire Service and Occupational Therapy Australia. The *Inquiry Secretary* advised that submissions had not been received. Further, the Inquiry Secretary advised she had followed

up with Tasmania Fire Service as to whether they were still planning on providing a submission and had been advised that their submission would be included in a whole of government submission.

The Sub-Committee **RESOLVED** —

1. The *Inquiry Chair* write to the Premier in relation to whether there will be a submission provided to the Sub-Committee and flagging an invitation to attend a future public hearing date.
2. The *Inquiry Secretary* to follow-up via email with Occupational Therapy Australia as to whether they still wish to provide a submission to this Inquiry.

Submission Summaries - Parliamentary Research Service

The Sub-Committee **RESOLVED** to request Parliamentary Research Service to provide a summary of each submission received to be provided to Sub-Committee Members for their information.

Future Program

The Sub-Committee **RESOLVED** to invite the following stakeholders to public hearings:

1	Clinical Assoc Prof Robyn A Wallace
3	Australian Dental Association (Tas)
5	Tasmanian Amputee Society Inc
7	TADTas Inc
9	Li-Ve Tas
11	Anglicare Tasmania Inc
13	Brain Injury Association of Tasmania
15	VisAbility
18	New Horizons Tasmania
19	National Disability Services
20	Mental Health Council of Tasmania

A discussion took place regarding possible public hearing dates.

(The *Inquiry Deputy Chair* left the meeting at 10.00 am)

The Sub-Committee **RESOLVED** to meet on Tuesday, 17 August 2021, Parliament House.

Next Meeting

At 10.30 am on Tuesday, 17 August 2021.

Adjournment

The Committee adjourned at 10.14 am.

DATE 17/8/21

CONFIRMED

INQUIRY CHAIR

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'
SUB-COMMITTEE INQUIRY
DISABILITY SERVICES IN TASMANIA

MINUTES OF MEETING

TUESDAY, 17 AUGUST 2021

The Committee met at 9.18 am in Committee Room 2, Parliament House, Hobart.

Members present:

Ms Armitage
Ms Palmer (*Inquiry Deputy Chair*)
Ms Rattray
Ms Siejka (*Inquiry Chair*)
Mr Willie

Apologies:

Nil

Staff Present:

Ms Julie Thompson (*Inquiry Secretary*)
Ms Ali Waddington (*Executive Assistant*) (until 1.00 pm)

Confirmation of Minutes:

The Minutes of the Meeting held on Wednesday, 14 July 2021 were confirmed as a true and accurate record.

Correspondence

Incoming

The Sub-Committee **RECEIVED** the following incoming correspondence:

1. Letter (not dated) received via email 16 August 2021 from the Minister for Disability Services, the Hon Sarah Courtney MP in relation to providing a submission to the Inquiry.

The Committee **AGREED** to Minister Courtney's request to provide a late submission.

Outgoing

The Sub-Committee **ENDORSED** the following outgoing correspondence:

1. Letter dated 14 July 2021 to Premier seeking update regarding intention to provide a submission to the Inquiry.
2. Email dated 15 July 2021 to Alina Tooley, Divisional Manager, Occupational Therapy Australia regarding intention to provide a submission to the Inquiry.

The *Inquiry Chair* advised the Sub-Committee that the Mental Health Council of Tasmania were unable to appear today. The Sub-Committee **AGREED** that a further invitation be extended in the future.

Tabled Documents

The Sub-Committee **RESOLVED** to table the following Documents:

1. Tasmanian Government, Communities Sport and Recreation, Department of Premier and Cabinet, [Accessible Island - Tasmania's Disability Framework for Action 2018 – 2021](#).
2. Parliament of Australia, Joint Standing Committee on the National Disability Insurance Scheme, [Provision of services under the NDIS Early Childhood Early Intervention Approach](#), December 2017.
3. Parliament of Australia, Joint Standing Committee on the National Disability Insurance Scheme, [Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition](#), August 2017.
4. Australian Government Productivity Commission, [Review of the National Disability Agreement](#), Productivity Commission Study Report, January 2019.
5. Centre for Social Impact, Sydney, Stewarding Thin Markets Research Team, [Market Capacity Framework: An approach for identifying thin markets in the NDIS](#).
6. KPH, [A review of disability services delivered by Tasmanian Department of Health and Human Services](#), prepared for the Department of Health and Human Services, Tasmania, September 2016.

The Sub-Committee suspended at 9.21 am

The Sub-Committee resumed at 9.30 am

Public Hearings

At 9.30 am ALICE FLOCKHART, STATE MANAGER TAS AND MARK JESSOP, CHAIR, NDS STATE COMMITTEE, NATIONAL DISABILITY SERVICES were called, made the statutory declaration and were examined. (GAB/DST 19)

Question on Notice

1. Please provide a breakdown of the 130,000 Tasmanians living with disabilities who are living within the aged care system?

The witnesses withdrew at 10.20 am

At 10.21 am CLINICAL ASSOCIATE PROFESSOR ROBYN WALLACE was called, made the statutory declaration and was examined. (GAB/DST 1)

The witness withdrew at 10.48 am

The Sub-Committee suspended at 10.48 am

The Sub-Committee resumed at 11.00 am

At 11.00 am PROFESSOR CROCOMBE, COUNCILLOR AND DR ANNIKA WILSON, AUSTRALIAN DENTAL ASSOCIATION (TAS) were called, made the statutory declaration and were examined. (GAB/DST 3)

The witnesses withdrew at 11.29 am

At 11.30 am PETERS HATTERS, CEO, TASMANIAN AMPUTEE SOCIETY INC was called, made the statutory declaration and was examined. (GAB/DST 5)

The witness withdrew at 11.52 am

At 11.53 am PAUL DUNCOMBE, EXECUTIVE OFFICER, TADTAS INC was called, made the statutory declaration and was examined. (GAB/DST 7)

The witness withdrew at 12.11 pm

The Sub-Committee suspended at 12.11 pm

The Sub-Committee resumed at 12.21 pm

At 12.21 pm STEVEN MCGREGOR, MANAGER TAS SERVICES, VISABILITY/GUIDE DOGS TAS/KITES AND TENNILLE BURNS, MANAGER – KITES THERAPY TAS, were called, made the statutory declaration and were examined. (GAB/DST 15)

The witnesses withdrew at 12.48 pm

The Sub-Committee suspended at 12.48 pm

The Sub-Committee resumed at 1.59 pm

At 2.00 pm BELINDA KITTO, CEO AND PENNY NICHOLLS, BOARD MEMBER, NEW HORIZONS TASMANIA were called, made the statutory declaration and were examined. (GAB/DST 18)

The witnesses withdrew at 2.31 pm

The Sub-Committee suspended at 2.31 pm

The Sub-Committee resumed at 2.35 pm

At 2.35 pm DARREN MATTHEWSON, CEO, LI-VE TASMANIA was called, made the statutory declaration and was examined. (GAB/DST 9)

The witness withdrew at 3.11 pm

The Sub-Committee suspended at 3.11 pm

The Sub-Committee resumed at 3.28 pm

At 3.30 pm REV DR CHRIS JONES, CEO AND LISA STAFFORD, SOCIAL RESEARCHER, ANGLICARE'S SOCIAL ACTION AND RESEARCH CENTRE, ANGLICARE TASMANIA were called, made the statutory declaration and were examined. (GAB/DST 11)

Question on Notice

1. Copy of Shout Out Report.

The witnesses withdrew at 4.06 pm

The Sub-Committee suspended at 4.06 pm

The Sub-Committee resumed at 4.10 pm

At 4.10 pm DEBORAH BYRNE, EXECUTIVE OFFICER, BRAIN INJURY ASSOCIATION OF TASMANIA was called, made the statutory declaration and was examined. (GAB/DST 13)

The witness withdrew at 4.44 pm

The Committee suspended at 4.44 pm

The Committee resumed at 4.47pm

Next Meeting

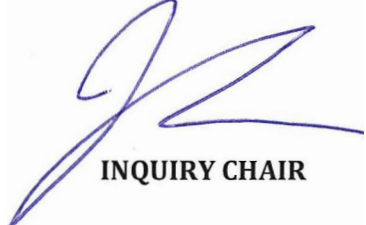
To be advised.

Adjournment

The Committee adjourned at 4.48 pm.

DATE 2/9/2021

CONFIRMED



INQUIRY CHAIR

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'
SUB-COMMITTEE INQUIRY
DISABILITY SERVICES IN TASMANIA

MINUTES OF MEETING

THURSDAY, 2 SEPTEMBER 2021

The Sub-Committee met at 10.32 am in the Ante-Chamber, Legislative Council, Parliament House, Hobart.

Members present

Ms Armitage

Ms Palmer (Inquiry Deputy Chair)

Ms Rattray

Ms Siejka (Inquiry Chair)

Mr Willie

Apologies

Nil

Staff Present

Ms Julie Thompson (Inquiry Secretary)

Confirmation of Minutes

The Minutes of the Meeting held on Tuesday, 17 August 2021 were confirmed as a true and accurate record.

Correspondence

Incoming

The Sub-Committee **RECEIVED** the following incoming correspondence:

1. Letter dated 23 August 2021 from Alice Flockhart, State Manager Tasmania, NDS requesting an amendment to transcript - 17 August 2021. (GAB/DST 19)

The Sub-Committee **RESOLVED** to amend the NDS transcript.

2. Email dated 23 August 2021 from Dr Lisa Stafford, Social Researcher – Social Action Research Centre, Anglicare Tasmania Inc., providing response to QON requested at hearings on 17 August 2021. (GAB/DST 11)

Submission

The Sub-Committee **RECEIVED** the following submission:

- 21 Tasmanian Government

The Sub-Committee **RESOLVED** to publish the submission to the Inquiry webpage.

Transcript Publication

The Sub-Committee **RESOLVED** to publish the transcripts of 17 August 2021 to the Inquiry webpage.

Future Meeting Dates

The Sub-Committee **RESOLVED** to invite the Tasmanian Government and the Mental Health Council of Tasmania to appear before the Sub-Committee at a public hearing on Monday, 11 October 2021 from 2pm or alternatively, Monday, 25 October 2021.

Next Meeting

Monday, 11 October 2021 at 2.00 pm in Committee Room 2 (tbc).

Adjournment

The Committee adjourned at 10.44 am.

DATE 11/10/2021

CONFIRMED



INQUIRY CHAIR

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'
SUB-COMMITTEE INQUIRY
DISABILITY SERVICES IN TASMANIA

MINUTES OF MEETING

MONDAY, 11 OCTOBER 2021

The Committee met at 2.07 pm in Committee Room 2, Parliament House, Hobart and via webex.

Members present

Ms Armitage (CR2) (Webex)

Ms Palmer (Inquiry Deputy Chair) (Webex)

Ms Rattray (Webex)

Ms Siejka (Inquiry Chair) (CR2)

Apologies

Mr Willie

Staff Present

Ms Julie Thompson (Inquiry Secretary)

Public Hearings

At 2.10 pm BREE KLERCK, SECTOR DEVELOPMENT CO-ORDINATOR, MENTAL HEALTH COUNCIL TASMANIA was called, made the statutory declaration and was examined. (GAB/DST 20)

The witness withdrew at 2.40 pm

The Committee suspended at 2.41 pm

The Committee resumed at 2.45 pm

At 2.45 pm THE HON SARAH COURTNEY MP, MINISTER FOR DISABILITY SERVICES was called and was examined and WENDY YARDY, ACTING DIRECTOR, DISABILITY AND COMMUNITY SERVICES was called, made the statutory declaration and was examined. (GAB/DST 21)

The witnesses withdrew at 3.38 pm

Confirmation of Minutes

The Minutes of the Meeting held on Thursday, 2 September 2021 were confirmed as a true and accurate record.

Correspondence

Incoming

The Sub-Committee **RECEIVED** the following incoming correspondence:

1. Email dated 8 September 2021 from Alice Flockhart, State Manager Tas, NDS providing disability data for Tasmania by age category. (GAB/DST 19).

Other Business

The Committee **RESOLVED** to publish today's transcript to the website when made available.

Next Meeting

Monday, 15 November 2021

Adjournment

The Committee adjourned at 3.45 pm.

DATE 15/11/21

CONFIRMED



INQUIRY CHAIR

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'
SUB-COMMITTEE INQUIRY
DISABILITY SERVICES IN TASMANIA

MINUTES OF MEETING

MONDAY, 15 NOVEMBER 2021

The Committee met at 12.05 pm in Committee Room 2, Parliament House, Hobart.

Members present

Ms Armitage

Ms Siejka (Inquiry Chair)

Mr Willie

Apologies

Ms Palmer (Inquiry Deputy Chair)

Ms Rattray

Staff Present

Ms Julie Thompson (Inquiry Secretary)

Confirmation of Minutes

The Minutes of the Meeting held on Monday, 11 October 2021 were confirmed as a true and accurate record.

Correspondence

Outgoing

The Sub-Committee **ENDORSED** the following outgoing correspondence:

1. Letter dated 13 October 2021 to the Hon Sarah Courtney MP, Minister for Disability Services regarding questions on notice.

Report Deliberations

The Sub-Committee considered the Draft Report.

The Sub-Committee suspended at 1.38 pm

The Sub-Committee resumed at 1.42 pm

The Sub-Committee further considered the Draft Report.

Other Business

The Sub-Committee discussed future meeting dates.

The Sub-Committee **AGREED** to the following dates:

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Friday, 26 November 2021 from 9.15 am until 12.00 pm
Tuesday, 30 November 2021 from 9.15 am until 12.00 pm
Thursday, 2 December 2021 from 9.15 am until 12.30 pm (tentative)

Next Meeting

Friday, 26 November 2021 at 9.15 am.

Adjournment

The Committee adjourned at 2.55 pm

DATE 30/11/2021

CONFIRMED

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a horizontal line that ends in a small circle.

INQUIRY CHAIR

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'
SUB-COMMITTEE INQUIRY
DISABILITY SERVICES IN TASMANIA
MINUTES OF MEETING
TUESDAY, 30 NOVEMBER 2021

The Committee met at 9.30 am in Committee Room 3, Parliament House, Hobart and via Webex.

Members present

Ms Siejka (Inquiry Chair) CR3

Mr Willie (via Webex)

Ms Palmer (Inquiry Deputy Chair) (via Webex)

Ms Rattray (via Webex)

Staff Present

Ms Julie Thompson (Inquiry Secretary)

Confirmation of Minutes

The Minutes of the Meeting held on Monday, 15 November 2021 were confirmed as a true and accurate record.

Report Deliberations

The Sub-Committee considered the Draft Report.

Ms Palmer left the meeting at 10.12 am

The Sub-Committee further considered the Draft Report.

Mrs Armitage took her place at 10.30 am

The Sub-Committee further considered the Draft Report.

Other Business

The Sub-Committee discussed the tentative meeting date on Thursday, 2 December 2021.

The Sub-Committee **AGREED** to meet at 3.00 pm until 5.00 pm on Thursday, 2 December 2021.

Next Meeting

Thursday, 2 December 2021 at 3.00 pm until 5.00 pm.

Adjournment

The Committee adjourned at 11.55 am.

DATE 2/12/2021

CONFIRMED

A stylized handwritten signature in black ink, consisting of a large loop followed by a horizontal stroke that extends to the right.

INQUIRY CHAIR

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'

SUB-COMMITTEE INQUIRY
DISABILITY SERVICES IN TASMANIA

MINUTES OF MEETING

THURSDAY, 2 DECEMBER 2021

The Committee met at 3:00 pm in Committee Room 1, Parliament House, Hobart

Members present

Ms Siejka (*Inquiry Chair*)

Mr Willie

Ms Palmer (*Inquiry Deputy Chair*)

Ms Rattray

Staff Present

Ms Julie Thompson (*Inquiry Secretary*)

Confirmation of Minutes

The Minutes of the Meeting held on Tuesday, 30 November 2021 were confirmed as a true and accurate record.

Report Deliberations

The Sub-Committee considered the Draft Report.

Mrs Armitage took her place at 3:05 pm

The Sub-Committee further considered the Draft Report.

Other Business

The Sub-Committee discussed future meeting dates.

The Sub-Committee **AGREED** to meet at 9.00 am until 11.30 am on Friday, 17 December 2021.

Next Meeting

Friday, 17 December 2021 at 9:00 am.

Adjournment

The Committee adjourned at 5:00 pm

DATE 16/03/2022

CONFIRMED



INQUIRY CHAIR

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'

SUB-COMMITTEE INQUIRY
DISABILITY SERVICES IN TASMANIA

MINUTES OF MEETING

WEDNESDAY 16 MARCH 2022

The Committee met at 9:20 am in Committee Room 2, Parliament House, Hobart and via webex.

Members present

Ms Armitage (webex) (from 9:21 am)

Ms Siejka (Inquiry Chair)

Mr Willie

Ms Palmer (Inquiry Deputy Chair) (webex)

Ms Rattray (webex)

Staff Present

Ms Julie Thompson (Inquiry Secretary)

Confirmation of Minutes

The Minutes of the Meeting held on Tuesday 2 December 2021 were confirmed as a true and accurate record.

Ms Armitage took her place at 9:21 am

Correspondence

Incoming

1. Letter (not dated) received via email 6 December 2021 from the Minister for Disability Services, the Hon Sarah Courtney MP providing responses to questions taken on notice.

The Sub-Committee received the incoming correspondence.

Draft Report Deliberations

The Sub-Committee considered the Draft Report.

The Sub-Committee suspended at 10:50 am

The Sub-Committee resumed at 11:10 am

The Sub-Committee further considered the Draft Report.

The Sub-Committee suspended at 11:16 am (due to webex technical issues)

The Sub-Committee resumed at 11:24 am (due to webex technical issues)

The Sub-Committee further considered the Draft Report.

Ms Palmer left the meeting at 1.24 pm

Other Business

NIL

Next Meeting

To be advised.

Adjournment

The Committee adjourned at 1:26 pm

DATE 22/3/22

CONFIRMED



INQUIRY CHAIR

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'

SUB-COMMITTEE INQUIRY
DISABILITY SERVICES IN TASMANIA

MINUTES OF MEETING

TUESDAY 22 MARCH 2022

The Committee met at 9:12 am in Committee Room 2, Parliament House, Hobart.

Members present

Ms Armitage

Ms Siejka (Inquiry Chair)

Mr Willie

Ms Palmer (Inquiry Deputy Chair)

Ms Rattray

Staff Present

Ms Julie Thompson (Inquiry Secretary)

Confirmation of Minutes

The Minutes of the Meeting held on Wednesday 16 March 2022 were confirmed as a true and accurate record.

Draft Report Deliberations

The Sub-Committee considered the Draft Report.

Other Business

NIL

Next Meeting

To be advised.

Adjournment

The Committee adjourned at 10:33 am

DATE: 26/05/2022

CONFIRMED



INQUIRY CHAIR

LEGISLATIVE COUNCIL SESSIONAL COMMITTEE
GOVERNMENT ADMINISTRATION COMMITTEE 'B'

SUB-COMMITTEE INQUIRY
DISABILITY SERVICES IN TASMANIA

MINUTES OF MEETING

THURSDAY 26 MAY 2022

The Committee met at 1:08pm in Committee Room 3, Parliament House, Hobart.

Members present

Ms Armitage
Ms Rattray
Ms Siejka
Mr Willie

Staff Present

Ms Julie Thompson (Inquiry Secretary)

Election of Inquiry Chair

The Inquiry Secretary called for nominations for the *Inquiry Chair*. Ms Rattray nominated Ms Siejka. Ms Siejka being the only nominee, the *Inquiry Secretary* declared Ms Siejka to be duly elected *Inquiry Chair*. Ms Siejka took the Chair.

Confirmation of Minutes

The Minutes of the Meeting held on Tuesday 22 March 2022 were confirmed as a true and accurate record.

Correspondence

Incoming

1. Email dated 27 April 2022 from Renai Holland in relation to urgent disability/mental health care help

The Sub-Committee received the incoming correspondence.

The Sub-Committee **RESOLVED** that a copy of the Report be provided to Ms Holland upon tabling.

Draft Report Deliberations

The Sub-Committee considered the Draft Report.

The Sub-Committee **RESOLVED** that the *Cover Page* stand part of the report.

The Sub-Committee **RESOLVED** that the *Table of Contents* stand part of the report.

The Sub-Committee **RESOLVED** that the *Chair's Foreword* stand part of the report.

The Sub-Committee **RESOLVED** that the *Introduction Chapter* stand part of the report.

The Sub-Committee **RESOLVED** that the *Abbreviations Chapter* stand part of the report.

The Sub-Committee **RESOLVED** that the *Findings Chapter* stand part of the report.

The Sub-Committee **RESOLVED** that the *Recommendations Chapter* stand part of the report.

The Sub-Committee **RESOLVED** that the *Chapter – Tasmanian Government' Responsibilities under its co-arrangement with the National Disability Insurance Scheme (NDIS) to provide support for people with disabilities* stand part of the report.

The Sub-Committee **RESOLVED** that *Terms of Reference 1 Chapter* stand part of the report.

The Sub-Committee **RESOLVED** that *Terms of Reference 2 Chapter* stand part of the report.

The Sub-Committee **RESOLVED** that the *Terms of Reference 3 Chapter* stand part of the report.

The Sub-Committee **RESOLVED** that the *Terms of Reference 4 Chapter* stand part of the report.

The Sub-Committee **RESOLVED** that the *Terms of Reference 5 Chapter* stand part of the report.

The Sub-Committee **RESOLVED** that the *Appendices 1 to 3* stand part of the report with the inclusion of the Minutes of Meetings held on 22 March 2022 and today's minutes once confirmed by the Inquiry Chair.

The Sub-Committee **RESOLVED** that the Report be the Report of the Sub-Committee.

The Sub-Committee **RESOLVED** that the Report be provided to the Clerks for review. Any minor grammatical modification will be accepted by the Committee.

The Sub-Committee **AGREED** that the Report be provided to all members of Government Administration Committee B.

Next Meeting

Government Administration B to meet on Tuesday, 31 May 2022 at 9.30 am to review the report of the Sub-Committee.

Adjournment

At 1.15 pm the Sub-Committee adjourned *sine die*.

DATE: 26/05/2022

CONFIRMED



INQUIRY CHAIR