Submission to the NDIS Review

August 2023

Acknowledgement of Country

SSI acknowledges the Aboriginal and Torres Strait Islander peoples as the First Australians and Traditional Custodians of the lands where we live, learn and work. We pay respect to Elders past and present and recognise their continuous connection to Country.

About SSI

SSI appreciates the opportunity to make this submission to the NDIS Review. We commend the NDIS Review Panel on their work to date – the interim report conveys a deep understanding of the issues impacting on the operation of the NDIS and the broader service system.

SSI is a national non-for-profit organisation that delivers a range of human services that connect individuals, families, and children from diverse backgrounds with opportunities – including settlement support, disability programs, community engagement initiatives and training and employment pathways.

SSI was founded in Sydney in 2000 with the aim of helping newly arrived refugees settle in Australia. Over time, our expertise in working with people from diverse cultural and linguistic (CALD) backgrounds served as the foundation for a gradual expansion into other human services and geographical areas. SSI has delivered programs targeted to people with disability since 2014, when we were funded by the NSW government to deliver Ability Links NSW.

In 2018, SSI merged with Queensland-based Access Community Services, and in 2019 opened in Victoria, providing an extensive footprint across the eastern coast of Australia. In FY2022, SSI supported nearly 50,000 clients across more than 49 programs and community-based services. We are also a leading provider of evidence-based insights into the social sector and are known as an organisation that can engage communities considered by many to be hard to reach.

SSI is well placed to provide feedback to the NDIS Review. Since June 2020, SSI has delivered Local Area Coordination (LAC) services, acting as a National Disability Insurance Agency (NDIA) 'partner in the community' for the Sydney and South-Western Sydney service areas. We support people aged 9 to 64 years to navigate the NDIS and access supports SSI is also a provider of Disability Employment Services (DES) in NSW, the Australian Government's employment service that helps people with a disability, injury, or health condition to find work and keep a job.

SSI was also previously the largest provider of the Ability Links program in NSW. Ability Links was established in 2013-14 as the NSW approach to Local Area Coordination for people with disability, their families and carers (the program ceased to operate when Local Area Coordination transitioned into the full NDIS scheme with a national model). As outlined later in our submission, under Ability Links, Linkers supported people with disability (including those not eligible for the NDIS), their families and carers to identify their goals, build their capacity and navigate community mainstream services.

Our submission follows the broad structure of the interim report but does not address all of the identified priority areas.

Applying and getting a plan

Making access and planning simpler, less stressful and more transparent

Current processes for information gathering are complex, cumbersome and stressful for participants.

There is also inequity because participants with better advocates (who, for example, have a strong understanding of the scheme's terminology and how to present evidence in impactful ways) can

receive better plans and more funding. Information on what a typical support plan looks like should be transparent.

In response to these complexities, SSI sees improving access and equity and achieving a simpler, more transparent planning process as pivotal to improving the experience and outcomes of participants. A core principle for future reform to the NDIS is that the planning process, access to the scheme and funding should be equitable regardless of the participant's level of understanding of the scheme, socio-economic or cultural background.

The process needs to be simplified to collect only the relevant information and avoid duplicating information that is already gathered from medical professionals. Better information sharing will also free up time for planners, LAC and Early Childhood staff to have a meaningful conversation, talk about progress of goals, and be able to more frequently check in with participants. There should also be increased focus in the planning process on service providers and allied health professionals being more consistent in what is included in the reports they provide.

The information gathering process should be done in a way that is more conversational, strengths focused, person-centered, and based around the participant's life context. It should be done in a way that is accessible for people from CALD backgrounds, for example, using Easy Read and translated materials. Participants should be made aware of what is required of them ahead of time so they can prepare and get the support they need during the process.

The participant needs to choose who they would like present at the information gathering process and be present wherever possible. The process should take into consideration the views of carers or other people providing informal support. For those who do not have informal supports available, a representative or other independent support person should be available for those who request this support. This includes prior to information gathering to inform them about what is required. It is critical to ensure that there are no conflicts of interest in the information gathering process – if NDIS providers are present, there must be a process to ensure that any potential conflict of interest is managed.

Strengthening engagement with people from CALD backgrounds

SSI supports the principle of providing service users greater choice, flexibility and control. However, there is considerable evidence that marketisation of human services has negative impacts on equity for vulnerable cohorts including those with complex needs or from CALD backgrounds.[1]

Ten years after establishment, the uptake of the NDIS by people from CALD backgrounds continues to be much lower than the rest of the Australian population, despite having similar rates of profound or severe disability. The NDIA expected that by 2019, around 20% of participants would be from CALD backgrounds[2]; however, in March 2023, the proportion of CALD participants entering and receiving an NDIS plan was only 9.2 per cent.[3]

Lower levels of service use are not related to lower levels of need but rather due to difficulties in navigating and accessing services that are culturally responsive. People from CALD backgrounds may experience multiple barriers to service usage such as: lack of accessible information; disability services not being culturally responsive to the needs of CALD communities; social isolation; lack of

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[1] McClean, T. (2021). Marketisation of Social Care: what have been the empirical effects? https://www.uniting.org/content/dam/uniting/documents/community-impact/research-and-innovation/Markets_in_Social_Care_-_Literature_scan.pdf

[2] NDIA. (2018). Cultural and Linguistic Diversity Strategy 2018. file:///C:/Users/tjbeauchamp/Downloads/PB%20Cultural%20Linguistic%20Diversity%20Strategy%202018%20PDF.pdf

[3] NDIS. (2023). NDIS Quarterly Report to Disability Ministers. https://www.ndis.gov.au/about-us/publications/quarterly-reports

knowledge about a complex service system and lack of comparable service system in their home country; different cultural understandings of concepts such as disability and caring, and cultural stigma surrounding disability; and distrust of government agencies due to negative experiences in other countries.[4]

The NDIA is currently developing a new Cultural and Linguistic Cultural Diversity Strategy. SSI recommends that this strategy should include the development of a cultural capability framework to address systemic access issues which promotes change at the systems level (government policy settings); professional level (through professional standards); provider level (through organisational or agency policies); and for individual workers. This is consistent with the framework recently recommended in a report by the UNSW Social Policy Research Centre and the National Ethnic Disability Alliance commissioned by the Disability Royal Commission.[5]

The cultural capability framework should include a focus on strengthening capability of workers to engage and support people from CALD backgrounds within both initial in-service training and ongoing professional development. While many services seek to respond to diversity, they often need support with skill development to ensure that they are culturally responsive to the needs and preferences of diverse communities.

Settlement providers such as SSI have deep knowledge and experience in working with diverse communities and are well placed to provide culturally responsive training. For example, SSI's Culture-Ready training was developed and delivered to build the skills and cultural responsiveness of the NDIS workforce. During 2021, the program delivered 240 workshops across all states and territories. The evaluation found that workers reported increased understanding of issues to consider when supporting people with disability from diverse backgrounds. In the 3-month follow up surveys, they reported changes to their practice, including providing access to translated documents, increased use of the Translating and Interpreting Service (TIS) and adapting other processes and policies.[6]

To realise improvements in outcomes, additional supports may also be needed to help vulnerable people navigate the NDIS service system and exercise informed choice and control in the personalised services they need. People from CALD backgrounds may need face-to-face support to navigate the service system. Community-based navigators working in culturally responsive ways can assist participants to navigate cultural issues that impact on preferences for care. Issues relating to service navigation, including the role of LAC, are addressed in more detail under 'Helping Access Supports'.

A complete and joined up ecosystem of support

Issues relating to poor coordination between the NDIS and mainstream services funded by state/territory governments such as health, education, child protection and justice have been identified as a major issue in numerous previous government reviews and inquiries.

For example, the NDIS 2018 consolidated evaluation report concluded that:

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[4] Mortimer, P., & McMahon, T. (2018). Still Outside the Tent. Sydney: SSI.
https://www.ssi.org.au/images/stories/documents/publications/Still_Outside_the_Tent_Final.pdf

[5] Bates, S, Kayess, R, Giuntoli, G, Rengel-Gonçalves, A, Li, B, Fisher, KR, Golding, D, Ramirez, B & Katz, I. (2022). Towards best-practice access to services for culturally and linguistically diverse people with a disability. Prepared by the Social Policy Research Centre and the National Ethnic Disability Alliance for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. https://disability.royalcommission.gov.au/system/files/2023-05/Research%20Report%20-%20Towards%20best-practice%20access%20to%20services%20for%20culturally%20and%20linguistically%20diverse%20people%20with%20a%20disability.pdf

[6] SSI. (2022). Summary of evaluation of SSI's CultureReady Project.
https://www.ssi.org.au/images/Misc/Summary_of_evaluation_CultureReady_updated.pdf

> "*While clearer boundaries have emerged over time, unresolved issues remained regarding the interface between the NDIS and the mainstream sectors at the end of the evaluation period. These issues centred generally on responsibilities for funding shortfalls and, more specifically, on the support of people with complex or chronic health conditions, those requiring rehabilitation services, and supports within the school environment for children with disability…. In addition, insufficient sharing of client information between the NDIS and mainstream sector had led to service duplication, while delays in transitioning people into the NDIS was contributing to longer outpatient waiting lists and lengthier hospital admissions.*"[7]

Community supports for all people with disability, have not been delivered under the National Disability Strategy as originally intended. In fact, a number of programs previously funded by state and territory governments were defunded as governments committed all their disability funding to the NDIS.

For example, in NSW, specialised intensive family preservation services for children with disability with high support needs (previously funded by the NSW Government) lost funding and closed in the transition to the NDIS. However, the NDIS does not provide equivalent supports to families. The individualised funding model of the NDIS does not allow for a holistic response to the needs of children and families, especially those with complex issues.[8] This highlights the need to consider alternate funding models for this type of program.

There needs to be a much stronger focus on building the capability of mainstream service providers and supports to be inclusive of people with disability. As outlined in the section on 'Helping access support', SSI supports the LAC returning to the original intent of the program with greater focus on supporting people with disability to access broader community supports and on community capacity building.

We also support DANA's proposal that the role of LACs should include capturing evidence of service gaps and barriers to inclusion at a local level that could be aggregated and tracked to drive systemic change. Currently, there are major gaps in evidence about the service landscape, and the needs and circumstances of people with disability outside the NDIS.[9]

It is important that informal supports are incorporated into the ecosystem of support for people with disability. This includes strengthening support for families and carers, including respite care. While the NDIS Act states the need to acknowledge and respect the role of carers, in practice, too often there is a lack of appropriate recognition of carers and engagement with them. Further, people with disability without NDIS funding rely heavily on unpaid support from family and friends, given the lack of affordable alternatives. Carers are often over-stretched in providing this support, with negative impacts on their health and wellbeing, and their participation in employment or education.

Currently, there is also a financial cliff between NDIS participants and people with disability who are not in the Scheme. This is because supports funded under the NDIS are free, while community supports are often not. After being linked to a community group, could participants at certain check-in points advise how these connections are working? Could fees to join sports or recreational activities be reimbursed? And could community groups get recognition or an incentive for being inclusive to encourage them to be more accessible and inclusive?

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[7] National Institute of Labour Studies (2018). Evaluation of the NDIS, final report. Pxx.
https://www.dss.gov.au/sites/default/files/documents/04_2018/ndis_evaluation_consolidated_report_april_2018.pdf
[8] Uniting. (2018). Inclusive, connected and just: Our vision for NSW.
[9] DANA. (2023). NDIS Review: Mainstream and Tier 2 Rethinking 'Tier 2' of the NDIS: Investing in real inclusion of people with disability. https://www.dana.org.au/wp-content/uploads/2023/08/DANA-Discussion-Paper-NDIS-Review-MainstreamTier2-1.pdf

Early Childhood Supports

As the interim report recognises, the NDIS has become an 'oasis in the desert' because community supports for people with disability have not been delivered as originally intended. This applies equally to children with disability. And, as the report outlines, support for families has largely been ignored.

Key priorities for future reforms should include developing and embedding a best practice framework for children with disability and their families.

Families of children with disability should be supported to navigate the full spectrum of services and community support including mainstream early childhood services such as health and early childhood education and care. There also needs to be a strong focus on building the capacity of mainstream community supports such as GPs and schools to support and refer children with disability.

The early life circumstances of children strongly predict outcomes throughout the life course. This is equally true for children with disability and underscores the need to ensure children with disability are identified as early as possible and to invest in early intervention.

The interim report states that children with disability are not being identified early enough in life and that this is particularly true in remote communities. This issue also impacts adversely on children and families from CALD backgrounds. Families from CALD backgrounds often miss out on important early childhood development checks such as hearing, eyesight and speech checks – this can impact a child's development and learning and impact adversely on outcomes throughout the life course.

There need to be various touchpoints in the system to ensure early development checks are done – particularly for newcomers who are not born in Australia and have not had the benefit of health and development checks pre-birth, at birth and in the first 5 years. In its 2022/2023 Budget, the NSW Government allocated funding to provide health and development checks for all children in NSW preschools. In making this announcement, the Government noted that almost half of all four-year old children in NSW do not get their recommended health and development checks.[10] This is an important initiative which may provide a model for other states. However, it is also important to ensure that there are other touchpoints to ensure that children who don't attend preschool do not miss out on these vital health and development checks.

As Minister Shorten emphasised in his address to the National Press Club in April 2023, it is important that state/territory governments screen children for developmental delays at 12 months, rather than waiting until they are identified when the child turns three, so that they can be provided with early intervention support.[11]

The support and service marketplace

SSI agrees with the conclusion of the NDIS Review co-chairs that the current operation of the NDIS does not incentivise high-quality services, fails to drive efficiency and allows for a culture of fulfilling plans at the maximum cost.[12]

As the NDIS Review has recognised, moving from block funding devolved responsibility for coordinating access to support from governments to individuals and the market. This shift relies on individual participants and their families having the capability to do this in a complex environment, with

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[10] https://education.nsw.gov.au/news/latest-news/a-brighter-beginning-for-all-nsw-children
[11] https://www.afr.com/politics/federal/shorten-demands-states-step-up-to-pay-fair-share-of-ndis-20230418-p5d190
[12] https://www.abc.net.au/news/2023-06-02/federal-gov-to-make-inflated-prices-for-ndis-services-illegal/102427116

little protection for participants where markets fail.[13] Further, prior to the establishment of the NDIS, the government was the provider of last resort, whereas now there is no longer a provider of last resort to address service gaps and market failures.

The original intent of the NDIS was to give people with disability greater choice and control. However, in practice, the preconditions necessary for individuals to exercise personal agency, choice and control are often absent.

Firstly, there are insufficient providers for participants to have choice and control. Participants are often missing out on support for years due to long waiting lists. Given the waitlist issue, NDIS participants fear that if they leave a provider, they will be stuck on another waitlist. This issue is amplified because some providers are focused on maximising profit and want to retain the same participants even if no progress is being made.

Secondly, evidence indicates that in human services, even when there is an adequate number of services, few people exit poor or inadequate services or switch to different providers.[14]

It is therefore dubious to assume that the NDIS service system can be improved through individuals making different choices. As discussed in the section on Measuring outcomes and performance, this underscores the need for a more active role for government in driving service improvement, performance monitoring, and weeding out providers that are not able to deliver ethical, quality, and safe care.

SSI supports options outlined in the NDIS Review paper on pricing and payment approaches to improve transparency of information on pricing and quality.[15] This should include measuring and publicly reporting on provider performance – the extent to which they provide quality services – in an accessible format, such as a star rating system. Issues relating to how performance should be measured are discussed in the next section.

Addressing workforce issues

Issues relating to recruitment and retention of staff are endemic in the care and support economy and have become more acute during the COVID-19 pandemic. The impact of low wages, high workloads, poor job security, and lack of opportunities for career progression can erode job satisfaction and lead to high staff turnover. Wages are often close to or at the minimum wage, despite jobs in the sector requiring post-school qualifications. Cumulatively, these issues result in high staff turnover and lack of continuity of care. Yet, consumers report that continuity of care provided by the same workers enables better care and improves wellbeing.[16]

As recognised in the interim report, many of the workforce challenges impacting on the NDIS are similar for the aged care and veteran's care sectors, with the labour market across these sectors sharing the same pool of people to fill positions. The development of the National Strategy on the Care and Workforce Economy is therefore critical to enable coordinated action to address these issues.

The NDIS workforce has very high levels of turnover, estimated to be between 17% and 25% per year, which means at least 45,900 workers leave the NDIS workforce each year. According to the findings

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[13] https://www.ndisreview.gov.au/resources/paper/improving-access-supports-remote-and-first-nations-communities/1-market-challenges

[14] Considine, M. (2023). Choice versus voice. Inside story. https://insidestory.org.au/choice-versus-voice/

[15] Australian Government. (2023). The role of pricing and payment approaches in improving participant outcomes and scheme sustainability.

[16] Royal Commission into Aged Care Quality and Safety. (2021). Op cit.

of the NDIS Workforce Survey, the most common reason that people want to leave the NDIS workforce is high workload, and 43% of workers feel burnt out at least half the time.[17]

The short-term nature of funding contracts is also a key factor that contributes to high staff turnover. This negatively impacts on participants who find themselves having to retell their story often. Participants sometimes feel frustrated as they feel that new LACs do not have the skills to understand their individual circumstances.

The care and social services sector can be a pathway to employment for some migrants and refugees where this aligns with their career goals and aspirations. Equally, the development of a culturally diverse workforce is critical to strengthen provision of ethno-specific care service options and to ensure that mainstream services are responsive to the needs of people from CALD backgrounds.

The Australian Government is currently trialling a new Aged Care Industry Labour Agreement, which is a tripartite approach to boost aged care workers and provides for priority visa processing and a two-year pathway to permanent residency as incentives for prospective workers.[18] Given the acute labour shortages, there should be an opportunity to extend this approach to the NDIS.

However, most discussion of migration as a response to labour and skills shortages continues to focus on policies to increase the number of migrants coming into the country, ignoring the untapped potential of migrants and refugees already here who may be unemployed, underemployed, or working in positions well below their skill and qualification level. Research by CEDA has found that one in four permanent skilled migrants work beneath their qualification and skill level.[19]

SSI is currently the provider of the new Home Care Workforce Support Program in NSW and the ACT which is funded by the Department of Health and Aged Care. Through this program, SSI is working with the aged care industry, including home care and training providers, to build the capacity of the workforce to recruit, train and retain staff from culturally diverse backgrounds. As part of this program, SSI has developed a Home Care Job Passport. The Passport maps out the minimum requirements to commence employment within the sector, for example: police clearances and first aid, and certifies that candidates have baseline requirements to commence employment while waiting on overseas skills recognition or qualification completion. SSI recommends that the NDIS Review consider expanding the workforce development model being used in the Home Care Workforce Support Program (which is being independently evaluated) for the development of the NDIS workforce.

Measuring outcomes and performance

SSI recommends a cautious approach in shifting towards an outcomes-based performance and payment system as there is a risk that such incentives can be manipulated by some providers to maximise profit. For example, providers may carefully select certain clients to support who they consider most likely to have successful outcomes (also known as creaming). The Disability Royal Commission has identified this as a key concern in the Disability Employment Services system.[20] Currently, there are perverse incentives in the NDIS system based on volume of services delivered to

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[17] Department of the Prime Minister and Cabinet. (2023). NDIS workforce retention: findings from the NDIS workforce survey. Australian Government.

[18] https://minister.homeaffairs.gov.au/AndrewGiles/Pages/first-aged-care-labour-agreement-signed.aspx

[19] Committee for Economic Development of Australia (CEDA), 2021, *A good match: Optimising Australia's permanent skilled migration,* https://www.ceda.com.au/Admin/getmedia/150315bf-cceb-4536-862d-1a3054197cd7/CEDA-Migration-report-26-March-2021-final.pdf

[20] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2021). Not a recipe for success – the 'creaming', 'parking' and 'churn' of disability employment services, https://disability.royalcommission.gov.au/news-and-media/media-releases/not-recipe-success-creaming-parking-and-churn-disability-employment-services

maximise payment, but a shift to an outcomes-based model could end up just changing the nature of the perverse incentives.

Instead, SSI recommends replacing the existing NDIS practice standards with quality standards similar to those used in the Early Childhood Education and Care (ECEC) sector, that are administered by the Australian Children's Education and Care Quality Authority (ACECQA). The National Quality Standard for ECEC includes seven quality areas that are important for outcomes for children. The system for quality standards should not just be about meeting the minimum standards but also exceeding the standards and promoting continuous improvement. In the ECEC sector, for example, all providers are required to have a quality improvement plan and regulatory authorities in each state or territory work with ACECQA to promote continuous quality improvement.

As in the ECEC sector, information on the rating of each provider should be publicly reported in an accessible format. Currently, information on the assessment outcomes of providers is not transparent or publicly available.

We propose that the NDIS Quality and Safety Commission should have a strengthened role in monitoring and assessing providers against the standards. The nature of the assessment process should be strengthened so that it includes face-to-face visits for all services and is not just a desk top audit.

Achieving long-term outcomes

The Australian Government should incentivise collaboration and innovation and implement this through trialling, evaluating and rapid scaling up of pilot initiatives where these prove successful. SSI notes that historically, where governments have funded pilots or demonstration projects to test new innovative social service delivery models, often this funding has been discontinued or not scaled up, despite positive evaluation findings. This highlights the need for a stronger focus by government on scaling up innovative service models where evaluations show positive impact on quality and effectiveness.

SSI notes that the increasing use of competitive, market-based funding models has tended to stifle sharing of good practice and innovation. For example, early research suggests that the pre-existing collaborative relationship between disability service providers is being eroded as organisations shift to more competitive relationships in the quasi market. Competition can have the effect of reducing cooperation and trust between organisations.[21]

Strengthening employment outcomes

Improving employment outcomes for people with a disability requires a model which includes support to participants to build capacity and improve job readiness, but equally, has a focus on building the capability of employers to recruit and retain people with disability within their workforce. The program model also needs to be flexible to accommodate for the diversity of participant goals based on individual needs.

SSI commenced an employment pilot in the LAC program to better understand how the program contributed to participants' progress in achieving employment goals. It involved LAC staff tracking progress in employment outcomes, during initial goal setting and via regular 'check-in' sessions with a small sample of 23 participants every 8 weeks over a 24-week period.

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[21] Green, C., Malbon, E., Carey, G., Dickinson, H. & Reeders, D. (2018), Competition and Collaboration between Service Providers in the NDIS, Centre for Social Impact, UNSW. Sydney.

This approach enabled SSI to examine average improvement over time and explore individual differences between participants. The employment pilot contributed to participants progressing with their employment goals, including:

- 32% achieved 60% or more of sub-goals by week 24. Four participants completed their end-goals by week 24. For these participants, the end goal was finding work or maintaining their employment status by updating skills.
- 74% indicated they were either 'a lot more' or 'slightly more' confident in achieving their employment goal compared to 6 months ago.
- 84% indicated LAC support helped them feel either 'a lot more' or 'slightly more' prepared to achieve their employment goal.

Participants' sub-goals generally focused on improving job readiness skills, and support with maintaining employment or daily living needs. The most common tasks included undergoing skills assessment and development, exploring relevant volunteering opportunities or vocational training, and linking to employment, community services or allied health professionals.

Interviews were also conducted with LAC staff who participated in the pilot. All staff spoke highly about the benefits of working with participants to develop sub-goals and monitoring progress during check-ins. They identified that check-ins provided more regular support than the annual reviews and helped keep participants motivated to achieve goals. Through this process, LAC staff were able to collaborate with participants in assessment and goal setting, to build a shared perspective on priorities and action needed.

SSI will be happy to share further information on the data collection process and outcomes of the pilot with the NDIS Review Panel on request.

Helping access supports

SSI supports the LAC returning to the original intent of the program with a stronger focus on supporting people with disability to access broader community supports and on community capacity building. This support should be available to all people with disability not only those in the NDIS scheme.

The Productivity Commission's 2011 report into Disability Care and Support identified local area coordination as a key part of the NDIS. The report described NDIS local area coordination as a locally based role, aimed at maximising people's independence and participation in the community. Local Area Coordinators would be based in, and with close connections to, the local community, with knowledge of local providers and not-for-profit organisations, and with scope to respond flexibly to people's need.[22] Instead, as the co-chair of the NDIS review, Professor Bruce Bonyhady, has outlined, "due to NDIS staff caps, Local Area Coordinators became NDIS planners."[23]

Learning from the Ability Links NSW model

Ability Links NSW was established in 2014 as the NSW approach to local area coordination for people with disability, their families and carers prior to the full national establishment of the NDIS. Early Links supported families of children with disability up to eight years old and had similar components and objectives to Ability Links NSW. Both programs ceased to operate when Local Area Coordination transitioned into the full NDIS scheme with a national model.

The target group for Ability Links NSW was people with disability aged 9 to 64 years who were not currently accessing specialist disability support services and whose needs could be met by taking part

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[22] Productivity Commission. (2011). Disability Care and Support. Productivity Inquiry Report Volume 1. Australian Government. https://www.pc.gov.au/inquiries/completed/disability-support/report
[23] https://www.ndisreview.gov.au/resources/speech/everything-and-everyone-us

in activities in their local community or through accessing mainstream services. Ability Links NSW was staffed by Linkers who had three main roles:

- to work with people with disability, their families and carers to plan for their future.
- to help people with disability become more confident, build on their strengths, and support them to achieve their goals by building new networks and accessing support and services in their community.
- to work alongside communities and mainstream services, supporting them to become more welcoming and inclusive of people with disability.[24]

The results of the independent cost-benefit analysis of Ability Links NSW concluded that the program delivered significant economic and social benefits over and above the cost of the program. The analysis included the Early Links program which supported families of children up to eight years old and which was later incorporated into Ability Links. Individual outcomes were recorded against four categories: social, community and civic participation; service engagement; employment; and education and training. The analysis found that the program was generating positive individual and community outcomes for participants and reported a 3 to 1 ratio of benefits to costs not including community and intangible social benefits. Notably, it found particularly strong results for Indigenous participants.[25]

SSI also commissioned an independent evaluation of its own delivery of Ability Links in NSW. The evaluation found that 64% of SSI's Ability Links individual outcomes were with CALD people, which represented 75% of the state-wide program outcomes for CALD participants in NSW. It found that the strong performance of SSI's Ability Links with CALD participants was supported by the design of the Ability Links program, which was flexible, holistic, and free of cost with no upfront barriers in terms of diagnosis. Stakeholders attributed the culturally competent elements of the program, including SSI Linkers being bilingual, from diverse backgrounds and connected to their communities, as key to supporting outcomes. This meant participants and Linkers had a shared understanding and were able to build trusting relationships and help participants overcome cultural and linguistic barriers. Another critical feature of Ability Links was the focus of the Linkers on building trust and rapport before working with participants to identify goals.[26]

These findings highlight the potential benefits of returning to a community-based model of LAC that supports people with disability to achieve long-term outcomes relating to participation in communities, education and employment.

Participant safeguards

There are strong parallels in the issues impacting on both the NDIS and the aged care system. And as the Royal Commission into Aged Care Quality and Safety concludes (in relation to the aged care system), the regulatory system for the NDIS also needs to be:

- much more rigorous in only letting into the system those providers that can demonstrate their suitability and capacity to deliver high quality care;
- more vigilant in assessing the performance of providers; and
- more determined to remove from the system providers that are unable to deliver consistently high quality and safe care.[27]

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[24] Urbis (2016). Ability Links NSW Cost Benefit Analysis. Prepared for NSW Department of Family and Community Services: Sydney, NSW.
[25] Ibid.
[26] Mortimer, P., & McMahon, T. (2018). Op cit.
[27] Royal Commission into Aged Care Quality and Safety. (2021). Op cit. p 55.

As outlined in the section on Strengthening performance and outcomes, SSI recommends developing and embedding quality standards and strengthening the role of the NDIS Safety and Quality Commission in assessing performance of providers against those standards.

Under the existing regulatory system for the NDIS, there are strong incentives for organisations not to register as care and support system providers, including that they do not have to comply with NDIS practice standards and are not proactively monitored by the NDIS Quality and Safeguards Commission.

Recently there has been increased recognition of fraud and price gouging by some providers in the NDIS. Currently, SSI LAC staff spend substantial time in supporting NDIS participants in dealing with fraud.

Mandatory registration for service providers is critical to prevent providers from gaining unfair advantages and ensure quality care and support.[28]

NDIS providers should not be approved to provide one-stop-shops (all supports under one roof); rather, providers should only work in one specialised areas, for example, provide only core supports, support coordination or allied health supports. The NDIA standard operating procedures recommend that support coordinators do not work for the same provider as core support, however, SSI has seen many participants using providers that have all services under one roof. For example, an occupational therapist who works for a provider that also provides core support, will often write a report that exaggerates the support needed for the participants in the report so that the provider gains more funding. As well as taking advantage of participants, this clearly impacts adversely on the sustainability of the NDIS scheme.

Address issues relating to the growth of digital employment platforms in the NDIS

The implementation of market models in human services has been accompanied by the growth in digital platforms to engage workers. Some businesses operating digital platforms act purely as intermediary platforms and take no responsibility for the safety of the work environment for workers, or the quality of the work provided to the participant beyond a basic safety level.[29]

The 2018-2020 Inquiry into the Victorian On-Demand Workforce highlighted strong concerns about the impact of digital contractor platforms in the NDIS sector, particularly in relation to health and safety, insurance, unpaid work, and the training needs of the workforce.[30]

The growth of digital labour platforms also threatens the viability of service providers that directly employ workers and the care and support market as a whole. For example, if unregistered and under-regulated contractors increase their share of the disability market, they may undercut the price of employment-based providers, who maintain registration with the NDIS Commission, exhibit higher levels of ongoing professional training, and peer-to peer learning. This would lower the overall quality of the labour force.[31]

SSI understands that NDIS data is not currently disaggregated by registered/unregistered providers, nor is any information gathered on digital contractor platforms. This means that the NDIA cannot effectively monitor the extent or quality of different types of providers. Gathering this information is critical to inform future policy development.[32]

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[28] Macdonald, F. (2022). Op cit.
[29] percapita. (2022). Contracting care: The rise – and risks – of digital contract work in the NDIS.
[30] percapita. (2022). Ibid.
[31] percapita. (2022). Ibid.
[32] percapita. (2022). Ibid.

As noted in the draft National Strategy for the Care and Support Economy, in response to the recommendations of the Royal Commission into Aged Care Quality and Safety, the Australian Government has committed to preferencing direct employment.[33] Given the potential risks that digital contractor work arrangements may pose to NDIS participants and workers, SSI recommends that this approach to commissioning should also apply to the NDIS.

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[33] Department of Prime Minister and Cabinet. (2023). Draft National Care and Support Economy Strategy 2023. https://www.pmc.gov.au/sites/default/files/resource/download/draft-national-care-and-support-economy-strategy-2023.pdf