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THE LEGISLATIVE COUNCIL SESSIONAL COMMITTEE - GOVERNMENT ADMINISTRATION B - SUB-COMMITTEE INQUIRY INTO DISABILITY SERVICES IN TASMANIA MET IN COMMITTEE ROOM 2 AT PARLIAMENT HOUSE, HOBART ON MONDAY, 11 OCTOBER 2021

CHAIR (Ms SIEJKA) - Welcome to the sub-committee. First of all, I would like to let you know that we are taking sworn evidence today and ask you take the statutory declaration.

Ms BREE KLERCK, DEVELOPMENT COORDINATOR, MENTAL HEALTH COUNCIL OF TASMANIA, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED

CHAIR - I will introduce our members which unfortunately, you can't see. I am the Chair, Jo Seijka, the member for Pembroke and we have the member for Launceston, Rosemary Armitage, the member for McIntyre, Tania Rattray, and the member for Rosevears, Jo Palmer. Josh Willie, the member for Elwick is an apology today.

Welcome to the public hearings of the Legislative Council Government Administrative Committee B sub-committee inquiry into Disability Services in Tasmania. All evidence taken at this hearing is protected by parliamentary privilege. I remind you any comments you make outside of the hearing may not be afforded such privilege. A copy of the information for witnesses is available if you have not read it or are aware of the process.

The evidence you present is being recorded and the *Hansard* version will be published on the sub-committee website when it becomes available. I wish to advise the procedure we intend to follow today is we are going to give you the opportunity to speak to your submission, provide an overview. Following, we will address some questions to you seeking information specifically relating to the terms of reference. Over to you Bree, and welcome.

Ms KLERCK - Thank you Jo and thank you for this opportunity to provide some more information. My name is Bree Klerck and I am the sector development coordinator at the Mental Health Council of Tasmania, which is often referred to as MHCT.

MHCT is the peak body for community managed mental health services in Tasmania and we represent our members and also advocate for mental health system improvement to support the mental health and wellbeing of all Tasmanians. MHCT welcomes the committee's inquiry into disability services in Tasmania and can provide further detail to our submission which specifically focuses on Tasmanians experiencing psychosocial disability who do not meet the eligibility criteria for the NDIS or have chosen not to apply for the NDIS.

In my opening statement today, I would like to provide the committee with a clear understanding of psychosocial disability and the interface with the mental health system, along with highlighting the unmet needs of people with psychosocial disabilities unable to access the NDIS.

What we know is nationally there are 290 000 people living with severe and persistent mental illness who need psychosocial supports. However, only 64 000 will gain access to the NDIS with a primary disability being psychosocial. While psychosocial disability predominately focuses on people who have a mental illness, it is important to note that the term

is not specifically about a mental illness diagnosis. Rather, the term refers to the challenges and the limitations experienced in a person's life that they need assistance with to recover and live well in their community.

For those 64 000 eligible for the NDIS, they are most likely to be experiencing a level of permanency in these limitations and challenges. However, given the fluctuating nature of mental health conditions, we know proving permanent impairment in psychosocial disability is difficulty and a core barrier in gaining eligibility to the NDIS. This means the remaining 226 000 people with a severe mental illness will not receive the psychosocial supports through the NDIS, keeping in mind they are national statistics.

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

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

As of June 2020, there were 7055 NDIS participants with primary disability being psychosocial and there were a further 154 people receiving a high level of psychosocial support through the Australian government's intermediary program, known as the National Psychosocial Supports Program. This program has been designed to provide psychosocial support during the NDIS transition period, although it is unclear what long-term services will be provided beyond June next year. There is, however, an expectation which is also reiterated by the Productivity Commission that supports outside of the NDIS will be administered by states.

Whilst the National Psychosocial Supports Program and NDIS are assisting a number of Tasmanians with psychosocial disability, we know the program does not assist all those needing psychosocial supports. The ABS estimate in Tasmania there is approximately 43 300 people living with some of level of psychosocial disability.

It is important that those individuals not accessing any psychosocial supports receive the appropriate and timely access to services based on the fluctuating needs of their condition.

Without these supports, individuals will not have the opportunity to fully recover and live well in their communities. These supports should be flexible and ramped up and down, depending on fluctuating needs of the individual. They should be available to the individual regardless of the severity or permanence of their condition.

To gain a better understanding of the degree of unmet demand for psychosocial supports in Tasmania, the Mental Health Council of Tasmania suggests a gap analysis is undertaken and that an essential suite of supports is designed and implemented to meet this unmet demand.

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As reiterated in the Productivity Commission, they should be commissioned to ensure the unique geographic and demographic layout of Tasmania is taken into account when providing psychosocial supports for Tasmanians.

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

Thank you.

CHAIR - If we are talking about people eligible for the NDIS, in particular, and who are falling through the gaps, one of the things you mentioned in your report, is the number of people that have engaged or disengaged since the NDIS came along, on page 5 of your submission.

You mention as they transition to the NDIS, some are transitioned to other services, but 483 people had otherwise chosen to no longer engage. Can you talk to the impact of what that might be and the reasons why that may have occurred?

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

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

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

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

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

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

Ms KLERCK - Yes, absolutely.

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

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

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

There are all the social impacts.

Ms SIEJKA - A lot of this would have fallen into the early intervention prevention category. Is that true?

Ms KLERCK - There are a few different levels within the mental health system. When we are looking at people who were former clients of Partners in Recovery and Support for Day to Day Living they more often had a severe and a persistent mental illness. That is something where it is a bit more permanent so they're needing those supports on a more ongoing basis. Definitely in that early intervention space there is that need for psychosocial supports to make sure that we are intervening early. There is a need for psychosocial supports across that mental health continuum.

Ms SIEJKA - Given our challenges, not all being in the same room, it might all be easiest if we work through the recommendations. I will check with the room in Launceston whether or not you have any questions at this stage on the overview, or would you prefer to wait for particular recommendation items?

Ms RATTRAY - I am interested in the transition to the NDIS. You just touched on a couple of those support groups that are already in place. Are they funded through the NDIS nationally or are they funded elsewhere? Can you talk to me about Partners in Recovery, Support for Day to Day Living, Personal Helpers and Mentors in the community?

Ms KLERCK - Those three services have now folded into the NDIS so they are now currently decommissioned. They were all federally funded services with the idea that the clients of those services would then be eligible for the NDIS and receive supports that way. Unfortunately, as of that June 2020 data we know that 223 transitioned to the NDIS, 154 are on the intermediary National Psychosocial Support Measure so that is kind of in place.

It is funded federally and commissioned through Primary Health Tasmania. We know it is in place until June next year but after that we are not 100 per cent sure if it is going to get us extended a little bit longer. It seems to have been extended on a year-on-year basis at the moment. We know that 483 people have chosen no longer to engage or have completed their work with that particular provider. Does that answer your question?

Ms RATTRAY - Is it your understanding that the people that were involved and provided those services from those three services, they all now provide those services through the NDIS, other than for the 483 people who chose not to transition and have gone elsewhere? Did they just shut up shop and they no longer have a role in that space?

Ms KLERCK - Some of those organisations did decide to provide NDIS supports, not all of them did. That is mainly because of pricing. We know there is that in market issue. We know that some NDIS pricing makes it not viable for organisations to take up but some

organisations did take up those NDIS line items as well so that is around the recovery coach and supported independent living.

Ms RATTRAY - Were any of the people involved on a voluntary basis or were they all paid professionals?

Ms KLERCK - They were all paid professionals, as far as I know.

Ms RATTRAY - I wondered if we lost any volunteers or any people along the journey of the transition to the NDIS.

Ms KLERCK - We did.

I think the Productivity Commission also stated there has been deskilling within the workforce because people lost their jobs or chose to leave the sector potentially not to come back until it is more stable.

Ms SIEJKA - Do you want to talk a little more about that? I notice that you are the Sector Development Coordinator at the Mental Health Council. We haven't had a lot of evidence around that aspect.

Ms KLERCK - The Productivity Commission highlighted that aspect. Because of those services being decommissioned and there not being opportunities to take up any other roles, they have been moved out of that sector. That is one issue we have had, particularly around that psychosocial support space.

One other issue we have also noted is that with the NDIS being predominately that traditional disability support worker space, it is quite incongruent with how mental health services operate so clients within the mental health service would see recovery-orientated practices as the best practice for them and that doesn't necessarily reflect in the disability support roles. We would like to see more upskilling of disability support workers within that recovery orientated practice so when they are working with people with psychosocial disability that is taken up as well.

Ms PALMER - Bree, following on from what we have been discussing, with those 483 people who have chosen to disengage, do you think that is as a result of other complexities after people try to become part of the NDIS? We hear a lot about that. Do you think that may have factored into why that number is what it is?

Ms KLERCK - Yes, potentially.

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

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

around government services also impacts on a person's decision whether or not to apply for the NDIS.

CHAIR - We will go to recommendation 1. I notice when you were talking about the Australian data and then it is estimated for Tasmania. Is that going to be a difficult figure to get hold of? A more specific number?

Ms KLERCK - Yes. What needs to happen is the term 'psychosocial disability' needs to be worked out and decided upon first of all. The ABS data brings people with brain injury and stroke into that data. Then it confuses it a bit with mental health conditions. Determining what psychosocial disability is and who needs psychosocial supports will be the first thing to look at.

The National Mental Health Service Planning Framework tool may potentially be helpful in that. It is a population-based tool. It has been commissioned for Tasmania but that was in 2018-19.

CHAIR - It is difficult to estimate who has fallen through the gaps at this point.

Ms KLERCK - In this area of disability. Yes.

CHAIR - In recommendation 2 your first sentence outlines that those who are ineligible for the NDIS should be placed on programs commissioned by states and territories. Again, we are talking about people falling through the gaps. What do you think is needed?

Ms KLERCK - What needs to happen is that we identify what type of psychosocial support programs are going to be most beneficial. That is going to be based on the fluctuating need of the individual and the severity of the condition.

You might have people who perhaps are at risk of mental illness or mental ill health so they might need a few psychosocial supports or wraparound services to coordinate and help their mental health and their recovery.

That might be an eight-week program whereas if you are looking more at that severe mental illness and you might be looking at more of a long-term program. So I think it is nutting out across that mental health continuum what kind of psychosocial supports are needed. They definitely need to be flexible and be able to be ramped up and ramped down depending on the person's recovery journey.

CHAIR - It is a difficult one without the data to inform it which would make it difficult for you to advocate for that as well without having a clear picture of who there is, whose needs are not being met, and in what way.

Ms KLERCK - Absolutely, part of the work through Rethink 2020 is to look at those gaps within psychosocial supports and that is also something that is being looked at on a national level too. How do we do this state by state rather than a national benchmark?

CHAIR - Henty House, do you have anything you want to raise here?

Ms RATTRAY - Thank you Jo. I would like some understanding of how difficult it is to get into the NDIS for support when you have a mental health issue? As you said, sometimes you recover and you are okay for a while so you may leave that program, then your condition again becomes more current and so you need to go back on. What is it like for people with mental health issues transitioning in and out of the NDIS?

Ms KLERCK - That is a good question. I am not 100 per cent sure if we have any information specifically about that process but definitely we have heard a lot about plan under-utilisation. Whether that has something to do with it in planners looking at under-utilisation and then considering whether there should be changes in those services. That is an issue that probably needs to be addressed. In terms of transitioning in and out, I am not 100 per cent sure.

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

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

CHAIR - It's lengthy.

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

CHAIR - A cost to the individual?

Ms KLERCK - Yes.

CHAIR - Some of that could be costly.

Ms KLERCK - Yes.

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

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

Ms RATTRAY - Do you think it would be better placed if they were separated or do you think it is too late for that?

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Ms KLERCK - I do feel like we've missed the boat in terms of that. I have heard positive things about some of the work with NDIS and people with psychosocial disability and severe and persistent mental illness receiving some really good support.

The Supported Independent Living line item in the NDIS is really helpful, and the recovery coach is really helpful too. There are some positives now coming out from the NDIS to support people.

CHAIR - Any further questions from Henty House? Perhaps we will talk to the next two together. Regarding the Mental Health Agreement and Rethink, and at this stage, what other things do you think needs to happen to redress this?

Ms KLERCK - One of the positives is that it is named up in rethinking, in terms of looking at that need around psychosocial supports.

We are also hoping that the new national Mental Health Agreement would also speak to the psychosocial supports factor.

We are not 100 per cent sure because that is being nipped out at the moment, in the federal and state government level but we would hope to see some kind of understanding in relation to the decisions about who would be responsible for those psychosocial supports and how it might be funded.

That should be released in November this year so next month. We might have a better understanding at least about state and federal responsibilities.

CHAIR - It seems to be consistent across every type of disability that interpretation varies widely. At this stage it is something you would have thought should be resolved but seems to continue.

Can you talk to us a little bit about Rethink because we haven't heard a lot about anything yet?

Ms KLERCK - Rethink 2020 is the state's Mental Health and Wellbeing Plan. It is really an update of the original Rethink Mental Health and Suicide Prevention Plan.

It brings together Primary Health Tasmania and the Tasmanian Government in coming to an agreement about what kind of Mental Health Services should be available for Tasmania, and also priority reform directions.

One of them is to look at more community-based mental health services, and that is reform direction five, from memory, and within that, there is looking at the psychosocial supports and that gap that we are seeing at the moment, and how NDIS interfaces with Mental Health Services.

CHAIR - Are there any further questions from Henty House, on that area of the submission? No? It was a very clear submission, which helps.

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If there is anything in particular that you want us to be aware of, or if there is anything in particular that you want to stress that we consider? If you want to make some closing remarks and draw our attention to anything, please do.

Ms KLERCK - Yes, sure. I think what's most important is understanding and clarifying the concepts and terms of psychosocial disability initially and then what psychosocial supports we need.

It is really important that we get that gap analysis right and we understand what that need is. Then we can look at how much funding there needs to be.

I think, one of the biggest things is that, people with psychosocial disability really do not care about where the funding is coming from. They just need those supports and without them it is really hard to recover and live well in the community.

CHAIR - That's a really important point. All this work that has been done to work out the nuts and bolts, but at the end of the day that is not what is important.

Ms KLERCK -It has to be done, but at the end of the day for the individual, they just need those supports.

CHAIR - Thank you coming in today. We really appreciate the work that's gone into the submission and your input today, especially as you have come on your lonesome as well. I believe you were going to have someone with you as well. Thank you.

THE WITNESS WITHDREW.

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Ms SARAH COURTNEY MP, MINISTER for DISABILITY SERVICES WAS CALLED AND WAS EXAMINED.

Ms WENDY YARDY, ACTING DIRECTOR, DISABILITY AND COMMUNITY SERVICES, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR - Welcome. First of all, I will introduce our members, member for Pembroke, Jo Siejka, member for Launceston, Rosemary Armitage, member for McIntyre, Tania Rattray, and member for Rosevears, Jo Palmer in Henty House, Launceston.

Welcome to the public hearings of the Legislative Council Government Administrative Committee B sub-committee inquiry into Disability Services in Tasmania. All evidence taken at this hearing is protected by parliamentary privilege and I remind you any comments you make outside the hearing may not be afforded such privilege. A copy of the information for witnesses is available if you have not read it or not aware of the process.

Evidence you present is being recorded and the *Hansard* version will be published on the sub-committee website when it becomes available. By way of introduction, the processes today, we will give you the opportunity to introduce yourselves and speak to your submissions and then we will proceed to questions. We are seeking information specifically related to the terms of reference. I will pass over to you, minister.

Ms COURTNEY - I will make a couple of brief opening statements and then I am happy for the committee to ask questions. Wendy has a deep background in this area. I will defer to her for a lot of the detail with regards to implementations of parts of different government policy. Also, if there are any areas that perhaps we need to go back and seek any further information on, we are more than happy to take those questions on notice to be able to make sure we can give the committee all the information you need.

It is good to be able to be here today providing evidence. It is estimated that around 140 100 Tasmanians live with a disability, 77 100 are under the age of 65. As at June 2020-21 there were more than 10 900 Tasmanians being supported by the NDIS, including early childhood, early intervention support. This figure includes more than 6000 Tasmanians who are receiving supports for the first time, which is a remarkable achievement and testament to the positive difference the NDIS is making in the lives of these Tasmanians.

NDIS is just one element of the service system available to all Tasmanians and it operates alongside other service systems such as health, education, transport and aged care. These service systems need to work together to ensure people are able to access the services they need. The NDIS and other service systems are not necessarily mutually exclusive. For instance, an NDIS participant or aged care recipient is still eligible for an Australian Disability Parking Permit, Tasmanian transport concessions or other reasonable adjustments required are all mainstream services.

Just as not being eligible for individual funded support through the NDIS does not mean people with disability cannot access a range of supports from the NDIS through information linkages and capacity building services. Collaboration across all levels of government is required to respond to the challenges of meeting the needs of Tasmanians with a disability. This inquiry presents a timely opportunity to consider what more can be done to improve these

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service systems, how we can work together to ensure that more Tasmanians with disability receive the services they need and can reach their full potential.

CHAIR - Thank you. Do you want to add anything or are you happy to proceed to questions?

Ms YARDY - I am happy to proceed to questions.

CHAIR - Through our inquiry we have heard from quite a number of services, be that whether it was in person in the committee hearings or whether it was through our written submissions about the potential impact of people not eligible for the NDIS, but now some of the organisations they previously engaged with are no longer being block funded and their service delivery is less consistent in that way.

Are you concerned about people that potentially are falling through the gaps? Is there work being done to measure, evaluate and look at how that can be addressed? Is that something the Government is looking at doing?

Ms COURTNEY - I know the ILC funding is a big focus for the committee. It was part of the original consideration when the NDIS scheme was stood up. My understanding is that the federal government is looking at reviewing the way that they do things next year. We have had engagement from my office federally on that. Perhaps Wendy would like to expand a bit more on that process in terms of making sure that we have a Tasmanian voice heard.

Ms YARDY - We have had a long engagement with the ILC when it was the branch in the NDIS and as well with DSS to really consider how ILC is funded and utilised in Tasmania. It is a national process but we have been able to lobby really strongly for Tasmanian organisations. What we find is that when the ILC was introduced, it was new. Nobody quite knew how it would work. What we are finding as we go along is that there are parts of the system that we can improve. We have been engaging with DSS around the review process because that has captured a lot of the concerns that organisations have, particularly around project funding.

CHAIR - What's the timeframe for that review?

Ms YARDY - Because it is in DSS's control it is a little hard to say but they have engaged Swinburne. We are looking for some active process to be happening fairly soon from that one. I think we will be hearing from Ms Ruston very shortly on that time frame.

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

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

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Ms COURTNEY - After I have made some comments, I might hand to Wendy on this.

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

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

CHAIR - We had a very emotional hearing with them.

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

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

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

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

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

Ms RATTRAY - I am hearing what you are saying minister, but it doesn't give any confidence to those small organisations that do a fantastic job in our communities and often provide a niche service to know they are going to have funding, and be able to hold on to staff in the future. Hoping that the federal system will come along is probably not going to satisfy

their needs. Is there some other way that they can be funded and not be so reliant on the process we are using at the moment?

Ms COURTNEY - Tania, I will get Wendy to talk about the history because she has more experience than I.

We can all accept the NDIS has been a game changer for people with a disability. The significant amount of funding that the Tasmanian Government provides each year for that is great for people living with a disability. It shows our Government's commitment to that and it shows broadly, the commitment of other governments around the country, including the federal government.

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

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

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

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

One of the things that we have done is checked in with organisations along the way, to find out how they are going and how successful they have been. Most of the 18 organisations in that group, have actually adjusted or they have made the decision they are just a small body and wanted to withdraw from the ILC process, because they did not want to have to do a whole lot of government regulation.

At the end of the period of bridging funding, two of the organisations, New Horizons and Brain Injury Association Tasmania, we actually then extended a further grant so they had further opportunity and time to investigate their business systems.

The issues you have raised in terms of longevity and project base are the absolute strongest pieces of feedback DSS received. It is very clear that will need to be addressed, because there is a recognition that model of service of funding they have been providing may not meet a long-term need.

CHAIR - One of the other aspects that was not with BIAT in particular, but a couple of the others we heard from were talking about when the focus becomes on a grant-based system. The wrap around, flexible services they were able to provide previously are no longer a possibility for them.

Is that part of the review, considering whether it is project-based funding or another type of funding available?

Ms COURTNEY - That is what our engagement has been about to date, making sure what we would like to see and advocating for the work looked at. Obviously, any review, you want to make sure the terms of reference for that review and what they are looking at is actually sufficient. Otherwise, there are challenges.

As Wendy said, these are the things that have come to us. These are the things we would like to see addressed through the review. These are the aspects we would like them to help inform the future directions of ILC funding.

In some ways, committees like this. We talked about being timely and being able to advocate strongly for Tasmanian organisations. For some of these organisations, we know that they have been loved by communities for many, many years. The more we can advocate as a state, the better place they are.

CHAIR - We had a point made earlier today that, whilst there is always the focus on the nuts and bolts type of thing, the people at the centre of it do not really care where that money comes from. They just want their needs met. Which I thought was a particularly poignant reminder, sometimes when we think about all of these things.

Ms COURTNEY - That's the very foundation of the NDIS. It is about choice and control and standing up the system as large and complex as an NDIS, that has remained one of the very core features of it.

Those principles are important. Working out the mechanism within that choice and control, that you get funding, being able to flow effectively and also in a way where there needs to be accountability on how that money is ultimately spent.

CHAIR - Also ensuring those people who still have needs and are not eligible continue to have that met. Which is the other fight.

Henty House, do you have further questions?

Ms RATTRAY - I have a question you might be able to answer, minister. I was recently made aware of a situation where a person with a brain injury from a vehicle accident had been under the MAIB system. Now they are on the NDIS scheme and they no longer draw on any of that MAIB funding. All their care and services are provided through the NDIS. Are you aware that transition is occurring? Would that be a one off or would that not be quite the case?

Ms COURTNEY - What I might do, Tania, is maybe take that one on notice because I have had a lot of engagement with MAIB in the past and have gone and visited some of the facilities and met some of the people they have cared for through that. In terms of the precise way that interface works and also depending on a particular person's needs there might be

different ways in which they are treated. If the committee is happy we will take that on notice. We will engage with MAIB and either they can write back to you directly or we can jointly work with them on that arrangement of how any interface works.

Ms RATTRAY - I would be interested to understand because we would never want the NDIS to have to fully pick up the services that possibly should continue to be paid for by the MAIB system that has worked very well in our state for a long time. Then we lose an opportunity to use the NDIS funding for someone else who may not have another avenue of funding.

Ms COURTNEY - One thing I would like to clarify, Tania and Wendy correct me if I am wrong. The benefit of the NDIS funding is ultimately the quantum of funding that effectively ends up coming to Tasmania is ultimately determined by the individuals and their need. We do not get a blanket level of money divided up. Even if somebody transitioned across from MAIB into the NDIS, that level of money would not then be taken away from somebody else accessing the money. Effectively, there is an uncapped amount funded by the state and federal governments each year and that is built from the ground up.

Even if there was a situation where, as I say without knowing the circumstances between MAIB and NDIS, someone moving into the NDIS would not dislocate funding from somebody else in the NDIS. Going back to one of the other areas that perhaps has been raised in this committee is one of those challenges in regional areas is because someone might be allocated the funding for a service, but they might have trouble accessing that service because of that level of speciality skills might not be available there. We are seeing shortages across a range of industries including aged care. As ministers, that is the work we also do in looking at how we can build up those capacities in the workforce. We know that when people do not effectively expend their full amount, sometimes they make that choice, again, choice of control but sometimes it is because they simply cannot access what they need to and that is also a big focus. They are not precluded from spending and you do not effectively take someone else's allocation away.

Ms RATTRAY - Thank you for that clarification. My other question is about the Accessible Island. In your submission, it says each government department who has developed a disability action plan, the development of a framework will commence after the release of the National Disability Strategy which is scheduled in the last quarter of 2021. Is that on track?

Ms COURTNEY - My understanding is that it is. It will effectively embark on the next stage of Accessible Island whether it is Accessible Island 2 or maybe a more inventive name, I am not quite sure but we all like the name Accessible Island. The national one is due later this year. I suspect it will be in the next couple of months but they will also embark on that work as well. A lot of that work ends up running through PDAC, through the Premier's Disability Advisory Council. PDAC does a good job on that and the fact that it sits under the Premier rather than me does genuinely make it a whole-of-government and a whole-of-community response which is a worthwhile part of that. We are looking forward to embarking on that next stage.

CHAIR - In addition to the under-utilisation numbers in the more regional areas in particular, the other thing we heard which was quite concerning was about the low rates of people on the NDIS in regional areas. I believe it was in NDIS, the first person we had come along to us. There was a conversation about the low number of people who had accessed the

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NDIS and the engagement that was needed with other services that perhaps weren't traditionally disability-focused in order to try to capture some of those people and move them on to the NDIS if that was a possibility. They were talking about engagement with GPs and other service providers. Is that something where that sort of engagement occurred? Again, it would address some of those people falling through the gaps.

Ms COURTNEY - Ultimately, we want to make sure as few Tasmanians in all portfolio areas fall through the gaps as humanly possible. I might get Wendy to talk to the data. In a lot of areas of government there are some challenges relating to regional areas and sometimes being engaged with the NDIS on the data they have provided. I am not sure if Wendy wants to comment further on that?

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

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

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

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

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

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

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

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

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

CHAIR - Can you talk to that consultation process?

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

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

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

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

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

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

CHAIR - You are working towards that.

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

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

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

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

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

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

CHAIR - Henty House, do you have any questions on the Disability Act Review or the commissioner? No?

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

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

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

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

provider, if you are caring for someone with a disability, understanding who is who in the zoo and how to navigate a system, who to go to with any complaints and things like that.

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

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

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

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

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

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

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

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

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

Henty House, have you anything you want to ask at this point?

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

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

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

CHAIR - Are there many?

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

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

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

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

CHAIR - Hopefully.

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

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

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

CHAIR - Tania, did that answer your question?

Ms RATTRAY - There's a lot of hoping going on. But anyway, thank you.

In our submissions, and we received a really good summary of our submissions, a number of them talked about the difficulty for small regional organisations or services to participate in

the NDIS due to the onerous administrative and compliance burdens imposed. Haven't we heard that a lot?

Minister, when you go to ministers' meetings, is that feedback you are receiving from other states as well, that it is administrative overload and onerous?

Ms COURTNEY - In terms of the administrative burden, I'm happy to take that away and look particularly at some of the examples that came to the committee and understand those a bit better. In terms of the agenda of the ministers' meeting, it is one of the more active ministers' meetings I am involved in across all my portfolios. There is a lot of work being done, particularly on lots of areas of the NDIS to ensure it is delivering what it should be. I know other state ministers are always keen to hold the Commonwealth to account to ensure it is delivering what it should be.

I am happy to have a look at some of those examples you have raised and maybe if the committee writes to me with those examples, we can look into those specifically and understand them a bit better.

CHAIR - I did want to touch on the workforce development and training aspect of our terms of reference. We did talk about thin markets, particularly in the regional areas. I know you have some work you have proposed to address the disability sector workforce shortage. We did hear it was quite a significant number that put into NDIS. They were stating quite a high figure of workers needed in order to meet the needs of the current system. Could you talk to what work is being undertaken in that area?

Ms COURTNEY - Yes, there are quite a few things. This is quite a broad topic. Wendy mentioned it earlier with some of the challenges we have in allied health professionals. This is not a challenge just for the disability sector. We are seeing it across many of my portfolios. We do know there are thin markets across Australia, across Tasmania particularly, in rural and regional areas. This has been a challenge for varying governments and the Department of Health has been working in partnership with UTAS to support plans to offer a broader range of allied health programs, physiotherapy, occupational therapy, speech pathologist. The Government has also convened a new Health Staff Recruitment Task Force that will work with professional organisations including the ANMF, the AMA and UTAS to look at how we can do recruitment broadly across our system.

We are also working with the federal government on this. In terms of the work that is underway, there is the Tasmanian Thin Market Working Group, which was established in April 2020 with representatives from Communities Tasmania, Quality and Safeguard Commission, First in the Local Care Workforce, UTAS and the NDIA. This was the one mentioned being delivered in Waratah/Wynyard to look at what we do. There is also a lot of work being done through my portfolio as Skills, Training, and Workforce Growth, because making sure we have placements for care workers is critical. We have provided \$3 million to help deliver further places. This investment includes an additional 600 places. This is across aged care and disability, training places in Certificate 3 in individual support training and other packages to be able to support it.

CHAIR - NDIS is talking about estimating the shortfall being thousands of people.

Ms COURTNEY - If we step back a moment, we have workforce shortages across Tasmania. I do not think you would find any industry that would come in and speak to a parliamentary committee and not have a workforce shortage. Tourism and hospitality, aged care, disability, building and construction, civil, childcare, education. There are very few who do not have huge levels. There are a couple of distinct things. Firstly, this is a broader workforce shortage because we have had borders closed for Australia as well as Tasmania and that has provided a lot of challenges. Then we need to look at different sectors and what they are doing to be able to pull people into their industry. Disability and aged care have done a stronger job than some other industries of doing that. We are making sure places are available for training. We are targeting that money through the skills portfolio into those areas.

We are doing things like the Jobs Hubs and all those other mechanisms I am doing through my portfolio to try to engage people that have not worked or are returning to work, into a range of different industries. Aged care and disability care services are definitely those, and why we are targeting these specific areas.

We have a national work force plan and this is also being worked through with Disability Reform Ministers.

There are things being done, but it is not just an isolated challenge for disability. This is a broader workforce shortage across all industries. The challenge we have, is how to make sure we are ensuring any Tasmanian that wants to be involved in productive work, can have that opportunity, which is where that workforce growth component in our portfolio is so important.

We are not going to throw open the borders to overseas here in Tasmania. We have seen that across a range of sectors.

CHAIR - Thank you. Henty House, do you have any further questions.

We are getting to time. In closing, if there is anything in particular you want to make as closing remarks, or anything in particular that you would like to ensure we are across.

Ms COURTNEY - The only thing I would comment on in closing is, we have seen an enormous amount of reform in the disability area over the past decade. We can all reflect on the NDIS was a landmark initiative and has positively impacted the lives of thousands of Tasmanians, now and will do into the future.

One thing I have been really pleased of, coming into minister, that despite the fact we have had that much reform come through, there are still a strong sense of leadership both federally and in each state to make sure we are continuing to improve.

There has not been a fatigue after that. Indeed, it has strengthened everyone's resolve around the further work that can be done.

Through the Disability Reform Minister's Meeting there is a strong agenda of work going forward and the leadership we are seeing from the federal government in this area is also very strong.

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I am very positive about that and in closing, I want to thank all the Tasmanian participants, but also carers and those representatives on the Minister's Disability Advisory Group, as well as Premier's Disability Advisory Council. We have many people that have volunteered many hours. Many hours, over many years to provide the Government with good advice around things like Accessible Island. I know they do so because they want to contribute to their community.

CHAIR - Thank you. Thank you for providing the submission and for coming to speak to us today. It is very much appreciated.

Ms COURTNEY - We will follow up on the MAIB question and if any other questions emerge throughout the committee, please do not hesitate to write to us and we will make sure we get back to you.

CHAIR - Thank you.

THE WITNESSES WITHDREW.

The Committee adjourned at 3.38 p.m.