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Members in attendance: Senators Carol Brown, Hughes, Steele-John and Mr Andrews, Ms Coker, Dr Martin, Ms Payne, Mr Wallace.
WITNESSES

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RUNDLE, Ms Vicki, Deputy Chief Executive Officer, Government, Communications and Stakeholder Engagement, National Disability Insurance Agency

Committee met at 15:34

CHAIR (Mr Andrews): I declare open this hearing of the Joint Standing Committee on the National Disability Insurance Scheme for its inquiry into the NDIS planning, supported independent living and general issues around the implementation and performance of the NDIS. These are public proceedings, although the committee may determine or agree to request to have evidence heard in camera.

I remind all witnesses that, in giving evidence to the committee, they are protected by parliamentary privilege. It is unlawful for anyone to threaten or disadvantage a witness on account of evidence given to a committee and such action may be treated by the Senate as a contempt. It is also a contempt to give false or misleading evidence to a committee.

If a witness objects to answering a question, the witness should state the ground upon which the objection is taken and the committee will determine whether it will insist on an answer, having regard to the ground which is claimed. If the committee determines to insist on an answer, the witness may request that the answer be given in camera. Such a request may also be made at any other time.

Can I remind those contributing: you cannot divulge confidential, personal or identifying information when you speak. If you wish to supplement your evidence with written information, please forward it to the secretariat after this hearing.

I welcome representatives of the Department of Social Services and the National Disability Insurance Agency. Thank you for appearing before the committee today. I summarise the usual warning given about answering questions that can be referred to ministers and officials, which I'm sure you've heard more times than I have even uttered in this regard. Would NDIA or DSS like to open the batting?

Ms Rundle: If I may, I wouldn't mind making a very quick opening statement.

CHAIR: Thanks, Ms Rundle.

Ms Rundle: I want to draw the committee's attention to the release yesterday of the quarterly report of the agency and just point out a few key things. I think the most important thing is that there are now 340,000 Australians receiving supports from the National Disability Insurance Scheme, and it's growing on average by about 2,000 participants per week. The scheme participants are starting to reflect the scheme's diversity a lot more. More than 134,000 people are receiving disability supports for the first time ever.

Reduction in wait times has been sustained since late last year, December 2019. The average wait time to determine eligibility is now four days. For many of you who would remember our really excess wait times, it was a lot longer. The average wait time to receive a first plan after gaining access has almost halved over the last six months; it's 42 per cent lower than it was six months ago. For children under the age of six, the wait time has fallen by 58 per cent.

Importantly the outcomes for participants continue to improve. After three years in the scheme, there was an increase in participation in community and social activities by participants aged 15 years or more. There was also an increase in participants in work after three years. The quarterly report details this a lot more than I am at the moment.

Participant satisfaction remains high, with participants rating their experience as 'good' or 'very good'. However, we know that not everyone is experiencing that same experience, and we're committed to addressing the remaining issues for participants so that everyone has that same positive experience and receives the right plan at the right time, every time, so that they can reach their goals.

In November last year the minister, the Hon. Stuart Robert, announced his plan to improve the NDIS. Without going into the detail of that plan, it has a number of focus areas and it's available on our website. The NDIA welcomes the recommendations from the JSC and all of the support and guidance that it's given us in the past, and from the Tune review. We continue to work with the JSC to improve outcomes for participants.
We understand that today the focus is possibly meant to be on SIL—supported independent living. Mr Bladek has been doing quite a lot of work on SIL recently for the agency, and he is well placed, as we are, to answer all your questions on SIL or as many as he can; we will take on notice those that we can't. We also understand you may ask a range of other questions, and we're hoping that, between us, we can answer all of those.

CHAIR: Thank you. I will lead off on SIL, then. Can someone outline, just so it's clear for us on the record, the range of supports which are covered by SIL and those which are not?

Ms Rundle: Yes.

Mr Bladek: I'm happy to do that. Again, our definition of SIL is that it's a support or the supervision of tasks to develop skills to live as independently as possible. Its intent is to be used in shared living arrangements, which may include specialist disability accommodation. It is not intended to fund housing or rent, and it's similar to the attendant care model, or what we would call assistance with daily living—ADL—which would be appropriate for participants who live independently.

CHAIR: At the moment—and I think this has been said before by the agency—we're in a sort of transition process. There is a great overlap between supported accommodation and SIL services. I think one way is about 99 per cent and the other way is two-thirds. What progress has been made towards the division of those two areas, which traditionally have been very much interlocked?

Mr Bladek: It's my understanding—and, again, Mr McNaughton might talk a little of the operational context—that we are very clear in making sure that SIL is funded only for the supports: that is, the carers and the overhead required to operate those activities for participants, noting that rent and other funding is intended to be covered through a specialist disability combination or others. We have been speaking with providers and do hear stories and anecdotes where sometimes there is cross-subsidisation, but that is not the intent of the agency.

CHAIR: No, but the process by which planning occurs is that the initial discussions and, indeed, proposed arrangements, tend to be with the provider, and it's only later in the process that the participant gets involved through the planning process. I'm interested in how that might be changed in the future to give the participant more say up-front, given that this is meant to be a scheme which is about control by the individual.

Mr Bladek: That's a concern that the agency shares very deeply, that participants aren't as close as they could be to the planning process and determining the roster of care.

What currently goes on for the planning process is that 12 weeks before a plan expires the agency contacts the provider to say that the plan is coming up for expiry and that the agency would like the provider to submit a quote for a roster of care. The roster of care outlines, on an hour-by-hour basis, what the intended support is for that participant and the others that exist in the shared living arrangement. It also then includes provisions for weekends, after hours and irregular support. That, alongside a statement of the participant's current situation, would then allow our teams to assess the quote to determine an appropriate amount which, at this current stage, unfortunately feels like a negotiation between providers and the agency and, to your point, doesn't involve the participant to that extent.

Our operating guidelines insist that the provider shares that the participant has been involved in the process. I personally feel that this is a weakness in our operating guidelines. Our intent is to ensure that participants not only are more involved in the process of creating the roster of care but that we also give them the tools and the opportunities to influence that, and to build the roster of care in a more simple process.

Senator HUGHES: Wouldn't that then limit the intent of the scheme for choice and control, that by then you're almost locking-in the participant to a provider without that participant being given the opportunity to look for alternative sources of provision of care?

Mr Bladek: There is a concern that, again, participants are limited in choice and control in that situation.

CHAIR: Just to tease this out a little further: this process begins 12 weeks out—

Mr Bladek: Correct.

CHAIR: Is it usually 12 weeks later or longer that the participant is then drawn into the discussion?

Mr Bladek: I can't speak for the timing on how providers engage with their participants. Once we've received the quote—and we did a straw poll with our quoting team in the last three months—95 per cent of those participants are engaged by our planners to make sure that they were involved in some process. Again I do say 'some process' as it's not clear and consistent that this is the roster of care that they're expecting.

CHAIR: Coming back to other discussions about planning—on which both Mr Tune and this committee seem to have a somewhat similar view—is it envisaged that in the future there would be the provision of some sort of
draft roster of care to the participant and giving him or her, or that person's family, the opportunity to have more say about what might occur in the future?

**Ms Rundle:** One of the things that we introduced in late 2019, as I understand it, is a mandatory declaration which requires that participants and their representatives are actively involved with the development of their plans with SIL providers. This is going to be something that I imagine, when we get our processes settled even further, that we'd be auditing to make sure that that is actually happening.

**CHAIR:** If you could take this on notice, Ms Rundle: I would be very interested in some further elucidation of what that process is. I don't need to remind the agency that this committee is strongly of the view that participants need to have much greater say in this process than they've had to date. I think, as I said, Mr Tune shares that view. So I think it's a fairly strong view that's being expressed, and I think this is another example of an area which needs some further work, if I can put it that way.

**Mr Bladek:** If I may, Chair, there is a third party that's involved in this, which is a support coordinator, who should play the role to determine, again for these participants who have complex needs, what is the right daily living component, what are the daily activities they should undertake and the like. Our research would suggest that 40 per cent of participants have the same support coordinator and SIL provider. Again, we are aware and are nervous about that inherent conflict of interest and working towards making sure we are clear on our policy, approach and expectations.

**Senator CAROL BROWN:** It's nice to see you again, Ms Rundle.

**Ms Rundle:** Thank you, Senator.

**Senator CAROL BROWN:** I would like to ask why Mr Hoffman is not here today.

**Ms Rundle:** If I were to cast a reason as to why I think he is not here, I would say that Mr Hoffman has great confidence, I think, in his senior executive in appearing at committee hearings. I don't know what he has on today, but it's quite possible that he was previously committed prior to the hearing being scheduled. I would have to find out, Senator.

**Senator CAROL BROWN:** My understanding is he was in Parliament House yesterday. This is the second time we've had the pleasure of your company since his appointment, and I think it would be good for the committee to be able to meet Mr Hoffman. Normally, we would get a reason as to why he wasn't able to come along.

**Ms Rundle:** The board subcommittees are in Sydney over the next couple of days, and of course Mr Hoffman is also required to appear at the board subcommittees. If I could pass that on to him, Senator, I think it would be his wish—particularly as you've expressed it as well—to make himself available for the committee when it's possible for that to occur.

**Senator CAROL BROWN:** Since Mr Hoffman's appointment, has he made his views known about the direction of SIL?

**Ms Rundle:** I will call on my colleagues to also jump in here if I'm wrong. I think Mr Hoffman would share very many similar views to us. Since he's been in the agency, since early November, he has been very keen to look at a range of issues that are still outstanding that need to be addressed—this being one of them, and the board, particularly, being keen to understand SIL more. They are coming from exactly the same place as the committee and Mr Tune, which is: how can we get more innovative living arrangements for people who are currently in SIL; and how can we get more cost-effective arrangements as well? Mr Hoffman has been quite involved in all of that work. Beyond that, I can't comment.

**Mr Bladek:** My discussions with Mr Hoffman have outlined that, while seven per cent of participants receive SIL, it's 40 per cent of the scheme expenditure. He shares the concerns of this committee that participants are not at the centre nor do they see the choice or control that the scheme intends to give them.

**Senator CAROL BROWN:** But there hasn't been a change in the KPIs since Mr Hoffman's commenced?

**Ms Rundle:** No. Mr Hoffman is looking more generally at all KPIs. He's very focused on performance. I think that would have been evident from the last estimates hearing, and I think it will become evident as Mr Hoffman appears more. He's been developing quite a lot more of the KPIs in terms of understanding the trajectory that we need to be on to be able to meet our targets. But, additionally to that, we've been looking at the Tune recommendations and we've been trying to think about how we can position ourselves to be ready for the Tune recommendations and implement them quickly, depending on the government's response. He's very cognisant that whatever he does needs to fit in with the government's intention regarding the Tune review.
Senator CAROL BROWN: Of the seven per cent—or almost seven per cent, I think you said—of participants that have SIL in their plans, are you able to provide us with a breakdown of the number of participants that are waiting for quotes to be approved at the agency provider level?

Mr Bladek: I do have the numbers. There are 1,787 quotations that are currently in progress. The agency responds to 90 per cent of quotes in the first 10 days.

Senator CAROL BROWN: What are the main reasons for a delay when there is a delay?

Mr Bladek: We see two main reasons: one is that the information we get back from providers is incomplete. That incomplete information could be about the specific situation of the participant or it could be an error in the quote tool. A simple example could be: there's a provision for public holidays, but the number of public holidays offered isn't what is in that state. So, often, the back and forth is to remedy those issues.

Senator CAROL BROWN: Do you have a figure for the projected number of participants that will have SIL in their plans at full rollout? Do you have those figures?

Mr Bladek: I don't have them handy. We can provide them on notice.

Senator CAROL BROWN: Thank you. That would be good. Has the national SIL team had a measurable effect for the providers and participants?

Mr Bladek: One impact of our internal team is that we've gone from 200 to 400 quotes processed per week, so we've effectively doubled our effectiveness with, I believe, a same-size workforce. The provider feedback that the agency's heard has largely been that the process is improving. Again, I think there is joint recognition that there is a way to go in further simplifying and making our processes more transparent and consistent.

Senator CAROL BROWN: You've obviously got protocols for communicating between SIL teams and LACs.

Mr Bladek: Correct. Again, these are complex participants, so they wouldn't necessarily be involved with LACs.

Senator CAROL BROWN: Do you have any documents or NDIA guidelines on the process that you can table or provide on notice?

Mr Bladek: On our website we do have operational guidelines and a description of how the quoting process works. We can check and see what other documents we'd be able to table for the committee.

Senator CAROL BROWN: But do you have working documents that you use that are not on your website? You must do.

Mr Bladek: We should go back and confirm what we would be able to provide to the committee.

Ms Rundle: We will take it on notice for you.

Senator CAROL BROWN: If there are documents that you can't provide, a list of the documents that you use would be beneficial as well.

Senator STEELE-JOHN: Mr Bladek, I want to start by giving you the opportunity to clarify a couple of comments you made in your exchange with the chair. You referred to the intent of the SIL program as being used in and applied to the shared accommodation context. Is that your understanding of the intent of SIL?

Mr Bladek: That is correct.

Senator STEELE-JOHN: That would seem to contradict the agency's submission, where on page 12 you make it clear that SIL can be used in a shared or individual arrangement.

Mr Bladek: What was the date of the submission, so we can refer to the document you're referring to?

Ms Rundle: Is it the government response?

Senator STEELE-JOHN: No, it's the agency submission to this inquiry. I'm asking about your submission—

Ms Rundle: Yes, we understand.

Senator STEELE-JOHN: which I would have hoped you would have read.

CHAIR: To clarify, though, I believe the evidence to the committee is that it has been used in a variety of accommodation types.

Senator STEELE-JOHN: I again ask you, Mr Bladek: is it your view that the intent of SIL is to be used in a shared accommodation arrangement, or is it, indeed, possible to be used in individualised settings as well?

Mr Bladek: It is currently intended to be used in both.
Senator STEELE-JOHN: So you got that wrong twice a couple of minutes ago. Then, in your statement, you said that the current intent is that it can be used in both. Am I to take that to be a sign that there is a planned shift in the intent of SIL?

Ms Rundle: The thing is that we're in the middle of working out what the future will be for participants who need support, either those in shared accommodation arrangements or people who require a lot of support in their home own. For example, in WA, you'd be familiar with the individual living options program, which is quite innovative. So what we're trying to work out is: is SIL something that might be associated only with, for example, an SDA setting in a group home—a shared supported accommodation setting? This is so that we will understand that that is the language we use for that accommodation setting or those accommodation settings. But if someone needs the same level of support that SIL currently offers—it might be that it's attendant care; it's just a lot more attendant care. It's the activities of daily living sort of care. So we're trying to distinguish them.

This came up—I see some nods—at the private hearing of the board where people were saying that there's a lot of confusion between who can have it and who can't. In reality, people should get the support they need, no matter what we call it.

Senator STEELE-JOHN: I understand that, Ms Rundle. Again, I hate to bring you back to your own submission, but the figures currently show that there is a significant proportion of people who use SIL who are not within the SDA setting.

Ms Rundle: That's correct.

Senator STEELE-JOHN: So I'm rather concerned to hear that the agency might be considering a move towards such a significant amount of funding being dedicated to an area that is exclusively to do with shared accommodation. As you'd know, there is a mountain of evidence that says we actually need to be moving away from shared forms of accommodation.

Ms Rundle: Correct. If I might just clarify my comment: before when I tried to answer the question, I was answering the question, but I didn't convey, possibly, the broader picture about where we would like to go. It's our intention to make sure that participants get choice about where they live. If a participant wants to live with other people in a shared arrangement, that is their choice. If a participant wants to live on their own, or with one other person, or even with their family—as with ILOs in WA, with different arrangements—we should construct our supports in such a way that we can wrap that around them and give them what they need. All I was really alluding to is that we've not reached an end point here. We're simply trying to be clear: if we use the language of 'SIL', what is a better way of using that language?

We could, of course, move completely away from SIL language in the future, if we all wish to. I'm simply trying to convey that we want a future that looks like this, but, at the moment, because we've been using SIL language, and it's attached to individuals both at home and in residential settings or shared accommodation, we're just trying to be clear—that isn't an intention of possibly where we'll go. I want to reassure you that that's not the case, and, if I conveyed that, I made a mistake.

Mr WALLACE: I've had a number of discussions with constituents specifically around the planning, and not necessarily restricted to SIL. Chair, if I can have that indulgence. What a number of constituents have said to me is that, on the first pass, they may have either been knocked back under the NDIS or had a very low value plan, if I can put it that way, and then they've gone to a professional adviser about what they can and can't claim, or should be able to claim. Sometimes the nuancing of words has made a very significant difference to the outcome. If nuancing of words is making a difference to outcomes and it's taking a professional adviser to come in and say, 'Well, you shouldn't have actually used this word; you should have used that word,' and if the scheme is relying so much on the specifics of that, I'm concerned about people who are without advocacy. What are we missing here from people who are applying on their own bat and getting knocked back or are getting very subpar plans but then don't have the wherewithal, the time or the interest, or they just give up? I'm keen to hear your view. Is that consistent with what you're hearing?

Ms Rundle: This probably goes to the work we're doing in collaborative access, I think. I'll make a brief statement and pass to Mr McNaughton.

We've known for a while, as our experience has developed in this scheme, that some people struggle with the access process. Over the few years during transition, but particularly most recently, we've done a range of things—and we're still doing work—to try and help people make sure that they've got what they need and they've got the right support when they go through access. A good example would be people with psychosocial disability and the fact that we encourage them to bring along, if they wish, a support worker or a mental health worker that they use—and they might even get paid for through one of the other Commonwealth mental health programs—so
that they've got someone there who can help them and articulate for them what they need. That's just one example, but there are a range of things that we are doing. We recognise what you're saying—it's something that we need to improve in.

Mr WALLACE: We don't want to create an environment where you need to be a Philadelphia lawyer to get a successful outcome.

Ms Rundle: Yes.

Mr WALLACE: I'm using that as, perhaps, an overreaching example, but I think you understand the intent of what I'm saying.

Ms Rundle: Yes, we do.

Mr McNaughton: Mr Wallace, can I add to that. We have heard that too, and also examples of where participants have access to good therapists and OT reports and can provide all that evidence, and it seems to be a bit of an easier journey for them; whereas, people without the wherewithal might struggle. In New South Wales we have been trialling what we call an independent functional assessment, that we pay for, for people to go to get all the right assessment information that we can then use to help (a) with access and (b) with plans. It's going really well. We've had some really positive feedback, because, for one thing, people don't have to pay for those assessments themselves, but it also creates a much better, fair, consistent process. We are looking at expanding that nationally over the next little while to try and get into that. As you said, that situation of fairness and parity and equity across the board is something that we want to see more and more of over time.

Mr WALLACE: How does that reconcile with the NDIA's view that you don't need to come armed with reports from experts?

Mr McNaughton: This is certainly not about a report for your diagnosis. It is about a report that gives us more information on the impact that your disability has on your daily life. That lets us understand what sorts of supports you're going to need to access community and work, and to achieve your goals. This is a functional assessment that helps us understand what impact your disability has on your life. It's a functional assessment rather than a diagnosis.

Ms Rundle: The minister outlined this in November, and with that he also announced that once we do more of those rollouts we'd then be able to lend a lot more flexibility as well in the plans. So we're looking at a number of improvements together to improve the participant experience.

Ms PAYNE: Obviously, the committee has heard a lot about the difficulties of people living in their own homes, or with friends or relatives, accessing SIL. I just want to ask about what actions you're taking to increase participants' ability to access SIL in those circumstances?

Mr Bladek: First is ensuring that participants have the right support for them. Again, the difference between SIL and assistance with daily living is merely a service-booking issue. SIL is provided as an annual amount, whereas ADL is a quarterly amount that is more tailored and customised to an individual. I think the perspective of the agency is ensuring that those who have those challenges actually receive the right product that's suitable for them. SIL, through its quoting tool, is intended to be for shared accommodation. I would suggest that the agency's perspective is ensuring they have the right support, which may come from a different product.

Ms PAYNE: Does that suggest there might be some confusion among participants about what it is that they're actually trying to access just in terms of what it's called?

Mr Bladek: Yes.

Ms PAYNE: What is the NDIA doing to address that issue?

Mr Bladek: First it's starting internally, to ensure that the planners and the individuals who counsel participants understand what they're getting. I think the second is working with our operational guidelines to ensure that it's clearer and simpler to access different products. A noted concern from providers is that the attendant care of the ADL product can have operational challenges, because these service-booking quotes are smaller. We are looking to start work to simplify that operational process.

Ms Rundle: I might add to that. I mentioned that in whatever we do we look through a participant lens, because it is actually their life, their plan and their package. So whatever we do has to be approved by a participant and understood by a participant.

Ms PAYNE: Yes, but obviously there have been some problems with that.
Ms Rundle: It's absolutely true. This is why Mr Bladek has picked up a number of key priorities for the agency and this is one of them. We've been doing a lot of work with the board and trying to just work out how we put a lot more effort into this to address the key issues that people have been experiencing.

Ms PAYNE: Do you think more staff would help with that?

Ms Rundle: No, it's not a matter of staffing. We just need to make sure that as we work out what each of the issues are we do the proper analysis and we make sure we base that in data and evidence. But it's also that we talk to participants and providers, particularly participants, and understand what experience they're really looking for. This is why the WA model—the Individual Living Options—is one of the shining lights, if you like, on the horizon. It's only one, but it is something that does lend a lot more flexibility for participants.

Ms PAYNE: The other issue is around the timeliness of the approvals of SIL. Is the NDIA doing anything to improve that, and how is it going?

Mr Bladek: Sorry, I didn't hear that question.

Ms PAYNE: The timeliness of SIL approvals.

Mr Bladek: Again, we notify the provider 12 weeks before any plan would expire and so there's ample time for providers to provide their quotes and work with the agency to ensure the roster of care is reasonable and necessary. There is also now the opportunity that if a plan has expired, the plan will roll over—as will the service booking—so participants can maintain their continuity of care.

Senator CAROL BROWN: Can it roll over indefinitely?

Mr Bladek: For 28 weeks.

Senator CAROL BROWN: Four months?

Mr Bladek: Correct—while the plan is still being finalised, in case it goes past expiry.

Mr McNaughton: Can I confirm that, if a new plan is not put in place within that 28 days, it continues to extend until one is substituted. The other thing we're working on now is looking at having much longer plans, defaulting to two- and three-year plans and maybe—who knows—plans that are event based rather than date based. So we're seeing a big take-up of much longer plans now, which takes out the issue of having to come back for an annual plan review.

Senator HUGHES: I wonder if you could maybe clarify the difference between having a plan with assisted daily living and having SIL, because obviously the function of those is quite similar. To go to Senator Steele-John's point, when you are looking at shared accommodation, it's probably someone who is in a block funded, previously group home with much higher needs versus someone who perhaps does not require as much assistance and who can live independently if they are living on their own or still with family, having assisted daily living as part of their plan versus a SIL package. Would that be potentially how it's operating as opposed to SIL?

Mr Bladek: Yes.

Ms Rundle: And SIL is almost a legacy arrangement brought into the agency during transition from state/territory block funded, shared and supported accommodation.

Senator HUGHES: And then there are those two parts, obviously. SIL is one part of a package, but there is assisted daily living as part of other plans?

Ms Rundle: That's right.

Senator HUGHES: Having had my son's plan renewed yesterday with assisted daily living in it, I do know that that's part of it, but obviously it plays basically the same function as SIL but for different purposes.

Mr McNaughton: That's right. I could give an example. A lot of people obviously and quite rightly want to stay in their own home. If we are doing a home modification for someone but they need supports in the home we would be putting in all the supports they need to live independently but in their own home.

Senator HUGHES: And they wouldn't have a SIL package; they'd have a plan that has lots of other different parts to it. So we need to understand that you can stay in your own home but you don't necessarily have SIL.

Mr McNaughton: Yes.

Senator HUGHES: The other question I have is more around the bricks and mortar versus the services and whether or not there's been any further investigation with regard to considering a separation of those two so that the owner of the bricks and mortar isn't the service provider. You can be one or the other.

Mr Bladek: The intent is that participants should have core choice of control over their bricks and mortar provider and their support coordinator as well as their SIL or attendant care provider. As the committee has noted,
that is not always the case, and the agency is working to ensure that participants can have that choice through improving their opportunity to intervene and have the operational management of their providers and through our processes and engagement that we have with participants being supportive and them being aware of the choices that they do have.

**Senator HUGHES:** Thank you.

**Ms COKER:** I'm interested in supported living. Many participants want to live independently on their own, not in group housing. I think that's acknowledged. You have just mentioned—and this has come up in other meetings we've had—that you were discussing that within the NDIA and you're looking at how to better support a participant to achieve their wishes. I'm just wondering: when will these discussions actually lead to a change in approach, perhaps with a change in legislation or the actions of the NDIS scheme to make that possible? Is there a time frame?

**Ms Rundle:** If I could make a general comment first which might answer all of those questions—it may not. I don't think there's any legislative barrier to a participant now choosing to live somewhere else. If a participant now in a group home said, 'I want to move out into my own accommodation,' the way that that would happen would be through a planning conversation. In constructing the plan, looking at their goals and looking at where they want to live, we'd also look to see whether, in moving out of, for example, the group home, where they would live. Do they own their own home or do they want to move in with a family member? We've had plenty of people who've done that—who've moved back with family members, moved into their own homes or rented accommodation. We can either do home modifications for those people if their needs can be met through a home modification or assess them for specialist disability accommodation in their plan. So there's nothing stopping a participant from doing that right now. As a matter of course, each time our planners do a plan, they should always ask a participant about their living arrangements and whether they are happy in their living arrangement

**Ms COKER:** In order for a participant to live independently—maybe not with a family but independently on their own—are you also working to address the issue of sufficient housing accommodation for people who wish to live independently?

**Ms Rundle:** That's a really good question because this is where the NDIA/NDIS intersects with state and territory government and their housing authorities. We have a role in funding through the participant plan SDA, or specialist disability accommodation, for around six and seven per cent of participants at full scheme—around 28,000 participants, if I recollect correctly. They are people who need very specialised accommodation, so that's clearly not everybody in the scheme who will want some other sort of accommodation support. Those other people might choose to live with friends and share a flat or an apartment. They might choose to live with their family. They might choose to live on their own and, if they don't or can't purchase their own home or rent their own home and they are eligible for rental assistance funded by state authorities, we have to work with the state and territory authorities to help those people with accommodation.

The other thing we do is pay for short-term accommodation when we have participants who are between, for example, hospital and their own home while their own home is undergoing some changes to allow them to go home. We might pay it in a different example as well, but we and the Commonwealth generally aren't responsible for state and territory housing. It's tricky because they have waiting lists and their own criteria and we have to work with them closely to get the arrangements that the participant needs.

**Ms COKER:** So it is an area where there needs to be much more of a collaborative approach.

**Ms Rundle:** That's right.

**Ms COKER:** I would like to see that the NDIA is actually facilitating that and actually trying to respond to that issue, because it's crucial to have that level of housing. I understand that that's not your responsibility, but I think facilitating a greater discussion around that would be a great thing.

This is probably a little bit broader. In the submissions we've received there is an organisation which has talked about the impacts of delayed NDIS payments on the sustainability of the disability sector. This organisation does have a significant annual budget and they are saying that 20 per cent is outstanding revenue, because they are waiting on approvals and quotes to be negotiated. They're saying that, for smaller providers of disability services, having to wait for money to be returned to them as payments from the NDIA is actually causing some smaller providers to no longer provide disability services. That's concerning because it limits the options of choice, particularly for those living in regional and remote areas. I'm wondering if you area are of that and, if so, if you could respond to that. Do you know if there are any plans to deal with that?

**Ms Rundle:** Can I ask for a point of clarification first, please? Are you talking about SIL payments particularly or talking about payments more generally?
Ms COKER: They have couched it within supported independent living within the inquiry, so it is, but it's not specific to that. Apologies; I can't say too much. It is confidential.

Mr McNaughton: We heard a lot of those stories too. We were really concerned about that. As Mr Bladek mentioned, one of the key changes we made was, we weren't starting the requoting process early enough so that essentially the plans were lapsing before we could put that in place so that is why we start at 12 weeks before now. And the system change we put in late last year means the plans continue anyway if we're still finalising the quote with the provider. So they continue the cash flow based on the current plan. It doesn't stop. The service bookings continue. So we've tried to rectify that. We've also set-up a national payment team that providers, if they are having any issues, can escalate to and will resolve them. We largely have tried to tackle the SIL payments specifically through starting earlier and continuing to extend the plan so they don't expire. I am happy to follow-up independently if you'd like to give me the details of that one provider separately outside. But we have put in some structural changes to try and rectify that.

Dr MARTIN: It was raised before about the role of advocacy, or the importance in the role of advocacy, in the whole process and also the role of language in terms of funding outcomes for participants. You mentioned trialling a functional assessment process, which sounds promising. I was wondering whether or not that functional assessment is a standardised assessment tool and about its clinical reliability and specificity in terms of the purpose you are using it for?

Mr McNaughton: It is a very good question, Dr Martin, and it is one of the key areas that we look at. There are a range of tools that the assessors would use: Pedi-CAT for younger children, the WHODAS. It depends on what the actual circumstances are of the potential participant, or the participant, as to what tool for the functional assessment. There are a whole range that our scheme have endorsed because they are part of the World Health Organization recognised tools. There is not one but there is a range of them they use.

Ms Rundle: We have been using researchers. We are just about to have much of this reviewed. I'd need to check, but I am thinking that we could probably give you a little pack on this to show you what we're thinking about and what we are currently trialling.

Dr MARTIN: Okay. I would be interested to know more about what you're doing there.

Ms Rundle: Our scheme has done quite a lot of stakeholder engagement on this and has staff. I'm sure someone would also be willing to give a private briefing if people were very interested in it.

Dr MARTIN: I think one of the issues would be whether or not the tools are clinically significant to the condition, the diagnosis—

Ms Rundle: They aren't. I think the important thing here is to recognise that the scheme isn't a diagnosis based scheme, though it is fair to say that having a diagnosis, we know, would result in this impact on functional capacity. The tools really go to people's functional capacity: cognitive, their ability to operate. It looks at the environment: their physical function, their mental health function, their ability to function in social situations. They're all globally recognised tools and they've been tested. In the first trial we tested three tools. In the first pilot we did autism and some psychosocial disabilities for people over seven. This pilot we are doing now in the Blue Mountains area, which we're looking at extending soon to some other areas of New South Wales, is looking at all ages and all types of disabilities so it's a lot bigger. What we've done is we've mapped all of the tools to make sure that we've covered off every domain that you would look at and you would go, 'These are the things that I think you should look at to make sure that you don't miss anything.'

Dr MARTIN: Are they observational assessment tools or are they carer interviews or a combination?

Ms Rundle: A combination, a range of things and both of those. There is a little table which our scheme uses which shows you across each of the domains the main tools that are being used and—

Dr MARTIN: I think it's very important given that it could have direct impact on how much funding each participant ends up with, ensuring that they are reliable and—

Ms Rundle: For sure. Which is why it's not the only thing that we will use. The discussion with the participant and their carers, their family, is the other big thing that will make a big difference and, of course, knowing where you've got a diagnosis, and you know that there is a trajectory or a clinical pathway that people would generally follow. Those things would all come into play when you're talking to a participant about what their needs are.

Mr WALLACE: The NDIS is all about inclusion, so I don't want Mr Flavel to feel like he's missing out here! Mr Flavel, this question is directed towards you. When the states effectively transitioned disability care to the NDIS, a lot of that advocacy was also transitioned to the Commonwealth. The states, for example, have had a bit of an ad hoc approach to how they fund advocacy. I know that, for instance, the New South Wales government
announced $13 million in April 2018 for advocacy for disability. And this goes back to what I was talking about earlier. What's the state of play with state funding for disability advocacy and when does it run out? I know for New South Wales that $13 million runs out in June 2020. What's the state of play with the other jurisdictions?

Mr Flavel: I'm actually quite new to this role and that's outside my area of expertise so I'll have to take that on notice and get the details, state by state, back to the committee.

Mr WALLACE: Thank you.

Senator CAROL BROWN: I want to follow on from Mr Wallace's questions. The federal government on a number of occasions over the last year or so has called upon state and territory governments to continue their role and their funding of state based advocacy. Could you also check whether there have been ongoing discussions with the states and territories and whether there's been any movement in terms of the states and territories actually continuing to fund the role that is their responsibility to fund? This advocacy role was always a matter for state and territory governments, so I'd like to know, other than the federal government making the public statements, whether there have also been some correspondences or negotiations behind the scenes to ensure that the advocacy role is played. You can take that on notice.

Mr Flavel: I'm happy to do that.

Mr WALLACE: I have an additional question. In addition to that advocacy funding by the states and territories, is there any component of Commonwealth funding for advocacy within the NDIS?

Ms Rundle: I was going to add when the conversation thread had finished that there is something that we do with our ILC grants. It isn't the same though as the systemic advocacy that you're all referring to now. In fact, we don't fund advocacy per se, but what we do through some of our grants is fund peer support and other programs to help people with disability understand how they can advocate more for themselves and give them more confidence in certain settings where they once might have needed an advocate so that they can start to develop more capability and feel like they can advocate for themselves. That's important because there are many people who can develop that confidence who once might not have thought that they could and thought they always needed advocates. Sometimes they do need systemic advocacy, and that is not something that we would fund.

Senator CAROL BROWN: Just as a matter of interest, Mr Flavel, what is your area of expertise?

Mr Flavel: The group that I head up is what's known as the market capability group. It has responsibility for issues of market development. Within that is the specialist disability accommodation issue, which I think is often intertwined with the issue of SIL. Ms Coker raised that earlier. The other is the relationship with the NDIS Quality and Safeguards Commission.

Senator CAROL BROWN: So you've come from another area within DSS?

Mr Flavel: I've actually moved within the APS. But, as I said, the issues around the relationship between SIL and SDA are probably the main ones, because the majority of the issues around SIL, particularly within the terms of reference of the committee, are not large 'P' policy issues as such. They're more about the NDIA administration of that particular part of the scheme.

Senator CAROL BROWN: Is this your first experience in this area of disability?

Mr Flavel: Yes, it is. I've had about 26 years in the APS but this is the first in DSS.

Senator CAROL BROWN: That's good. I just want to go to young people in aged care. We receive a lot of complaints and issues raised, particularly around frustration about the fact that there is no method for people who live in aged-care settings to actually move out. So what is the method? We can proceed from there.

Ms Rundle: I'll start, and I'm sure that Mr McNaughton, Mr Bladek and others might add to that.

Firstly, I'll just be really clear that we're very committed to trying to assist everyone to get out of residential aged-care settings, if that's their wish. We know that the government has set targets and we're very committed to meeting those targets. We've actually been working quite aggressively to try to work out how we do this.

There are a number of parts to this. One part is making sure that people who are in residential aged care get access, if they're eligible. Of course, as you know, there is a small number who aren't, but most people are. Once people get access then we really try to close the gap between that time of access and when they get a plan, and we have closed that gap quite a lot. Then, when they get the plan, we want to make sure that we assess them for what sort of accommodation they'd be interested in living in—clearly, that's their choice. Then in that conversation we work out if this could be facilitated through a home modification or if it's something that would require SDA or some other living arrangement.
SDA is the trickier one, because whilst SDA is actually growing, and growing confidently, you would know from previous conversations that we need quite a lot of growth of SDA to be able to match the number of people and the location of those young people in nursing homes. So there is a matching-exercise piece that we've been thinking about and trying to do a lot more work on. All the things that we have control of—that is, access decisions, getting a plan and getting the SDA in the plan—are all things we're working actively on. Helping people to match their aspiration to the right residential location for them is the piece that we need to do more work on, and that requires other people besides ourselves.

Senator CAROL BROWN: Of the number of young people who are actually in aged-care settings, what percentage have had access decisions?

Ms Rundle: As at the end of December, the number of people we had with access decisions and a plan was 3,878. I don't have the number who are awaiting an access decision, but I believe it's in the hundreds. We'll take it on notice, if you want us to.

Senator CAROL BROWN: I'm trying to understand how many haven't yet had access decisions.

Ms Rundle: I understand. We'll need to take that on notice for you.

Senator CAROL BROWN: I'd also like to know how many have SDA within their plans.

Ms Rundle: We can give you that number. We'll take it on notice, but I would foreshadow that the numbers are still quite small. The reason they are small is that we don't necessarily have visibility yet of all of the SDA that had been put in plans in the past. So our information system, our CRM, hasn't been able, until recently, to record when a person even leaves a residential aged-care setting. So we haven't been able to capture that, except anecdotally and on spreadsheets, and now our system will allow us to start capturing that. The next thing that is planned is that in March a system improvement will help us expand the data around SDA in plans, and we'll be a lot more confident of the data in SDA plans. We know anecdotally we've got quite a lot of people with SDA in their plans, but the numbers look very small at the moment, if you look at the records that we draw out of our CRM.

Senator CAROL BROWN: I understand what you're saying. The government also—and you'll correct me if I'm wrong—released a plan in terms of ensuring that young people in nursing homes are taken out of nursing homes. Was there a date on which they would like to see that completed? What time lines have they got in there?

Ms Rundle: There are three main targets. By the end of 2022, no people under 45 should be living in residential aged care, subject to limited exceptions, if they chose to stay on. And by 2025 no people under 65 years should be living in residential aged care, subject to their choice to stay. The other target was that no people would be entering aged care under the age of 65 by 2022, I think it was. That's what I have in front of me.

Senator CAROL BROWN: If someone is in an aged-care facility and hasn't applied for access but, while they're waiting for someone to get around to talking to them about an application, they age out, so to speak, would they still be considered eligible for the NDIS?

Mr McNaughton: We get the data from the Department of Health once a quarter and it gives us information on every new person who's entered aged care under the age of 65, and we prioritise anyone who's under 65, especially if they're nearing their birthday. At last count we had literally 20 or 30 people I needed to do access for, so we've actually moved through all of that really quickly. So we do prioritise it as soon as we get the data from the Department of Health.

Senator CAROL BROWN: Do they age out if you haven't reached them? That's my question.

Mr McNaughton: There may potentially be—I don't have the numbers on that. We do have about 1,700 participants who have aged out, so have already turned 75 since they've got a plan but have stayed in aged care, but I haven't got the number. I'd have to check that. It would only be an assumption if I gave you that.

Senator CAROL BROWN: But my question is about if they're under 65 prior to the scheme being relevant. Say there is a 64-year-old in Tasmania; they're now able to access the scheme because their cohort is online. If nobody goes and sees them and they are not aware, if it's then picked up, will they age out, or, because they were eligible prior to turning 65, will they be eligible regardless of whether they've turned 65?

Ms Rundle: One of the things that we're doing is trying to prevent that.

Senator CAROL BROWN: Yes, I understand that, but I would like an answer to my question.

Ms Rundle: Can we please come back with an answer to that?

Senator CAROL BROWN: Of course you can, absolutely. One other issue goes to the formulation of SIL for participants. The SIL team puts together the plan?
Ms Rundle: The planner would put together the whole plan.

Senator CAROL BROWN: The NDIA planner?

Ms Rundle: Yes, that's correct, and SIL is one part of the plan.

Senator CAROL BROWN: So the SIL team does that part of the plan. Can you just—

Ms Rundle: The approving SIL quote.

Mr Bladek: There are two individuals at the agency that work on SIL. First, as we mentioned, is the NDIA planner who approves the overall plan. The second is an NDIA quote assessor that works with the provider to agree on the roster of care and the supports through SIL.

Senator CAROL BROWN: One of the issues that has been raised, on a number of occasions, is there doesn't seem to be any real communication between the NDIA planner and the providers that are going to be providing much of the support.

Ms Rundle: Are you talking about residential aged care, still, or are you talking more broadly?

Senator CAROL BROWN: No, I'm—that's the complaint, which can cause issues about bottlenecks. This is in terms of approving a plan when there are issues in having a plan that is right for the participant, if there's that sort of disconnect between providers and what should be provided in a plan and what the planner has put together.

Ms Rundle: One of the things we are doing—just recently we've decided to do this—is bringing the decisions around SIL and, if it's applicable, SDA closer together at the time so we have it all ready to go into the plan, if possible. We're trying to close the waiting gaps between each of those processes, which I think partly goes to your question, and will assist.

Mr Bladek: If I can build on Ms Rundle's comment, the observation of the agency, as to the issue between delegates and providers, is one about what is reasonable and necessary and that there often is a lack of consistency in determining, for example, 'Is this support an active versus a passive overnight care?' So the agency has plans to be more prescriptive around what is reasonable and necessary, to reduce the tension between providers and delegates, when making approvals for plans for participants who have SIL.

Senator CAROL BROWN: What do you mean by that?

Mr Bladek: The discussion between the agency and the provider is about the roster of care. Currently, there is interpretation, in terms of 'What is the right level of support?' The quote contains the participant's situation and goals and living arrangements and if there are any concerns that the agency should be aware of. But the choice, in terms of 'What is the right level of support?' could have stronger operational guidelines to indicate what would be reasonable and necessary.

Ms COKER: Mine is a question relating to an issue that's cropped up in the media today. I know it's probably a bit off topic but I thought while you were here you might be able to clarify it. There's been discussion regarding the need for children with autism requiring a developmental or functional report even if they don't have a medical diagnosis, and there's concern about it impacting on their care and access. I just want to get some clarity on that. Is that correct or not?

Ms Rundle: I'm not sure whether that's the earlier media reporting today more generally, about hospitals and diagnosis in children, or whether it's something more specific to children with autism. I could say that when you're assessing anyone to come into the scheme, and in this case it's children with autism, or even in the early intervention pathway—the naught to six gateway, where you're providing early supports and they may come in under the early intervention component of the scheme—the thing that we're really keen to do is make sure that we understand the impact of that on their ability to function, at school and at home, and be as independent as other children of their age, to do the sorts of things that other children do. To do that, we do encourage people to get the right sorts of assessments. Could you please just explain what the criticism of that is?

Ms COKER: It's that they need a developmental or functional report even if they don't have a medical diagnosis. They're saying that getting those reports takes time, and it's actually impacting on their ability to get the level of care they need.

Ms Rundle: Yes, I've heard that. I think we have heard that. This is partly why the independent assessment that Mr McNaughton talked about earlier will help a lot. For example, in the first pilot we did, which we talked about, we were looking at people over seven years, but we're now expanding it to naught to 65. We were very keen to make sure that we made those tools and assessments available to people at no cost, and that's why we're now expanding it and trialling it—to make sure that they are the right sorts of tools so that eventually, you would hope, people will be able to access all of those things when they first present to the scheme. I know that doesn't
answer your question about right now. Right now there'll be some people who will still need to get assessments to come into the scheme, and they will need to pay for them at the moment.

**Dr MARTIN:** The purpose of the assessments is to allocate funding?

**Ms Rundle:** No. There are two reasons why we do them.

**Dr MARTIN:** Sorry, the functional assessment—

**Ms Rundle:** No. The functional assessment can be used in a number of ways. Firstly, it could be used to help make an access decision, remembering that access to the scheme is based on functional impairment and not diagnosis. And then, because of the depth of the functional assessment, it can also be used to inform the funded supports in the plan.

**Dr MARTIN:** But in terms of its use clinically it's not quite the same. It could be a baseline assessment, but it's not sufficient for diagnosis; it's really just for the purposes of allocating the level of support required.

**Ms Rundle:** Yes. You might remember that last year the Autism CRC, based in Brisbane, released the national autism guidelines—they call them diagnostic guidelines. A large part of that was all around functional assessment; that's the basis of the guidelines. They did that because families of children with autism and others were never quite sure about where to go or what sort of guidance or assessment to get. This was put in place to help clinicians and others know the sorts of things they should be looking at to be able to generate the right sort of advice for parents and others about whether the child is autistic or not, what the autism is like, on the spectrum of autism, and how it affects their functioning. That's what those guidelines are intended to do, and they are being adopted—and Dr Martin may well comment on this—variously across the nation by various clinicians at the moment. These things take a little time to embed, but that's going to help a lot.

**Ms COKER:** So they do require a developmental or functional report? It is required?

**Ms Rundle:** In most cases I would say that is required, yes. We have to have some way of making an assessment of someone's disability and their functional capacity. We have to have some way, and there are many ways we can do that.

**Ms COKER:** And the aim is that there won't be a cost for those in the future?

**Ms Rundle:** That's correct. The scheme has operated previously such that people would come along with their own evidence. One of the criticisms of the scheme is that sometimes the evidence you need is costly.

**Ms COKER:** Yes.

**Ms Rundle:** One of the things we're doing at the moment is piloting this assessment process. If it's successful and has the right outcomes then, as the minister has said publicly, it would be our intention to roll that out more broadly.

**Senator STEELE-JOHN:** I've got a couple of questions back in the SIL space. But, before I go there, can I just ask you to clarify, notwithstanding any evolving views on behalf of the agency, what your current understanding is of the differences between SIL and assistance with daily living?

**Ms Rundle:** I'm trying to make sure that I'm consistent. I say this carefully, because I've realised that some things we've said haven't been understood. So I'm making sure that whatever we say now is clear. The way that I would describe it—and I tried to earlier—is that people need assistance with their activities of daily living, wherever they live. That can be in a shared accommodation setting, it can be in their own home or it can be somewhere else. Many of those activities are exactly the same. It's just that we've traditionally referred to SIL as the sort of support that people get in shared supported accommodation generally because it has always been block funded and it's quoted at the moment in the scheme. But those same or similar supports could be available for me in my home if I didn't want to live anywhere else with anybody else. They might be called 'activities of daily living'. The confusing thing is that, over recent times—probably the last few years—we've used SIL in both scenarios. That's why there's a little bit of confusion. That's why we tried to describe earlier that we should be focusing less on the name—though I realise that we have to call it something at the moment—and more on the supports that people need irrespective of where they live.

**Senator STEELE-JOHN:** Thank you for that clarification. With that being said, I want to turn to some of the situations that have been described to us through the course of this inquiry so far. They have been quite concerning given the current status of how SIL is used. Generally, there has been a view fed back to us that the agency has been reluctant to fund SIL in individualised situations and that there is a preference for funding SIL in shared settings. I understand what you've just said about the need to split those two things apart. However, that's not the way things currently exist. So can I draw you out a little bit on why that preference has existed, given the fact that the two separate systems that you might be envisaging don't currently exist.
Ms Rundle: My colleagues will jump in if they think I'm not clear. There should be no predisposition on our part towards shared supported accommodation. That is to say: our predisposition should be on what a participant wants. Therefore, if they are in shared supported accommodation now, they wish to stay there and those arrangements are currently accommodated through a SIL arrangement, then, for the time being, that is the way that we would refer to it in their plan. But our nomenclature—the fact that we've used different names for different things—shouldn't tell you anything about our predisposition, because we would agree with you that every single participant should have the choice about where they want to live.

Senator STEELE-JOHN: I hear what you're saying. But, again, looking through some of the examples that we've been given, as a committee, there have been instances where folks have reflected this back to us. One submitter told us of a situation where a person who was living alone and who wished to obtain SIL was asked to first provide evidence that they could not live with other people; that needed to be provided before they could receive it, and they were asked if they had first trialled a group setting. So that seems to cut across the testimony you've just given.

Ms Rundle: The first thing I would say is that, if you've got any examples of where things have happened that we should be following up on, please feel free to give them to us separately and we will do that. I don't know about that example or how old that example is. It is also fair to say that, as we've been developing our work, there'll still be possibly some people in the planning area who might be using old language and approaching this in a different way, and that would go to our training and our guidelines. It might be an older example. I don't know. I'm not sure whether any of my colleagues—

Mr Bladek: First, 90 per cent of individuals who receive SIL live in some kind of shared living arrangement, whether it's SDA or not, so 10 per cent of individuals currently do not live in a shared arrangement. I think the situation you've described is unfortunate. From a participant's point of view, there should be no difference between ADL and SIL. It's the person that's showing up to provide care for their daily living, getting them out of bed, making sure that they're ready to go to their daily activities if they still have them, making sure they don't harm themselves in their accommodation and then ensuring that they have basic human dignity throughout that. The SIL versus ADL moniker should not have a difference in that service provision. It is unfortunate that the agency hasn't been as clear and our internal training hasn't been to the standard that we would expect to provide that clarity to participants. It is our intent, going forward, to ensure participants have that choice of control for what they want, noting that SIL versus ADL should not have any difference.

Ms Rundle: It would also be true to say that we always have to be in mind of financial sustainability of the scheme, but what we've discovered in some of our work and listening to participants is that there are many, many cost-effective options that are better options for participants who once might have resided in a SIL environment for a lot more money. Those people can reside in different arrangements, whatever they might be, with a more cost-effective solution. The discussion wouldn't be rounded if all of us didn't recognise that the scheme also has to do the best thing for participants and have the most appropriate arrangements for them and give them choice and control but we also have to make sure the scheme is sustainable, which means we need to be encouraging the market to be providing a lot more innovative solutions for participants so they can have those options.

Senator STEELE-JOHN: I hope we can use this space to clarify and confirm that there is actually no agency requirement to prove that you have trialled living with somebody else or cannot live on your own before you can access SIL.

Ms Rundle: To my knowledge, there isn't, but we will check. We will take this away and have a look at our—

Senator STEELE-JOHN: For the sake of time, I would like to put a number of quite detailed questions around this issue on notice with the agency. I would like, if we could, to receive a response to those questions before the next estimates session. That would be very helpful. Thank you.

Ms PAYNE: If I could just jump in following off the back of that answer, Mr Bladek, you said that it's been unfortunate that the planners haven't received adequate training to clarify this issue. Is the NDIA putting in place adequate training to address that issue?

Mr Bladek: Yes.

Ms PAYNE: Can you elaborate on that?

Mr Bladek: Historically, as you've seen, we have consolidated the SIL quote assessment tool so that the experts dealing with relatively complicated situations develop pattern recognition, that their leadership spends more time actively coaching and reviewing examples to go through those specific examples. Mr McNaughton may want to comment on the activities in service delivery, his group, to strengthen that, but we do note that
having clear operational guidelines, more specific tools that provide what is reasonable and necessary, should accompany any coaching or in-person training, to help our agencies serve participants more consistently.

Senator CAROL BROWN: At our Sydney hearing last year we heard from a witness, a Mr Tonga, who gave evidence around the fact that he was living in a group home and he indicated that there was no flexibility in SIL in regard to choice and control and that under the old system he was forced into a group home and he was hoping and expecting SIL would be able to give him some flexibility to be able to move out into the community and live on his own, but that hadn't been the case. So there are obviously plenty of examples of people who want to live on their own and move out of group homes. It would be helpful if perhaps somebody in the NDIA is actually reading some of these transcripts from participants, because it's quite clear that what you're saying is not always the case.

Ms Rundle: No. We accept that because it's fair to say that we have a lot of legacy arrangements that it will take a little while to move out of. That goes to participant confidence and knowing what they want, as well as—

Senator CAROL BROWN: He was a very confident witness and he was more than able to advocate on behalf of himself.

Ms Rundle: Yes, it sounds like it. I think this is probably best described as a work in progress which is very important. We need to do it fast. But we're also going to rely on the right properties being available et cetera. So we have to rely on the market as well or help the market develop. Again, I'm hoping that that would have been followed up with that participant because obviously that case was known publicly. If not, we could have a look at that one as well.

Senator CAROL BROWN: The only other thing, if you could take it on notice, is that we have talked about some of the issues that have been brought to the committee and to individual members around the SIL quotation process. Would you please provide to the committee some of the issues that people have raised directly with you. What problems do they see the in the quotation process and what are any other issues that have been raised, particularly from providers, around the roster-of-care document?

Mr Bladek: We can provide more detail on that on notice. There are two notable concerns. One is that 50 per cent of our FOI requests dealing with SIL have to do with the roster of care not being provided to the participant. The provider owns that roster of care and it is not getting provided to the participant. The second concern is around the quoting process—the complexity of the tool, the number of items that have to be filled in and the errors that the tool does not automatically check. That's poor, and so there's work underway to improve the logic of this quoting tool so it is more reliable and robust.

Senator CAROL BROWN: And less complex?

Mr Bladek: And less complex, yes.

Senator CAROL BROWN: How many freedom-of-information requests do you receive?

Ms Rundle: I was about to add to that comment about FOI that one of the things we are changing is our FOI process so that these sorts of questions from participants don't need to go through the FOI process and we can fix that for them differently.

Senator CAROL BROWN: Just quickly, in terms of the changing of the process that you've just spoken about, are any changes that are made done in consultation with the people that are going to be filling in those documents?

Mr Bladek: Yes. There are two steps to this quoting process change. One is technical changes so the formulas in Excel work better. The second is, as we aim to simplify and improve the transparency of SIL, to work closely with participants and with providers to ensure they are aware and engaged in any changes that we would make.

Mr McNaughton: The other element is that bringing it together under a specialist team also allows the team to do outreach. If we see that a provider is struggling with the quoting tool, they'll go and do some outreach, sit with them, help them understand how to do it and try and minimise the error rates. Rather than having it federated across the whole network, we've now got it specialised, which we've had some good feedback on.

Senator CAROL BROWN: It would be great to get some information about the error rate—whether it is just because it's too complex or there's a particular area with providers.

Mr Bladek: What we do know is that, upon receiving the first quote, we have to send 40 per cent back to providers because of errors. I don't have further details on whether that is a logic error, whether information wasn't provided or whether the roster of care does not match the support level or the description of the participant's situation, but it is noted through the agency that it is an issue.

Senator STEELE-JOHN: I want to clarify the 'baseline from the middle' question. Does the agency acknowledge that congregate care settings reduce the opportunity for participants to exercise choice and control?
Mr Bladek: We asked participants that. We conduct participant outcome and experience surveys, and the question that may be relevant is: the percentages that choose what they do every day.

Senator STEELE-JOHN: Sorry, Mr Bladek, I didn't catch the first bit of your—

Mr Bladek: I wanted to give you some data from our participant experience survey to help understand your point on: do participants actually have choice? If a participant is in a SIL based arrangement, 28 per cent of them say that they choose what they do every day versus an independent living option—the home share, WA model—which is at 41 per cent.

Senator STEELE-JOHN: That's a great bit of data, thank you. But I want to go back to the actual question I asked, which was: does the agency acknowledge that congregate care settings reduce choice and control?

Ms Rundle: I'm going to answer it differently and say that wherever a person chooses to live is what is most important to us. As you know, some people choose to live with their friends.

Senator STEELE-JOHN: I do understand that. I'm only asking you to confirm what is known throughout the entire academic sphere of working in the space of institutionalisation and its effect on disabled people and older folks. Does the agency still accept the relationship between congregate care settings and the reduced ability of the participant to exercise choice and control?

Ms Rundle: So far, apart from expressing our own personal opinions, which we're not encouraged to do, the data we can go from and what we see there is that you can see a difference between people who are in congregate settings and people who aren't.

Senator STEELE-JOHN: Who are not in congregate settings?

Ms Rundle: Yes.

Senator STEELE-JOHN: It sounds to me as though the agency does not have a proactive policy—that it does acknowledge the reality as it currently stands at the moment. It's okay for you to say: we don't actually have a policy on that.

Ms Rundle: To my knowledge, we don't have anything written down that says: this is our view.

Senator STEELE-JOHN: That's fine. I take then from that that you wouldn't consider yourself to have a proactive mandate to ensure that people are not inadvertently forced into congregate care settings as a result of the policy decisions of the agency?

Ms Rundle: People should not be forced into congregate care settings if that's not their choice. That should not happen.

Mr McNaughton: Can I add too: the agency has a very strong priority in promoting more individualised living options. We did a very big piece of work on that on the back of what Ms Rundle mentioned in WA, and we want to do a lot of work with the sector on what's working well with participants, because we're hearing more and more that they want more innovative options. We will have some more coming out of that in the next little while, including discussion papers and practice guidance. That's what we really want to invest in a lot more of.

Ms PAYNE: I want to follow on from Ms Coker's questioning earlier about the delays in diagnosis for children with developmental delays. Unfortunately I was out. I had to pop out when she was asking. She wanted to draw your attention to the report today from the ABC. Its title is 'Children's access to disability funding depending on where they live dubbed "developmental apartheid"'. You're aware of that report?

Ms Rundle: Yes, I am.

Ms PAYNE: Do the children need the diagnosis in order to access the NDIS?

Ms Rundle: No. I've said that we need to understand the functional impairment of their disability, but I'd also add that the average wait time for children nought to six years to meet access has reduced from 43 days, in June this year, to an average of less than three days, in December.

Ms PAYNE: Is that once they've had that assessment, though—once they've actually applied with that assessment?

Ms Rundle: Well, the only way you can make an assessment is by having all of the available evidence before you. When you've got everything that you need, and you know the act describes this, then, yes, you can make the access decision. The time to get an access decision has reduced remarkably in that time. That would sort of demonstrate that people are coming along with the right sort of material and access decisions are being made very quickly.

Ms PAYNE: Would evidence of the diagnosis be part of that material that you need?
Ms Rundle: I'd have to check, but I think diagnosis is certainly considered—yes.

Ms PAYNE: I don't want to get into semantics, but the crux of the question is that obviously poorer children will have to wait longer to see a specialist to get a diagnosis. Does that mean that they are waiting longer to access the NDIS? It sounds like they are.

Ms Rundle: No. Again, I come back to: there are other ways that children can have assessments about their functional impairment—

Ms PAYNE: Do they still involve seeing a specialist or someone that will potentially have a long waiting time or will cost a lot of money?

Ms Rundle: There are other health professionals who can do assessments besides specialists. The reason I'm struggling with answering the technical part of this is that I don't run the access part of the agency and I didn't bring with me the actual access guidelines so that I could answer your question in a bit better detail. I might need to take it on notice if I haven't answered it well enough.

Ms PAYNE: That would be good. Thank you. Perhaps we could add to that on notice question: what is the NDIA doing to ensure that children who cannot afford to see a specialist privately have timely access to the NDIS?

Mr McNaughton: There are two elements. We talked about the functional assessment that we're trialling now for nought to seven-year-olds in parts of New South Wales, and we're going to expand that nationally. Secondly, we now have a national network of early childhood providers. Anyone can be referred to an early childhood provider who is an allied health professional and works with young children. If they identify that a child may benefit—they might have a lifelong functional impairment—they can refer them straight to the NDIS for access. That's at no cost to them. Or they can get supports from the early childhood specialists themselves. It's what we call the gateway.

Ms Rundle: Thank you. It's very good to remember all of that. In addition to that, the people in the gateway help people with their access process.

Ms PAYNE: What's the average wait time to get to the gateway. Do you have data on that?

Mr McNaughton: I'll have to get it for you. As Ms Rundle articulated, you can be referred straight into the gateway. Immediately, you can go and see an early childhood partner. It depends on whether someone is going to come into the scheme under early intervention support, come into the scheme as a lifelong participant or stay to receive supports within the gateway itself. It depends on the individual circumstance of the young person.

Ms Rundle: Last year, we announced a range of initiatives that go to this question. There are about six key things that we've done in the last six months which have helped bring down the figure that I gave you earlier and also some other figures in relation to wait times. There were a number of things that were implemented at that time, and one of them was a six-month plan implemented for some children who had been given access and were waiting for a plan. That isn't quite the same thing, but it is one of those things. Also, children in the gateway could get earlier supports. If the partners were struggling with the volume, they would be allowed to subcontract with other early childhood providers so that they could also get earlier support for those children. It's one of the many things that were announced.

Ms PAYNE: If you could please take on notice the wait time to access the gateway, that would be good.

Mr McNaughton: We'll come back to you on that.

Ms PAYNE: Thank you.

Senator CAROL BROWN: Mr Flavel, our next inquiry, once we've completed this one, will be on workforce issues. I'm just ensuring that the department will be putting in a submission with regard to that inquiry.

Mr Flavel: As you know, the government is committed to a workforce plan, so we're looking forward to engaging with the committee on that work.

Senator CAROL BROWN: And you'll have a written submission?

Mr Flavel: I'll check with my—

Senator CAROL BROWN: We expect one.

Mr Flavel: I take that as read.

Senator CAROL BROWN: Thank you.

CHAIR: Thank you very much for once again participating with the committee. There are questions that have already been raised on notice and there are a few others which members have raised with me. I'll ask the
secretariat to forward them to you. I look forward to the answers and our further discussions. Thank you very much.

Committee adjourned at 17:16