



2020

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**

Members of the Committee Inquiry:

Hon Kerry Finch MLC

Hon Ruth Forrest MLC (Inquiry Chair)

Hon Mike Gaffney MLC

Hon Sarah Lovell MLC

Hon Meg Webb MLC

Hon Rob Valentine MLC

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SHORT INQUIRY OVERVIEW

1. On 26 November 2019, the Chair of Government Administration Committee 'A' advised the Committee of a proposal made by Hon Joanne Siejka, Member for Pembroke, for the Committee to commence an Inquiry into access to services for Tasmanians with a disability who are not eligible for the National Disability Insurance Scheme (NDIS).
2. On Friday 6 December 2019, at the Committee's request, the Committee received a briefing from Mr Will Kestin of National Disability Services.
3. Mr Kestin raised a number of concerns related to the rollout of the NDIS in Tasmania, including:
 - The low number of participants joining the NDIS (7000 of the estimated 10 000 participants);
 - Problems associated with self-nomination and the difficulties some mainstream services have in understanding the subtleties of disabilities and eligibility for NDIS;
 - The low numbers of Local Area Coordinators in the State, who provide face-to-face contact with a planner.
 - The difficulty in filling the Local Area Coordinators position due to the complexity of skills required of staff.
 - The low number of Occupational Therapists in Tasmania, for instance only one OT in the North West.
 - The lack of a pathway at the University of Tasmania for Speech Therapy and Occupational Therapy;
 - Ineligibility for individuals to access the NDIS due to mild disability or episodic disability, or disability as a result of a medical condition;
 - The role of the Tasmanian Government in providing care to Tasmanians with disability who are not eligible for NDIS.
4. Following Mr Kestin's briefing, the Committee resolved to initiate a Short Inquiry Process (SIP) in relation to the rollout of the NDIS in Tasmania and the Tasmanian Government's role in providing care to Tasmanians with disability who are ineligible for NDIS.

5. The SIP process, in this case, required a targeted hearing with the Hon Roger Jaensch MP, Minister for Disability Services and Community Development, to more fully understand the role, funding and support for Tasmanians with disability who are ineligible for NDIS or who are not yet assessed as eligible and in need of services.
6. The Committee wrote to the Minister, outlining the concerns raised in the NDS briefing and invited the Minister to attend a briefing to take place on either Tuesday 14 or Wednesday 15 January 2020.
7. The Committee received a response letter from the Minister dated 9 January 2020.
8. The response contained an information briefing regarding the rollout of the NDIS in Tasmania. The information briefing prepared by Minister Jaensch is attached to this report as Appendix A.
9. The Minister noted his willingness and the willingness of departmental staff to provide further information to the Committee.
10. Specific information related to what support the Tasmanian Government is providing to Tasmanians who are ineligible for the NDIS was limited.
11. The information provided also describes ongoing challenges related to assessment for eligibility and access to NDIS services for Tasmanians with disability.
12. The minutes of the Committee meetings are attached to this report as Appendix B.
13. The Committee notes The Hon Jeremy Rockliff MP is now responsible for the Disability Services portfolio.
14. The Committee recommends that the Government Administration Committee responsible for Disability Services consider the initiation of a full Inquiry into access to services for Tasmanians with a disability who are not eligible for the NDIS.



Hon Ruth Forrest MLC
Committee Chair
16 March 2020

RECOMMENDATIONS

The Committee makes the following recommendations:

1. Consideration be given to the initiation of a full Inquiry into access to services for Tasmanians with a disability who are not eligible for the NDIS.
2. This Report be provided to the Legislative Council Government Administration Committee responsible for Disability Services to respond to Recommendation 1.

Appendix A: Information Briefing from Minister Jaensch dated 9 January 2020

Minister for Human Services
Minister for Housing
Minister for Disability Services and Community Development
Minister for Planning
Minister for Aboriginal Affairs



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09 JAN 2020

Hon Ruth Forrest MLC
Chair
Legislative Council Government Administrative Committee 'A'
ruth.forrest@parliament.tas.gov.au

Dear Ms Forrest

Thank you for your letter and the Legislative Council's Government Administration Committee A's interest in services and supports for people with disability in Tasmania.

The NDIS is the most significant reform in the way people with disability can access the supports they need. The NDIS has significantly changed the way disability services are funded and delivered in Tasmania and the Tasmanian Government remains committed to ensuring people can access the supports they need and to have an equal opportunity to live their best life in Tasmania.

I note the resolution of the Committee to initiate a Short Inquiry Process which will enable the Committee to better understand the way the Government is providing services to those not eligible for the National Disability Insurance Scheme (NDIS), as well as to those who need assistance getting their disability assessed.

Please find enclosed an Information Briefing I have prepared for the benefit of the Committee that addresses the concerns noted in your letter including the questions and concerns raised by Mr Will Kestin from National Disability Services regarding the rollout of the NDIS in Tasmania.

These questions are important and again I welcome the Committee's interest. I trust the information I have provided satisfactorily addresses these questions. I will ensure that Department of Communities Tasmania officials are available to provide you with further clarification if needed. Should you have further questions, I would be available to meet with you at a mutually agreeable time.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Roger Jaensch".

Hon Roger Jaensch MP
Minister for Disability Services and Community Development

Enclosed Information Briefing

Information Briefing for Legislative Council Government Administration Committee 'A'

Disability Services

BACKGROUND

- Supports and services for people not eligible for the NDIS continue to be the responsibility of mainstream services.
- Prior to the introduction of the NDIA at 30 June 2012 there were 3 260 Tasmanians receiving a funded specialist support such as accommodation support, in-home personal care, community access and respite. Over ninety-five per cent of these existing clients have chosen to transition into the NDIS.
- It is important to consider that the NDIS is a voluntary Scheme, and people have the choice as to whether they wish to test eligibility and give their consent to become a participant.
- More people with disability are now receiving support than ever before. At 30 September 2019, there were 7 027 participants being supported by the NDIS in Tasmania, with 3 059 are receiving support for the first time.
- Prior to the introduction of the NDIS, the Tasmanian Government funded the provision of specialist disability supports for eligible Tasmanians. These services were funded in line with the National Disability Agreement and in accordance with the Tasmanian *Disability Services Act 2011* (the Act).
- The [Disability Services Act 2011](#) defined disability and eligibility for services and included people with intellectual, psychiatric, sensory or physical impairments, as well as individuals with cognitive impairments who fall within the equivalent Commonwealth legislation. This includes people whose disabilities are permanent or likely to be permanent; result in substantially reduced capacity of the person for communication, learning or mobility; require continuing support services; and may or may not be of a chronic nature.
- To be eligible for specialist disability services, a person must:
 - have a disability as defined in the Disability Services Act 2011;
 - live permanently in Tasmania and be: an Australian citizen; be a permanent Australian resident; hold a Temporary Protection Visa; or a member of a family on a work or study visa sponsored by the Australian Government;
 - have a disability that manifests before the age of 65 years.
- The NDIS is designed to provide all Australians under the age of 65 with a permanent and significant disability with the reasonable and necessary supports they need to enjoy an ordinary life. The NDIS Act 2013 (Commonwealth) Section 21 to 25 details the access requirements for the Scheme. In simple terms, under the NDIS a permanent disability means a disability is likely to be lifelong. A significant disability has a substantial impact on a person's ability to complete everyday activities.
- These access requirements are not dissimilar to the specialist disability services funded by the Tasmanian Government provided through the National Disability Agreement prior to full NDIS. The most significant difference is for people aged 65 and over. If a person is over 65 at the time of their access request, they are not eligible, however, if

they test their eligibility and become a participant before they turn 65, they can choose to remain a participant.

- The Commonwealth Government has funding responsibility for people aged over 65, given this difference and in consideration of those people already receiving disability supports who were over 65, the [Commonwealth Continuity of Support Programme](#) was established.
- Specialist disability services funded by the Tasmanian Government were supports and initiatives specially designed to meet the needs of people with disability that are either funded or provided by the Department within the framework of the Tasmanian Act. Primarily these were accommodation support; individual support packages; community access; respite; information and referral; advocacy and Gateway Services.
- [NDIS Supports](#) and services are considered to be assistance or products that help a person in their daily life and help them participate in the community and reach their goals. The NDIS is responsible for funding a range of reasonable and necessary supports and services which may include education, employment, social participation, independence, living arrangements and health and wellbeing.
- In order to be considered as reasonable and necessary supports, they must be related to the functional impact of a person's disability. A participant's reasonable and necessary supports take into account any informal supports already available to the individual (informal arrangements that are part of family life or natural connections with friends and community services) as well as other formal supports, such as health and education. The NDIS supports do not replace these existing supports, they may however complement them.
- Again, these supports are not dissimilar to those that were provided through specialist disability services funded by the Tasmanian Government. However, the NDIS has capacity for participants to purchase a broader range of supports.
- The alignment of the eligibility criteria between the NDIS and the *Tasmanian Disability Services Act* has ensured that Tasmanians have been entering the NDIS successfully.
- It is significant to note that more people with disability are now receiving support than ever before. As at 30 September 2019 there were 7 027 participants being supported by the NDIS in Tasmania, with 3 059 receiving support for the first time.
- Of the specialist disability services funded by the Tasmanian Government only advocacy services are ongoing, with transitional funding in place for some information and referral services – all other services have transitioned to the NDIS. In addition, the Department of Education and Department of Health have specific funded programs for people with disability. Funding for these programs are part of the financial commitment to the NDIS and the vast majority of existing clients have chosen to transition to the NDIS.

Services for People who are not eligible for the NDIS

- As was the case prior to the introduction of the NDIS, individuals not eligible for the Tasmanian specialist disability services were referred to and supported by mainstream services.
- The Tasmanian Government is committed to the principle that people with disability have the same right of access to services as all Australians.

- This commitment is expressed through the Disability Framework for Action (DFA). The DFA is a whole-of-government approach to policy and planning, service delivery and evaluation that seeks to remove barriers and enable people with disability to enjoy the same rights and opportunities as other Tasmanians.
- Tasmania's third DFA is *Accessible Island: Disability Framework for Action (Accessible Island)*.
- Tasmanian Government Departments have Disability Action Plans to meet Accessible Island. These Disability Action plans are underpinned by the following principles, as articulated in Accessible Island:
 - ensuring access to and inclusion for government services, infrastructure and communications;
 - collaboration and consultation – agencies will share expertise and collaborate in the planning and development of services, infrastructure and communications; and
 - improving employment outcomes in the State Service.
- Each Tasmanian Government department reports to the Premiers Disability Advisory Council (PDAC) on their activities in their Disability Action Plans for implementing Accessible Island. PDAC is chaired by the Premier and includes the Minister for Disability Services and Community Development as a permanent member. Other Ministers may assist on matters relevant to their portfolio.
- People with a disability who are not eligible for a funded NDIS package of support are still eligible and able to access services and supports provided by the Information Linkages and Capacity (ILC) component of the NDIS, this includes people over the age of 65.
- Eligibility for the NDIS is not static and people can reapply anytime particularly if their circumstances change. So, if a person's needs change and they require additional supports that they are not able to access through mainstream services, they can reapply for access.

Information Linkages and Capacity Building

- As well as the provision of packages of funded support to eligible people, the ILC component connects people with disability, their families and carers with broader systems of support through the provision of information, linkages and referrals.
- ILC programs are a key part of a tiered NDIS approach, which ensures that all people with disability right across Australia, can be a beneficiary of the NDIS, even if they do not have an individual disability support plan.
- ILC will facilitate capacity building supports for people with disability, their families and carers.
- The ILC Investment Strategy advises that the NDIA is planning on commissioning ILC into the future by specifying, funding and delivering four discrete, but complementary programs that are consistent with the ILC Policy and Outcomes Framework. They are the:
 - National Information Program
 - Individual Capacity Building Program

- Mainstream Capacity Building Program
- Economic and Community Participation Program.
- Throughout transition to the NDIS, State Government, Disability and Community Services (DCS), has been supporting Tasmanian ILC-type service providers' preparedness and readiness for the future.
- Tasmania has so far received \$7 million in ILC investment through the NDIS

Mainstream Interfaces and Access to Services

- The introduction of the NDIS however has brought into sharper focus the need to clearly determine the responsibilities of the NDIS and other service systems, to ensure people have access to the supports they need, value for money and non-duplication of services.
- This has been progressed through the COAG Disability Reform Council (DRC) agreed [Principles to Determine the Responsibilities of the NDIS and Other Service Systems](#). Governments agreed that the principles outlined in this document are used to determine the funding and delivery responsibilities of the NDIS. The agreement also includes Applied Principles and Tables of Services (APTOS) to define the activities funded by the NDIS and other systems and was not intended to place additional obligations on other systems.
- At the June 2019 DRC meeting, Commonwealth and State and Territory Disability Ministers clarified the boundaries between the NDIS and health-related services to ensure NDIS participants receive the supports they need. From 1 October 2019, NDIS participants commenced receiving funding for the disability-related health supports they need as a direct result of their disability, and as part of their daily life, through their NDIS plans.
- The APTOS continues to be refined and clarified with interface issues clarified through the DRC. This continued work can be seen in the DRC Communiqués from the two most recent meetings on [9 October 2019](#) and [13 December 2019](#) which show progress against resolution of interface issues.
- This work will continue to progress through the DRC as interface issues arise and ensure that people with disability can access the support they need, whether through mainstream services or through an NDIS plan, or indeed through both.
- Mainstream services, however, will not provide services that are the responsibility of the NDIS for people who are eligible for the NDIS and vice versa. For instance, if a person needs some assistive technology and approaches TasEquip and they are not eligible for the NDIS, then they are considered by TasEquip according to their normal eligibility and allocation policies. If the person is an eligible NDIS participant, the assistive technology must be funded through the participant's NDIS plan not by TasEquip. As choice and control is a fundamental element of the NDIS, a participant may choose to purchase equipment from TasEquip. Sometimes the interface between mainstream service systems and the NDIS is not straight forward, which is why the DRC announced the introduction of Justice Liaison Officers (JLO) and Health Liaison Officers (HLO) to work with these mainstream systems (see [9 October 2019](#) DRC Communiqué for the announcement of the JLOs).
- For people who require an access decision from the NDIA the timeframe for these decisions as reported at 30 September [COAG DRC NDIS Quarterly Report](#) Quarter

One 2019/20 (page 7) is an average of 12 days. This has reduced significantly from 38 days at 30 June 2018.

- This is a result of significant work by the NDIA to reduce wait times and improve participant access. There has been significant lobbying from jurisdictions including Tasmania, the broader community and advocacy services to address this issue.

Self-Nomination

- If there are circumstances where a person may be unclear about whether they are an eligible NDIS participant or not, there are a number of mechanisms that are available to support obtaining this advice. These include the HLO and JLO positions along with the capacity to contact the NDIA.
- Where eligibility is unclear, there are specific working arrangements to respond to urgent circumstances, such as for Hospital Discharge.

Supporting Access

- Supporting people to access the NDIS has been a key priority for the Tasmanian Government from the beginning of the introduction of the NDIS – from trial through transition. This has involved advocating at the DRC level and supporting the implementation of the NDIS at an operational level.
- Prior to 30 June 2019 during the transition phase, the Tasmanian Government:
 - Funded the state-wide Disability Gateway Service to continue to provide intake, referral, assessment and local area coordination to support the seamless transition of existing clients to the NDIS. (Section 21. [Bilateral Agreement Between the Commonwealth and Tasmania](#)).
 - Streamlined eligibility and intake for existing clients' arrangements (Section 10. and 11. [Bilateral Agreement Between the Commonwealth and Tasmania](#)) – Defined Participant pathway.
 - Maintained a continuity of services to existing clients so people were not disadvantaged or left without support. This included continuing to allocate available funding to clients and filling residential vacancies.
 - Maintained the Disability Assessment and Advisory Team to provide specialist multidisciplinary support to existing and new clients, and to support the clients to transition to the NDIS.
- The Tasmanian Government continues to play a role in ensuring assistance is available for people to test their eligibility in full Scheme.
 - Advocating through the DRC for improvements to the timeliness and effectiveness of the Access process.
 - Participating in the National Senior Officials Working Group (SOWG). Participating in Full Scheme governance meetings with the NDIA and the Department of Social Services
- Some of the outcomes of this work since 30 June 2019 are:
 - Improvements to the access and experience for participants with psychosocial disability in the NDIS and to address interface issues between the NDIS and mainstream mental health services. (DRC Communiqué 9 October 2019).

- Enhancement of participant access through the National Community Connectors Program (DRC Communiqué 13 December 2019). This will include Community Connectors in every jurisdiction to support access for vulnerable or hard to engage cohorts such as older carers of people with disability, people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islanders.
- New Entrants Action Plan to increase the number of people testing their eligibility with the NDIS.
- Improvements to the timeliness of access through the Early Childhood Early Intervention gateway.
- Under the previous Minister for Disability Services the Minister's Disability Advisory Council reported on how transition to the NDIS was going for people with disability in Tasmania. The Council was wound up in June 2019 as Tasmania moved from transition to full scheme NDIS. In late 2019 there was an initial consultation with community members and representatives from the disability sector on the Terms of Reference for a Minister's Disability Reference Group for an ongoing mechanism for the Minister to have consultation with the community.

Addressing Issues and Advocating for Improvement

- The NDIS reform is immense, and the progress so far clearly not without issue. Tasmania has continued to work closely with the NDIA and the Commonwealth Government to ensure that progress is made, and issues are resolved.
- The letter from the Committee provided a summary of the concerns raised by Mr Kestin from National Disability Services (NDS). Broadly these concerns along with a number of others, have been raised by the Tasmanian Government as previously noted through the DRC, SOWG and with the NDIS directly.
- On 7 October 2019 Minister Jaensch met with Ms Helen Nugent the NDIA Chair and the Acting CEO Ms Vicky Rundle. Issues raised by Mr Kestin were discussed in this meeting. An Action Plan was agreed as an outcome of this meeting, including the following actions relevant to Mr Kestin's concerns:
 - NDIA and Tasmanian Government to finalise an action plan to ensure eligible Tasmanians are getting access to the Scheme, including "new" participants.
 - NDIA to investigate whether more support and training is required for the Tasmanian ECEI and LAC partners (Mission and Baptcare).
- The Honourable Stuart Robert MP, the Minister for the National Disability Insurance Scheme, subsequently announced increased training is being provided to staff and partners to improve the participant experience. During the Quarter One 2019/20, approximately 800 new planners and Local Area Coordinators participated in the 6-week New Starter Induction Program that included disability-specific training; agency-specific training, including work health and safety, fraud awareness and NDIA induction and service delivery specific training on the participant pathway. This includes reasonable and necessary supports, typical support packages, mainstream support interfaces, housing, in-kind funding, school leaver employment support, self-management and Assistive Technology.
- The Commonwealth Government and the NDIA have acknowledged that there is work to be done and that this work is ongoing. Part of this ongoing improvement was the appointment of the Joint Standing Committee on the National Disability Insurance Scheme by resolution by the House of Representatives on 4 July 2019 and the Senate

on 22 July 2019. The committee is seeking information about the implementation and performance of the NDIS. The committee is tasked with inquiring into the following:

- the implementation, performance and governance of the National Disability Insurance Scheme;
 - the administration and expenditure of the National Disability Insurance Scheme; and
 - such other matters in relation to the National Disability Insurance Scheme as may be referred to it by either House of the Parliament.
- The Tasmanian Government has provided two submissions to the Joint Standing Committee on the National Disability Insurance Scheme, September 2019 - [NDIS Planning](#) and [Supported Independent Living](#).
 - During the 2019 Federal Election, the Australian Government promised to develop and legislate an NDIS Participant Service Guarantee to improve participant experiences with the NDIS. To develop the Guarantee, the Government has commissioned a review of the NDIS Act. The review will focus on opportunities to make the NDIS process simpler and more straight forward and remove barriers to positive participant and provider experiences with the NDIS.
 - The review will consider what changes may need to be made to the NDIS legislation to support the Guarantee and set new standards into law. This may involve amendments to the National Disability Insurance Scheme Act 2013 (the NDIS Act) and the NDIS Rules but will not change the design or intent of the NDIS.
 - The Guarantee will set new standards for the time it takes for key steps in the NDIS process. This means there will be shorter, agreed timeframes for people to get their access decision, to have their NDIS plan approved and to have their plan reviewed.
 - The Tasmanian Government has provided submissions to the Review of the NDIS Act and the New NDIS Participant Service Guarantee October 2019 (Tune Review).

The number of people who have accessed the scheme to date.

- The potential number of NDIS participants for Tasmania was estimated at 10 587. This estimate was generated as part of the early work by the Productivity Commission and the initial development of the NDIS. The estimation for Tasmania, like all states and territories, utilised a combination of actual data and population estimates. As at 30 September 2019, plans approved and ECEI referrals represented 67 per cent of scheme to date bilateral estimate for Tasmania. It is important to note that nationally this figure was 77 per cent.
- The bilateral estimate for Tasmania included a greater proportion of new and Commonwealth clients (60 per cent) to existing clients (40 per cent). This created a greater reliance on new people approaching the Scheme in order to reach the estimated population.
- It is important to recognise that the NDIS is a voluntary Scheme, and people have the choice as to whether they wish to test eligibility. They need to give their consent to become a participant.
- As noted earlier at 30 September 2019 there were 7 027 participants being supported by the NDIS in Tasmania, with 3 059 receiving support for the first time which has almost doubled the number of people accessing reasonable and necessary supports in Tasmania since the introduction of the NDIS. Prior to the introduction of the NDIA

at 30 June 2012 there were 3 260 Tasmanians receiving a funded specialist support such as accommodation support, in-home personal care, community access and respite.

Local Area Coordinators, Early Childhood Early Intervention and Support Coordinators

- The NDIA contracts Local Area Coordination partners in every jurisdiction to employ Local Area Coordinators (LAC) who help people understand and access the NDIS. They also work with NDIS participants to develop and use their NDIS plan.
- For most people aged seven years and older, a LAC will be their main point of contact for the NDIS. A LAC will connect people with disability to supports, services, activities in their community and other government services. LACs also work in communities to help them become more accessible and inclusive for all people with disability.
- The NDIA manages these contracts and allocates funding for these contracts according to the number of NDIS participants in each jurisdiction.
- [Early Childhood Early Intervention \(ECEI\)](#) helps children aged 0-6 years who have a developmental delay or disability.
- ECEI Partners employ ECEI Coordinators who help children and their families access supports and services that are tailored to the child's needs.
- ECEI Coordinators will also help with connection to other services such as community health services, playgroups or other activities available in the area.
- [Support Coordination](#) is a support that can be funded through a participant NDIS plan. There are three levels of support: support connection, Support Coordination and specialist support coordination.
- A Support Coordinator can support a participant to understand and implement the funded supports in their plan and link them to community, mainstream and other government services. A Support Coordinator will focus on supporting the participant to build skills and connect them to providers.
- A Support Coordinator will assist the participant to negotiate with providers about what they will offer and how much it will cost out of their plan. Support coordinators will ensure service agreements and service bookings are completed.
- They can also assist the participant in planning ahead to prepare for their plan review.
- As at 30 September 2019, 40 per cent of Tasmanian participants had support coordination funded in their plans. There are approximately 80 Support Coordinators registered in Tasmania.

Workforce and Market Supply

- Thin markets whether from lack of supply (providers) or demand (participants) is problematic in Tasmania across a range of support types and geographic locations. Like the issues regarding allied health professionals, these issues existed prior to the introduction of the NDIS.
- The NDIS is recognised as the market steward.

- As noted earlier prior to the introduction of the NDIS, there were 3 260 Tasmanians receiving a funded specialist support such as accommodation support, in-home personal care, community access and respite. Now there are 7027 (30 September 2019) participants. This is putting pressure on existing services, even with the growing provider market.
- Addressing these market issues and ensuring any Government intervention is appropriate is complex. There are issues of short-term supply that need to be addressed now as participants are experiencing supply issues.
- The introduction of the NDIS has brought increased focus on shortages in this area and a partnership approach between the Commonwealth Government, the NDIA and the Tasmanian Government is being pursued, including:
 - The NDIS in their role as market stewards have released a [Market Enablement Framework](#). The Commonwealth, state and territory governments will continue to work with the NDIA through and beyond transition.
 - The DRC announced on 13 December 2019 new projects to address market gaps faced by certain geographic locations, including a project for Tasmania that focuses on allied health.
- To meet the expected increase in demand for disability support services, the national disability services workforce would need to approximately double from pre-NDIS levels.
- Support for this growth is provided by the Department of Social Services, through programs such as Boosting the local Care Workforce (BLCW).
- The shortage of allied health professionals in Tasmania is an issue that has existed in Tasmania for a considerable time, including prior to the NDIS commencing.
- The solutions to the shortage of allied health professionals is complex. It is worth noting that addressing the supply of allied professionals through increasing the number of graduates through University, represents a long-term strategy.
- There has been considerable investment in this area from the Tasmanian Government over a number of years.
- From 1 July 2019, providers in all States and Territories across Australia (except WA) register with the National Quality and Safeguards Commission (NQSC) by submitting a registration request, indicating the types of support they are accredited to provide. The NQSC uses a national approach to approve providers and thus, any provider which has been verified in any State or Territory (except WA) is automatically approved in Tasmania. There are 827 active providers as at 30 September 2019 in Tasmania.
- This represents an average 1.85 providers per participant, which is above the national figure of 1.53.
- The profile of Tasmanian registered providers is different to the national profile. In Tasmania 205 of the registered providers were individual or sole traders, representing 25 per cent. Nationally the percentage sits at 43.
- Therapeutic supports have the highest number of active service providers (from 288 to 342 – 19% increase over the quarter), followed by participation in community (150 to 174– 16% increase over the quarter), assistance products for personal care and

safety (147 to 171 16% increase) and assistance coordinating or managing life stages, transitions and supports (139 to 150 – 8% increase).

- 135 providers delivered new supports in Tasmania in Q1 2019/20.
- The number of approved providers in Tasmania has increased by 16% to 827 in the quarter.
- Tasmania's top 25 per cent of providers shared between 75 per cent and 90 per cent of the payments from NDIA in Q1.
- NDS Tas received a commitment from the State Government of \$200,000 per year for three years to support the disability sector to operate in a NDIS market, including undertaking projects supporting workforce attraction and retention.
- NDS Tas has been a recipient of significant Sector Development Funding in recognition of their role supporting the disability sector as Tasmania transitioned to the NDIS.

Current or recent reviews into the NDIS

Joint Standing Committee on the National Disability Insurance Scheme

Current inquiries

- General issues around the implementation and performance of the NDIS
- NDIS Planning - Tasmanian submission Attachment 5
- Supported Independent Living - Tasmanian submission Attachment 4

Completed Inquiries in the 45th Parliament

- General issues around the implementation and performance of the NDIS - 2019
- NDIS ICT Systems - 2018
- Provision of assistive technology under the NDIS – 2018
- Market readiness for provision of services under the NDIS – 2018
- The provision of hearing services under the National Disability Insurance Scheme – 2018
- Transitional arrangements for the NDIS – 2018
- Provision of services under the NDIS Early Childhood Early Intervention Approach - 2017
- Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition – 2017

2019 review of the NDIS Act and the new NDIS Participant Service Guarantee – Tune Review

This is currently being finalised and will be presented to the Federal Minister. The Tasmanian Government made a submission and the Minister for Disability Services and Community Development met with Mr David Tune AO PSM in 2019

NDIS

- Annual Price Review 2020–21 – currently underway

Productivity Commission

- National Disability Insurance Scheme (NDIS) Costs – 2017
- Review of the National Disability Agreement – 2019

Australian National Audit Office

- National Disability Insurance Scheme Fraud Control Program – 2019

Centre of Research Excellence in Disability and Health

- Stewarding Thin Markets: Improving NDIS Market Effectiveness – 2019

Further information

- Commonwealth Continuity of Support Programme
<https://agedcare.health.gov.au/programs-services/commonwealth-continuity-of-support-programme>
- What is the NDIS
<https://www.ndis.gov.au/understanding/what-ndis>
- Early Childhood Early Intervention – explanatory video
<https://www.ndis.gov.au/understanding/how-ndis-works/help-children-under-7>
- Early Childhood Early Intervention (ECEI) partners
<https://www.ndis.gov.au/understanding/what-ndis/whos-rolling-out-ndis/ecei-partners-community>
- Report to the COAG Disability Reform Council for Q1 of Y7 Summary Part A
<https://www.ndis.gov.au/media/1999/download>
- Bilateral Agreement between the Commonwealth and Tasmania for the transition to an NDIS
https://www.coag.gov.au/sites/default/files/communique/NDIS_TAS.PDF

Attachments

Attachment 1 - Communiqué 9 Oct 2019 - COAG Disability Reform Council Sydney

Attachment 2 - Communiqué 13 Dec 2019 - COAG Disability Reform Council Perth

Attachment 3 - Principles to Determine Responsibilities of the NDIS and Other Service Systems

Attachment 4 - Submission to the Joint Standing Committee - Supported Independent Living

Attachment 5 - Submission to the Joint Standing Committee - Planning

Attachment 6 - NDIS Market Enablement Framework

MEETING OF THE COAG DISABILITY REFORM COUNCIL

SYDNEY – 9 OCTOBER 2019

COMMUNIQUÉ

The Council of Australian Governments (COAG) Disability Reform Council (the Council) met today for its second meeting for 2019 in Sydney, New South Wales.

Building on discussions at its 28 June 2019 meeting, the Council maintained momentum in resolving long-standing issues regarding the interface between the National Disability Insurance Scheme (NDIS) and mainstream service systems.

The Council agreed to an approach to improve the access and experience for participants with psychosocial disability in the NDIS and to address interface issues between the NDIS and mainstream mental health systems. The Council's discussions underscored the importance of improving access to the NDIS for people with psychosocial disability through a range of strategies, and the need for effective interaction between the NDIS and the clinical mental health system through a coordinated approach to care, information sharing and concurrent supports, which are critical to optimising outcomes for people requiring both mental health treatment and psychosocial disability support. The Council welcomed the establishment of a Psychosocial Disability Recovery Framework, with a strong focus on recovery and supporting episodic needs, noting that this would be developed in consultation with states and territories.

The Council agreed the National Disability Insurance Agency (NDIA) will introduce Justice Liaison Officers (JLOs) in each state and territory to work across their justice systems. The JLOs will provide a single point of contact for workers within each state and territory justice system, providing a coordinated approach to supporting NDIS participants in youth and adult justice systems. The Council also agreed that targeted resources and training will be developed and implemented to improve the coordination of supports for NDIS participants interacting with the justice system.

The Council endorsed an approach to improve the provision of transport supports under the NDIS. This includes interim measures to increase transport funding for NDIS participants who are significant users of taxi subsidy schemes, and the full reimbursement of states and territories for the continuation of their schemes for NDIS participants until longer-term transport support policy and funding is resolved.

The Council noted more than 300,000 people with disability have joined the NDIS and acknowledged the work being undertaken by the NDIA to improve operational performance of the NDIS. This includes through the establishment of supported pathways for participants with complex needs; improving participant access and eligibility through the Community Connectors Program; and the establishment of a framework to provide clarity for NDIS providers and participants on the provision of respite.

The Council noted the importance of an integrated and holistic framework for maintaining critical supports for participants. The Council requested implementation be expedited and that further refinement and consultation be undertaken, including when responding to critical incidents, by the NDIA with states and territories and reflect participant experience.

The Council agreed to work collaboratively on the implementation of the Information, Linkages and Capacity Building Strategy and grant programs to review the allocation of funding to date, monitor risks and implement mitigation strategies, including short-term bridging funding where available, and ensure greater local knowledge in design and implementation. The Council agreed to monitor the

roll-out of the 2015 Information, Linkages and Capacity Building Framework and consider it at its next meeting. Current 2019-20 ILC grant processes will continue.

The Council welcomed greater transparency and engagement regarding NDIS price setting, including the public release of the NDIS pricing strategy and NDIS Efficient Cost Model for Disability Support Workers by the NDIA immediately following today's meeting.

To further develop the market for Specialist Disability Accommodation (SDA), the Council also agreed to consider amendments to the SDA Pricing and Payments Framework and SDA Rules to bring the rules into line with regulatory best practice, provide clarity of key SDA policy settings and allow SDA participants to have greater flexibility in their choice of living arrangements.

The Council noted the end of the 2018-19 financial year marked the first full year of operation for the NDIS Quality and Safeguards Commission in the first two jurisdictions to come within its remit, New South Wales and South Australia. The NDIS Commission is now operating in seven of eight jurisdictions with the support of 223 staff across Australia. The Council acknowledged the work of the Commission in supporting NDIS providers to transition to national arrangements for behavioural support.

The Council noted the significant progress that has been made by the NDIA, Commonwealth, and state and territory officials working collaboratively to implement the Council's decisions from June 2019. The Council discussed the need for greater collaboration to drive delivery and the Council noted that it will continue to monitor the progressive implementation of funding for disability related health supports for NDIS participants from 1 October 2019, ongoing implementation of the National Hospital Discharge Action Plan, and the finalisation of Memorandums of Understanding to better deliver services for children in voluntary out of home care.

As the NDIS moves from the transition phase to full maturity, the Council acknowledged the need for setting the NDIS up for long-term success. The Council discussed the importance of improving long-term outcomes for NDIS participants, including through the greater use of data and research. The Council acknowledged the recent release of data by the NDIA and supported the recent decision of the Australian Data and Digital Council (ADDC) to establish an enduring, longitudinal National Disability Data Asset—agreeing to participate in its development—with an agreed timetable developed for participating jurisdictions to contribute data to the asset.

The Council also agreed to ongoing discussions to ensure, and report on, the long-term financial sustainability of the NDIS, and agreed a proposal will be considered at its next meeting.

The Council also agreed actuarial advice on a Reserve Fund will be provided to states and territories by the end of October 2019. The development and design of an NDIS Reserve Fund will be accelerated for consideration by the Council when it next meets.

To continue its focus on resolving issues and delivering outcomes for people living with disability, the Council agreed to meet again before the end of 2019.

MEETING OF THE COAG DISABILITY REFORM COUNCIL

PERTH – 13 DECEMBER 2019

COMMUNIQUÉ

The Council of Australian Governments (COAG) Disability Reform Council (the Council) met today in Perth, Western Australia.

This meeting, the third for 2019, reinforces the Council's commitment to meet regularly to resolve issues and deliver outcomes for people living with disability.

The Council discussed the development of a new National Disability Strategy beyond 2020 and agreed further engagement with the Australian community, focusing on people with disability, in early 2020 to help shape the new Strategy.

The Council acknowledged the importance of independent disability advocacy, and agreed to undertake work to better understand the drivers of demand for independent disability advocacy and decision-making support.

Building on discussions at its 9 October 2019 meeting, the Council further considered its role overseeing expenditure and financial sustainability of the National Disability Insurance Scheme (NDIS) and discussed the broad policy and design parameters that will underpin the NDIS Reserve Fund. The Council agreed the operating principles of the Reserve Fund will be settled in March 2020.

In line with its commitment to resolve outstanding interface issues between the NDIS and mainstream services, the Council committed to all jurisdictions implementing, by August 2020, arrangements for the provision of respite for children with disability in the care of state and territory child protection agencies. The plan supports a consistent approach to providing respite for children with disability in statutory care arrangements and other children with disability that reflects the roles and responsibilities of states and territories and the NDIS.

The Council agreed an interim response to provide state and territory agencies responsible for child protection with access to NDIS plans for children in out-of-home care, and noted that an enduring response would be developed during 2020.

Continuing discussions at the 9 October 2019 meeting about effective administration of the Information, Linkages and Capacity Building (ILC) Program, the Council agreed on ways to strengthen cooperation among governments and the National Disability Insurance Agency (NDIA) on the commissioning and monitoring of ILC grants programs, and agreed the NDIA will develop a new evidence-based ILC Strategy, including the role of local area coordination, with an initial evaluation by the end of 2020.

The Council noted over 311,000 Australians were receiving supports from the Scheme, including almost 10,000 children in the Early Childhood Early Intervention gateway. The Council also acknowledged improvements to date and the ongoing commitment of the NDIA to improve operational performance of the NDIS, including to improve payment arrangements, enhance participant access through the National Community Connectors Program, a comprehensive program of work to increase employment of people with disability, and implementing other initiatives that aim to create a more consistent, fair and sustainable Scheme. The NDIA will work with jurisdictions to ensure that it delivers a nationally consistent approach that is also responsive to regional issues.

The Council discussed market performance during quarter four of the 2018-19 financial year. The Council noted key findings including that a majority of participants across all states and territories say they have choice and control over their NDIS plans, and improvements to plan utilisation rates as participants spend more time in the Scheme.

The Commonwealth affirmed its commitment to states and territories to provide greater transparency and engagement regarding NDIS price setting. The Council noted that the NDIA had commenced work on the Annual Review of Price Controls for 2020-21, to be implemented from 1 July 2020.

The Council noted the commencement of a project on pricing that will consider approaches to improve the effective operation of the market for NDIS services.

The Council agreed to use a more flexible approach to address market challenges in the NDIS, recognising that a 'one-size-fits-all' approach to delivering the NDIS is not suitable to address market gaps faced by certain geographic locations, particular cohorts or disability support types. Initial projects will address thin markets in all jurisdictions, including in APY Lands, North Queensland, the Top End, Wentworth and Walgett in New South Wales, Fitzroy Crossing in Western Australia, and Tasmania, and to address specific needs, such as disability support types which includes deepening the behavioural support market in Victoria and the Australian Capital Territory, and professional groups such as allied health. The Council also noted that while initial projects will occur from late 2019, a comprehensive rollout plan will be developed and brought to the Council for agreement in June 2020.

The Council reaffirmed its commitment to work to reduce, and ultimately eliminate, the use of restrictive practices on people with disability. In doing so, Council agreed to a program of work to prioritise all governments' efforts to progress the attainment of national consistency in restrictive practices authorisation. Council agreed that this work should be progressed in 2020 and be guided by shared principles for restrictive practices authorisation that reflect the interaction between state and territory authorisation arrangements and the role of the NDIS Commission in providing leadership on behaviour support in the NDIS.

The Council agreed further work will occur in relation to how vulnerable participants in the NDIS are supported through emergency response and recovery arrangements.

The Council agreed to next meet in March 2020 in Hobart, Tasmania, and to progress further matters out-of-session where it is reasonable to do so.

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

<i>REASONABLE AND NECESSARY NDIS SUPPORTS FOR ELIGIBLE PEOPLE</i>	<i>OTHER PARTIES</i>
<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).

complex communication needs or challenging behaviours while accessing health services, including hospitals and in-patient facilities.

- 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.

- 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.

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.

INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — MENTAL HEALTH

<i>NDIS REASONABLE AND NECESSARY SUPPORTS FOR ELIGIBLE PEOPLE</i>	<i>OTHER PARTIES</i>
<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

<i>REASONABLE AND NECESSARY NDIS SUPPORTS FOR ELIGIBLE PEOPLE</i>	<i>OTHER PARTIES</i>
<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.

<i>INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — EARLY CHILDHOOD DEVELOPMENT</i>	
<i>REASONABLE AND NECESSARY NDIS SUPPORTS FOR ELIGIBLE PEOPLE</i>	<i>OTHER PARTIES</i>
<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.

INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — HIGHER EDUCATION AND VOCATIONAL EDUCATION AND TRAINING (VET)

<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.]*

INDICATIVE ROLE OF THE NDIS AND OTHER PARTIES — EMPLOYMENT

<i>NDIS REASONABLE AND NECESSARY SUPPORTS FOR ELIGIBLE PEOPLE</i>	<i>OTHER PARTIES</i>
<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

<i>REASONABLE AND NECESSARY NDIS SUPPORTS FOR ELIGIBLE PEOPLE</i>	<i>OTHER PARTIES</i>
<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

<i>REASONABLE AND NECESSARY NDIS SUPPORTS FOR ELIGIBLE PEOPLE</i>	<i>OTHER PARTIES</i>
<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)

- 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.

- 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)

- Coordination of NDIS supports with the supports offered by the justice and other service systems.

- Pre-sentence psychological and psychiatric reports regarding cognitive ability, psychiatric conditions or other matters required to assess a person’s

- 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:
 - 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.

- 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

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)

- | | |
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| <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). |
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11. AGED CARE

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.

Tasmanian Government Submission

JOINT STANDING COMMITTEE ON THE NATIONAL
DISABILITY INSURANCE SCHEME (NDIS)

SUPPORTED INDEPENDENT LIVING

September 2019

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1 INTRODUCTION

The Tasmanian Government welcomes the opportunity to provide a submission to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) Inquiry into Supported Independent Living (SIL).

The NDIS is one of the most complex and important reforms that Australia has seen in recent years and its potential to transform the lives of Tasmanians living with disability cannot be overestimated. 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 on-going funding contributions to the Scheme.

Successfully transitioning to the NDIS has been a key focus for the Tasmanian Government. From 2013 to 2016, Tasmania was an NDIS trial site for young people in the 15-24 age group. During that time over 1,000 young Tasmanians transitioned into the Scheme. In July 2016, Tasmania commenced its three year transition to full scheme with eligible people entering the scheme by age cohort. It was estimated that 10,587 Tasmanians would be supported by the NDIS by 30 June 2019, the end of the transition period. As at 30 June 2019, 6,831 Tasmanians were receiving NDIS support. This represents 65 per cent of the Tasmanian Bilateral estimate met for the period 1 July 2013 to 30 June 2019 compared to a national average of 72 per cent.

Supported Independent Living (SIL) in the context of the NDIS means help with and/or supervision of daily tasks to develop participants' skills to live as independently as possible in the housing option of their choice.

The Tasmanian Government is pleased to note recent improvements in relation to the funding of SIL, however there is still more to be done to improve the capacity of participants to live as independently as possible, as quickly as possible. This is particularly the case for those participants experiencing discharge delays from Tasmanian hospitals, acute facilities and those in custodial settings.

This submission highlights areas of particular relevance to the Tasmanian Government as they relate to the experience of SIL supports in Tasmania.

2 RESPONSE TO AREAS OF INQUIRY

2.1 The approval process for access to SIL

The SIL approval process can be lengthy, particularly for participants who are seeking discharge from hospitals or custodial settings. At times, multiple requests for clinical

recommendations are made by the National Disability Insurance Agency (NDIA), which can be time consuming and may result in extended in-patient stays, delays in being released from custody or the need to provide interim accommodation support while waiting for final approval of a SIL quote.

The SIL approval process in general could be further improved through better coordination and working protocols with Tasmanian Government agencies based on the NDIS Applied Principles and Tables of Support (APTOS).

The Tasmanian Government acknowledges progress of the *National Hospital Discharge Action Plan* (currently being piloted in South Australia) which, when implemented in Tasmania, may resolve some of these issues. Local protocols are also being finalised between the Tasmanian Department of Justice and the NDIA to improve the access, planning and support processes for participants leaving custodial settings.

Currently there is no provision for a participant to access SIL when they are staying in interim accommodation. For example, a person who requires short term accommodation as a transition home from a clinical setting or a person that needs to move to a temporary respite situation as a result of behavioral issues can experience difficulties accessing SIL. The Tasmanian Government suggests improved pathways for emergency management together with a crisis response. These modifications, along with increased flexibility in participant plans, would allow better use of SIL supports when providing short term interim accommodation support.

It is noted that the SIL approval process is not consistent and can depend on the skills and knowledge of the planner processing the quote. Consequently there may be delays in communicating with participants, families and service providers in relation to outcomes. This can be particularly challenging where the participant is living in shared accommodation and other residents may be affected by the delay. Further, the provider may be financially disadvantaged as they are unable to claim through the NDIS portal without an approved quote.

The approval process for people with complex support needs can be time consuming as additional information may be required as evidence of complexity. To date there has been a lack of skilled and experienced planners to facilitate effective approvals for this cohort.

2.2 The vacancy management process, including its management and costs

Vacancy management remains the responsibility of service providers or providers of Specialist Disability Accommodation (SDA).

Prior to implementing the NDIS, the Tasmanian Government was responsible for vacancy management via contracted arrangements with non-government providing an access and service coordination point for specialist disability services. These organisations maintained a needs register, a list of accommodation vacancies and individual client profiles. The Tasmanian NDIS partner organisations providing Local Area Coordination would be well placed to continue such an arrangement as part of the NDIS system.

While a pathway has now been established by which providers can alert the NDIA to vacancies, a seamless process still does not exist to ensure planners, Local Area Coordinators (LACs) and support coordinators are aware of existing vacancies when working with participants and their families through the planning process. As a result, accommodation providers are experiencing financial impacts as vacancies are left unfilled for extended periods of time. This is affecting the viability of some accommodation arrangements, leading to a reduction in the number of places available in an accommodation setting, and disruption for participants who may need to find alternative accommodation.

There are potential benefits to participants and providers in sharing fixed costs, however prolonged vacancies are having a negative impact on this option. For example, providers are balancing shared fixed costs to manage the property and workforce (including rosters), and experiencing reductions in both rental income and access to shared transport. As mentioned previously, this issue can affect the other residents and has on occasion led to the provider downsizing a property, resulting in disruption to residents.

The original intent of SDA was for the market to develop and self-manage a process for filling vacancies, acknowledging that the NDIA has held the position it will not undertake this role. However, the market has not significantly or sufficiently matured thus far to self-manage this process. This has resulted in ongoing gaps, leaving participants and providers unable to readily advertise and/or identify vacancies.

Support Coordinators have no effective processes to find suitable vacancies and are often turning to the private rental market, which in Tasmania is already under significant pressure with a shortage of affordable accommodation in general and even fewer options for people with disability.

2.3 The funding of SIL

Providers report that the level of funding for SIL is inconsistent and inadequate to meet the needs of participants and to maintain support in a SIL environment.

The quoting process has been time consuming for providers, with little guidance on information required by the NDIA to undertake the assessment process and approve

the quote. Providers have also found the process difficult in that they are required to commit unfunded resources to complete the quotes.

In Tasmania, all existing group homes transitioned into the NDIS over a set time frame. During this period, providers reported inconsistencies with the receipt of SIL funding, resulting in challenges around adequately managing the household, workforce (including rosters) and participant needs. This inconsistency has created an increased workload over a period of time, which has led Tasmanian providers both large and small being disadvantaged.

Recent amendments to the NDIS Pricing Guide are welcomed but providers have advised the increases are still not covering the cost of delivering services. Larger providers have indicated they are absorbing some of the cost of service delivery, particularly in rural and remote areas. Providers are considering how this unsustainable situation will affect their capacity to deliver future services.

Providers are also expressing concern about providing future SIL support to participants who have complex support needs. Depending on an individual's circumstances, delivering complex support can be costly, difficult to manage, and require additional reporting as a result of the introduction of the Quality and Safeguarding Framework.

The requirements of the SIL framework can at times present challenges for providers to respond to emergency situations; namely, it can be difficult to mobilise a workforce at short notice outside of current rosters to meet emergency or crisis needs.

The Tasmanian Government acknowledges the review and iterations of SIL requirements and funding, along with the revision of templates and guidelines to make the quoting process less complex for providers. Most providers have now developed internal processes associated with the preparation and submission of quotes.

2.4 Any related issues

2.4.1 Changes in circumstances

Changes in individual participant circumstances can occur at short notice or as a result of a crisis or emergency situation, which may then trigger the need for a plan review. These sorts of circumstances can adversely affect providers.

For example, a change in circumstance may mean that the participant needs to leave their SIL accommodation for a period of time with the intention to return when able

and appropriate. Where a participant needs to move to a respite environment as a result of behavioural issues but receives support from the same provider, then the provider can no longer claim for the SIL support component of the participant's care whilst they are in alternative accommodation. A plan review may be called for, but these take time – often up to several months – to be finalised. Meanwhile, the provider is financially disadvantaged until the plan is reviewed or until the person moves back to the SIL environment, often requiring a revised SIL quote.

This process can be disruptive and stressful for the participant and their family and administratively burdensome for the provider.

2.4.2 Accommodation - separation of property/tenancy management and support in SDA

In Tasmania, approximately 350 participants live in SDA and receive SIL to assist them to live as independently as possible. Approximately 80 per cent of SDA in Tasmania is owned by the Tasmanian Government's Director of Housing (DoH) and leased to disability support providers through a Community Tenancy (CT) lease. CT lease arrangements comprise a head lease between the DoH and the disability support provider who then enters into separate rental arrangements with participants. Effectively this means that the disability support provider is providing both tenancy management and SIL.

Introduction of the NDIS has enabled participants to exercise choice and control over their supports, including who provides it. In the context of current SDA arrangements in Tasmania, when participants choose to change their SIL support provider this presents challenges for both the participant and the SIL provider. The participant would potentially either need to negotiate with providers to split the tenancy/support function or in some circumstances (for example, shared living arrangements) need to leave their home. From the provider's perspective, the current SDA model is based on providing accommodation and support and it is often not financially viable to provide just one of these functions.

The Tasmanian Government is currently considering its long term management of SDA and following an audit, will release an SDA portfolio plan and a review of forecasted demand and supply.

2.4.2 Transport

Historically, service providers have provided transport for people residing in group homes or large residential services through a vehicle funded by block grant funding. SIL funding within the NDIS does not include transport costs, making it challenging for providers to maintain vehicles and meet residents' ongoing transport needs.

3 CONCLUSION

The Tasmanian Government acknowledges the complexity of NDIS reform nationally and welcomes recent SIL process changes that have improved the experience of Tasmanian participants and providers respectively in accessing and providing SIL supports.

As an overview of the Tasmanian experience of SIL to date, below is a summary of key points raised in this submission:

- The Tasmanian Government continues to participate in work currently progressing at a national level through the COAG Disability Reform Council Senior Officials Working Group and welcomes development of national policy and ongoing improvements to the NDIS.
- It is vital that there continues to be an improvement in the consistency of the SIL approval process such that it meets participants' needs and results in positive accommodation support outcomes.
- There is a clear need for improved vacancy management processes to assist participants in securing appropriate accommodation and to enable growth in the developing market.
- The Tasmanian Government welcomes implementation of the *National Hospital Discharge Action Plan* (currently being piloted in South Australia) in Tasmania as soon as possible.
- There is still work to do to improve the timeliness of the SIL approval process, particularly in the case of people with complex needs.
- Improved pathways for emergency management and crisis response situations, including increased flexibility in participant plans, would enable better use of SIL supports when providing short term interim accommodation support.

The Tasmanian Government looks forward to the release of the outcomes of this Supported Independent Living Inquiry.

Tasmanian Government Submission

JOINT STANDING COMMITTEE ON THE NATIONAL
DISABILITY INSURANCE SCHEME (NDIS)

NDIS PLANNING

September 2019

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1 INTRODUCTION

The Tasmanian Government welcomes the opportunity to provide a submission to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) Inquiry into NDIS Planning.

The NDIS is one of the most complex and important reforms that Australia has seen in recent years and its potential to transform the lives of Tasmanians living with disability cannot be overestimated. 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 on-going funding contributions to the Scheme.

Successfully transitioning to the NDIS has been a key focus for the Tasmanian Government. From 2013 to 2016, Tasmania was an NDIS trial site for young people in the 15-24 age group. During that time over 1,000 young Tasmanians transitioned into the Scheme. In July 2016, Tasmania commenced its three year transition to full scheme with eligible people entering the scheme by age cohort. It was estimated that 10,587 Tasmanians would be supported by the NDIS by 30 June 2019, the end of the transition period. As at 30 June 2019, 6,831 Tasmanians were receiving NDIS support. This represents 65 per cent of the Tasmanian Bilateral estimate met for the period 1 July 2013 to 30 June 2019 compared to a national average of 72 per cent.

The Tasmanian Government recognises NDIS Planning as a key focus area when assessing the implementation, performance and governance of the NDIS. Once deemed eligible, the planning stage is often the first interface a person living with disability, their family or carer has with the NDIS, and the 'success' or otherwise of the process can substantially shape the participants' overall experience of the NDIS and ultimately as directly impacts their ongoing quality of life.

The planning process also has a direct impact on national and state participant numbers. Improved access and planning processes introduced by the National Disability Insurance Agency (NDIA) earlier in 2019 have been noted and are appreciated, but there is still more to be done to ensure eligible Tasmanians receive the supports and services they need, when they need them. As a co-funder of the Scheme, it is also important the Tasmanian Government achieves value for money from the NDIS on behalf of the Tasmanian people.

This submission does not specifically address each term of reference in this Inquiry. Rather, areas of particular relevance to the Tasmanian Government are highlighted as they relate to the experience of NDIS Planning in Tasmania.

2 RESPONSE TO AREAS OF INQUIRY

2.1 Experience, expertise and qualifications of planners

When supporting NDIS participants, the Tasmanian Government has noted differences in the experience, expertise and qualifications of NDIA planners and Local Area Coordinators (LACs) which can affect the overall quality of plans.

This issue has been somewhat mitigated at a local level by building good relationships and trust between Tasmanian Government agencies and individual planners. However, it is recognised such a person-dependant approach has an increased risk of inconsistency and is not sustainable, particularly in an environment of high staff turnover.

As NDIS planners are not required to hold formal disability or health qualifications, the Tasmanian Government fully supports the NDIA's commitment to enhancing the skill level of NDIA planners and LACs through improved linkages, training and updated guidelines. Agreements reached on disability-health related supports at the June 2019 Council of Australian Governments (COAG) Disability Reform Council (DRC) will be reflected in updated guidelines for planners and LACs. Guidelines should be person-centred and provide clear delineation of system responsibilities to support planners' capacity to build quality plans in partnership with participants, their families and carers.

The Tasmanian Government is keen to reach a point at which participants are achieving consistently good outcomes under the NDIS planning process and are engaging with planners and LACs who have the appropriate experience, expertise, qualifications and skills to respond effectively and consistently to their needs.

2.2 The ability of planners to understand and address complex needs

2.2.1 *People with complex needs and the Psychosocial Disability Service Stream*

The level of complex need of people presenting with psychosocial disability is an area of concern for Tasmania, particularly in the context of a developing support coordination market.

As a general comment, the ability of planners to respond to people with complex needs is not sufficiently agile and flexible to concurrently address participants' short term needs and medium to longer term goals. This cohort often experience challenges and long delays accessing the NDIS; therefore, good outcomes in the planning stage are critical to long term success in meeting needs and attaining goals.

The Tasmanian Government welcomed the introduction of the psychosocial disability service stream earlier in 2019 and acknowledges that there have been considerable

improvements in access for this cohort in recent times. Tasmania is participating in the work currently being progressed at a national level through DRC Senior Officials Working Group (SOWG) and looks forward to further improvements, particularly in relation to recognition of the episodic nature of psychosocial disability and the focus on recovery based support.

2.2.2 *Complex Needs Support Pathway*

The Tasmanian Government has identified areas for improvement in relation to NDIA planners' ability to understand and address complex needs, particularly where the participant is:

- in a custodial setting;
- a young person living in residential aged care;
- a child who is unable to remain living in the family home due to the impact of their disability; or
- an inpatient of a hospital facility.

A recent example highlighting this issue involved a hospital patient assessed with cognitive impairment. The NDIS planning process was completed in hospital by a planner who gathered some background and clinical information regarding the participant's functional capacity, but did not make contact with hospital staff to consult or confirm on a mutually agreed approach. A plan was issued, which recommended independent living for the participant. In contrast, due to the individual's functional cognitive impairment and perceived safety risks, the hospital was recommending 24 hour supervised care. This case study highlights the need for improved coordination, collaboration and specialist knowledge between clinical staff and the planner at the NDIS pre-planning and planning stages.

In the case above, the planning process may have worked better if a specialist planner, preferably with a health professional qualification (such as Nursing or Allied Health), had been available and assigned to the participant with complex needs. This approach could also have assisted with interpretation and understanding of clinical language across the NDIS and health interface to reduce confusion and provide greater clarity for the participant, planner and health professionals.

The NDIA's Complex Supports Needs Pathway (which commenced roll out nationally in March 2019) will provide specialised support for people with a greater need for coordination of multiple services to access and engage with the NDIS. This approach is strongly supported by the Tasmanian Government and we look forward to seeing a positive impact for Tasmanians with complex support needs through this Pathway.

The Tasmanian Government is participating in work at a national level through SOWG in relation to people in custodial settings, the *Hospital Discharge Delay Action Plan*, the plan for Young People Living in Residential Aged Care and children who are unable to remain living at home due to the impact of their disability.

2.3 The ongoing training and professional development of planners

The Tasmanian Government notes national NDIA policy decisions can take considerable time to filter down to the local operational level and are often not reflected in planning conversations with participants.

In addressing this, ongoing training programs and guidance for planners should include a focus on the implementation of national policy at a local level. This would enhance practice at the operational level without the need for escalation processes to resolve day to day planning issues.

Notwithstanding the above, the Tasmanian Government is pleased to note positive developments in the areas of training and information availability. Guidelines that have been developed to assist planners to implement recent decisions in the funding of disability health related supports and other mainstream interface areas are welcome. The introduction of direct links to planners (via a phone line) has also worked well in improving the relationship between planners and Tasmanian Government agencies.

2.4 Participant numbers and number of planners relative to demand for plans

The overall number of planners relative to demand for plans has had significant impacts for Tasmania, particularly in regard to participant numbers and quality of life for eligible Tasmanians.

Tasmania's transitional agreement, the *Bilateral Agreement between the Commonwealth and Tasmania for the transition to an NDIS*, estimated that 10,587 Tasmanians would be supported by the NDIS by 1 July 2019.

Becoming an NDIS participant is essentially a two stage process. The first stage determines whether the applicant is eligible to receive services from the NDIS. If an applicant is determined to be eligible (referred to as an access met decision), the second stage requires an NDIS participant plan to be developed. It is only when a participant plan is approved that an applicant is counted as an NDIS participant and can receive NDIS services. There are often unacceptably long wait times for participants between an access met decision and a plan approval.

Up to 31 March 2019, only 6,314 Tasmanians were receiving NDIS support. This issue was raised formally with the NDIA with the Tasmanian Government requesting re-direction of NDIA planning resources to Tasmanian participants to meet demand and

boost the number of plan approvals in the lead up to full scheme. This is the subject of ongoing discussion with the NDIA.

As at 30 June 2019, a total of 6,831 Tasmanians were receiving NDIS support. This represents 65 per cent of the Tasmanian Bilateral estimate met for the period 1 July 2013 to 30 June 2019 compared to a national average of 72 per cent. This slower than expected rate of eligible Tasmanians phasing into the Scheme means that many eligible Tasmanians are not receiving the supports they need, when they need them. Also of concern is Tasmania's funding contribution at full scheme is fixed regardless of participant numbers. During 2019-20, the Tasmanian Government will contribute \$233.3 million to the NDIS (based on the estimate of 10,587 participants).

Not only are additional planning resources required to assist Tasmanians to progress more rapidly to the plan approval stage so they can start to receive services, there is also a likely increase in scheduled plan reviews as a consequence of the length of time many participants have already been in the Scheme. Additional reviews as a result of recent decisions made by the DRC regarding the NDIS/Health interface are also anticipated. Upcoming decisions by DRC may also trigger the need for additional plan reviews to accommodate changes to transport supports.

The Tasmanian Government continues to work closely with the NDIA to maximise participant uptake, including discussion on NDIA planning resources and processes as they affect eligible Tasmanians and participant numbers. The Tasmanian Government strongly advocates for more NDIA planners with the appropriate skills and resources to be directed to Tasmanian applicants and participants to meet increased demand.

2.5 Participant satisfaction and involvement in planning processes

Participant satisfaction surveys have been developed by the NDIA to better record the experience of NDIS participants and their families and carers at different stages of the participant pathway. Plan development is a key milestone on the participant pathway.

The *COAG Disability Reform Council (DRC) Quarterly Performance Report 30 June 2019* shows that 67 per cent of Tasmanian participants rated their overall experience with the NDIA's planning process as either good or very good, compared to 90 per cent nationally. Compared to data from the same time last year (97 per cent as at 30 June 2018) it is evident there has been a significant dip in levels of satisfaction with the planning process in Tasmania over the last 12 months.

Further analysis of survey data shows improvements in the area of 'participant attitude regarding the planner' but a decrease across all other areas. The data shows only 62 per cent of Tasmanian participants agreed or strongly agreed that "the planner listened to me" and 67 per cent agreed or strongly agreed that their plan will make life better.

Tasmania is performing well in the area of NDIS pre-planning, however performance in some aspects of the planning stage are concerning, particularly in relation to participants' understanding what happens next with their plan (only 56 per cent reported they were clear on what happens next in the planning stage compared to 78 per cent in the pre-planning stage) and whether participants felt that decisions about their plan were clearly explained (with 63 per cent reporting they were clear in the planning stage compared to 85 per cent in the pre-planning stage).

This may reflect different processes for pre-planning and planning activity. Pre-planning is primarily carried out by LACs with planning undertaken by NDIS planners. It is possible LACs and NDIS planners have a different approach and/or skillset which results in different experiences and outcomes for participants across the stages.

There are also occasions where participant involvement in planning processes could be improved, particularly where the participant has cognitive impairment, or has significant complex needs. It is our experience that participants' requirements, even with an advocate, may be underestimated in their plans. Conversely, in instances where participants, their families and carer have greater capacity to articulate needs, this results in a better outcomes through the planning process.

The Tasmanian Government would like to see improved consistency of participant outcomes across the pre-planning and planning stages and further guidance for planners in developing plans for participants who require support with decision making.

2.6 Interim plans and discharge delay

In the case of Tasmanian participants in hospital, the introduction of interim plans and the early involvement of a coordinator of supports have generally been positive, although this has sometimes led to delays.

A plan review generally occurs six months after the interim plan. This can create challenges, as it is often the expectation of the coordinator of supports that the participant will remain in hospital until their plan review occurs, leading to discharge delay.

There can also be differences in plans developed by NDIA planners and LACs which may trigger the plan review process, again leading to delays and lengthy inpatient stays for participants.

The Tasmanian Government notes there are financial implications for state public health systems in providing ongoing care to NDIS participants who experience delays in discharge, which result in increased avoidable costs to the health system. This is often the case for participants who might require support from multiple service systems such as clinical, accommodation, and mental health supports. We look forward to

improvements in this area through the Complex Needs Support Pathway and the Hospital Discharge Delay Action Plan.

The Tasmanian Government notes the recent implementation of the Critical Services Issues Response (CSIR), a process for escalating complicated and intractable matters that impact on an NDIS participant and cannot be resolved at the local level. This has enabled a more consistent and rapid response from the NDIA with improved outcomes for participants.

2.7 The review process and means to streamline it

Once a participant receives an approved plan, the NDIA builds in a scheduled review of the participant's goals, needs and reasonable and necessary supports, usually 12 months from the date of the initial plan. An unscheduled review can occur before the scheduled review date. The proportion of unscheduled reviews is, at times, an indicator of the quality and appropriateness of the initial plan.

In Tasmania, 20 per cent of participants are likely to have an unscheduled plan review compared to 16 per cent nationally. This reinforces the need to direct more NDIS planners with the right skills and with appropriate resources towards Tasmanian applicants and the continued roll out of NDIA improved planning processes.

A lack of suitable accommodation has also been identified as a barrier to discharge delay and the planning and review process. There have been recent examples where suitable accommodation has been identified but the NDIS plan does not allow for those accommodation options to be considered. Again, this can trigger a plan review, often causing lengthy delays for participants. National work on Specialist Disability Accommodation (SDA) progressing through SOWG should alleviate some of these issues in the future.

2.8 The incidence of appeals to the Administrative Appeals Tribunal and possible measures to reduce the number

The Administrative Appeals Tribunal (AAT) is an independent body that conducts reviews of administrative decisions made under Commonwealth laws.

The *COAG Disability Reform Council (DRC) Quarterly Performance Report for 30 June 2019* shows there are 2,233 AAT cases nationally, of which 31 are Tasmanian cases.

Of the 2,233 national cases, 33 per cent relate to Access, 48 per cent to Planning, 11 per cent to Plan Review and 7 per cent to other. It is clear from this data that the planning and review processes generate a higher percentage of AAT cases nationally.

Potentially, this indicates a level of dissatisfaction with the planning process consistent with our experience in Tasmania.

2.9 The adequacy of the planning process for rural and regional participants

The adequacy of the planning process for participants is significantly affected by thin markets across the State, particularly in rural and regional areas of Tasmania.

Access to allied health professionals has been especially challenging such that even where a plan is approved, participants in rural and regional areas often have difficulty sourcing providers that can deliver approved supports.

Tasmania has actively participated in projects to identify and address thin markets, particularly as they relate to rural and regional areas. There is a need to analyse further participant plan use data at a regional level to understand if there is a correlation between use and thin markets. Tasmania believes this could inform more direct action.

There are various causal influences for thin markets which include geographic challenges, skill set shortages and, more generally, workforce shortage. The Tasmanian Government has identified and invested in priority areas such as disability support worker certificate level training, allied health professional skill shortages and better use of technology to connect participants and providers of support and services. Tasmania believes a multilayered approach at the local community level is required to address the challenges in rural and regional communities. This requires State and Commonwealth cooperation and collaboration.

2.10 Any other related matters

2.10.1 Plan activation

The *COAG Disability Reform Council (DRC) Quarterly Performance Report 30 June 2019* shows a clear delay between a participant's plan approval and plan activation (plan activation is defined as the time from a participant's initial plan approval to when the participant first uses plan supports). In Tasmania, 68 per cent of plans are activated within 30 days of plan approval and 85 per cent within 90 days. This means participants do not access their approved reasonable and necessary supports for significant periods of time post plan approval.

The NDIA has commenced a roll out of joint planning meetings to include participants, planners and LACs to help address this delay. It is understood these joint meetings have commenced in South Australia but are yet to roll out nationally. The Tasmanian Government supports this approach and calls for a more rapid roll out of these meetings to ensure Tasmanian participants receive their approved supports and services as soon as possible.

2.10.2 NDIA Restructure at Regional level

The Tasmanian Government has observed differences in Tasmania's capacity to resolve issues quickly at a local operational level since the NDIA restructure merging Tasmanian and Victoria in July 2018. This restructure saw the loss of the Regional Manager position in Tasmania.

The Tasmanian Government remains committed to working collaboratively with the NDIA through the regional governance arrangements to ensure that Tasmanians with disability receive the supports they need in a timely manner.

2.10.3 Delays in providing equipment

Delays in providing Assistive Technology (items of equipment) in participant plans have caused additional stress for some Tasmanian participants, their families and carers.

It would be helpful if planners work in partnership with participants to understand the issues relating to these delays and collaborate with appropriate partners to minimise waiting times for participants.

2.10.4 Early Childhood Early Intervention

The NDIS Early Childhood Early Intervention (ECEI) program began in Tasmania on 1 July 2017 and currently runs alongside the Tasmanian Government's Early Childhood Intervention Service (ECIS), which is yet to be cashed out. Tasmania's Department of Education continues to build collaborative relationships with ECEI providers to support good outcomes for children in the state. As at 30 June 2019 232 Tasmanian children were accessing ECEI supports.

Earlier this year, the Minister for the NDIS, Stuart Robert announced several short term measures to resolve delays in accessing ECEI supports. It is understood that from August 2019, NDIA staff have started to contact those families and carers of children who have been waiting for 50 days or longer since receiving an access decision, to discuss the option of a six month plan. This is starting in South Australia with the intention for it to be rolled out nationally.

The Tasmanian Government calls for this measure to be rolled out in Tasmania as soon as possible in order to reduce waiting times for Tasmanian families and carers of children accessing ECEI supports.

2.10.5 Transport

Access to transport is critical in enabling Tasmanian participants to access their communities and to live an ordinary life.

Since the beginning of the NDIS transition the Tasmanian Government has raised issues around the adequacy of transport supports in participant plans, particularly when

compared to existing state-funded taxi subsidies provided and funded by the Tasmanian Government.

The NDIS provides reasonable and necessary transport supports based on an individual's assessment of need. The NDIS assessment of need in relation to transport supports has, for many Tasmanian participants, resulted in a reduced capacity to travel: to work or place of study; to access funded supports; and to participate in community events or recreational activities. This has greatly affected participants' quality of life and has been the cause of significant dissatisfaction both within the Tasmanian disability sector and the broader community in Tasmania.

In March 2019 the Tasmanian Government endorsed the continuation of a State funded taxi subsidy in the form of a capped, time-limited (up to December 2023) Taxi Supplement to assist NDIS participants with transport costs until such time as a national NDIS Transport policy is in place.

Work on progressing a national transport policy through SOWG (which was, until recently led by the Tasmanian Government) is fully supported. The Tasmanian Government calls for NDIS Transport funding supports to be included in participant plans that: are consistent with the Applied Principles and Tables of Support (APTOS); adequately reflect participant transport support needs; do not reduce participants' existing capacity to travel; and enable state transport subsidies for NDIS participants to cease.

2.10.6 Local Area Coordination (LAC) and Information, Linkages and Capacity Building (ILC)

Tasmania is yet to realise a complementary and supporting ILC service system, including LACs as originally envisaged by the Productivity Commission. While this part of the NDIS system remains underdeveloped, NDIS participants and people with disability remaining outside the Scheme will not achieve the full intended benefits of the NDIS.

Tasmania notes the considerable time and effort invested by LACs in the pre-planning stage. Of equal importance, is the community and individual capacity building function of LACs to support the ILC service system and enable participants to connect with the full range of mainstream and community services available to them. It is important that LACs have sufficient capacity and resources to be able to deliver across both of these functions.

The Tasmanian Government has asked for a Tasmanian ILC round table to be held as soon as possible to further the ILC discussion and advocates for sufficient resources to allow LACs to deliver on their community and individual capacity building function to support a successful roll out of ILC in Tasmania.

3 CONCLUSION

The Tasmanian Government acknowledges the complexity of NDIS implementation nationally and welcomes recent changes to access and planning processes to improve the experience of participants and providers as they navigate their way through the scheme.

In providing information on the Tasmanian experience of NDIS Planning, the Tasmanian Government provides the following as a summary of key points:

- The Tasmanian Government continues to participate in work currently progressing at a national level through the SOWG and welcomes the development of national policy and ongoing improvements, particularly in relation to NDIA planning processes and resources.
- Working closely with the NDIA to maximise participant uptake, including further discussion on NDIA planning resources and processes as they affect eligible Tasmanians and participant numbers remains a priority for the Tasmanian Government. We strongly advocate for more NDIA planners with the appropriate skills and resources to be directed to Tasmanian applicants and participants to meet increased demand.
- The Tasmanian Government looks forward to Tasmanian participants achieving good outcomes and quality plans by working with planners and LACs who have the appropriate experience, expertise, qualifications and skills to respond effectively and consistently to their needs.
- Participants with complex needs would benefit from specialist planners, preferably with a health or allied health background, to help improve the quality of plans and assist with the interpretation and understanding of clinical language across the NDIS and health interface to reduce confusion and provide greater clarity for participants, planners and health professionals.
- Improved consistency of participant outcomes across the pre-planning and planning stage is critical to achieving better outcomes for Tasmanian participants.
- The Tasmanian Government supports a rapid roll out of joint planning meetings to include participants, planners and LACs to ensure Tasmanian participants receive a quality plan and can access their approved supports and services as soon as possible.
- The Tasmanian Government calls for measures to resolve delays in accessing ECEI supports to be rolled out in Tasmania as soon as possible to reduce waiting times for Tasmanian families and carers of children.

- NDIS Transport funding supports should be included in participant plans; be consistent with the Applied Principles and Tables of Support (APTOS); adequately reflect participant transport support needs; not reduce participants' capacity to travel and should be sufficient to allow state transport subsidies for NDIS participants to cease.
- Noting concerns regarding the roll out of ILC commissioning in Tasmania, there is a need for an ILC round table to be held in the State as soon as possible. The Tasmanian Government also advocates for sufficient resources to allow LACs to deliver on their community and individual capacity building function to support a successful roll out of ILC in Tasmania.

The Tasmanian Government looks forward to the outcomes of the Inquiry on NDIS Planning.

National Disability Insurance Scheme Market Enablement Framework

October 2018

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1 Context

The National Disability Insurance Scheme (Scheme, NDIS) is a transformational approach to disability supports and services that is creating a radically new disability services marketplace. The National Disability Insurance Agency (NDIA) and the Commonwealth, state and territory governments are jointly overseeing the establishment and growth of the NDIS disability marketplace.

The NDIS will scale from 200,000 participants in August 2018 to an expected 460,000 participants at full Scheme. The welfare-based system that has been in place under state and territory government schemes is being replaced by a market-based system where participants can choose their own supports. This is a fundamental change.

The NDIS is an insurance scheme. Building the economic and social participation of Australians with disability is the core focus of the NDIS. The NDIS aims to deliver better outcomes for people with disability to produce a long-term social and economic benefit for the whole country.

This insurance-based approach is focused on early investment and intervention, which will improve outcomes later in life and will reduce longer-term costs. It is underpinned by four principles:

- Develop actuarial estimates of the reasonable and necessary support needs of the targeted population.
- Focus on lifetime value for Scheme participants.
- Invest in research and encourage innovation.
- Support the development of community capability and social capital.

The development of a disability services marketplace that will meet full scheme demand will progressively evolve. Funding in the sector is estimated to increase to \$22 billion in 2019-20, when the NDIS is at full Scheme. To meet the expected increase in demand for disability support services, the national disability services workforce will need to approximately double from pre-NDIS levels. Support for this growth is provided by the Department of Social Services.

The NDIS creates significant opportunities for those existing and new providers who can successfully engage with participants as customers, understand the NDIS requirements for outcomes, and provide value for money. The NDIA also recognises that its engagement, analysis and strategies need to be responsive to many different circumstances.

During the transition period, and to support a timely and meaningful growth in supply in the new marketplace, the NDIA expects to play a more active role as the marketplace adjusts and grows. It will take time for consumers to confidently exercise choice in the marketplace, for existing providers to adapt and expand as needed, for new providers to enter, and for the disability workforce to significantly grow.

Initial market signs from trial and transition areas have been positive, but the NDIA is aware that the development of the marketplace presents short term challenges, and that few new markets of this scale in Australia have ever developed and grown at such a rapid pace.

The NDIA's market stewardship role includes monitoring, evaluation, oversight and, where necessary, intervention. The vision of the NDIS is to build a competitive and contestable marketplace that is flexible and responds to the choices and preferences of participants.

The Commonwealth, state and territory governments will continue to work with the NDIA through and beyond transition.

1.1 Governance

The [Market Approach: Statement of Opportunity and Intent](#) (the Market Approach), released in November 2016, was developed to communicate the NDIA's role as a market steward and describe at a high level the kinds of activities the NDIA undertakes in this role. The Market Approach explains the NDIA's role in encouraging a healthy and diverse marketplace for disability services and supports, outlining how the NDIA will work with the sector and community to encourage and support growth in the size, number and range of disability support providers and the services they offer.

The NDIA has developed the [Rural and Remote Strategy](#) to ensure the market is responsive to and appropriate for people with disability, their families and carers living in rural and remote areas.

The NDIA has also developed the [Aboriginal and Torres Strait Islander Engagement Strategy](#) that addresses how the NDIA will work with Aboriginal and Torres Strait Islander communities with a focus on supporting local communities to build and implement their own solutions by incorporating existing approaches, knowledge and infrastructure.

1.2 Monitoring the market

The NDIA is improving its approach to monitoring how the NDIS marketplace is developing. The NDIA monitors the market by focusing on the impact on participants. For example, the NDIA considers whether participants are able to access a service and have choice of providers, and considers whether there are any risks to participants in that context.

In any marketplace providers enter and exit the market for a variety of reasons. In a mature and healthy market, new providers will fill any gaps left by exiting providers. Where a provider leaves the NDIS market it may be for a range of reasons, most of which are not cause for intervention by government.

The NDIA will monitor markets by analysing key data and by talking with stakeholders to understand market issues, where the issues are, their likely causes, and any impacts on participants.

As the market matures, most issues will resolve without intervention. However there may be circumstances where deliberate action and intervention by government is required.

1.3 Market enablement options

The NDIA expects that the markets will develop organically to meet the needs of participants, and that any intervention will reduce over time. While the market matures, the NDIA will consider intervening in extraordinary circumstances.

If intervention is required, the NDIA will use the lightest touch to resolve the issue on behalf of participants or the market as a whole.

There are a limited range of options or 'levers' that the NDIA has available to use to influence the marketplace. These levers range from 'light touch' actions, such as the provision of additional information to the market, to more interventionist options such as reviewing market settings, for example price controls, or directly purchasing services on behalf of participants in very extraordinary circumstances.

1.3.1 Providing information

The NDIA's most frequent market intervention is likely to be the provision of information. Information is critical to the functioning of markets and it can be used to improve business and investment decisions, facilitate targeted expansion, or assist participants to connect with providers prepared to offer a service.

In general, access to accurate, timely, and relevant information will assist the market to function optimally.

Over time, as in any marketplace, reliable information will become available from third-party sources and providers will increase their capacity to source and analyse their own information, reducing the need for the NDIA to be involved in the provision of information.

Currently the NDIA publishes regular information to assist the market to grow and function.

Examples of information which is assisting to improve the NDIS marketplace include the following:

- [Provider Finder](#): the NDIA website has a list of registered providers by state and is making enhancements to its Provider Finder tool, to enable participants to more easily connect with suitable providers and exercise greater choice and control in sourcing providers.
- [Market Insights](#): offer concise information into specific submarkets, designed for providers looking to understand key trends and market opportunities, and focus on areas in the marketplace that need to grow substantially, change to reflect participant choices, and be created to meet participants' needs in the NDIS.
- [Market Position Statements](#): inform market stakeholders and help current and prospective providers to prepare for the opportunities. Market Position Statements allow providers to better understand areas of expected demand growth and the characteristics of particular markets around Australia.
- [Market Analytics](#): the NDIA produces Quarterly Reports, including market dashboards. These reports and dashboards provide market analytics and information (including statistics) about participants in each jurisdiction and the funding or provision of supports by the NDIA in each jurisdiction.

The information produced by the NDIA is intended to contribute to the information being generated by and available in the marketplace. In some cases, the NDIA uses highly targeted information as a more deliberate intervention for an identified market issue.

The NDIA communicates information through a range of methods, including the NDIS website, provider forums, industry and provider reference groups and regional engagement events.

1.3.2 Building consumer and community capacity

Informed and empowered consumers are an essential part of a functioning marketplace. A key principle of the NDIS is that participants are the real decision makers. Given this is a change from a welfare-based model of providing support, it is recognised that participants will take time to fully exercise their power and choice in the marketplace.

Over time, participants' choices will directly influence the operation of the marketplace and the NDIA's market steward role will reduce. Supports and capacity building initiatives have been and continue to be introduced to strengthen the capacity and capability of communities and participants.

The NDIA actively encourages the development of these capabilities in participants and their supports. These initiatives are detailed in the [Information, Linkages and Capacity Building Commissioning Framework](#) and include:

- [Information, Linkages and Capacity Building \(ILC\)](#): One focus of ILC is supporting organisations to encourage people with disability to connect to their communities in a way that is more accessible and inclusive;
- [Local Area Coordination \(LAC\)](#): LACs assist by linking participants to the NDIS and providing information and links to the community; and
- [Capacity Building Supports through plans](#): Capacity Building Supports enable participants to increase their ability to manage their day-to-day activities independently. These supports are designed to deliver an improved outcome for the participant, including increased skill development, independence, social and economic participation whilst reducing the need for future funded supports.

The NDIA communicates with the community by using several avenues, such as the NDIS website, social media channels and newsletters.

1.3.3 Changing market settings

One of the functions of market stewardship of the NDIS is regulating entry and continued participation in the Scheme. Providers need to agree and adhere to the operational terms, system rules and standards.

Operational guidelines, safeguards, and other rules help protect market viability and the long term interests of both participants and providers. Administering these arrangements is an ongoing market stewardship role and the enforcement will be a market intervention activity.

Some of the existing regulations include:

- Terms of business:
 - Establishing protocols and processes that are binding on a Registered Provider of supports to participants in the NDIS; and
 - Ensuring providers agree to uphold the objectives of the NDIS and work with participants to achieve individual outcomes.
- Pricing reviews / Price Guide:
 - Setting and reviewing NDIS prices;
 - Updating prices on at least an annual basis effective 1 July each year, taking account of market trends, changes in costs and wage rates;
 - In submarkets, taking temporary measures to support the marketplace; and
 - Moving over time to deregulated prices as the market matures.

Market setting changes are communicated by media release and the NDIS website, as well as through direct contact with providers as needed. The NDIA receives feedback through a number of sources – emails, surveys, information through regional offices and LACs, as well

as by specific feedback from providers – and uses this information to determine whether market setting changes are needed.

1.3.4 Commissioning a service

It will take time for the market to grow to fully meet participant demand. As the market matures, temporary gaps between supply and demand may occur.

Some supports under the NDIS have not been funded under previous state and territory systems, meaning entirely new or significantly different markets are required to grow. An historic lack of providers or disability support workers may exist in a specific location. State and territory governments may remain a key partner in addressing these issues, including continuing to respond in specific circumstances during transition.

Some state and territory governments have signalled their intent to cease as direct service providers, intending to pass these services to private providers. This will add to the market growth that is required to meet full Scheme demand.

In rare circumstances where risks are extraordinarily high and other alternatives are not available, the NDIA may consider directly purchasing a service on behalf of a group of participants for a short period of time. In this instance, the NDIA would work with existing providers (who may or may not be registered with the NDIS) and consider approaching providers who offer adjacent services such as aged care.

Direct commissioning is an effective intervention when demand is low or not at scale and this supports the emergence of a market-based model. This occurs because there are not enough customers to maintain a business.

As the NDIS marketplace matures, periods and areas of high demand and low supply are likely to arise occasionally. In these scenarios, high demand with low supply signals opportunities for providers to expand to meet the demand and commissioning is unlikely to be a suitable intervention. The NDIA is likely to monitor these areas and periods, reviewing relevant market settings or providing information as appropriate.

If commissioning is required, the NDIA will work with providers, state/territory governments and other community stakeholders to provide a tailored solution.

2 The Market Enablement Framework

The NDIA has developed a rigorous approach to monitoring the market, identifying potential issues, deciding whether to intervene, and if so, what type of intervention is required. The Market Enablement Framework (MEF) aims to balance responsiveness to current market issues with advance warning and mitigation of potential future issues.

The NDIS marketplace has discrete sub-markets, defined by NDIS support category and geographic location. Market issues can be caused by local, systemic or policy level issues. The NDIA anticipates the majority of issues addressed by the MEF will be at a local level. However, entire support type/category, regional, state or national market issues may indicate the need for a broader form of systemic or policy-based intervention.

The MEF will address market issues, and while non-market issues may be identified, they will be referred to the entity best able to respond.

The MEF supports market stewardship by identifying if and how to intervene to address market issues. It does so by:

- monitoring and analysing markets;
- triaging issues which have been identified through market monitoring;
- establishing the tools to assist in investigating market issues; and
- providing guidance for the selection of interventions if needed.

The primary application of the MEF is expected to be in markets defined by region (covering multiple local government areas) and support type (for example support coordination, assistive technology).

When monitoring markets, the MEF considers:

- lack of choice – where participants are unable to choose between providers or try different providers or services, or where participants have previously used a particular provider and no new providers are registering; and
- access – where there are too few providers or no providers, where providers have traditionally not been available, where there are too few participants for a provider to be viable, where providers are unwilling to travel, or where participants are unable to travel.

The MEF is not intended to:

- address critical needs, such as urgent access to supports for complex clients (this is addressed through the critical service issues response and crisis response mechanisms);
- manage quality and safeguards (this will be managed by the NDIS Quality and Safeguards Commission); or
- trigger interventions to realise non-market benefits, for example interventions to manage scheme costs or support the sustainability of the NDIS should be referred to other functions as determined by the Scheme Actuary and Executive.

2.1 Stages of the MEF

The MEF has six stages of activities. There are a number of ways the MEF can be implemented in practice and not all stages will be required for every issue.

Diagram 1 outlines the six stages. Scenarios can be found in Section 3 of this document.

Market Enablement Framework flowchart

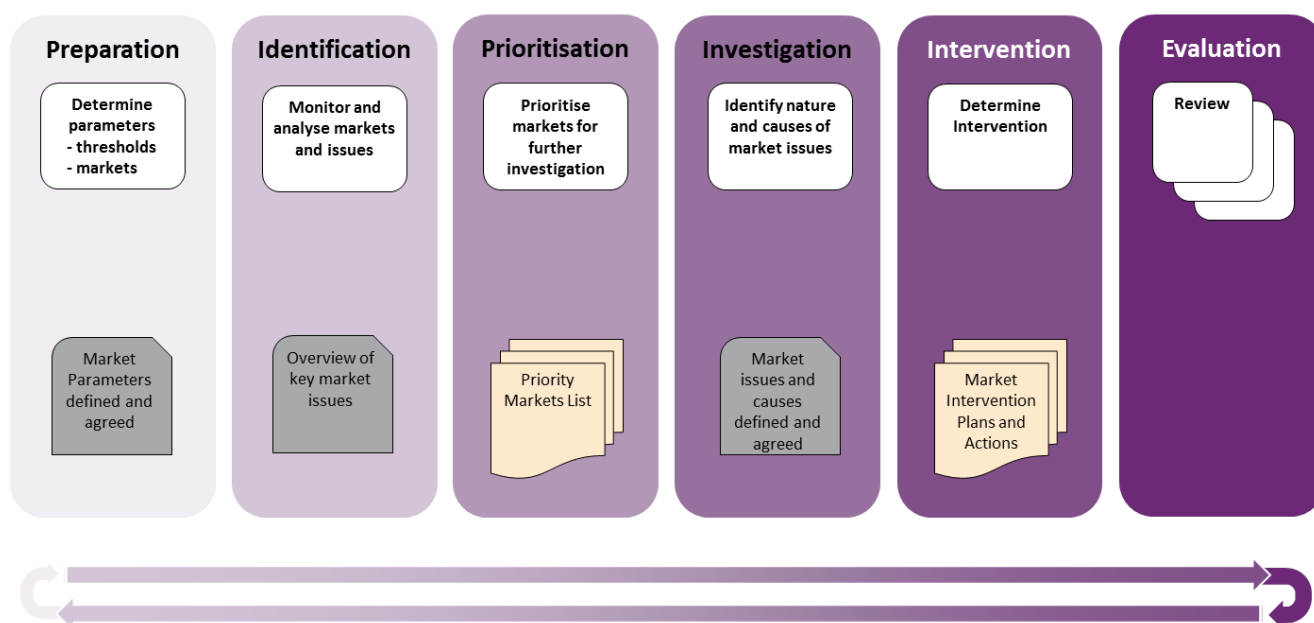


Diagram 1 – the process for working through the six stages of the MEF, noting that not all stages will be required every time.

2.1.1 Preparation

To determine the parameters for monitoring markets, the NDIA will agree on the definition of the market – whether to define the market by geography, support type or both. The NDIA will identify available data (both qualitative and quantitative) and establish thresholds for each of the metrics for that particular market.

2.1.2 Identification

The NDIA will look at which markets are presenting critical issues. The NDIA will monitor markets using quantitative data from existing data sources (such as utilisation data and provider registration), and conduct local monitoring of the market, primarily relying on qualitative data sources (such as provider feedback, LAC advice and complaints).

The NDIA will collect information for a number of different markets simultaneously, and produce an overview of the key issues present, including the risks, for each market.

2.1.3 Prioritisation

The NDIA will prioritise which markets are investigated further. This will ensure that the Investigation and Intervention stages are focused on the set of markets where they are most needed.

The NDIA will look at which supports participants are unable to access in a particular market or region (such as daily supports or community access) and prioritise actions based on the impact on participants. For example, if a participant needs assistance with morning activities such as dressing and bathing, this would be considered a higher priority than a participant who is unable to source travel to participate in a community activity. Market prioritisation will enable the NDIA to create a list of next steps.

Once the markets for investigation have been agreed, the NDIA will identify what additional information is required to fully understand the market issues present and to support the design of interventions (if necessary).

The outcome of the analysis process is the Priority Markets List that outlines the markets for investigation, the information to be collected through the Investigation stage, and the area of the NDIA responsible for obtaining that information.

2.1.4 Investigation

This stage of the MEF will look at each priority market to determine the underlying causal factors that are driving the critical risks for this market.

The information collected through this stage relates to market factors that have been identified by the NDIA as key market elements that have helped, or are anticipated to help, in the diagnosis of market issues and their causes.

The NDIA will collect quantitative data from NDIA systems to understand drivers of market issues, and seek further qualitative information from the local area, potentially involving additional engagement with people with disability, providers and LACs to better understand the root causes of market issues.

The outcome of this stage is a detailed set of quantitative and qualitative information that defines the nature of the market issues and their causes, including the level of that market's maturity.

2.1.5 Intervention

The information collated in the Investigation stage will be considered by the NDIA, in collaboration with other key stakeholders, to identify if an intervention is needed, and if so which intervention should be applied.

The NDIA may determine that no intervention is necessary, for example if the investigation shows that the market can manage the risk, then the NDIA may choose to just closely monitor that particular market.

If an intervention is required, the NDIA will consider potential interventions that can address the market issues and undertake a comparative analysis to examine the potential benefits and risks of each intervention and identify a preferred option.

Once the intervention has been agreed, an Intervention Plan will be developed to guide the implementation, communication and evaluation of the intervention. This will identify roles and responsibilities, communication methods, timeframes and metrics to support evaluation of the intervention.

Following the appropriate approvals, those responsible will implement the interventions in accordance with the Intervention Plan to address the market issues.

2.1.6 Evaluation

The NDIA, along with other key stakeholders, will evaluate the application and effectiveness of the intervention. Review meetings will be held to monitor the progress of the intervention, examine the outcomes, and determine whether any further actions are required.

Because the framework will generally be applied in a regular cyclical manner, the lessons learned from the evaluation will inform the next Identification and Investigation stages.

Findings from evaluation are critical to the continual improvement of the MEF as evaluations will examine the impact of interventions to inform future decision-making.

3 Scenarios

To understand how the MEF will work in practice, the following scenarios have been developed. These scenarios relate to issues that could be expected to occur in the NDIS marketplace. The specifics of the scenarios are fictitious and their purpose is solely to demonstrate how the NDIA would work through a market issue.

3.1 Market issue: Thin markets

Thin markets are markets with few or no providers, or few participants. This can be due to a number of factors. For example, the market has historically had a monopoly provider; the market is too remote to attract providers; the demand is not sufficient to encourage providers to invest; there is a lack of information on future requirements to attract providers; and/ or the number of participants in that area is too low to attract providers.

The NDIA will seek to pre-empt market issues in thin markets through early identification and action, and work to understand the market for each community. This includes how the current market is responding to NDIA prices for support, the number of service providers and the range of available supports.

Service delivery in some rural and remote areas may be single source and interdependent, or dependent on other services' systems. For example, one provider may be delivering health, child support, aged care and disability supports through a single worker or team.

There may be areas where there are insufficient service providers for a market approach to work, or insufficient participants to generate the necessary economies of scale to enable provider sustainability. In these areas, the NDIA will take a considered approach to determine how to intervene, and with what levers, to support market development without negatively impacting on other sectors. Market information will be collated and shared as needed with service providers to support expansion of existing providers and entry of new providers.

Any action taken to grow the market needs to balance the NDIA's goal of ensuring participant choice and control, while building local opportunities and economies.

The NDIA will work to support the implementation of the [NDIS Integrated Market, Sector and Workforce Strategy](#), which includes:

- continually working to assess and support provider readiness and attract new providers;
- understanding and managing supply and demand risks, including addressing the risk of limited or failed markets in rural and remote regions;
- ensuring the NDIA has a range of levers it can use to generate supply;
- working with providers to identify incentives to deliver supports, for example use of remote travel provisions across a number of participants in a similar location;
- setting up processes to grow supply, for example providing demand information to support business decisions and partnering with other organisations; and
- recognising the need for greater innovation in supports delivered by providers to assist participants to achieve their outcomes.

3.1.1 Scenario – insufficient demand to encourage providers to provide services in a rural area

Participants: Three participants in a rural town require similar supports from an allied health professional (eg an Occupational Therapist).

Provider: The closest registered provider of these required services is located two hours away.

Issue: That provider won't travel out to the participants as they lose a day intended for other business.

There may be a compromise where the Support Coordinator is able to arrange for the participants to use a local transport option for some services and the provider travels to the participants for the rest.

If the Support Coordinator is aware of other participants in neighbouring areas, and discussions with available providers indicate that those participants will not be able to access services either, then the Support Coordinator would discuss the issues with the NDIA.

The NDIA will work with community partners and, where relevant, Support Coordinators to understand specific participant needs with a view to encouraging a provider to deliver services. Possible options might be:

- providing information to the closest providers for supply-side awareness of participants;
- pooling of resources and arrangements agreed between participants to ensure a provider can provide service to all, generating economies of scale; and/ or
- at the more extreme end, considering some form of commissioning on behalf of participants.

3.2 Market issue: Provider exits – planned or unplanned

A provider may make a decision to cease providing NDIS disability supports. In some situations, this will be a planned withdrawal, where a nominated date in the future is set for the provider's exit. In other situations, the provider may give little or no notice of exit. This is normal across all industries, where providers can and will enter and exit a market.

The NDIA will not be aware of every provider's decision to stop providing services. Where the NDIA is made aware, in many cases no action is required. This may occur because other providers are able to absorb additional demand, either with existing additional capacity or with the potential to take on staff from the previous provider.

If the NDIA considers that the market can absorb these participants, the NDIA will facilitate the changeover of providers, working with providers to ensure a smooth transition, while monitoring the situation.

If the market is unable to absorb these participants, the NDIA may:

- work with local providers and participants to support the changeover of providers (such as linking participants to community partners and where necessary support coordinators with an urgent review of participant plans);
- provide advice to the provider that is exiting about their responsibilities under the Terms of Business (a minimum of two weeks' notice is required), an appropriate communications approach and links to community partners;
- signal to other providers in the local area or in adjacent areas the opportunity presenting itself as a result of the exit; and/or

- consider short term commissioning of providers on behalf of participants.

3.2.1 Scenario – a provider has advised the NDIA of their intention to exit the disability marketplace

Participants: There are 124 participants currently receiving supports from ABZ Company.

Provider: ABZ Company is a company currently delivering daily supports.

Issue: ABZ Company has advised that they will withdraw daily support services progressively over the next month, with final exit in five weeks' time.

On notification, the NDIA will assess the local market for alternative providers to understand whether other providers can take on the 124 participants.

If there are other providers able to accommodate ABZ Company's clients, then the market is sufficiently developed and the NDIA will talk with the local LAC about alternative providers to ensure participants do not lose supports. The NDIA will work with ABZ Company to assist in fulfilling Terms of Business obligations to participants and facilitate changeover and advice on communications. The NDIA will then monitor the situation, but not intervene further.

If there are not sufficient providers, the NDIA will contact ABZ Company to discuss their timeline for withdrawal of services, to ensure participants are supported through the process and not left without supports. While ABZ Company has provided five weeks' notice, this may not be sufficient to transition all participants and the NDIA may seek to negotiate a longer exit for some participants.

The NDIA will also consider releasing market information to inform providers in neighbouring areas of new opportunities. If the LAC advises the NDIA that they are still unable to source new providers for their participants, the NDIA would consider other market interventions, such as directly contacting providers in adjacent sectors or in neighbouring areas to discuss the new opportunity.

3.3 Market issue: A market segment is unable to operate under current market settings

The NDIS reviews its prices annually and commissioned an Independent Pricing Review (IPR) in 2017. The IPR made several recommendations for changes to pricing. These recommendations have been accepted in principle by the NDIA and will be progressively implemented.

The NDIA is aware that some providers are finding it difficult to make the transition from block funding provided by governments to a consumer-focused business model. [Resources are available](#) on the NDIS website to assist providers.

If there is a widespread inability to operate under existing market settings, the NDIA may review and change a market setting (for example a requirement under the Terms of Business for Registered Providers, or a price limit). If some participants are at risk of losing supports, the LACs would talk to providers about options for maintaining supports and timeframes, and would also discuss the issue with the NDIA.

3.3.1 Scenario – two providers of respite services in the same area have contacted clients to advise they will no longer provide overnight services and will limit day services.

Participants: There are 86 participants who use respite services provided by two companies, Alpha and Beta.

Providers: Alpha provides day respite services to 46 participants, with 28 participants also using overnight respite services. Beta provides day respite services to 40 participants, with 15 participants also using overnight respite services. Alpha and Beta have occasionally worked together to assist each other with service provision as part of their block funding agreement with the state government.

Issue: The current pricing model under the NDIS does not provide sufficient funds to continue to offer overnight respite services, and some day services will be restricted so that the companies can restructure their service offerings to cover their costs.

The NDIA would review pricing in response to market feedback from providers and participants. The review identifies that pricing of short-term accommodation (or respite) is inadequate. The NDIA would respond by increasing price limits to allow providers to recover the cost of service delivery.

If Alpha and Beta still consider the rates insufficient or are unable to modify their service provision models, the next step for the LACs and potentially Support Coordinators will be to look for other providers in the same area, to see if they are able to take on additional clients. Given the number of participants affected, it is unlikely that one or two providers could step in, and a wider discussion would be needed in the area and neighbouring areas.

Travel for the participants will also need to be considered. For instance, the family may not be able to take the participant to the new provider if that provider is further away, and may require the provider to collect and return the participant. This may require a plan review to increase the travel budget for the participant.

The LAC may need to escalate the issue to the NDIA, to advise that the market intervention is not producing the desired outcome. The NDIA would then undertake further investigation to determine the general results across the respite services sector from the market intervention. If the intervention has not been sufficient to enable the market to meet demand, the NDIA would consider further intervention. That might include a further price review or changing the requirements to include quoting for services.

4 Glossary

Commissioning: a strategic approach to the identification and funding of services and activities that benefit individuals and communities.

Contestable marketplace: where there are no substantial barriers preventing a provider who is not currently providing services in the market from doing so now or in the future.

Intervention: NDIA activity in the marketplace that is required to support the market in achieving expected outcomes.

Full Scheme: when the NDIS will be available to all eligible residents (Australian Capital Territory – July 2016; New South Wales and South Australia – July 2018; Tasmania, Victoria, Queensland, and the Northern Territory – July 2019; Western Australia – July 2020).

Price Guide: the price guide is a summary of NDIS price limits and associated arrangements (price controls). It is designed to assist disability support providers, both current and prospective, to understand the way that price controls for NDIS supports and services work in the NDIS.

Quality and Safeguards: Quality is about ensuring people receive good supports and safeguarding is about keeping people safe from harm. Features of quality and safeguarding systems generally include systems for handling complaints, staff screening processes and systems for checking that service providers meet the standards expected of them.

Reasonable and necessary supports: the supports that are funded under the NDIS Act. The NDIA publishes operational guidelines to assist decisions on what is to be funded as a reasonable and necessary support.

Registered provider: An approved person or provider of supports that has met the NDIS requirements for registration.

Social capital: relates to the social norms, networks and trust that facilitate cooperation within or between groups. It can generate benefits to the whole community by reducing transaction costs, promoting co-operative behaviour, diffusing knowledge and innovations, and through enhancements to personal wellbeing and associated spill over

Terms of Business: Terms of Business establish protocols and processes that are binding on a Registered Provider of supports in the NDIS. The Terms of Business ensure that providers agree to uphold the objectives of the NDIS and work with participants to achieve individual outcomes.

Transition: for the NDIA, this represents the process or period of changing from state-based disability services to the NDIS.

Workforce: refers to the people that provide disability support services (both currently in the workforce and potential workforce).

Appendix B: Meeting Minutes

LEGISLATIVE COUNCIL
SESSIONAL COMMITTEE

GOVERNMENT ADMINISTRATION COMMITTEE 'A'

MINUTES OF MEETING

TUESDAY 18 FEBRUARY 2020

The Committee met at 3.30 pm in Committee Room No. 2, Parliament House, Hobart and via tele-conference.

Members Present:

Mr Finch
Ms Forrest (Chair)
Mr Gaffney (Deputy Chair) via tele-conference
Ms Lovell
Mr Valentine
Ms Webb

In Attendance

Ms Jenny Mannering (Secretary)
Ms Julie Thompson (Executive Assistant)

Confirmation of Minutes

The **Minutes of the Meeting** held on 6 December 2019 were confirmed as a true and accurate record.

Correspondence

Outwards

The Committee endorsed the following correspondence:

1. Letter dated 19 December 2019 to the Hon Roger Jaensch MP, Minister for Human Services regarding Disability Services briefing.

Inwards

The Committee received the following correspondence:

1. Letter dated 9 January 2020 from the Hon Roger Jaensch MP, Minister for Human Services providing information regarding Disability Services

SIP - Disability Services

The Committee had a discussion regarding the information received from the Hon Roger Jaensch MP and further discussion regarding the Premier's resignation resulting in a Ministerial reshuffle. The Committee concluded that it may not have the jurisdiction to continue with this SIP until the motion to re-establish with the new portfolios/reshuffle is ordered by the House.

The Committee RESOLVED the Secretary to draft a SIP report on its findings. The recommendations of the Report can be considered by the relevant Government Administration Committee after the Ministerial portfolios have been confirmed.

The Chair tabled the following documents:

1. Brief Summary of the 2019 review of the National Disability Insurance Scheme Act 2013 – Supporting the implementation of the NDIS Participant Service Guarantee
2. Executive Summary – Review of the National Disability Insurance Scheme Act 2013

The Chair advised the Committee of the request by the Hon Tania Rattray MLC, Member for McIntyre's of this Committee to commence an inquiry into TasWater at Deloraine.

The Committee had a general discussion and RESOLVED the Secretary prepare a draft letter for members consideration advising the Committee will not be proceeding with an inquiry into Taswater due to this being a local government issue and recommend it would be more appropriate for a Select Committee be constituted to investigate this issue.

Other Business

Mr *Valentine* advised that the possible inquiry into climate change flagged last year by himself will not be proceeding at this stage due to the new portfolio the Premier has created – Minister for Climate Change.

Next Meeting

Time to be advised.

Adjournment:

At 3.50 pm the Committee adjourned.

DATE

16/3/2020

CONFIRMED



CHAIR

**LEGISLATIVE COUNCIL
SESSIONAL COMMITTEE**

GOVERNMENT ADMINISTRATION COMMITTEE 'A'

**MINUTES OF MEETING
FRIDAY 6 DECEMBER 2019**

The Committee met at 11.00 am in Committee Room No. 3, Parliament House, Hobart.

Members Present:

Mr *Finch*
Ms *Forrest* (*Chair*)
Mr *Gaffney* (*Deputy Chair*)
Ms *Lovell*
Mr *Valentine*
Ms *Webb*

In Attendance

Ms Jenny Mannering (Secretary)

Apology

Confirmation of Minutes

The **Minutes of the Meeting** held on 26 November 2019 were confirmed as a true and accurate record.

Correspondence

Outwards

The Committee endorsed the following correspondence:

1. Letter dated 26 November 2019 to Toni van Hamond PSM, Director Provider and Markets Engagement, Tasmania and Victoria, National Disability Insurance Agency extending an invitation to appear at a briefing.
2. Letter dated 26 November 2019 to Mr Will Kestin, Tas State Manager, NDS extending an invitation to appear at a briefing.

Inwards

The Committee received the following correspondence:

1. Email dated 2 December 2019 from Paul Dobson, Director, State Relations – Victoria/Tasmania, National Disability Insurance Agency providing a copy of the most recent Quarterly Performance Report for Tasmania.

Briefing – Disability Services

At 11.00 am Mr Will Kestin, Tas State Manager, NDS briefed the Committee on Disability Services.

The Committee had a discussion about whether to proceed with an inquiry into the NDIS, and if so, under what Terms of Reference.

The Committee RESOLVED to initiate a Short Inquiry Process (SIP) and to invite the Minister to provide a briefing on the matter to determine the need for a full Inquiry.

The Committee resolved to invite the Minister to attend a briefing on 14 January 2020 (after 3 pm) or on 15 January 2020.

The Secretary to prepare a letter to the Minister outlining the key points made by Mr Kestin for circulation to Members prior to sending to the Minister.

Next Meeting

Time to be advised.

Adjournment:

At 12.18 pm the Committee adjourned.

DATE

18/10/20

CONFIRMED



CHAIR

**LEGISLATIVE COUNCIL
SESSIONAL COMMITTEE**

GOVERNMENT ADMINISTRATION COMMITTEE 'A'

**MINUTES OF MEETING
TUESDAY 26 NOVEMBER 2019**

The Committee met at 10.30 am in Committee Room No. 2, Parliament House, Hobart.

Members Present:

Mr *Gaffney* (*Deputy Chair*)

Mr *Finch*

Ms *Forrest* (*Chair*)

Ms *Lovell*

Mr *Valentine*

Ms *Webb*

In Attendance

Ms Jenny Mannering (Secretary)

Ms Julie Thompson (Executive Assistant)

Confirmation of Minutes

The **Minutes of the Meeting** held on 26 September 2019 were confirmed as a true and accurate record.

Correspondence

Outwards

The Committee endorsed the following correspondence:

1. Letter dated 26 September 2019 to Andrew Gregson, CEO, Tasmanian Salmon Growers Association regarding Finfish Inquiry.

Finfish Inquiry – Ms Lovell resignation

Ms Lovell advised of her wishes to be discharged from the Finfish Inquiry due to constraints with travelling.

The Committee **RESOLVED** that Ms Lovell be discharged from the Finfish Inquiry and the Secretary prepare a report containing this resolution for tabling in the House.

Possible Terms of Reference – Disability Services

The *Chair* advised of Ms *Siejka's* proposal for GAA to commence a sub-committee inquiry into access for Tasmanians with a disability to services when they are not eligible for the NDIS. A draft terms of reference was circulated prior to the meeting.

The Committee had a general discussion.

Mr Valentine advised he wishes to sub-off this possible inquiry due to his current committee workload.

Ms *Lovell* left the meeting at 10.43am

The Committee **RESOLVED** to request Parliamentary Research to provide a background paper on disability services in Tasmania and schedule a briefing with NDIA and NDS next Wednesday, 4 December or Friday 6 December 2019.

Media Release

Mr *Finch* suggested the Council issue a media advisory summarising the Council's committee activity for 2019, and advising of possible 2020 inquiries.

The Committee **AGREED** to discuss further at the next meeting.

Next Meeting

Wednesday 4 December 2019 (time to be advised).

Adjournment:

At 10.57 the Committee adjourned.

DATE

6/12/19

CONFIRMED



CHAIR