Delivering a more equitable NDIS

VCOSS submission to the Independent NDIS Review

VCOSS
Victorian Council of Social Service

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About VCOSS

VCOSS is the peak body for Victoria's social and community sector, and the state's premier social advocacy body.

We work towards a Victoria free from poverty and disadvantage, where every person and community is supported to thrive. We work relentlessly to prioritise wellbeing and inclusive growth to create prosperity for all.

We achieve these goals through policy development, public and private advocacy, supporting and increasing the capabilities of the state's social service bodies, forging strong coalitions for change, and explaining the true causes and effects of disadvantage.

VCOSS's strength comes from its members and the people they serve. Our members include frontline service groups, peak bodies, advocacy organisations and individuals passionate about a fair, sustainable and inclusive Victoria.

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Acknowledgement of Traditional Owners.

VCOSS acknowledges the traditional owners of Country, and pays respect to Elders past and present, and to emerging leaders. Our office is located on the sovereign, unceded lands of the Wurundjeri people of the Kulin nation.

Lived experience statement

VCOSS thanks all those who shared with us their personal stories, experiences and insights in the development of this work. Every person is shaped by their history and environment. Many people have endured trauma or hardship. For some, this trauma and its effects continue today. When somebody shares their experiences and insights with VCOSS, they enrich both our understanding of the issues and our recommendations for change. Thank you for your courage and generosity.

VCOSS Victorian Council of Social Service

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1. Introduction

The Victorian Council of Social Service (VCOSS) welcomes the opportunity to provide a submission to the National Disability Insurance Scheme (the 'NDIS') Review.

The introduction of the NDIS has been one of the biggest social policy reforms in Australia's history.

The NDIS promised to change the way people with disabilities live their lives – how they would become more independent, find work, study, and connect to community – the foundations for a life of wellbeing.

This would happen by giving those eligible for the scheme greater choice and control over services they need.

The launch of the NDIS in 2012 was met with great excitement and expectation. And indeed, the NDIS has been transformative to the lives of many people with disabilities.

Now, more than ten years have passed since the NDIS was introduced, and that optimism has been replaced with frustration and disappointment.

People with the most to benefit from the NDIS describe their experiences with the NDIS as complex, bureaucratic and difficult to understand, access and navigate. For some people with intersecting identities and experiencing multiple or persistent forms of disadvantage, these experiences leave them feeling disempowered and traumatised.

'It's really draining navigating the NDIS system'.[1]

'It's like I'm on a merry-go-round'.[2]

Implementation of the NDIS has created thin markets, especially in regional and rural areas, which undermine the promise of choice and control. Outside of the NDIS, there are now very few supports available to people with disability. These implementation challenges entrench health and social inequities for certain groups.

These issues have been canvassed in several reviews and inquiries, including the 2019 review of the NDIS Act (the 'Tune Review'), Disability Care and Support Productivity Commission Inquiry, the NDIS Costs Productivity Commission Study 2017 and the the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

1 A representative of a community service organisation and NDIS participant from the VCOSS NDIS Review member forum, April 2023

2 A representative of a community service organisation and NDIS participant from the VCOSS NDIS Review member forum, April 2023

But despite these many reviews and inquiries, and subsequent efforts to implement change, barriers to accessing the scheme continue to be described as *'insurmountable'*[3].

In this context, we wholeheartedly welcome the Commonwealth Government's leadership in bringing together all Australian jurisdictions to undertake this Review and commitment to "fix it and return it to its original intent". [4]

As the peak body for social and community services in Victoria, our members include specialist peak bodies, frontline services, advocacy organisations and individuals passionate about the development of a sustainable, fair, and equitable society.

VCOSS is also the auspice organisation for the Disability Advocacy Resource Unit (DARU), which is jointly governed by VCOSS and Disability Advocacy Victoria (DAV). DARU, funded by the Victorian Government through the Office for Disability, supports Victoria's 28 disability advocacy organisations with information, learning and development, and projects that strengthen the capacity of the state-funded sector.

We see this Review as a significant opportunity for the now well-known, persistent issues to be resolved and drive a major shift in service provision for people with disability.

This submission has been informed by direct consultation with our members, including a dedicated member forum we ran in April 2023 focused on the Review. People with disabilities, community sector organisations, advocates and service providers had the opportunity to reflect on the current state of the NDIS. Much of the discussion echoed key challenges canvassed in the NDIS Review Interim Report.

Our members shared their vision of a NDIS that is person-centered, works better with mainstream services, is co-designed with people with disability and is supported by a sustainable and skilled workforce.

They also told us what needs to happen to drive lasting change. This includes bringing participants back to the centre of the planning process, improving the reviews and appeals process, strengthening the Quality and Safeguards Framework and NDIS Commission, addressing workforce challenges and interface issues between the NDIS and mainstream services. There is also an urgent need to address the reduction in service delivery in the mainstream service system for people with disabilities since the introduction of the NDIS.

As a national scheme, subject to a bilateral agreement with our State Government, VCOSS and VCOSS members – in allyship with people with disabilities – stand ready to work with government to improve the NDIS and deliver on the promise of the scheme. This includes assuring equitable access to mainstream supports.

3 A representative of a community service organisation from the VCOSS NDIS Review member forum, April 2023

4 NDIS, Media release from the Minister - National cabinet commits to a sustainable NDIS, Accessed 1 September 2023.

2. Summary of Insights and Recommendations

Improve access, planning and plan implementation for equity cohorts

- Insight 3.1: Poor implementation of the NDIS has entrenched social and health inequities for some groups.
- Insight 3.2: The NDIA and Local Area Coordinators must improve their engagement with under-represented groups to make the NDIS stronger and fairer – but part of the solution also resides in workforces in adjacent sectors.

Recommendation:

To make entry to the Scheme more accessible to under-represented groups (equity cohorts), VCOSS recommends that the NDIA:

- Be required to develop a comprehensive national outreach strategy for engaging with people with disability who are unaware of, or are reluctant to support from the NDIS, as recommended in the 2019 Tune Review. The Strategy should incorporate:
    - A dedicated focus on women, people experiencing poverty, people living in rural and regional locations and people involved with the justice system **in addition to** the groups highlighted in the 2019 Tune Review (Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, and people with psychosocial disability"[5]).
    - An implementation plan that outlines the roles and responsibilities of all relevant stakeholders including the NDIA, disability services, disability advocacy organisations and specialist services in adjacent sectors who support people with disabilities, based on the "no wrong door" principle.
    - The implementation plan should also identify suitable settings to deliver targeted outreach. Suitable settings are mainstream, open access services where people with disabilities who are prospective NDIS participants have existing relationships of trust that can be leveraged for engagement with the NDIS. (for example, see the neighbourhood houses case study on page 30)
    - Sustained funding, training, and support for all relevant stakeholders to deliver on their roles and responsibilities.

5 D Tune, *'Review of the National Disability Insurance Scheme Act 2013: Removing red tape and implementing the NDIS Participant Service Guarantee'*, December 2019, p.14

To improve the participant experience and outcomes for under-represented groups who enter the Scheme, VCOSS recommends that the NDIA:

- Provide sustained, secure funding to specialist organisations that support participants from under-represented groups to prepare for their engagement with the NDIS, including funding to:
  - Translate and disseminate information with communities about the NDIS in-language.
  - Co-design resources for and with 'hard to reach' communities
  - Provide culturally appropriate support services.
  - Host information sessions about the NDIS, what the access and planning experience will be like and what supports are available. For example, Aboriginal and Torres Strait Islander community-controlled organisations could host these for remote First Nations communities.
- Better resource NDIS workforces, including Local Area Coordinators and Support Coordinators, to support people from 'hard to reach' communities to understand the NDIS and support them in navigating the application, planning and review processes.
- Train agency staff in relevant skills to improve service delivery for equity groups (relevant skills are discussed in detail on page 38).
- That the NDIA should take tangible steps to address gender inequity within the scheme in measurable ways by introducing a gender equity strategy.

To improve the participant experience and outcomes for under-represented groups who enter the Scheme, VCOSS recommends that the Commonwealth, state and territory governments:

- Provide increased, secure funding to disability advocacy organisations, to:
  - Assure access to prospective participants and current participants who need independent advocacy to access or navigate the Scheme.
  - Provide advocates working with 'hard to reach' communities with access to continuous professional development to support their knowledge of the Scheme.

Applying and getting a plan

Insight 4.1: Information and communication about the NDIS does not meet the needs of some groups and this creates barriers for access and planning.

Recommendation:

To address information and communication barriers to accessing the NDIS, we recommend that the NDIA:

- Work with state and territory governments to improve the provision of information, advice, and representation of people with disabilities. Changes should include:
    - Clearly mapping and defining the roles of disability advocates, LAC, and support coordinators with the sector.
    - Ensuring all NDIS partners have adequate funding to be able to deliver the defined functions.
    - Developing a nationally consistent supported decision-making policy, and funding supported decision making programs in addition to existing disability advocacy services.
    - Developing strategies to ensure people from diverse and hard to reach communities have support with pre-planning and decision making through assertive outreach strategies.

- Alongside Commonwealth, state, and territory governments departments – deliver the necessary funding and other tools and resources to deliver all actions identified in the NDIS Supported Decision Making Policy implementation plan, published in April 2023. This will require each State and Territory to make an ongoing commitment to establish and sustainably fund a Decision-Support Service in their jurisdiction, where such a service does not exist.

Insight 4.2: Some groups are under-represented in the NDIS because they can't navigate assessment processes and disengage. Others persist, but don't get the plan they need because of financial or other difficulties with assessment processes.

Recommendation:

To drive improvement across access, planning and plan implementation, VCOSS recommends that the NDIA:

- Recognise and address the unfunded costs incurred by services that assist equity groups to make NDIS applications. An outcome of the NDIS Review should be the development of new funding models – or improvements to existing models – to ensure that organisations don't go into the red supporting people who are experiencing poverty or financial hardship to cover the costs associated with NDIS

applications and assessments. For example, this could include subsidised specialist consultations and assessment reports.

- Develop and implement a strategy for monitoring and reporting publicly on rates of application, plan utilisation, supports used and rates of review for identified equity groups.
- Apply this data to strategies to increase access and fix implementation issues.
- Fund targeted measures to improve access, planning and plan implementation for equity cohorts should be introduced, as discussed in the previous section.

Insight 4.3: Poor quality planning experiences are producing poor quality plans and are a key driver for low plan utilisation amongst equity groups.

Recommendation:

To improve the planning experience, VCOSS recommends the NDIA:

- Provide comprehensive pre-assessment support to help people successfully enter the NDIS.
- Provide participants genuine options to meet face-to-face for planning meetings.
- Run planning meetings over more than one session if required or requested by the participant.
- Provide flexible options in plan length, based on participant needs, including interim plans, short-term plans, and longer-term plans.
- Provide participants with a fully costed and detailed draft of their plan. This would enable mistakes and omissions to be address quickly and reduce the need for long, stressful, and expensive reviews and appeals.

Insight 4.4: More investment is needed for advocacy groups to meet demand.

Recommendation:

To recognise the value of individual and self-advocacy as a valued and vital part of the disability eco-system, VCOSS recommends that the Commonwealth, state and territory governments:

- Continue to fund a National Disability Advocacy Program for advocacy issues related to matters that are the jurisdiction of the Commonwealth.
- Continue to fund existing state-specific and territory-specific Disability Advocacy Programs for advocacy issues related to matters that are the jurisdiction of States and Territories – e.g. in the Victoria, the Victorian Disability Advocacy Program. (Where these programs are not already in place, State and Territory governments should establish such programs.)
- Ensure funding for disability advocacy is adequate and sustainable by:

  - Increasing the level of core funding so that it is commensurate with demand.
  - Shifting from short-term drip funding to long-term contracts for organisations delivering individual advocacy, self-advocacy, and peer support, to enable the sector to retain experienced staff and plan with confidence.
  - Providing extra funding for disability advocacy organisations to work on and build their capacity for systemic advocacy.
- Resource and expand disability advocacy service coverage across Australia, particularly in rural and remote areas, and for people likely to be underserviced including the priority cohorts described in earlier sections of this submission.

Improving the reviews and appeals process

Insight 5.1: Lack of clear communication and guidance around the review and appeals processes hinders participants from exercising their right to appeal.

Recommendation:

To make it easier for participants to exercise their right to appeal, VCOSS recommends that the NDIA:

- Provides clearer, accessible information (including in Plain English) about review and appeal processes and timelines.
- Boosts funding for services and self-advocacy tools that help participants to navigate the review and appeals processes, including legal and non-legal advocacy organisations and community legal services.
- Improves the culturally appropriate supports available for people with disabilities from First Nations or culturally and linguistically diverse communities.

Insight 5.2: Reviews and appeals process are confusing, slow, and frustrating for so many participants.

Recommendations:

To prevent or reduce reviews and appeals from escalating through internal or AAT (or AAT-like) processes, VCOSS recommends that the NDIA:

- Improves the NDIS planning experience by listening to a participant's goals and needs and ensuring plans with adequately funded supports.
  This includes:
  - The ability of participants to view draft plans
  - The development of clearer guidelines around what evidence is required for assessments.
  - Clearer reasons provided for planning and internal review decisions.

To reduce the financial pressures and risk to a person's access to support and services caused by ongoing delays, VCOSS recommends that the NDIA:

- Establishes and commits to clear timeframes for each stage of the review and appeals process. These timeframes should be publicised and shared with participants in a range of accessible formats such as Plain English. Data around these timeframes should be made publicly available on a regular basis and, where appropriate, used to inform future funding needs of related support services including advocacy and legal assistance.

Insight 5.3: The establishment of a new federal administrative review body presents a timely opportunity for both the NDIA and Commonwealth government to explore how the review, appeals and complaints processes can be improved.

Recommendation:

In establishing a new federal administrative review body, VCOSS recommends that the Commonwealth Government enacts measures that ensure*:*

- That the new federal administrative review body:
  - Is rooted in true and meaningful co-design with people with disability.
  - Is easy and simple to access and navigate.
  - Takes a human rights approach with the principles of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) at its centre and provides accountability structures to measure compliance with the CRPD.
  - Commits to ongoing training and skills development for all staff involved in the appeals process.
  - Provides advocacy and legal support to participants as needed.
  - Has a robust alternative dispute resolution process in place that is person-centred and mitigates power imbalance.

Insight 5.3: There is a need to improve the NDIA's accountability around Dispute Resolution

Recommendation:

To hold the NDIA accountable to their practice, VCOSS recommends that the Commonwealth Government enact measures to ensure:

- That the NDIA is held accountable to a newly introduced 'Dispute Resolution Code of Conduct' focussed on NDIS Appeals matters.
- That the NDIA co-designs a Dispute Resolution Experience Survey for individuals and their supporters going through the AAT process.

Strengthening the workforce

Insight 6.1: There remain ongoing challenges around worker attraction and retention in the NDIS, with low pay and insecure job conditions hampering efforts to grow the sector.

Insight 6.2: More needs to be done to improve access to training and skills development.

Insight 6.3: The role, intent and purpose of micro-credentials should be clearly defined and understood as a tool to support upskilling and lifelong learning.

Recommendations:

To strengthen the workforce, VCOSS recommends that the Commonwealth Government:

- Introduce a federally funded training fund or portable training entitlement to enable disability support workers access to an approved menu of high-quality training and professional development programs.
- Explore funding disability service organisations to run Disability Support Worker Taster programs to support workforce attraction and address workforce shortages.

The support and service marketplace

Insight 7.1: Thin markets in the NDIS continue to be a significant concern to VCOSS members and disability advocacy organisations, especially for those with complex support needs.

Recommendation:

To ensure the supply of services meets demand, VCOSS recommends that the NDIA:

- Implement appropriate pricing models to ensure there is adequate and appropriate supply of services to meet demand. This will disincentivise providers from 'cherry picking' and ensure people with complex needs are available to access the supports they need.
- Ensure pricing structures reflect the true costs of providing service to people with complex support needs.
- Alongside the Commonwealth, state and territory governments, through market stewardship, intervene as needed to ensure there is a sustainable, diverse and high-quality disability support market.

Insight 7.2: Current NDIS pricing policies and limits are affecting service quality.

Recommendation:

To ensure service quality is reflected in pricing, VCOSS recommends:

- That the NDIA ensure that price limits set by the NDIA reflect the true costs of delivering high-quality services. Amendments to price limits should also ensure appropriate adjustments are made to participant plans so they are able to access the same level of support as originally intended.
- That the NDIA ensure pricing limits set for travel reflect the real cost of travelling to and providing high quality, equitable services in rural, regional, and remote settings.
- That State and territory governments address delays in worker screening processes and ensure worker screening check processes are fast and simple.

Insight 7.3: The current approach to funding support coordination is inconsistent and inadequate.

Recommendation:

To ensure a more effective approach to support coordination funding, VCOSS recommends that the NDIA:

- Review and expand the scope of support coordination by:
    - Providing clearer guidelines on hours to be used by Support Coordination.

  - Provide ongoing, long-term support coordination for people with complex needs.
  - Not limiting support coordination to a fixed period of time.
  - Recognising the long-term, ongoing need for support coordination for people with complex needs.
- Provide NDIS Participants with access to case management support and contingency funding on top of existing funding in their plans when required, particularly when experiencing crisis, homelessness, or family violence.

Insight 7.4: Current payment processes impact financial viability and continuity of services.

Recommendation:

To improve payment processes for service providers, VCOSS recommends that the NDIA:

- Review NDIS payment processes to ensure providers are paid on time.
- Clarify payment policies and communicate to providers.
- Improve communication with providers about payments and NDIA processes and policies.

Quality and Safeguards

Insight 8.1: The NDIS Quality and Safety Framework and NDIS Commission need to better reflect the current disability and NDIS landscape and drive more effective quality and safeguarding arrangements in the NDIS.

Recommendation:

To drive more effective quality and safeguarding arrangements in the NDIS, VCOSS recommends that the Quality and Safeguards Commission:

- Strengthen its power to investigate, monitor and enforce meaningful corrective action.
- Ensures it is adequately resourced to effectively perform all its intended functions and respond to issues in a timely manner. This includes training Commission staff to be highly skilled in effective communication, trauma informed practice, and the ability to detect early warning signs of abuse and neglect and breaches of the Code of Conduct.
- Publicly report on the corrective action undertaken to provide transparency and accountability.

Insight 8.2: Participants interacting with other mainstream services are often unsure about where and how to make a complaint and are often being 'bounced' between the NDIS Quality and Safeguards Commission and other safeguarding mechanisms and mainstream services.

Recommendation:

To ensure people with disabilities who approach a mainstream service with a NDIS related matter are not turned away or 'bounced' between other safeguarding systems or mainstream services, VCOSS recommends that:

- The NDIA and other Commonwealth, state and territory government bodies ensure a 'no wrong door' approach for people with disabilities making complaints. This involves improving complaints and referral processes to ensure no one falls through the cracks.

Insight 8.3: Many people with disability, their carers and families have lost trust and confidence in the quality and safeguarding system and feel it is unlikely their complaints or disclosures of abuse will be taken seriously or that there will be an appropriate response.

Recommendation:

To resolve individual cases effectively, adequately, and promptly, VCOSS recommends the NDIA:

- Simplify processes for reporting complaints.
- Strengthen and adequately resource the NDIS Commission so that people can be confident their complaints will be investigated and dealt with appropriately.

Insight 8.4: Choice and control for participants should be at the heart of any oversight and regulation in the NDIS market.

Recommendation:

To ensure the regulatory regime is fit for purpose, VCOSS recommends the NDIS Commission:

- Ensure any future regulatory reform centres on balancing choice and control and quality and safeguards for participants.
- Simply the registration process for providers wishing to register with the NDIS Commission.

Insight 8.5: The rights of people with disability are still not well known or understood, putting some participants at a greater risk of falling through the cracks, not accessing supports, and not making complaints.

Recommendation:

To increase awareness and knowledge of the rights of people with disability, VCOSS recommends that the NDIA:

- Develop a comprehensive communication strategy to promote broad knowledge and understanding of the rights of people with disability. The Strategy should include:
    - Participant education about their rights, the role of the Commission, processes for reporting breaches and how to escalate complaints where required.
    - Targeted communications to equity cohorts (as discussed earlier on in the submission).

Mainstream services

Recommendations:

To ensure people with disabilities have access to support that meets their needs in the community, VCOSS recommends that the Commonwealth, state and territory governments jointly:

- Develop a targeted action plan under *Australia's Disability Strategy 2021 - 2031* to resolve interface issues and gaps in service delivery between the NDIS and mainstream services. Targeted action plans under Australia's Disability Strategy are commissioned and endorsed by disability ministers and incorporate:
    - Actions and resources needed by state, territory, Commonwealth governments and mainstream and NDIS providers to improve outcomes.
    - Progress measures for the one- to three-year action plans, which are reported annually and ensure accountability.
    - Alignment with - but go deeper than and provide implementation resources for - the existing Bilateral Agreements and the Applied Principles and Tables of Support.
- That the Commonwealth Department of Social Services eradicates the destructive "boom-bust" cycle that was perpetuated by the ILC grants program, and initiates a co-design process with people with disability, advocates, and self-advocates to identify a more suitable approach to commissioning to ensure priorities are driven by and for people with disability and enable community capacity is built, embedded and scale through sustainable activities and program.

Housing

Increase the supply of affordable, accessible housing

Recommendations:

- As part of developing the National Housing and Homelessness Plan, the Commonwealth, state and territory governments should commission the development of a targeted action plan under Australia's Disability Strategy 2021-31 to improve the availability of affordable and accessible housing for people with disability.
- The Commonwealth, and State and Territory Governments should require all new social housing to be built to at least Livable Housing Australia Gold Accessibility Standards

Address incidents of violence, abuse, neglect, and exploitation in congregate living settings

Recommendations:

- Following the public release of the final report of the Royal Commission into Violence, Abuse and Neglect of People with Disability, State and Territory governments and the NDIA should implement recommendations to improve outcomes for people living in group homes, prioritising alternatives to group homes and other forms of congregate living where possible.
- State and Territory governments should undertake a review of Supported Residential Services in their jurisdictions, with the aim of improving quality of service delivery and resident wellbeing.

Strengthen tenancy and residential rights in all forms of housing

Recommendation:

- The Victorian Government should progress reforms to amend the Disability Act 2006 (Vic) aimed at strengthening residential rights for supported accommodation that is exempted by the Residential Tenancies Act 1997 (Vic).

Progress reforms to improve the operation of home and living supports

Recommendations:

- The NDIA should finalise the new Home and Living Policy, to provide certainty to participants and providers.
- The NDIA and state and territory governments should develop clear responsibilities for home modifications in different accommodation settings, with adequate funding provided by state and territory governments in settings where the NDIA does not provide funding.

Criminal justice system

Introduce a disability screening tool to improve service delivery and data collection

Recommendations:

- The Victorian Government (and other State and Territory Government if needed) should develop a comprehensive disability screening tool in their jurisdiction, where one does not exist, for all stages of criminal procedure (policing, courts and corrections). This screening tool should be used to screen all people entering custody (on remand or sentenced) for physical, cognitive and intellectual disability, to inform support needs and service delivery in custody and returning to community.
    - The screening process should incorporate a protocol to identify whether people entering prison are NDIS participants, or are potentially eligible to be participants, and facilitate access requests at the earliest opportunity, in partnership with the Commonwealth Government and NDIA.
- All State and Territory governments should require all staff working in privately- and publicly operated prisons to undertake disability-specific training and ongoing professional development, delivered by an external, community-based specialist disability organisation.
- All State and Territory governments should establish a data collection strategy, where one does not exist, broken down by disability type, to apply to all people who encounter any stage of criminal justice system procedure (including police, courts and prison). Data should be used to inform both Department of Justice and Community Safety and other relevant state agencies, as well as the NDIA service planning.

Improve specialist disability case management and service delivery in corrections

Recommendations:

The following recommendations are directed to the Victorian Government, from the perspective of a Victorian peak body interested in improving the interface between state services and the NDIS, but could be adapted by other States and Territories to reflect their jurisdictional context:

- The Victorian Government, as part of changes to improve rehabilitation outcomes for people in custody, should include the right to equivalent healthcare and health outcomes as a minimum standard in the Corrections Act 1986, as recommended by the Cultural Review of the Adult Corrections System Final Report.
- The Victorian Government should shift responsibility for prison health services to the Department of Health to ensure distinction between custodial operations and health service provision, and to enable continuity of care between custody and community.

- The Victorian Government should establish minimum health and care standards for service provision, based on the Mandela Rule stating that people in prison should enjoy the same standards of healthcare that are available in the community.
- The Victorian Department of Justice and Community Safety, the Victorian Department of Health, the NDIA and specialist disability support providers should establish governance arrangements to support delivery and oversight of specialist disability services in the adult corrections system.
- The Victorian Government should resource the expansion of the Prison Disability Support Initiative and disability justice coordination services to enable better access to the NDIS.
- The Victorian Government should develop a comprehensive service system map of services available to people with disabilities in the prison system, with training for prison officers and workers in specialist disability roles to navigate the service system.

The NDIA target outreach to people involved with the justice system, as part of outreach activities under the proposed National Outreach Strategy.

Improve the transition from custody to community

Recommendation:

- The Victorian Government should establish a prison exit program that comprises a whole-of-government approach, led by Department of Health, to providing sustained supports for people returning to the community from prison. This program should incorporate a formal interface between the Victorian Departments of Justice and Community Safety, Health, and Families, Fairness and Housing and the NDIS so that people with disabilities have swift access to appropriate and continuous disability supports when leaving prison.

Family Violence

Review NDIA Operational Guidelines to recognise the needs of victim-survivors of family violence

Recommendation:

- Review all NDIA Operational Guidelines to recognise family violence risk and update "Changing your plan" Operational Guidelines to include an urgent review of a plan (within 2 to 5 business days) on the basis of a person's safety risks, change in circumstance or care needs because of family violence.

Increase understanding of family violence risks and supports

Recommendation:

- Working in partnership with family violence practice experts and people with disability, develop face-to-face training to increase understanding of family violence risks amongst disability support workers.

Education

Early Childhood Education and Care

Recommendation:

- That Commonwealth, state and territory governments work together to reduce wait times for assessment across health services to ensure that young children with disabilities or developmental delays are assessed and diagnosed as early as possible.
- That Commonwealth, state, territory, and local governments work together with the early years sector to upskill and support early years service providers to better understand and respond to the rights and needs of children with disabilities and their families through pre-service teaching and training opportunities.

Primary and Secondary Education

Recommendation:

- That the Commonwealth government should work cooperatively with the relevant State and Territory governments to fix interface issues between the NDIS and the education system (as well as other interfacing systems). This collaborative work should actively engage students with disabilities, families/carers, disability advocates and those working in the different sectors/systems to identify issues, develop solutions and design reform implementation so that students can fully participate in education (and other areas of community life) on the same basis as their peers.
- That the Commonwealth and state governments work together to address reporting and data gaps relating to students with disabilities (through the re-negotiation of the National Schools Reform Agreement) to ensure that their learning and wellbeing needs are captured and understood so that inequities between their learning and wellbeing outcomes and those of their non-disabled peers can be addressed.
- That State and territory governments commit to fully funding government schools and implement needs-based funding.
- That the Commonwealth, state and territory governments support initiatives that strengthen relationships between students, their families and schools and provide wrap-around support with a focus on the students' education and wellbeing needs.
- That the Commonwealth, state and territory governments invest in training, professional development and support for teachers, leaders and the broader community across early years, primary and secondary and higher education settings to build more inclusive and accessible communities.
- That the State and territory governments implement strategies to ensure the consistent application of Individual Learning Plans across education settings.

- That State and territory governments invest in initiatives that support children and young people with disabilities to participate in extracurricular activities in line with their needs and interests.

Increasing access to the right supports and reducing demand on the NDIS

Recommendation:

- That the Commonwealth, state and territory governments invest in mainstream supports to ensure that children and young people that have low support needs, that are waiting for a diagnosis, or that are not eligible for NDIS funding get the support they need in the community.
- That State, territory and local governments enable support for children and families in everyday environments: home, education settings and community.
- That the Commonwealth, state and local governments honour their responsibilities to children, young people, and families with disabilities by investing in support services and to ensure better access and inclusion in mainstream services.

Defining childhood, the middle years and youth in the NDIS

Recommendation:

- That the NDIA engage with and respond to research relating to the unique needs of children and young adolescents in their 'middle years' aged 9-14 years old. This should be reflected in how the Scheme supports this cohort and their families, in a similar way to the distinct approach to supporting young children through the 'early childhood approach'.
- That the NDIA report on the outcomes of children and young adolescence aged 9-14 as a distinct group.
- That the Commonwealth, state, territory, and local government services address gaps in research, policy, service provision and program funding the meet the unique needs of children and young adolescents in the middle years.

3. Improving access, planning and plan implementation for equity cohorts

Insight 3.1: Poor implementation of the NDIS has entrenched social and health inequities for some groups.

There are groups of Australians with a disability who are eligible for the Scheme but not accessing it because of their deep exclusion or marginalisation, including:

- First Nations Australians
- People from culturally or linguistically diverse backgrounds
- Women
- People experiencing poverty
- People living in rural and regional locations
- People with psychosocial disabilities.

The root causes of their under-representation are systemic not individual – for example, a consequence of racism, gender inequality, stigma or other factors.

Millions of dollars have been invested in discrete programs or strategies aimed at improving knowledge of, and engagement with, the Scheme for **some** of these equity groups. While there have been examples of good practice, at a systems-level there hasn't been the necessary uplift in participation or improvement in participant experience for these groups. Many have struggled to get the necessary individualised disability supports they require.

The 2019 Tune Review highlighted the need for the patchwork of outreach and engagement projects, programs and strategies to be *"underpinned by an holistic outreach and engagement strategy. Such a strategy could set out how people with disability in these cohorts will receive the support they need to access the NDIS and navigate its processes. It could also set out how the NDIA will work alongside partner agencies and mainstream services to ensure no person with disability falls through the cracks. There is also merit in the concept of dedicated outreach teams for hard to reach communities to increase engagement and accessibility, with consideration given to ongoing reporting of outcomes at both participant and community levels."*

While the Commonwealth Government accepted all the recommendations of the Tune Review at the time of its release, this recommendation has never been implemented as intended. VCOSS members report that, four years on, Tune's assessment remains relevant and urgent.

Insight 3.2: The NDIA and Local Area Coordinators must improve their engagement with under-represented groups to make the NDIS stronger and fairer – but part of the solution also resides in workforces in adjacent sectors.

Some specialist services in adjacent sectors – for example, Aboriginal Community Controlled Organisations, homelessness access points, refugee and migrant health services – play an important role connecting people to the NDIS. They provide information and advice and act as a soft entry point to the Scheme for people from under-represented groups.

This connecting role is also performed by some universal and mainstream services that have deep knowledge of, and relationships of trust with, excluded or marginalised cohorts – for example, neighbourhood houses and community health services.

Looking ahead, there is potential for workers in these service systems to play an even greater role in improving access to the Scheme – for example, initiating conversations about the Scheme and directing people to resources, hosting information sessions, or helping people who are experiencing digital exclusion to engage with online resources. There is also potential for workers in these adjacent service systems (especially workers in open access settings that are highly relational, such as neighbourhood houses) to identify early signs of participant disengagement and intervene – for example, by making a warm referral to an appropriate NDIS worker or supporting a participant to problem-solve or self-advocate.

However the bounds of their roles relative to the NDIA and LACs would need to be clearly defined and the primary responsibility for provision of information, communication, outreach and engagement would need to remain with the NDIA and LACs.

A number of other system-level barriers would need to be dismantled, in order to leverage the trust, reach and capability of mainstream workforces to help improve NDIS access and engagement for under-represented groups:

- The roles of mainstream workforces would need to be appropriately recognised and valued by the NDIA and LACs.

- Non-NDIS services would need to be specifically funded to undertake this work and their workforces would need to have access to the necessary training and professional development to ensure their knowledge of disability and the NDIS is contemporary.

- There would need to be stronger systems-level architecture to drive and support this work on the ground. While current instruments – such as the Bilateral Agreements between governments and the Applied Principles and Tables of Support – determine responsibilities of the NDIS and other government services/systems, there is nothing that provides the *"'connective tissue' – [the] infrastructure supporting frequent and systemic level collaboration … [to] help form … partnership[s] and hold [them] together over time"*[6].

- Commonwealth, state and territory governments would need to enable the capacity of these services to play a part in improving access, planning and plan implementation by resolving other, longstanding constraints on their service delivery. Specifically, governments would need to deliver unit pricing that reflects the true cost of service delivery, a fair and transparent funding indexation formula (to maintain the real value of funding), more secure funding via seven-year contracts (as recommended by the Productivity Commission) and investment in strategic workforce growth and development.

6 S Butler and M Maguire, '*Building connective tissue for effective housing-health initiatives*', The Brookings Institution, 3 May 2022

Recommendations

To make entry to the Scheme more accessible to under-represented groups (equity cohorts), VCOSS recommends that the NDIA:

- Be required to develop a comprehensive national outreach strategy for engaging with people with disability who are unaware of, or are reluctant to support from the NDIS, as recommended in the 2019 Tune Review. The Strategy should incorporate:
  - A dedicated focus on women, people experiencing poverty, people living in rural and regional locations and people involved with the justice system **in addition to** the groups highlighted in the 2019 Tune Review (Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, and people with psychosocial disability"[7]).
  - An implementation plan that outlines the roles and responsibilities of all relevant stakeholders including the NDIA, disability services, disability advocacy organisations and specialist services in adjacent sectors who support people with disabilities, based on the "no wrong door" principle.
  - The implementation plan should also identify suitable settings to deliver targeted outreach. Suitable settings are mainstream, open access services where people with disabilities who are prospective NDIS participants have existing relationships of trust that can be leveraged for engagement with the NDIS. (for example, see the neighbourhood houses case study on page 30)
  - Sustained funding, training, and support for all relevant stakeholders to deliver on their roles and responsibilities.

To improve the participant experience and outcomes for under-represented groups who enter the Scheme, VCOSS recommends that the NDIA:

- Provide sustained, secure funding to specialist organisations that support participants from under-represented groups to prepare for their engagement with the NDIS, including funding to:
  - Translate and disseminate information with communities about the NDIS in-language.
  - Co-design resources for and with 'hard to reach' communities
  - Provide culturally appropriate support services.
  - Host information sessions about the NDIS, what the access and planning experience will be like and what supports are available. For example, Aboriginal

7 D Tune, *'Review of the National Disability Insurance Scheme Act 2013: Removing red tape and implementing the NDIS Participant Service Guarantee'*, December 2019, p.14

and Torres Strait Islander community-controlled organisations could host these for remote First Nations communities.

- Better resource NDIS workforces, including Local Area Coordinators and Support Coordinators, to support people from 'hard to reach' communities to understand the NDIS and support them in navigating the application, planning and review processes.
- Train agency staff in relevant skills to improve service delivery for equity groups (discussed in detail on page 38).
- That the NDIA should take tangible steps to address gender inequity within the scheme in measurable ways by introducing a gender equity strategy.

To improve the participant experience and outcomes for under-represented groups who enter the Scheme, VCOSS recommends that the Commonwealth, state and territory governments:

- Provide increased, secure funding to disability advocacy organisations, to:
  - Assure access to prospective participants and current participants who need independent advocacy to access or navigate the Scheme.
  - Provide advocates working with 'hard to reach' communities with access to continuous professional development to support their knowledge of the Scheme.

Refer to Appendix 1 for detail about the challenges experienced by the equity groups identified in this section of the VCOSS submission.

Case Study: Neighbourhood Houses

Neighbourhood Houses – also known as community centres, learning centres, community houses or neighbourhood centres – are inclusive, community-based organisations that welcome people of all ages, abilities and walks of life.

They bring people together to connect, learn and contribute to their local community through social, educational, recreational and support activities.

There are around 420 Neighbourhood Houses across Victoria, providing diverse programs and activities. In 2022, as Victoria was emerging from the worst of the Covid-19 pandemic, Neighbourhood Houses were used by over 150,000 people weekly.

Inclusion is a central principle of the Neighbourhood House sector, which is committed to providing access and equity for people often excluded from mainstream services by systemic barriers such as racism or poverty.[1]

A 2017 survey of over 47,000 Neighbourhood House participants in Victoria[2] found people who identified as having a disability or long-term impairment made up 21.7 per cent of participants. Of these, almost 68 per cent reported that the benefits of attending a Neighbourhood House included the social connections they made.

A significant number of Neighbourhood Houses also provide training to people with disabilities, including 170 Victorian Houses providing pre-accredited training through Adult Community Further Education (ACFE).

And many Neighbourhood Houses provide targeted support to carers, with over 100 Victorian Houses having completed “Carer Friendly Houses” training through Carers Victoria.

The inclusive and community-focused connection, training and carer-support roles offered by Neighbourhood Houses put them in a strong position to help people with disabilities and their carers get informed about the NDIS.

Neighbourhood Houses are accessible, approachable and embedded in communities. They provide an ideal setting for outreach and engagement activities to people who are not aware of the NDIS or who face barriers to the process, such as people from CALD communities and those who are marginalised by poverty and other forms of disadvantage.

At present only five Victorian Neighbourhood Houses are registered as NDIS providers, with a further seven managed by health services that are NDIS providers.

To realise the full potential of Neighbourhood Houses as settings to engage prospective NDIS participants, identified services would need to be resourced to work with the NDIA to co-design targeted outreach and engagement activities. This would include training for Neighbourhood Houses staff to provide information and access support to prospective NDIS participants, or co-location models for LACs at identified Neighbourhood Houses.

Case study – Australians with psychosocial disability

VCOSS members – and an extensive body of academic research – tell us that:

- There is often poor knowledge of the Scheme amongst many people with psychosocial disability.[8]
- The NDIS access process can cause high stress and administrative burden.
- For those without existing informal support networks and connections, it can be challenging to access evidence to support their applications[9] and many participants feel overwhelmed by the process of collecting evidence.[10]
- Participants with psychosocial disability whose support needs are likely to be episodic, feel pressured to justify underspending when their plan is reviewed despite there being valid reasons for this, including a change in needs, availability of services, participants being too unwell to activate their plan and connect to services, extended hospital stays, lack of support coordination and a lack of appropriate services.[11]
- Some people with psychosocial disabilities do not identify as having a disability or are wary of stigma.
- Extensive time delays at each step of the process (assessment, planning, review) mean that ongoing support from other services during the application, planning and activation processes is needed but lacking.

New research undertaken by VCOSS member, St Mary's House of Welcome (SMHoW), with the Australian Catholic University explores these barriers from the perspective of people with psychosocial disabilities and identifies a range of solutions.

Research insight 1: Open access models set people with psychosocial disability up for success

The report found that the barriers faced by people with psychosocial disability can be personal. For instance, people with a history of trauma and mental illness might find it hard to open up to service providers. [12]

As one participant in the SMHoW study put it:

"[I] got to the state that I can't trust people."

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8 J Smith-Merry, N Hancock, J Gilroy, G Llewellyn and I Yen, *Mind the Gap: The National Disability Insurance Scheme and psychosocial disability*, The University of Sydney, 30 January 2018, p.5

9 Joint Standing Committee on the NDIS, *Committee Hansard*, 26 February 2019, p.9

10 National Mental Health Commission, *Monitoring mental health and suicide prevention reform: National Report 2019*, October 2019

11 N Hancock, B Gye, C Digolis, J Smith-Merry, J Borilovic and J De Vries, *'Commonwealth Mental Health Programs Monitoring Project: Tracking transitions of people from PIR, PHaMs and D2DL into the NDIS,'* The University of Sydney & Community Mental Health Australia, September 2019

12 S Bayes, B Coyte, R Bradley, V Cinque and J Cox, *Optimising engagement in psychosocial care: A review of St Mary's House of Welcome's NDIS psychosocial program*, Australian Catholic University and St Mary's House of Welcome, 30 May 2023, p.15

The report identified that:

> *"St Mary's House of Welcome's open access, walk in approach to the provision of food, services and emergency assistance … establishes a low threshold for initial engagement. This has been identified as central in making contact with those who face the most substantial barriers to engagement, who are known to otherwise fall through the gaps in the available support services.* [13]

Research Insight 2:

For many people who need services, the range of complex issues they have to deal with at any given time – including homelessness and recent incarceration – are daunting and time-consuming and can lead to appointment clashes. Participants also communicated that they sometimes have trouble remembering to attend appointments.

> *"[S]sometimes with my corrections appointments or something like that, they could clash."*[14]

> *"[Y]ou make one too many appointments and you're too injured and sick to go."*[15]

These issues are compounded for people from culturally and linguistically diverse backgrounds. Staff at SMHoW, who were also interviewed for the study, emphasised that people with linguistic barriers on top of psychosocial disability need to have a bilingual support worker involved in NDIS planning. Otherwise, there is a high risk that they will "*just say yes, without really understanding the implications behind each of the funding options*."[16]

From the direct perspective of people with psychosocial disability, some of the things identified as helping them access services include:[17]

- A collaborative approach to activity-planning.
- Providing a range of timing and locations for activities.

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13 S Bayes, B Coyte, R Bradley, V Cinque and J Cox, *Optimising engagement in psychosocial care: A review of St Mary's House of Welcome's NDIS psychosocial program*, Australian Catholic University and St Mary's House of Welcome, 30 May 2023, p.6

14 S Bayes, B Coyte, R Bradley, V Cinque and J Cox, *Optimising engagement in psychosocial care: A review of St Mary's House of Welcome's NDIS psychosocial program*,, Australian Catholic University and St Mary's House of Welcome, 30 May 2023, p.15

15 S Bayes, B Coyte, R Bradley, V Cinque and J Cox, *Optimising engagement in psychosocial care: A review of St Mary's House of Welcome's NDIS psychosocial program*, Australian Catholic University and St Mary's House of Welcome, 30 May 2023, p.15

16 S Bayes, B Coyte, R Bradley, V Cinque and J Cox, *Optimising engagement in psychosocial care: A review of St Mary's House of Welcome's NDIS psychosocial program*,, Australian Catholic University and St Mary's House of Welcome, 30 May 2023, p.21

17 S Bayes, B Coyte, R Bradley, V Cinque and J Cox, *Optimising engagement in psychosocial care: A review of St Mary's House of Welcome's NDIS psychosocial program*, Australian Catholic University and St Mary's House of Welcome, 30 May 2023, p.17-19

- Providing more frequent and flexible support from support workers – especially for people who struggle with socialisation. Having the option of a drop-in service is particularly helpful for some people.
- More outdoor activities – such as bushwalking, picnics, going out for coffee or fishing.
- Active options such as basketball, football, cricket, going for a run or a gym session.
- Giving people text or email reminders for services and appointments, to help with potential memory problems and scheduling.
- Giving people with psychosocial disability pathways to become peer support workers and to contribute to the services that have helped them.

Research Insight 3:

When people with psychosocial disability gain access to the NDIS, they may still find it incredibly hard to interact with services, take part in group activities and attend appointments.

Staff changes and high staff turnover can be hard to cope with for people who already have trust and security issues. What is needed for services and staff – and therefore participants – is security and consistency, and the ability to plan for the long term, extend and build on a program that works.

4. Applying and getting a plan

Insight 4.1: Information and communication about the NDIS does not meet the needs of some groups and this creates barriers for access and planning

Access to the NDIS relies heavily on an applicant's literacy (including digital literacy), understanding of the system, ability to articulate their needs and goals, ability to exercise choice and control, and confidence and capacity to self-advocate.

Applicants who need assistance in one or more of these areas, but don't have strong informal or formal supports, currently struggle to access the Scheme.

For those who **do** have formal or informal support and rely on that support to optimally engage with the Scheme, achieving the right access and planning outcomes is contingent on having **accurate** knowledge of the Scheme. Currently, the NDIA's information about the Scheme is failing to meet the needs of many prospective and current participants and decision supporters. Learning about the NDIS continues to be difficult for the very people the scheme was intended to assist.

Making sense of information is time-consuming and burdensome.

For example, in an effort to make information as accessible as possible, the NDIA produces content in a plethora of formats and channels. While this is well-intentioned, the effect that this produces is overwhelm. VCOSS members report that participants, families, and advocates feel they have to put pieces of a puzzle together to make sense of the NDIS.[18]

VCOSS members also tell us that being able to navigate access and planning relies on mastery of 'code words' or 'magic words'. The NDIS has given rise to a whole new lexicon – new terms and acronyms that participants or their advocates need to master to gain access to the Scheme (and to navigate the planning process).

This gives rise to significant equity issues – as this participant told us:

> *"You have to have the special code words to go through their program, you've got to say it's – oh, what is it they told me? Someone told me 'psychosocial disability' or something… so you can't even say what it is as a mental illness, you have to know these special code words, which makes it hard for anyone to get through because, if you don't know the special code words, you can't even get through the front door, so to speak."*[19]

18 D Warr, H Dickinson, S Olney, J Hargrave, A Karanikolas, V Kasidis, G Katsikis, J Ozge, D Peters, J Wheeler and M Wilcox, *Choice, Control and the NDIS: Service users' perspectives on having choice and control in the new National Disability Insurance Scheme*, Melbourne: University of Melbourne, May 2017

19 K Mavromaras, M Moskos, S Mahuteau, L Isherwood, A Goode, H Walton, L Smith, Z Wei and J Flavel, *Evaluation of the NDIS: Final Report*, National Institute of Labour Studies, Flinders University, February 2018, p.191

For those participants – or prospective participants – who rely on formal or informal support to engage with the NDIS, achieving the right access and planning outcomes is **also** contingent on decision supporters' understanding of an applicant's needs and goals. Furthermore, it is contingent on a decision supporter's interests and motivations aligning with the applicants.[20]

VCOSS members identify the need to:

- Improve access to independent decision support for those who need it – this will require a greater level of investment from the Commonwealth, state and territory governments, and it will require a reorientation from short-term "drip" funding to something that is baked into the system.
- Improve quality and ensure safety of decision support – for example, by providing more training to NDIS workforces, providing better guidance and resources to those who provide informal decision support, and ensuring there is a robust operational framework for consent and informed decision making.

Recommendations

To address information and communication barriers to accessing the NDIS, we recommend that the NDIA:

- Work with state and territory governments to improve the provision of information, advice, and representation of people with disabilities. Changes should include:
    - Clearly mapping and defining the roles of disability advocates, LAC, and support coordinators with the sector.
    - Ensuring all NDIS partners have adequate funding to be able to deliver the defined functions.
    - Developing a nationally consistent supported decision-making policy, and funding supported decision making programs in addition to existing disability advocacy services.
    - Developing strategies to ensure people from diverse and hard to reach communities have support with pre-planning and decision making through assertive outreach strategies.

- Alongside Commonwealth, state, and territory governments departments – deliver the necessary funding and other tools and resources to deliver all actions identified in the NDIS Supported Decision Making Policy implementation plan, published in April 2023. This will require each State and Territory to make an ongoing commitment to establish and sustainably fund a Decision-Support Service in their jurisdiction, where such a service does not exist.

20 VCOSS, *Delivering on the promise: a better and fairer NDIS*, 2019, p.14

Insight 4.2: Some groups are under-represented in the NDIS because they can't navigate assessment processes and disengage. Others persist, but don't get the plan they need because of financial or other difficulties with assessment processes.

The application process is often a long and uncertain process. Some participants need support before they even make an access request. Providing a tiered suite of pre-assessment supports to prospective participants from under-represented groups could drive greater efficiency and equity. This could be done in community settings – for example, neighbourhood houses and community health centres – but identified services would need to be funded and their workers trained to take on this work. VCOSS acknowledges that any steps to introduce a tiered suite of pre-assessment supports would need to involve careful co-design work to ensure existing problems with an already-complex Scheme are not unwittingly compounded for under-represented groups and for NDIS workforces.

Another reason why people with disability who experience poverty and financial disadvantage are under-represented in the Scheme is because gathering the necessary evidence to demonstrate eligibility is a financial burden.[21] Medical assessments are often expensive and wait-lists in the public system lengthy.

For those living in rural and regional areas and outer suburban growth corridors, a dearth of locally based allied health and medical professionals is another barrier to Scheme access.

VCOSS members also note that the current over-reliance on clinical assessments as part of the access and planning processes is not working. Funding and support outcomes continue to be largely dependent on the reports that participants acquire, which is particularly challenging for people without easy access to identification documents and those without ongoing relationships with a GP, allied health professional or specialist.

Recommendation:

To drive improvement across access, planning and plan implementation, VCOSS recommends that the NDIA:

- Recognise and address the unfunded costs incurred by services that assist equity groups to make NDIS applications. An outcome of the NDIS Review should be the development of new funding models – or improvements to existing models – to ensure that organisations don't go into the red supporting people who are experiencing poverty or financial hardship to cover the costs associated with NDIS

21 H Dickinson, S Yates, C Smith and A Doyle, *Avoiding simple solutions to complex problems: Independent Assessments are not the way to a fairer NDIS*, Report prepared for Children and Young People with Disability Australia (CYDA) 2021, p.3

applications and assessments. For example, this could include subsidised specialist consultations and assessment reports.

- Develop and implement a strategy for monitoring and reporting publicly on rates of application, plan utilisation, supports used and rates of review for identified equity groups.
- Apply this data to strategies to increase access and fix implementation issues.
- Fund targeted measures to improve access, planning and plan implementation for equity cohorts should be introduced, as discussed in the previous section.

Insight 4.3: Poor quality planning experiences are producing poor quality plans and are a key driver for low plan utilisation amongst equity groups.

Earlier parts of this submission have highlighted barriers to Scheme access. Despite a plethora of resources in different formats and channels, these are not having the necessary cut-through for equity groups. (This is a systemic barrier requiring resolution by the NDIA – not a consequence of individual failure.) For people who manage to overcome this hurdle and gain access to the NDIS, difficulties understanding the NDIS compound at the planning stage.

Lack of knowledge and understanding of NDIS processes has also been identified as a key barrier to plan utilisation.[22] For example, in a study conducted about the experiences of people with intellectual disabilities through the NDIS planning process, participants expressed that being prepared would have made the experience less intimidating and they may have got more out of their first NDIS planning meeting had they done more thinking about their goals beforehand.[23]

Strengthening the supports available to participants before they attend a planning meeting would lead to better outcomes. Pre-planning support would enable participants from equity groups to articulate their goals and aspirations and ultimately receive the right mix of support. It would also allow them to be confident, having gained a better understanding of the planning process and what to expect before attending their planning meeting.

Enabling choice and control in the length of plans would deliver benefits for participants and scheme sustainability by better aligning administration processes to the goals and needs of participants. For example, where participants are new to receiving support, being able to receive a shorter term or interim plan may enable them to connect to services sooner. This can be the case for children with a developmental delay, or people diagnosed with episodic disabilities who may require faster support than the current NDIS processes provide.

22 M Moskos, L Isherwood, L Smith, Z Sutton, H Walton and K Mavromaras, *NDIS Utilisation Project: Understanding Drivers of Plan Utilisation from the point of view of Participants*, April 2021, p.8

23 S Collings, A Dew & L Dowse, *'"They need to be able to have walked in our shoes": What people with intellectual disability say about National Disability Insurance Scheme planning'*, *Journal of Intellectual & Developmental Disability*, 2019 p.6

On the other hand, where a plan is working well, it may make sense to extend the funding plan rather than conducting a plan review and creating a new plan.

VCOSS members also tell us that in planning meetings more often than not *"you're at the mercy of planners' knowledge and training"*[24] and that some planners display an attitude of "*thinking they know better than anyone"*.[25]

Specifically, our members have raised concerns that many planners lack a clear understanding about the different types of disabilities and associated needs. An understanding of different disability types is important in order to understand the effects on everyday functioning and consequently identify suitable support.

VCOSS acknowledges the NDIA is progressively rolling out various onboarding and training programs for both its internal staff and Partners in Community,[26] and would like to see – as a minimum standard – that NDIS planners are continuously trained in the following to ensure they are appropriately skilled to handle diverse community needs:

- General disability awareness and understanding of different disability types.
- Undertaking a person-centred approach to the planning process.
- Trauma informed practice.
- Cultural safety.
- Undertaking a holistic assessment of people's goals and needs, such as employment, housing, and social engagement (not just considering disability services).
- Identifying and responding appropriately to signs of violence and abuse, including family violence.
- Gender responsive practices, including being sensitive to the needs of people identifying as LGBTIQ.
- A comprehensive understanding of the rules and regulations of the NDIA and how the NDIS interacts with the rest of the health system and other state/territory funded disability supports.

24 A representative of a community service organisation at the VCOSS NDIS Review member forum, April 2023

25 A representative of a community service organisation at the VCOSS NDIS Review member forum, April 2023

26 Joint Standing Committee on National Disability Insurance Scheme, *NDIS Planning Final Report,* December 2020, p.11

Recommendation:

To improve the planning experience, VCOSS recommends the NDIA:

- Provide comprehensive pre-assessment support to help people successfully enter the NDIS.
- Provide participants genuine options to meet face-to-face for planning meetings.
- Run planning meetings over more than one session if required or requested by the participant.
- Provide flexible options in plan length, based on participant needs, including interim plans, short-term plans, and longer-term plans.
- Provide participants with a fully costed and detailed draft of their plan. This would enable mistakes and omissions to be address quickly and reduce the need for long, stressful, and expensive reviews and appeals.

Case study: Jack's story

Jack* is a 12-year-old with ASD and ADHD. He and his family went to a community sector organisation for support when Jack was presenting with behaviours of concern.

The behaviours – including biting, scratching, throwing objects, and generally being physically aggressive with his family members and others – were happening two or three times a day and were such that he was isolated from other children.

Jack needed a behaviour support program and his family needed respite.

The organisation initiated a NDIS review and Jack received a new plan to get the support he needed, including in a short-term accommodation program that provided him with strengths-based intensive one-on-one support and provided his family with a break.

The team at the short-term accommodation program worked closely with Jack's family and the rest of his care team to implement strategies that help Jack in a range of environments.

Jack's communication and emotional regulation improved, and his concerning behaviours decreased, though they still required monitoring by his care team.

Jack had a recent NDIS plan review. The request to have funding for his care model extended was denied, including his short stay accommodation.

The explanation given was that, since the behaviours of concern had reduced, his family could now cope without the support.

Jack's management team is appealing the decision, which has left Jack's family in a paradoxical bind – unable to keep receiving the care that helps Jack function in the world, as long as that care is working as it should.

Jack and his family – and others in similar situations – need consistent, on-going support. The requirement to demonstrate 'ongoing need' for funding should not rely on people being at crisis point or having to demonstrate lack of improvement in their health and wellbeing.

Insight 4.4: More investment is needed for advocacy groups to meet demand.

Individual advocacy empowers people with disability and their support network to understand their human and legal rights, communicate their needs, and have their needs met.[27] It also plays an important role in the safeguarding ecosystem.

Research has shown people with disability often require the support of an advocate to receive an optimal outcome from the NDIS.[28]

Disability advocacy is also relied on by people with disabilities to ensure equitable access to universal services.

While it is VCOSS's aspiration that the NDIS Review will produce outcomes that reduce reliance on disability advocacy to access the NDIS or mainstream supports, this is a big ship to turn around. We expect that the final report of the Royal Commission into the Abuse, Neglect and Exploitation of People with Disabilities will highlight a significant continuing need for disability advocacy.

VCOSS notes that, currently, the role of advocacy is not well understood in the NDIS or in universal service systems, the sector is not adequately resourced to meet current need, and that organisations are not well-positioned to meet the expected tsunami in demand once the Royal Commission's final report is handed down.

Currently, the amount and type of advocacy available to people with disability differs between states and territories. VCOSS considers it important that all jurisdictions are adequately resourced so that all Australians with a disability have access to disability advocacy, including the different types of advocacy, no matter where they live.

Self-advocacy groups also make an essential contribution to the success of the NDIS – although their role is indirect, not always easily visible, and poorly funded.[29] Self-advocacy groups provide a vital platform for participants to develop relationships and build up the confidence to speak up for themselves. [30] Through information exchange and peer learning, these groups also offer opportunities for participants to strengthen their skills in navigating the NDIS and managing their plans.

27 Disability Advocacy Resource Unit, *What is disability advocacy?*, https://www.daru.org.au/wp/wp-content/uploads/2011/12/What-is-disability-advocacy_final-June-2016.pdf, accessed 25 July 2023

28 Future Social Services Institute, 'Impact of the NDIS on the Victorian Disability Advocacy Sector', 2020, p.6

29 Future Social Services Institute, 'Impact of the NDIS on the Victorian Disability Advocacy Sector', 2020, p.46

30 Future Social Services Institute, 'Impact of the NDIS on the Victorian Disability Advocacy Sector', 2020, p.6

When asked about the impact of NDIS on their work, Disability Advocacy Organisations tell us:

- The introduction of the NDIS has seen disability advocacy and self-advocacy organisations experience sustained and increased demand for support which has not been adequately supported by additional funding, forcing many to maintain waiting lists or close their books.[31]
- Disability advocacy and self-advocacy organisations are regularly asked to support people to navigate the NDIS access, pre-planning, implementation, and plan review stages, even when this work is the responsibility of other parties.
- When NDIS participants do not receive adequate funding for Support Coordination or adequate implementation assistance from the NDIA or their Local Area Coordinator, they often turn to disability advocacy organisations for assistance.

Recommendation:

To recognise the value of individual and self-advocacy as a valued and vital part of the disability eco-system, VCOSS recommends that the Commonwealth, state and territory governments:

- Continue to fund a National Disability Advocacy Program for advocacy issues related to matters that are the jurisdiction of the Commonwealth
- Continue to fund existing state-specific and territory-specific Disability Advocacy Programs for advocacy issues related to matters that are the jurisdiction of States and Territories – e.g. in the Victoria, the Victorian Disability Advocacy Program. (Where these programs are not already in place, State and Territory governments should establish such programs.)
- Ensure funding for disability advocacy is adequate and sustainable by:
    - Increasing the level of core funding so that it is commensurate with demand.
    - Shifting from short-term drip funding to long-term contracts for organisations delivering individual advocacy, self-advocacy, and peer support, to enable the sector to retain experienced staff and plan with confidence.
    - Providing extra funding for disability advocacy organisations to work on and build their capacity for systemic advocacy.
- Resource and expand disability advocacy service coverage across Australia, particularly in rural and remote areas, and for people likely to be underserviced including the priority cohorts described in earlier sections of this submission.

31 VCOSS, *Delivering on the promise: a better and fairer NDIS,* October 2019

5. Improving the reviews and appeals process

Insight 5.1: Lack of clear communication and guidance around the review and appeals processes hinders participants from exercising their right to appeal.

The 2019 Tune Review stated that *"internal review processes are not working as intended"*[32] and advocacy organisations advise that the review process is not culturally accessible for First Nations Australians or people culturally and linguistically diverse backgrounds.[33]

General information about the review and appeals process, and steps in the process, are also not clearly communicated to participants, with both the Tune Review and advocacy organisations noting there is a lack of clear guidance around internal reviews that potentially hinders participants and prospective participants from exercising their right to appeal.[34]

Advocacy organisations also highlight the need for changes to communication around the AAT process, which is "*characterised by a significant reliance on legal terminology and procedural steps that are not explained in plain and simple English*".[35] This language confuses participants and families.

VCOSS recommends the NDIA commit to clearer, consistent communication about the reviews, appeals and complaints process. This can be done by providing information about these processes in accessible formats, including in Plain English to help participants understand what the process entails and what to expect.

Recommendation:

To make it easier for participants to exercise their right to appeal, VCOSS recommends that the NDIA:

- Provides clearer, accessible information (including in Plain English) about review and appeal processes and timelines.
- Boosts funding for services and self-advocacy tools that help participants to navigate the review and appeals processes, including legal and non-legal advocacy organisations and community legal services.
- Improves the culturally appropriate supports available for people with disabilities from First Nations or culturally and linguistically diverse communities.

32 D Tune, *Review of the NDIS Act: Removing red tape and implementing the NDIS Participant Service Guarantee*, December 2019, p.143

33 Collaboration of Submission to the Joint Standing Committee on the NDIS, p.18

34 Submission to the Joint Standing Committee on the NDIS, p. 18; D Tune, *Review of the NDIS Act: Removing red tape and implementing the NDIS Participant Service Guarantee*, December 2019

35 R Thompson, *'The National Disability Insurance Scheme review process: weaknesses and opportunities to enhance the CRPD', Australian Journal of Human Rights*, November 2022, p.11

Insight 5.2: Reviews and appeals process are confusing, slow, and frustrating for so many participants.

People experiencing disadvantage specifically face additional barriers to engaging in these processes. Capacity to pursue a review, appeal or complaint is largely dependent on having a strong support network and high literacy. In these circumstances, participants who are the least resourced and most isolated are most likely to fall through the cracks

Advocacy groups express concerns about the funding for non-legal and legal support that have been insufficient to keep up with the rising demand for support to navigate the review process.[36]

Improving the NDIS planning experience by listening to a participant's goals and needs and ensuring plans have adequately funded supports would prevent or reduce many reviews and appeals from escalating through internal or AAT processes.

The lack of clear, transparent reasoning behind NDIA funding decisions is also confusing for participants, leading them to seek plan reassessments.[37] Data in the Tune Review suggests 70% of respondents believe they are not given enough information to understand a decision from the NDIA.[38]

Furthermore, ongoing delays in the appeals process can create financial pressures and can risk a person's access to support and services. For the period 1 July 2022 to 31 May 2023, the AAT received 3,909 applications regarding the NDIS, with a median time of 31 weeks (just under 8 months) from lodgement to being finalised.[39] VCOSS members suggest this number is conservative, with reports of some cases taking two to three years to be resolved.

Recommendations:

To prevent or reduce reviews and appeals from escalating through internal or AAT (or AAT-like) processes, VCOSS recommends that the NDIA:

- Improves the NDIS planning experience by listening to a participant's goals and needs and ensuring plans with adequately funded supports.
  This includes:
  - The ability of participants to view draft plans
  - The development of clearer guidelines around what evidence is required for assessments.
  - Clearer reasons provided for planning and internal review decisions.

36 R Thompson, *'The National Disability Insurance Scheme review process: weaknesses and opportunities to enhance the CRPD', Australian Journal of Human Rights*, November 2022, p. 13

37 Plan Reviews are now referred to as Plan Reassessments in line with the amendments to the NDIA legislation which came into effect on 1 July 2022

38 R Thompson, *'The National Disability Insurance Scheme review process: weaknesses and opportunities to enhance the CRPD', Australian Journal of Human Rights*, November 2022, p.8

39 Administrative Appeals Tribunal, *'AAT Caseload Report: for the period 1 July 2022–31 May 2023'*

To reduce the financial pressures and risk to a person's access to support and services caused by ongoing delays, VCOSS recommends that the NDIA:

- Establishes and commits to clear timeframes for each stage of the review and appeals process. These timeframes should be publicised and shared with participants in a range of accessible formats such as Plain English. Data around these timeframes should be made publicly available on a regular basis and, where appropriate, used to inform future funding needs of related support services including advocacy and legal assistance.

Insight 5.3: The establishment of a new federal administrative review body presents a timely opportunity for both the NDIA and Commonwealth government to explore how the review, appeals and complaints processes can be improved.

A major change to the appeals process was announced in late 2022, with the Australian Government announcing that the AAT will be abolished and replaced with a new federal administrative review body.[40]

VCOSS would especially like to note the importance of ensuring advocacy services are available and adequately funded by the government. Transition to the new body may be particularly challenging for some participants, so supports should be available to ensure they do not go unsupported.

Recommendation:

In establishing a new federal administrative review body, VCOSS recommends that the Commonwealth Government enacts measures that ensure:

- That the new federal administrative review body:
  - Is rooted in true and meaningful co-design with people with disability.
  - Is easy and simple to access and navigate.
  - Takes a human rights approach with the principles of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) at its centre and provides accountability structures to measure compliance with the CRPD.
  - Commits to ongoing training and skills development for all staff involved in the appeals process.
  - Provides advocacy and legal support to participants as needed.
  - Has a robust alternative dispute resolution process in place that is person-centred and mitigates power imbalance.

40 Administrative Appeals Tribunal, *A new federal administrative review body*, Accessed 9 August 2023.

Insight 5.3: There is a need to improve the NDIA's accountability around Dispute Resolution

The NDIA needs to be held accountable for their practice. VCOSS members have suggested the introduction of a 'Dispute Resolution Code of Conduct' focussed on NDIS Appeals matters that the NDIA be held accountable to. This Code of Conduct should be meaningfully co-designed by people with disabilities, incorporate Model Litigation Obligations and go further to incorporate human rights obligations within the CRPD.

VCOSS also recommends the NDIA co-designs a Dispute Resolution Experience Survey for individuals and their supporters going through the AAT process. This will provide accountability and valuable feedback to the NDIA. Furthermore, data from this survey should be published regularly, in easy to understand and accessible formats.

Recommendation:

To hold the NDIA accountable to their practice, VCOSS recommends that the Commonwealth Government enact measures to ensure:

- That the NDIA is held accountable to a newly introduced 'Dispute Resolution Code of Conduct' focussed on NDIS Appeals matters.
- That the NDIA co-designs a Dispute Resolution Experience Survey for individuals and their supporters going through the AAT process.

6. Strengthening the workforce

Insight 6.1: There remain ongoing challenges around worker attraction and retention in the NDIS, with low pay and insecure job conditions hampering efforts to grow the sector.

Over the next three years, it is expected that an additional 128,000 workers will be needed to meet demand – an increase of 40%.[41]

The move away from block funding to a fee-for-service, insurance-based approach has meant that many disability support workers are working multiple jobs.

Recent research by the Behavioural Economics Team of the Australian Government (BETA) found that 42% of NDIS workers plan to leave their job within the next three years, with the top seven reasons provided including: workload is too high, concerns about the service quality under NDIS, paperwork or NDIS procedures, negative workplace culture or management issues, the pay and/or benefits, risk to worker health, safety and/or wellbeing, and lack of learning or career progression opportunities.[42]

VCOSS members have also reflected that there is competition for staff between sectors (for example across aged care and disability care). There are also challenges around ensuring that all workers (including new graduates) are supported, with appropriate supervision, professional development opportunities and learning support.

Insight 6.2: More needs to be done to improve access to training and skills development.

Some members also raised concerns about the low barriers to entry and that you do not need a minimum qualification to work in the disability sector, noting that employers will often indicate preference for candidates with first aid certificate, Working with Children Check and current driver's license etc., alongside specific qualifications e.g., Certificate III in Individual Support or Diploma of Community Services.

If we are to grow the workforce and ensure that NDIS participants receive high quality support, new workforce strategies and initiatives, alongside better pay and conditions are needed to attract and retain more workers into the sector.

The rise of digital platforms in the NDIS market has recently been explored by the Brotherhood of St Laurence. This report found that "*... NDIS pricing for support work doesn't cover the full costs of the service, including the provision of worker training. This is contributing to a poorly trained workforce, jeopardising the quality of care.*" [43]

41 Australian Government, NDIS Review, *Building a more responsive and supportive workforce*, May 2023

42 Australian Government, *NDIS workforce retention*, December 2022, p.13

43 Andrew Thies, Deborah Warr and Georgia Katsikis, *Support online: user experiences of digital platforms in the NDIS market*, Brotherhood of St Laurence, 2023

The Behavioural Economics Team of the Australian Government (BETA) research similarly supported these findings around pricing and noted that "worker salaries and compliance costs are increasing but NDIS funding is not."[44]

One of the key findings of the BETA report is that "support workers can't access sufficient training while conducting platform work".[45] This is compromising safety standards, both for workers and for NDIS participants. This issue is also noted in the NDIS Review workforce paper.[46] We agree with the NDIS Review workforce paper that:

"Attracting and retaining capable staff in the NDIS will require a shift in the current training models and infrastructure. The future training system will need to adapt to provide effective models of on-the-job and progressive learning. Consideration also needs to be given to how NDIS price setting structures can support workforce training."[47]

One way in which access to training and progressive learning could be promoted is through the introduction of a federally funded training fund. Initially accessible to disability support workers, the fund could provide financial rebates to existing workers to access approved training and professional development programs.

Alongside funding to pay for training and professional development, consideration would also need to be given to covering the wages of workers who are self-employed to enable them to undergo training. All funded training should also be of a high quality and deliver the skills workers need. This could be achieved by developing a "menu" of approved courses that workers could then apply for and access.

VCOSS understands that the NDIS Review has suggested that it would like to see the introduction of "portable training that travels with workers" between employers.[48] VCOSS notes that one such model suggested in April 2018 by the Australia Institute was to allow workers to "accrue portable entitlements for training, based on the number of hours they have delivered NDIS-funded supports, transferable across providers and jurisdictions; and ensuring workers have the opportunity to utilize those credits in accumulating ongoing qualifications".[49]

The Australia Institute's model is that workers (including casuals) would accumulate "credit" for one hour of paid training, for every 50 hours of NDIS-compensated work. These credits would be "banked "through individual accounts maintained by a Disability Services Training Administration (DSTA) [they propose], allowing workers to gain credit for work performed for various or multiple employers ".

44 Australian Government, *NDIS workforce retention*, December 2022, p.38.

45 Australian Government, *NDIS workforce retention*, December 2022, p.21

46 Australian Government, NDIS Review, Building a more responsive and supportive workforce, May 2023, p.2

47 Australian Government, NDIS Review, Building a more responsive and supportive workforce, May 2023, p.9.

48 S Gingold and J Quilty, *'NDIS Review to suggest major structural reforms'*, DSC, 22 August 2023

49 R Ryan and J Stanford, A Portable Training Entitlement System for the Disability Support Services Sector, The Centre for Future Work at the Australia Institute April 2018

This would result in workers who are working the average hours in the industry (around 20 hours per week) receiving 21 hours of training (three days) per year.

To address current workforce shortages, Yooralla in conjunction with the Workforce Information and Development Institute developed a three-day training program for people interested in becoming disability support workers. This program was delivered across Victoria in early 2023 and resulted in 21 participants being offered employment. It involved the delivery of information sessions around what is involved in being a support worker, skill development through the delivery of mandatory first aid training as well as site visits to enable prospective workers the opportunity to learn more about clients and providing an understanding of a "day in the life of a support worker".

The program was aimed at people who were interested in becoming support workers but had limited understanding of the sector. By allowing people to learn more about the role, this helped ensure that people offered employment had a greater understanding of the type of work and also helped support organisations to recruit employees with the skills, interest and values for the role, thereby supporting retention rates.

Insight 6.3: The role, intent and purpose of micro-credentials should be clearly defined and understood as a tool to support upskilling and lifelong learning.

VCOSS understands that the Review would like to see the introduction of micro-credentials.

At a Federal level, micro-credentials have been discussed in two recent reviews, the *Strengthening Skills: Expert Review of Australia's VET System* which noted their potential for providing more flexible training options for industry. The review recommended consideration for further encouraging their use and the Review of the Australian Qualifications Framework recommended that policy guidelines be developed to allow the recognition of micro-credentials for credit.

While micro-credentials have the potential to help people gain the right skills and capabilities, any changes made need to ensure they do not undermine the integrity of VET qualifications and qualified workforces.

VCOSS would support exploring how the role of micro-credentials (in tandem with a federally funded training fund or portable training entitlement) can upskill the disability support workforce, with consideration to ensuring that:

- The funding model is not prohibitive and does not disadvantage access for low-income learners (i.e., the costs are not pushed back onto students as many short courses or micro-credentials currently are).
- There is a pathway towards supporting full qualifications.

Recommendations:

To strengthen the workforce, VCOSS recommends that the Commonwealth Government:

- Introduce a federally funded training fund or portable training entitlement to enable disability support workers access to an approved menu of high-quality training and professional development programs.
- Explore funding disability service organisations to run Disability Support Worker Taster programs to support workforce attraction and address workforce shortages.

7. The support and service marketplace

Insight 7.1: Thin markets in the NDIS continue to be a significant concern to VCOSS members and disability advocacy organisations, especially for those with complex support needs.

Inadequate pricing structures can create unintended service gaps whereby providers only take on participants who present the highest profit margin. The unintended consequence of this is providers 'cherry picking' participants while forgoing 'difficult' participants with complex needs or from priority cohorts, leaving participants with limited-service options or not enough local services to have any true choice and control.[50]

The Productivity Commission also recognised this risk, noting that people with complex, specialised, or high intensity needs, very challenging behaviours, or an acute and immediate need, are at risk of service shortages and poorer participant outcomes due to thin markets.[51]

Recommendation:

To ensure the supply of services meets demand, VCOSS recommends that the NDIA:

- Implement appropriate pricing models to ensure there is adequate and appropriate supply of services to meet demand. This will disincentivise providers from 'cherry picking' and ensure people with complex needs are available to access the supports they need.
- Ensure pricing structures reflect the true costs of providing service to people with complex support needs.
- Alongside the Commonwealth, state and territory governments, through market stewardship, intervene as needed to ensure there is a sustainable, diverse and high-quality disability support market.

Insight 7.2: Current NDIS pricing policies and limits are affecting service quality.

VCOSS members advice that current NDIS pricing policies do not currently match the skills, expertise and time required to deliver effective and quality support services.

In the increasingly constrained pricing environment they are operating in, some of our members are concerned about their financial viability.

VCOSS members' concerns reflect the broader provider market. In a 2022 survey conducted by National Disability Services, 59 percent of service providers agreed with the statement *'We are worried we won't be able to provide NDIS services at current prices.'* [52]

50 Victorian Office of the Public Advocate, *'The illusion of Choice and Control'*, September 2018

51 Productivity Commission, National Disability Insurance Scheme (NDIS) Costs, *Position Paper*, Canberra, 2017, p.227

52 National Disability Services, *'State of the Disability Sector 2022'* , November 2022, p.13

The report also found that 36% of organisations expected to make a loss or deficit in 2022-23, up 23% from 2021-2022.[53] Despite recent welcome increases in NDIS prices for some supports, providers continue to operate within an increasingly tight pricing environment.[54]

Inadequate pricing structures make it challenging to attract, recruit and retain qualified workers who can deliver effective support services, particularly for people with complex needs or psychosocial disability. While we acknowledge the recently published Pricing Arrangements and Price Limits guide for 2023-24, we note that previous research has suggested that the prices set by the NDIA do not account for the true costs associated with support work.[55] Ensuring that the price limits for disability support work enable high quality support and decent jobs is essential, as this will help support workforce growth and retention.

Another challenge is travel allowances. While previous increases to travel allowances have been welcome, current allowances are still not sufficient enough to cover the costs of traveling to certain rural, regional, or remote locations. One VCOSS member cited this as a key factor and disincentive for them to provide services in a high demand regional area they would otherwise have expanded their services to. The impact of this disincentive is twofold. Quality, registered providers are deciding to stay out of high demand areas due to financial viability and participants from these areas have fewer providers to choose from and miss opportunities to receive quality services from registered providers.

53 National Disability Services, *'State of the Disability Sector 2022'*, November 2022, p.2

54 National Disability Services, *'Participant Safeguarding Submission to NDIS Review'*, June 2023, p. 10

55 N Cortis, F Macdonald, B Davidson and E Bentham, *'Reasonable, necessary and valued: Pricing disability services for quality support and decent jobs'*, June 2017.

Case study: Bill's story

Travel costs are significant for providers and aren't sufficiently covered through NDIS allowances. Providers are often unable to offer services for people outside their area, even if they want to. This means that people who are most in need of services – those with complex needs, and/or living in regional, rural or remote areas – end up with no choice and control over their care and sometimes their lives.

Bill* is a legally blind NDIS participant in regional Victoria. Bill is experiencing homelessness and has complex needs. His preference is to work with a provider who *only* provides support coordination services. Bill's preference is also to use registered providers.

A registered support coordination provider in Bendigo, a regional Victorian town over 200km away, received a request for service for Bill from a planner. Bill was happy to engage with the service and expressed a strong preference that he be able to meet the support coordinator in person, at least once, to establish rapport and feel safe.

The service provider in Bendigo was approached as there was not a single registered support coordination provider in Bill's local area, or surrounding suburbs, that provided Support Coordination as a stand-alone service.

While Bill had enough hours in his plan to **subsidise** travel for a support coordinator from Bendigo, and was willing to do this, the service wouldn't be fully funded for this travel. Because the registered provider was not able to meet this part of Bill's need, Bill disengaged.

* name has been changed

Delays in worker screening processes also make it harder for them to onboard staff. Addressing delays in worker screening checks and ensuring the process is fast and simple will enable smooth entry pathways for workers and enable the delivery of quality services.

Recommendations:

To ensure service quality is reflected in pricing, VCOSS recommends:

- That the NDIA ensure that price limits set by the NDIA reflect the true costs of delivering high-quality services. Amendments to price limits should also ensure appropriate adjustments are made to participant plans so they are able to access the same level of support as originally intended.
- That the NDIA ensure pricing limits set for travel reflect the real cost of travelling to and providing high quality, equitable services in rural, regional, and remote settings.
- That State and territory governments address delays in worker screening processes and ensure worker screening check processes are fast and simple.

Insight 7.3: The current approach to funding support coordination is inconsistent and inadequate.

While specialist support coordination is available through the NDIS for people whose situations are more complex and who need specialist support, it is often time-limited and intended to be for capacity building rather than ongoing plan management and support.[56]

More intensive support coordination needs to be available on a continuing basis for people with enduring complex needs[57] – for example, people experiencing recurring homelessness or people living with psychosocial disability. Managing and engaging with multiple services can be particularly difficult for people experiencing these long-term challenges. Participants with enduring complexity will require ongoing assistance to help them manage their care and support needs.

Additional supports for crisis situations would also be welcome. For example, NDIS participants experiencing family violence.

In crisis situations, our members tell us there are cases where the NDIA has not provided more funds on the basis that there appears to be other funding in the rest of the plan. The risk to participants with complex needs are very high in these situations. VCOSS believes more consideration should be given to contingency funding and resourcing participants in crisis situations, be it through case management or flexibility in funding.

56 NDIS, Specialist support coordination, https://www.ndis.gov.au/providers/working-provider/support-coordinators/specialist-support-coordination, accessed 3 August 2023

57 Victorian Office of the Public Advocate, *'The illusion of Choice and Control'*, September 2018; Joint Standing Committee on the NDIS, *'Transitional Arrangements for the NDIS'*, February 2018, p.77.

While case management is not funded under the NDIS, advocates and organisations maintain this is an essential function to support people to engage with the NDIS and access the services and supports they require.[58] Governments and the NDIA should work together to ensure that ongoing case management can be provided to participants with complex and challenging support needs.[59]

Providing access to case management support when required, particularly when experiencing crisis, will meet a key gap in the current system and will help to maximise the benefits delivered to participants by the NDIS, especially when they need intensive support to stay connected to services.

Recommendations

To ensure a more effective approach to support coordination funding, VCOSS recommends that the NDIA:

- Review and expand the scope of support coordination by:
  - Providing clearer guidelines on hours to be used by Support Coordination.
  - Provide ongoing, long-term support coordination for people with complex needs.
  - Not limiting support coordination to a fixed period of time.
  - Recognising the long-term, ongoing need for support coordination for people with complex needs.
- Provide NDIS Participants with access to case management support and contingency funding on top of existing funding in their plans when required, particularly when experiencing crisis, homelessness, or family violence.

Insight 7.4: Current payment processes impact financial viability and continuity of services.

VCOSS members continue to voice concerns over late NDIS payments.[60] They also echo broader concerns and frustrations in the sector about red tape and administrative burden that impacts their financial viability to provide quality services. Most of this burden relates to the content and structure of pricing arrangements.[61]

There is also concern about plans expiring without being reviewed. This can lead organisations to either face arrears if they continue providing services or risk leaving potentially vulnerable participants without supports if organisations are pushed to withdraw services completely. For many service providers already operating in a resource-constrained environment, this can restrict their ability to undertake effective forward and business planning.

58 Victorian Office of the Public Advocate, *'The illusion of Choice and Control'*, September 2018

59 Victorian Office of the Public Advocate, *'The illusion of Choice and Control'*, September 2018, Recommendation 11, p.37

60 K Calderwood, '*NDIS could owe service providers in Australia up to $300 million, industry leader says'*, *ABC News,* 28 February 2018

61 National Disability Services (NDS), *'State of the Disability Sector Report 2022'*, p.39

VCOSS members share that NDIA processes and policies specifically around support line items and submitting payment requests are not always clear. They also report a lack of clear communication from the NDIA, with some organisations reporting it can be very difficult to obtain information about the NDIA's processes or reasoning when requests are denied.

Further clarification and simplification of these processes, policies and guidelines would assist and streamline processes for providers in submitting requests and the NDIA in assessing them.

Recommendation

To improve payment processes for service providers, VCOSS recommends that the NDIA:

- Review NDIS payment processes to ensure providers are paid on time.
- Clarify payment policies and communicate to providers.
- Improve communication with providers about payments and NDIA processes and policies.

The case study below illustrates how lack of communication from the NDIA and unclear payment processes has resulted in an 18-month delay in recouping funds for this provider.

8. Quality and safeguards

People with disability experience violence and abuse at significantly higher rates than people without disability,[62] making it essential that robust quality and safeguard systems exist and are enforced.

Insight 8.1: The NDIS Quality and Safety Framework and NDIS Commission need to better reflect the current disability and NDIS landscape and drive more effective quality and safeguarding arrangements in the NDIS.

VCOSS considers it important that future revisions of the Framework:

- Continue to be underpinned by a human rights-based approach.
- Better articulate the roles and responsibilities of the Commonwealth, state and territory governments in enhancing quality and safeguards for people with disability. The Framework should draw explicit links to Australia's Disability Strategy in aligning responses across all levels of government.
- Commit to building awareness across the disability sector and the broader community of the rights of people with disability and inclusion.
- Acknowledge the importance of a skilled and resourced disability workforce.
- Formally recognise disability advocacy and the important role it plays within the safeguarding ecosystem.
- Develop a shared reporting mechanism that can act as a central source of data and insights on outcomes relevant to the framework.

VCOSS members also advise that more needs to be done to strengthen the powers of the Quality and Safeguards Commission. Specifically, there are calls for the Commission to expand its investigative and preventative functions. VCOSS considers it crucial that the Commission has **strong** corrective powers and uses these effectively to address and remedy compliance issues. We also recommend the Commission publicly reports on the corrective action undertaken to provide transparency and accountability.

Recommendation:

To drive more effective quality and safeguarding arrangements in the NDIS, VCOSS recommends that the Quality and Safeguards Commission:

- Strengthen its power to investigate, monitor and enforce meaningful corrective action.

62 Centre of Research Excellence in Disability and Health, *Research Report: Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia*, March 2021

- Ensures it is adequately resourced to effectively perform all its intended functions and respond to issues in a timely manner. This includes training Commission staff to be highly skilled in effective communication, trauma informed practice, and the ability to detect early warning signs of abuse and neglect and breaches of the Code of Conduct.
- Publicly report on the corrective action undertaken to provide transparency and accountability.

Insight 8.2: Participants interacting with other mainstream services are often unsure about where and how to make a complaint and are often being 'bounced' between the NDIS Quality and Safeguards Commission and other safeguarding mechanisms and mainstream services.

The system as it stands is that each State and Territory has primary responsibility for oversight and complaints mechanisms for systems and services in its jurisdiction, while nationally the NDIS Quality and Safeguards Commission is responsible for the regulation and oversight of services and supports provided for people with disability under the NDIS.[63]

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability has canvassed the impacts of State and territory governments gradually shifting away from accepting complaints about NDIS funded disability services.[64]

The Royal Commission has found this shift to mean:

- State and territory disability-specific complaints mechanisms have become narrower in their focus.[65]
- People with disability who have previously sought access to their State or Territory complaint mechanism in order to resolve or seek further action in relation to issues they were facing may now find that they no longer have access to those local mechanisms. Instead, they may be redirected to the NDIS Quality and Safeguards Commission where they must start the process again.[66]

The impacts of State and Territory governments shifting away from accepting complaints about the NDIS is having a significant adverse impact on people with disabilities.

VCOSS recommends closer engagement and collaboration between State and Territory governments and the Commission to ensure those making complaints are heard and their

63 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Interim Report*, October 2020, p.19

64 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Research Report: Complaint mechanisms: Reporting pathways for violence, abuse, neglect and exploitation*, November 2022, p.94

65 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Research Report: Complaint mechanisms: Reporting pathways for violence, abuse, neglect and exploitation*, November 2022, p.94

66 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Research Report: Complaint mechanisms: Reporting pathways for violence, abuse, neglect and exploitation*, November 2022, p.94

complaints actioned in a timely and appropriate manner, irrespective of which complaints body they engage with.

Recommendation:

To ensure people with disabilities who approach a mainstream service with a NDIS related matter are not turned away or 'bounced' between other safeguarding systems or mainstream services, VCOSS recommends that:

- The NDIA and other Commonwealth, state and territory government bodies ensure a 'no wrong door' approach for people with disabilities making complaints. This involves improving complaints and referral processes to ensure no one falls through the cracks.

Insight 8.3: Many people with disability, their carers and families have lost trust and confidence in the quality and safeguarding system and feel it is unlikely their complaints or disclosures of abuse will be taken seriously or that there will be an appropriate response.

VCOSS continues to hear of cases being downplayed, questions or ignored.

These concerns are well founded. As highlighted in the Interim Report, The Royal Commission has heard similar complaints including[67]:

- Difficulties in reporting and complaining in a range of contexts.
- Incidents are sometimes minimised, ignored or go unreported.
- People with disability have been punished for making complaints about the care or services they receive. Some people with disability described fearing retribution or not being able to access confidential complaints procedures.
- Complaint procedures that are inappropriate for people who are non-verbal or Deaf.
- Complaints made by people with disability, particularly those with psychosocial or intellectual disabilities, are not always taken seriously or are considered minor.
- Reporting and investigation processes are often insufficiently independent and are inaccessible or re-traumatising for the complainant.

VCOSS recommends individual cases be resolved effectively, adequately, and promptly, so people with disability are safe and receive quality services.

67 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Interim Report*, October 2020, p.19

To resolve individual cases effectively, adequately, and promptly, VCOSS recommends the NDIA:

- Simplify processes for reporting complaints.
- Strengthen and adequately resource the NDIS Commission so that people can be confident their complaints will be investigated and dealt with appropriately.

Insight 8.4: Choice and control for participants should be at the heart of any oversight and regulation in the NDIS market.

VCOSS members report that the registration process for providers who wish to register with the NDIS Commission can be costly and time-consuming. Although the use of registered providers does not in itself guarantee safe and high-quality service, registration does enable additional monitoring and auditing of service provision. It is critical the Commission consider and address the impact of arduous registration processes,[68] delays in communication and the costs of compliance[69]. They are a major deterrent in terms of service providers registering/remaining registered.

Some VCOSS members express strong concerns about limited oversight of the large and growing unregistered provider market, especially as these unregistered providers are now offering high-risk supports such as supported independent living (SIL) and increasing amounts of daily activities and social and community participation.[70] According to National Disability Sector's 2022 'State of the Disability Sector Report', there is a unified call from the sector for greater accountability for unregistered providers.[71] There are concerns that the level of compliance and oversight attributed to registered providers is not equally applied to unregistered providers who are providing the same service.[72]

VCOSS notes that choice and control are at the heart of the NDIS and, as a participant-driven Scheme, it is important that this be preserved for participants. Any future regulatory reform should focus on maintaining genuine choice and control for participants and giving them the confidence that they will receive quality and safe services from both registered and unregistered providers they choose to engage with. Regulation should not be so onerous as to disincentive providers for entering the service market as this would have a significant impact on limiting the choice and control of participants, especially those who live in areas where thin markets exist.

68 Disability Advocacy Network Australia, *Discussion Paper – NDIS Review: Quality and Safety*, p.5

69 National Disability Services, *NDS Participant Safeguarding submission to the NDIS Review:* June 2023, p.7

70 National Disability Insurance Agency (2023), *NDIS Quarterly report to disability ministers*, March 2023, p.92

71 National Disability Services (NDS), *State of the Disability Sector Report 2022*,pg 15

72 National Disability Services (NDS), *State of the Disability Sector Report 2022*,pg 7

Recommendation:

To ensure the regulatory regime is fit for purpose, VCOSS recommends the NDIS Commission:

- Ensure any future regulatory reform centres on balancing choice and control and quality and safeguards for participants.
- Simply the registration process for providers wishing to register with the NDIS Commission.

Insight 8.5: The rights of people with disability are still not well known or understood, putting some participants at a greater risk of falling through the cracks, not accessing supports, and not making complaints.

More can be done to improve the community's awareness and understanding of quality and safeguards, the role of the NDIS Commission, how service providers and workers are regulated, and how and to whom participants can make complaints. Increasing community-wide awareness and equipping people with information about their rights is a shared responsibility between the NDIA, NDIS Quality and Safeguards Commission, Commonwealth, state and territory governments.

VCOSS also recommends funding and expanding rights training programs to build the capacity and confidence of people with disability, carers, and families to advocate for their interests and rights. Disability advocacy and self-advocacy organisations should be adequately resourced to develop and deliver these programs. Building rights knowledge and confidence takes time and practice, and with the right funding, disability advocates can be well placed to provide this support.

Whether or not they are in the NDIS, people with disability, their family and carers are continuously engaging and connecting with a range of community and government services. Consideration should also be given to what settings or key points of engagement with the NDIS could be good opportunities for build rights knowledge. For example, more emphasis can be placed on informing participants about their rights and about complaints processes during planning meetings.

Recommendation:

To increase awareness and knowledge of the rights of people with disability, VCOSS recommends that the NDIA:

- Develop a comprehensive communication strategy to promote broad knowledge and understanding of the rights of people with disability. The Strategy should include:
    - Participant education about their rights, the role of the Commission, processes for reporting breaches and how to escalate complaints where required.
    - Targeted communications to equity cohorts (as discussed earlier on in the submission).

9. Mainstream services

This chapter describes issues VCOSS members raised as highest priority concerns that arise due to challenges with NDIS interfaces with mainstream services, as well as concerns about reduction in service delivery for people with disabilities since the introduction of the NDIS.

Key insights

Mainstream or universal services have failed to deliver adequate supports to those people with disability who are not NDIS participants. Recent research by the Melbourne Disability Institute, University of Melbourne, shows that a staggering 90 per cent of people with disability in Australia who are not on an individualised NDIS funding package report that they are unable to access the services and support that they need. [73]

This lack of mainstream services results in more people with disabilities needing direct support under Tier 3 services, putting pressure on the NDIS and its sustainability.

Australia's Disability Strategy 2021-31 includes a policy priority that "People with disability are able to access supports that meet their needs". While some targeted action plans have been established to realise policy priorities under the Strategy, no progress has been made on this priority, and gaps in service provision remain for people with disabilities – this must be addressed as a matter of urgency.

73 S Olney, A Mills and L Fallon, *'The Tier 2 tipping point: access to support for working-age Australians with disability without individual NDIS funding'*. Melbourne Disability Institute, University of Melbourne, 30 June 2022

Case study: Smoother transition between funding sources

When families who have children with disability arrive in Australia from overseas, they often face a period of funding uncertainty before they can get an approved NDIS plan.

The Department of Education provides Continuity of Support funding to help children access Early Childhood intervention before they meet the residency requirements for NDIS.

But where the safety net often fails is in the transition from Continuity of Support funding to NDIS support.

For instance, one VCOSS member shared a case study about a family who travelled from Afghanistan as refugees. They had a child with disability, and only the father spoke English.

The family were receiving financial supports from the Department of Education, but this ceased when they received their permanent visa and became eligible for a NDIS plan.

The family were already in touch with the VCOSS member, who provided assessments and supports without NDIS funding in place. It took a further six months for a NDIS plan to be approved, and the VCOSS member covered the cost of supports for this period, including assessments and case discussions to support a smooth transition to school.

The interface between the Department of Education's Continuity of Support and NDIS support – and the transition from one funding source to another – is confusing for families and costly for organisations who end up incurring unfunded costs, which they must make up by finding savings elsewhere.

There needs to be a smoother transition between funding sources – one that requires different government departments to intersect and communicate effectively with each other, and with NDIS service providers and applicants.

The roles and remit of Support Coordinators and the NDIA, Local Area Coordinators (LACs) and disability advocates are also not well understood – contributing to confusion, poor boundaries and attempts to handball tasks and responsibilities. A large part of the LACs role currently involves planning, which is contrary to the original vision for the role. The impact of this has meant LACs have insufficient time to undertake community capacity building.

The introduction of the NDIS has also been challenging for many user-led information services, self-advocacy groups and similar capacity-building organisations that assist people with disabilities and their families with information about disability, understand the support system landscape, and build capacity to navigate universal service systems and access mainstream supports, as well as specialist disability support.

These services have a complementary, but distinctly different value proposition to the role of LACs and remain important in the disability support eco-system but have not been effectively supported.

With the introduction of the NDIS, the major source of funding for this activity was the ILC program – a program that has been in hiatus since a review was instituted in 2021.

VCOSS's own commissioned research, undertaken in 2019, found that many smaller organisations and groups that were block funded by the Victorian Government prior to the introduction of the NDIS were relying on the grants stream of the ILC program to sustain their work, but struggling to compete for grants with large organisations. For those organisations – big and small – that were successful in accessing funds, the ILC grants created "boom and bust" cycles that were challenging to withstand. In focus groups, sector representatives also reflected that it was not possible to deliver on the ambitious promise of ILC funding with grants of time-limited duration. In addition to concerns about project – and organisation – sustainability, research participants also reflected that successful projects were not scaled up as needed.

Strengthening this part of the system is part of the solution to ensuring people with disabilities have equitable access to universal services and mainstream supports to which all Australians are entitled.

However, this on its own won't be enough. As stated in the first part of this VCOSS submission, while current instruments – such as the Bilateral Agreements between governments and the Applied Principles and Tables of Support – determine responsibilities of the NDIS and other government services/systems, these haven't provided sufficient guidance or accountability.

Recommendations

To ensure people with disabilities have access to support that meets their needs in the community, VCOSS recommends that the Commonwealth, state and territory governments jointly:

- Develop a targeted action plan under *Australia's Disability Strategy 2021 - 2031* to resolve interface issues and gaps in service delivery between the NDIS and mainstream services. Targeted action plans under Australia's Disability Strategy are commissioned and endorsed by disability ministers and incorporate:
    - Actions and resources needed by state, territory, Commonwealth governments and mainstream and NDIS providers to improve outcomes.
    - Progress measures for the one- to three-year action plans, which are reported annually and ensure accountability.
    - Alignment with - but go deeper than and provide implementation resources for - the existing Bilateral Agreements and the Applied Principles and Tables of Support.
- That the Commonwealth Department of Social Services eradicates the destructive "boom-bust" cycle that was perpetuated by the ILC grants program and replace this with sustained investment in ILC activities and programs. As a first step, the Department should initiate a co-design process with people with disability, advocates, and self-advocates to identify a more suitable approach to commissioning to ensure priorities are driven by and for people with disability and enables community capacity to be built, embedded and scaled.

Housing

A lack of accessible, affordable housing for people with disabilities is a persistent issue raised by VCOSS members in consultations related to both disability and housing policy.

A 2020 survey of people with mobility impairment found that 73.6% of respondents were living in housing that does not meet their needs.

Over the next 40 years, the number of Australians with a mobility limitation due to disability is estimated to increase from 3 million to around 5.75 million. As our population ages, the demand for accessible housing will increase. Over 80% of older Australians aged over 55 want to live in their own home as they age.[74]

A lack of accessible housing across the whole system creates significant challenges for people with disabilities and the delivery of the NDIS. People with disabilities cannot live independent lives without accessible housing, which leads to higher demand for funding to make home modifications and for care. This can lead to a reduction in workforce participation, which further constrains choice in affordable and appropriate housing options.

Of the 10 per cent of Australians with disability supported by the NDIS, just six per cent are likely to be eligible for specialist disability accommodation (SDA) funding. Some Victorians with disability live in social housing and group homes, while the vast majority live in private housing.[75] Given this context, this section of the submission focuses predominantly on issues faced in non-SDA housing.

74 Building Better Homes

75 NDIA, *Specialist Disability Accommodation Provider and Investor Brief*, April 2018, p.5

Increase the supply of affordable, accessible housing

Recommendations:

- As part of developing the National Housing and Homelessness Plan, the Commonwealth, state and territory governments should commission the development of a targeted action plan under Australia's Disability Strategy 2021-31 to improve the availability of affordable and accessible housing for people with disability.
- The Commonwealth, and State and Territory Governments should require all new social housing to be built to at least Livable Housing Australia Gold Accessibility Standards.

Australia's Disability Strategy 2021-31 (the Strategy) includes the following outcome: 'people with disability live in inclusive, accessible, and well-design homes and communities'. This is supported by two priority policies directly related to housing:

- Increase the availability of affordable housing
- Housing is accessible and people with disability have choice and control about where they live, who they live with, and who comes into their home.

VCOSS welcomed the decision by the National Building Ministers Meeting in 2021, to introduce mandatory accessibility standards under the National Construction Code.[76] From 1 October 2023, all new homes will have to be built to the Livable Housing Australia Silver Accessibility Standards.

The introduction of this mandatory standards is expected to increase the availability of accessibility features to 50 per cent of Australia's total housing stock by 2050[77], a welcome step towards achieving the second priority of the Strategy.

However, in the meantime, people with disabilities continue to live in housing and accommodation not suitable to their needs, and targeted action is needed to address this.

VCOSS welcomes commitments by the Commonwealth Government aimed at improving housing outcomes, including:

- Establishing the National Housing Supply and Affordability Council, to advise government on improving housing supply and affordability.

76 Building Ministers Meeting, *Communique April 2021*

77 Victorian Government, *Media Release – Victoria Pushing for Accessible Housing Standards*, 30 April 2021

- Commitment to establish a Housing Australia Future Fund, which will provide funding to build 30,000 new social and affordable homes in the first five years of establishment, though we note the enabling legislation has yet to pass the Senate, and most crucially;
- The development of a National Housing and Homelessness Plan.

These mainstream strategies should be complemented with a targeted action plan under Australia's Disability Strategy, as recommended by the Productivity Commission.[78] This would provide much-needed alignment between strategies that aim to increase housing supply and guide investment decisions for housing and homelessness services with the specific objectives for people with disability committed in the Strategy.

People with disabilities have less choice in the private market due to the lack of both affordable and accessible housing. Public and community housing (collectively known as 'social housing') is a key protection against homelessness and other forms of insecure or inappropriate accommodation. Of the nearly 50,000 households on the waitlist for social housing, more than half are in the priority access category,[79] which includes people with accessibility needs.

New social housing should be designed and delivered to meet the needs of people with disabilities. For example, in Victoria, new social housing delivered under the Big Housing Build is required to meet the Livable Housing Australia Gold Accessibility Standards, which includes 12 essential performance requirements that provide a minimum standard of accessibility for people with disabilities and access needs to live independent lives.

78 Productivity Commission, *In need of repair: the National Housing and Homelessness Agreement*, August 2022, p 165

79 Homes Victoria, *Applications on the Victorian Housing Register (VHR)*, June 2023

Address incidents of violence, abuse, neglect, and exploitation in congregate living settings

Recommendations:

- Following the public release of the final report of the Royal Commission into Violence, Abuse and Neglect of People with Disability, State and Territory governments and the NDIA should implement recommendations to improve outcomes for people living in group homes, prioritising alternatives to group homes and other forms of congregate living where possible.
- State and Territory governments should undertake a review of Supported Residential Services in their jurisdictions, with the aim of improving quality of service delivery and resident wellbeing.

Many people with disability who have moved out of large institutions, and who have limited options for living with family or independently live in group homes. Group homes refer to accommodation where services and support are provided, usually with four to six long-term residents.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability included a focus on group homes, acknowledging that while a person's home is central to their lives, dignity, independence and wellbeing, group homes create an environment conducive to violence, abuse, neglect or exploitation.[80]

The current group housing model in Victoria does not offer a good quality of life for many people with disabilities that live in group homes. At best, residents of group homes may lack choice and control over everyday things such as their daily schedule and activities, their meals, who will live with them and who will provide supports, and as a consequence experience social, economic and cultural exclusion. At worst, residents of group homes commonly experience violence, abuse and neglect arising from the staff casualisation, poor training, and punitive cultures, the overuse of restrictive physical and environmental practices and conflict between residents and staff and amongst residents.

The Royal Commission is considering a range of proposals for reform, likely to be recommended in the Final Report, including:

- Enabling choice and control over co-residents, staff, and support.
- Reviewing models for support provision and funding for supports.
- Increasing workforce capability.

80 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Report on Public hearing 3: the experience of living in a group home for people with disability*, 3 September 2020, p 7

- Increasing external oversight.
- Alternatives to group homes and congregate living.[81]

State and Territory governments should monitor this process to ensure alignment with any recommendations that are made to improve rights for people living in group homes, as well as opportunities to establish alternative models. Until then, State and Territory governments should use legislative levers in their control to incorporate choice, control and autonomy for residents, ensure quality service delivery and strengthen oversight and accountability (for example, in Victoria, the Victorian Government can strengthen residential rights in the Disability Act.)

As a Victorian peak body, VCOSS notes that, in Victoria, Support Residential Services (SRSs), are legally and operationally distinct from group homes, regulated under the Supported Residential Services (Private Proprietors) Act 2010 (Vic). SRSs are privately operated and provide accommodation and support for Victorians who require assistance with everyday activities, many of whom are on a low income. Approximately 91 per cent of people living in SRSs have a disability.[82]

While experiences of SRSs were not specifically canvassed as part of the Royal Commission, VCOSS members have raised concerns about SRSs, including:

- Incidences of violence, abuse, and neglect.
  Variable quality of services amongst providers.
- Breaches of residential rights, including evictions for challenging behaviours.
- Lack of government regulation and enforcement for SRS to comply with standards.

VCOSS has advocated for a review of SRSs in Victoria for many years. This Review, coupled with the imminent release of the Final Report of the Royal Commission, provides a timely opportunity to review SRSs in line with relevant recommendations to improve quality of service delivery and resident wellbeing.

81 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Report on Public hearing 3: the experience of living in a group home for people with disability*, 3 September 2020, p 7

82 Market Solution, *2013 Census of Supported Residential Services (SRS) in Victoria*, Prepared for: The Department of Health SRS & Accommodation Support Unit, Melbourne, October 2013, p 4

Strengthen tenancy and residential rights in all forms of housing

Recommendation:

- The Victorian Government should progress reforms to amend the *Disability Act 2006 (Vic)* aimed at strengthening residential rights for supported accommodation that is exempted by the *Residential Tenancies Act 1997 (Vic).*

A key element of the NDIS has been the separation of accommodation and support services, with state and territories continuing their role in regulating tenancy and residential rights in various types of accommodation.

In Victoria, the *Residential Tenancies Act 1997* (the RTA) sets out rights and obligations for various forms of rental accommodation in that State, including private rental, social housing, specialist disability accommodation (SDA) and rooming houses.

Victoria's RTA was amended in 2019 to harmonise rights for renters living in enrolled SDA with those in the broader renting market. Other residential settings, particularly settings that integrate supports, are exempted from the RTA. Residential rights in these settings – including group homes, and residential institutions – are instead provided by the *Disability Act 2006*.

In this complex environment, some gaps and inconsistencies in tenancy rights and protections have emerged for Victorians with disability, and barriers to exercising choice and control over one's housing, their supports and who they can live with persist. Some examples include:

- An inability to choose who you will live in many settings.
- Issues where housing providers cannot provide housing to people who will be covered by different types of leases (for example Residential Rental Agreements in private housing, and Residency Agreements) that constrain co-residency options and choices.
- Many people with disabilities live in Supported Residential Services, and residential rights and protections are provided by separate legislation, which could be improved.

Australia's Disability Strategy 2021-2031 includes an outcome that states that "Housing is accessible and people with disability have choice and control about where they live, who they live with, and who comes into their home". Regardless of what type of housing they live in, people with disabilities should have strong tenancy and residential rights and protection to achieve this outcome.

Victoria initiated a review of the State's Disability Act in 2021, providing an opportunity to strengthen residential rights in this legislation, as well as improve the interaction of the Disability Act, the RTA and the NDIS to provide strong tenancy rights for Victorians with disability. VCOSS looks forward to working with the Victorian Government on the next steps of this important reform agenda to ensure people with disability have choice and control about where they live, who they live with, and who comes into their home. A similar exercise should take place in each State and Territory, if it is not already being done so.

Progress reforms to improve the operation of home and living supports

Recommendation:

- The NDIA should finalise the new Home and Living Policy, to provide certainty to participants and providers.
- The NDIA and state and territory governments should develop clear responsibilities for home modifications in different accommodation settings, with adequate funding provided by state and territory governments in settings where the NDIA does not provide funding.

A chronic shortage of accessible and adaptable homes across the whole housing system has direct impacts on NDIS operation. Measures to increase the supply of accessible and affordable housing are discussed in more detail above on page 67.

In a housing system with limited accessible housing options, many people with disabilities require home modifications and support for independent living.

Home and living supports now make up a significant proportion of NDIS spend, driven in part by people with disabilities living in housing that does not allow them to live independently.

VCOSS notes the NDIA recently undertook consultation to understand policy changes needed for people with disabilities to live an "ordinary life at home" to inform the development of a welcome new overarching home and living policy. VCOSS members continue to raise concerns about issues related to home and living supports, including:

- Inconsistencies in NDIA decisions on reasonable and necessary home modifications.
- An inability to exercise choice and control in support providers in certain settings, particularly group home settings where one provider may be used for all residents.
- Instances where providers of supported accommodation receive NDIS funding for service provision that should be inherent in their operating model.

- Participants experiencing discrimination in the housing market when they disclose they will need home modifications.

The NDIA should progress work to deliver the new home and living policy as a matter of urgency, to provide certainty to participants.

As part of this work, the NDIA should work with States and Territories to address the gaps and inconsistencies in providing home modifications in public and community housing. Under the NDIS Applied Principles, the NDIS is responsible for home modifications in social housing on a "case-by-case basis", resulting in uncertainty and inequities for participants.

VCOSS also notes operational challenges specific to community housing providers. NDIS funding for social housing modifications on a "case-by-case basis" is difficult for agencies to plan the costs of service delivery. This issue was canvassed in a Victorian Social Housing Regulation Review, which recommended in its interim report that all social housing providers undertake disability modifications, to be accompanied by Victorian Government funding where not otherwise funded. This Review, as well as the final stages of the home and living policy development, should clarify responsibilities for home modifications in social housing so that state and territory governments and social housing providers can resource their own home modifications regimes accordingly.

Criminal justice system

People with disabilities are overrepresented in the criminal justice system, as victims, accused persons, defendants and witnesses.

The AIHW estimates that approximately 30% of people in the justice system live with disability,[83] while data commissioned by Corrections Victoria found that 42% of men and 33% of women in Victorian prisons had an acquired brain injury.[84]

Overrepresentation is driven by systemic failures in adjacent systems and services to address the inequalities experienced by people with disability in the justice system, including:

- limited access to appropriate support services and housing
- lack of disability awareness and identification by services and institutions
- early life factors
- historical trauma
- recidivism
- lack of diversionary options
- barriers to access to justice and
- barriers to reporting and investigating violence, abuse, neglect and exploitation.

People with disabilities also experience the "criminalisation of disability", when conduct associated with people's impairment, health condition or trauma are interpreted as difficult or defiant behaviours, leading to disproportionate interactions with police.[85]

Despite the high proportion of people with disabilities in the corrections system, numerous inquiries and reviews have found that people with disabilities do not receive the support and specialist services they require in custody.

83 Australian Institute of Health and Welfare, *The health of Australia's prisoners 2018,* May 2019

84 Corrections Victoria, *Acquired Brain Injury in the Victorian Prison System*, April 2011

85 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Overview of responses to the Criminal Justice System Issues Paper,* December 2020, p 3

Introduce a disability screening tool to improve service delivery and data collection

Recommendation:

- The Victorian Government (and other State and Territory Government if needed) should develop a comprehensive disability screening tool in their jurisdiction, where one does not exist, for all stages of criminal procedure (policing, courts and corrections). This screening tool should be used to screen all people entering custody (on remand or sentenced) for physical, cognitive and intellectual disability, to inform support needs and service delivery in custody and returning to community.
    - The screening process should incorporate a protocol to identify whether people entering prison are NDIS participants, or are potentially eligible to be participants, and facilitate access requests at the earliest opportunity, in partnership with the Commonwealth Government and NDIA.
- All State and Territory governments should require all staff working in privately- and publicly operated prisons to undertake disability-specific training and ongoing professional development, delivered by an external, community-based specialist disability organisation.
- All State and Territory governments should establish a data collection strategy, where one does not exist, broken down by disability type, to apply to all people who encounter any stage of criminal justice system procedure (including police, courts and prison). Data should be used to inform both Department of Justice and Community Safety and other relevant state agencies, as well as the NDIA service planning.

Screening for disability is essential for providing a clear understanding of an individuals needs.

Currently, there is no consistent approach to screening for people with disabilities at any stage of criminal procedure in Victoria. VCOSS is not clear on what this looks like in other States and Territories. From our perspective, implementing a systemic approach to disability screening would inform more appropriate responses in policing, courts, and prison.

Importantly, incorporating disability screening in the police and judicial processes would allow decision makers to consider more appropriate alternative to custody,[86] which is crucial,

86 Australian Human Rights Commission, *People with disability and the criminal Justice System*, 20 March 2020, p 30

given that the NDIS will fund supports to participants on bail or community-based orders, but will not fund supports for participants or prospective participants on custodial orders.

Using Victoria as an example, the absence of screening also means that the Victorian Department of Justice and Community Safety (DJCS) does not know how many people in custody have disabilities, or who needs specialised support or programs.[87]

A comprehensive disability screening tool should be introduced. This should incorporate a protocol to identify whether people entering prison are NDIS participants, or are potentially eligible to be participants, and facilitate access requests at the earliest opportunity, in partnership with the Commonwealth government and NDIA.

DJCS does not provide mandatory training for prison officers on how to recognise disability.[88] A lack of training leads to inconsistent approaches to identifying and responding to disability and missed opportunities to refer to or provide specialist supports.

There is currently no accurate database for recording individual's disabilities and support needs, or systems level data on the prevalence of disability. Improved data collection will assist both state services and the NDIS to understand demand and better plan and coordinate service delivery.

The Victorian Government – and all other States and Territories – should establish a data collection strategy to better understand needs and guide service planning and resources, where one doesn't already exist. Information-sharing arrangements should be established between each State and Territory's Justice/Corrections department and relevant state agencies, as well as the NDIA. This would further progress a recommendation made by the Tune Review of the NDIS Act, which agreed to improve information sharing processes between the states and territories and the NDIA to ensure NDIS participants interacting with the justice system received the supports they require.[89]

87 Victorian Auditor General's Office, *Correctional Services for People with Intellectual Disability or an Acquired Brain Injury*, June 2023, p 16

88 Victorian Auditor General's Office, *Correctional Services for People with Intellectual Disability or an Acquired Brain Injury*, June 2023, p 16

89 D Tune, *Review of the NDIS Act: Removing red tape and implementing the NDIS Participant Service Guarantee*, December 2019, p.98

Improve specialist disability case management and service delivery in corrections

Recommendations:

The following recommendations are directed to the Victorian Government, from the perspective of a Victorian peak body interested in improving the interface between state services and the NDIS, but could be adapted by other States and Territories to reflect their jurisdictional context:

- The Victorian Government, as part of changes to improve rehabilitation outcomes for people in custody, should include the right to equivalent healthcare and health outcomes as a minimum standard in the Corrections Act 1986, as recommended by the Cultural Review of the Adult Corrections System Final Report.
- The Victorian Government should shift responsibility for prison health services to the Department of Health to ensure distinction between custodial operations and health service provision, and to enable continuity of care between custody and community.
- The Victorian Government should establish minimum health and care standards for service provision, based on the Mandela Rule stating that people in prison should enjoy the same standards of healthcare that are available in the community.
- The Victorian Department of Justice and Community Safety, the Victorian Department of Health, the NDIA and specialist disability support providers should establish governance arrangements to support delivery and oversight of specialist disability services in the adult corrections system.
- The Victorian Government should resource the expansion of the Prison Disability Support Initiative and disability justice coordination services to enable better access to the NDIS.
- The Victorian Government should develop a comprehensive service system map of services available to people with disabilities in the prison system, with training for prison officers and workers in specialist disability roles to navigate the service system.
- The NDIA target outreach to people involved with the justice system, as part of outreach activities under the proposed National Outreach Strategy.

Despite a high prevalence of people with disabilities in Victoria's prisons, there are barriers to accessing necessary specialist disability supports.

Under the NDIS Applied Principles, State and Territory justice departments are responsible for providing supports to people with disability whilst in custody, while the NDIA funds supports to people with disabilities on bail or community-based orders, and on return to community after a custodial sentence.

The inadequacy of disability-specific support and specialist services in custody has been identified in numerous reviews, including the current Royal Commission into Violence, Abuse Neglect and Exploitation of People with Disability and most recently in Victoria as part of the Cultural Review of the Adult Custodial Corrections System in 2022.[90]

VCOSS members note that inadequate service delivery in custody creates a system where:

- People with similar needs will receive different support depending on whether they have a custodial or community sentence.
- People experience gaps in support provision during a custodial period.

Both the Commonwealth and Victorian Governments have acknowledged these inequity and continuity of care issues. We welcome steps taken to address these, with the introduction of a range of specialist disability case management programs including Justice Liaison Officers (Commonwealth funded) and Disability Support Officers (DJCS funded).

More recently, DJCS recently introduced a Prison Disability Support Initiative (PDSI) to provide support to prisoners with intellectual disability or acquired brain injury. The PDSI is provided in all Victorian prisons and has assisted people with disabilities in custody in Victoria to access over $4m in NDIS support packages.[91] However, a recent audit found that demand for this program exceeds the resources to deliver it, and due to long waiting lists, many people on short sentences will not access the service before leaving custody.

Department of Families, Fairness and Housing (DFFH) also runs a disability justice coordination service, which incorporates support to help people across the corrections system, including people in custody, community, and residential treatment facilities, eligible for DFFH funded disability services to apply for the NDIS. Like the PDSI, demand for the service exceeds provision, and funding for both programs is subject to annual budget decisions.[92]

Even combined, these services do not provide enough specialist disability case management and services to meet need. The Cultural Review of the Adult Custodial Corrections System

90 Cultural Review of the Adult Custodial Corrections System, *Final report: Safer Prisons, Safer People, Safer Communities,* 24 March 2023, p 590

91 Victorian Auditor General's Office, *Correctional. Services for People with Intellectual Disability or an Acquired Brain Injury*, June 2023, p 6

92 Victorian Auditor General's Office, *Correctional Services for People with Intellectual Disability or an Acquired Brain Injury*, June 2023, p 6

canvassed the need to develop a more person-centered and integrated approach to case management. As part of this, VCOSS recommends the Victorian Government work with the Commonwealth Government to clarify and resolve service gaps arising from the NDIS Applied Principles and ensure specialist disability case management and integrated service delivery are incorporate in any changes to DJCS' case management approach.

Improve the transition from custody to community

Recommendation:

- The Victorian Government should establish a prison exit program that comprises a whole-of-government approach, led by Department of Health, to providing sustained supports for people returning to the community from prison. This program should incorporate a formal interface between the Victorian Departments of Justice and Community Safety, Health, and Families, Fairness and Housing and the NDIS so that people with disabilities have swift access to appropriate and continuous disability supports when leaving prison.

The Victorian Government noted in evidence to the Parliamentary Inquiry into Victoria's Criminal Justice System, that 'people in prisons with disability, particularly those with cognitive disability, are more likely to have high transitional and post-release needs'.[93] But the Inquiry also found that people with disabilities struggle to access specialised transitional support through the NDIS or face long delays in accessing the NDIS, often returning to the community without specialist disability supports in place.

Delineations under the NDIS Applied Principles contribute to these service gaps, with DJCS responsible for programs targeting criminogenic behaviour, with the NDIS funding support for disability related behaviour. However, there is overlap between disability and criminogenic behaviours, and issues with attribution lead to funding disputes between the NDIS and DJCS, driving delays, inefficiencies, and service gaps for people with disabilities in prison and preparing to return to community.[94]

Corrections Victoria offers a range of transitional planning and support programs, including Assessment and Transition Coordinators and the ReLink, ReConnect and ReStart programs. These programs provide vital transitional planning and support to people exiting prison and

93 Legal and Social Issues Committee, *Final Report of the Inquiry into Victoria's Criminal Justice System*, 24 March 2022, p 675

94 Legal and Social Issues Committee, *Final Report of the Inquiry into Victoria's Criminal Justice System*, 24 March 2022, p 675

provide an opportunity to understand and map a person's needs in relation to housing and other supports upon release.

However, only 20 per cent of people leaving prison have access to any supports from Corrections Victoria pre- and post-release.[95] There are significant gaps in discharge planning, support and continuity of care when people are released that prevent successful reintegration and recovery.

While DJCS PDSI program include an explicit objective to assist people with disability to access the NDIS to assist with transition to the community, we note that demand for this service currently exceeds provision.

The Victorian Government should establish comprehensive prison exit program, which incorporates the following principles:

- Planning for release should begin long before leaving prison (for example, screening that identifies disability and specialist supports needed).
- Housing must be a key component of prison transition, using a Housing First approach (a Housing First approach ensures that housing provision is not conditional upon addressing other health and well-being issues. Engagement with support services cannot be a pre-requisite to maintaining housing).
- Supports must be sustained (at stepped levels of intensity depending on changing needs over time) to enable reintegration and recovery.
- A range of therapeutic and practical supports should be provided, targeted to meet the specific needs of the person.

95 Coroners Court of Victoria, *Finding into death without inquest (Shae Harry Paszkiewicz),* February 2021

Family violence

People with disability are 1.8 times as likely to have experienced physical and/or sexual violence from a partner in the previous year, compared with people without disability.[96]

Family violence is overly gendered in nature, with the evidence overwhelmingly demonstrating that perpetrators are men, who largely perpetrate violence against their current or former female partners and children.

The Disability Royal Commission heard that:

- "2 in 5 (40% or 1.2 million) women with disability have experienced physical violence after the age of 15, compared with 26% (or 1.7 million) without disability.[97]
- From the age of 15, 46% of women with cognitive disability and 50% of women with psychological disability have experienced sexual violence, compared to 16% of women without disability[98] …
- Women with disability are twice as likely to experience sexual violence over one year compared to women without disability."[99]

Alongside experiencing high rates of violence (including intimate partner violence, sexual assault, and stalking),[100] women with disabilities also experience forced sterilisation, seclusion and restrictive practices, and experience violence in a range of institutional and service settings such as residential institutions and aged care facilities.[101]

96 Department of Social Services, *Consultation Guide – Developing the next National Plan to Reduce Violence against Women and their Children*

97 D Brownridge, *'Partner violence against women with disabilities: Prevalence, risks and explanations'*, *Violence against Women*, vol. 12, no. 9, September 2006, p. 805–22, referenced in https://disability.royalcommission.gov.au/news-and-media/media-releases/alarming-rates-family-domestic-and-sexual-violence-women-and-girls-disability-be-examined-hearing#ftn1

98 Royal Commission in Violence, Abuse, Neglect and Exploitation of People with Disability, *Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia*, Centre of Research Excellence in Disability and Health, March 2021, referenced in https://disability.royalcommission.gov.au/news-and-media/media-releases/alarming-rates-family-domestic-and-sexual-violence-women-and-girls-disability-be-examined-hearing#ftn1

99 Brain Injury Australia, Monash University, Domestic Violence Victoria, No to Violence incorporating the Men's Referral Service and the Centre for Excellence in Child and Family Welfare, *The prevalence of acquired brain injury among victims and perpetrators of family violence*, 2018, referenced in https://disability.royalcommission.gov.au/news-and-media/media-releases/alarming-rates-family-domestic-and-sexual-violence-women-and-girls-disability-be-examined-hearing#ftn1

100 University of Melbourne, *Violence against people with disability – Fact sheets*

101 Department of Social Services, *Fourth Action Plan*

Review NDIA Operational Guidelines to recognise the needs of victim-survivors of family violence

Recommendation:

- Review all NDIA Operational Guidelines to recognise family violence risk and update "Changing your plan" Operational Guidelines to include an urgent review of a plan (within 2 to 5 business days) on the basis of a person's safety risks, change in circumstance or care needs because of family violence.

VCOSS members have advised that the current NDIA Operational Guidelines, which set out how the NDIA makes decisions around plans do not currently define family violence. This can impede the family violence and disability support systems working together and ensuring seamless referrals between the two systems.

In the "Applying to the NDIS" Operational Guidelines, the NDIA has 21 days to decide eligibility, but can make decisions quicker in urgent circumstances (2 to 5 business days) if the following situations apply (amongst others):

- Imminent risk (within 1-14 days) of breakdown of either:
  - Accommodation – risk of homelessness
  - Caring arrangements, including informal supports, due to death, serious illness or injury of informal supports, or significant and unexpected deterioration of disability-related functional capacity.

While victim-survivors of family violence may be covered by the imminent risk of breakdown of accommodation or caring arrangements, consideration should be given to expressly defining family violence as a situation in which an urgent decision can be made around eligibility.

Further, in the "Changing your plan" Operational Guidelines, the NDIA has 21 days to make a decision around plan variation. These guidelines do not mention family violence and unlike the Applying to the NDIS Operational Guidelines, there is no section outlining a process for an urgent review of a plan or shorter timeframe in which these decisions must be made. Victim-survivors of family violence may need to leave their home due to it being an unsafe situation, and as such, it is important that NDIS supports, and equipment can be transferred. Onerous evidential requirements to prove family violence should also not be needed.

Alongside. this, it is important that victim-survivors can speak to the relevant teams at NDIA to discuss issues relation to risk management and safety (for example, being able to remove a perpetrator as a plan nominee).

Increase understanding of family violence risks and supports

Recommendation:

- Working in partnership with family violence practice experts and people with disability, develop face-to-face training to increase understanding of family violence risks amongst disability support workers.

One of the issues raised by VCOSS members is challenges around the lack of consistency and understanding of family violence and the ability to identify risk within disability support services. As a result, people experiencing family violence are not being referred to appropriate specialist family violence services by their support workers.

To address gaps in the skills, knowledge, and confidence of disability support workers in relation to assessing family violence risk, there needs to be a greater focus on workforce capacity building.

In developing any training opportunities, this should be done in concert with family violence practice experts and experienced women with disabilities. For example, consideration should be given to running these sessions in person and not online to ensure that attendee's safety and wellbeing is maintained (including opportunities for disclosure), there are subtle and sensitive ways of addressing backlash and appropriate local referrals.

It is also important that disability support workers have the skills and knowledge to be able to refer victim-survivors to family violence specialist supports who can then undertake proper risk assessments and safety plans.

Education

Early Childhood Education and Care

Recommendations:

- That Commonwealth, state and territory governments work together to reduce wait times for assessment across health services to ensure that young children with disabilities or developmental delays are assessed and diagnosed as early as possible.
- That Commonwealth, state, territory, and local governments work together with the early years sector to upskill and support early years service providers to better understand and respond to the rights and needs of children with disabilities and their families through pre-service teaching and training opportunities.

Early intervention is the best way to support the development and wellbeing of children with disabilities or developmental delay. It can help children develop the skills they need to take part in everyday activities and have positive health, wellbeing, and education outcomes as they grow.

However, accessing supports, such as the NDIS and Victorian Kindergarten Inclusion Support (KIS)[102] initiative requires a diagnosis or evidence of undergoing continuing assessment of a disability. Many health services have long waitlists, which creates barriers for families and increases pressure on early childhood education and care services.

Early childhood education and care is a foundation for children's social, emotional, cognitive and physical development. Its a key intervention and prevention measure, with the potential to mitigate intergenerational disadvantage and support early childhood wellbeing.

For individual and society-wide benefits to be realised, all children should have equitable access to it. But some children with disability and/or developmental delay (children with disability) are being excluded.

Workers in the early childhood education and care workforce have many strengths, including a focus on meeting the needs of individual children. However, when educators and teachers don't have the right tools, and access to well-funded and timely supports, it can reduce their confidence in supporting children with disability.

102 Kindergarten Inclusion Support (2023) https://www.vic.gov.au/kindergarten-inclusion-children-disabilities

Primary and Secondary Education

Recommendations:

- That the Commonwealth government should work cooperatively with the relevant State and Territory governments to fix interface issues between the NDIS and the education system (as well as other interfacing systems). This collaborative work should actively engage students with disabilities, families/carers, disability advocates and those working in the different sectors/systems to identify issues, develop solutions and design reform implementation so that students can fully participate in education (and other areas of community life) on the same basis as their peers.
- That the Commonwealth and state governments work together to address reporting and data gaps relating to students with disabilities (through the re-negotiation of the National Schools Reform Agreement) to ensure that their learning and wellbeing needs are captured and understood so that inequities between their learning and wellbeing outcomes and those of their non-disabled peers can be addressed.
- That State and territory governments commit to fully funding government schools and implement needs-based funding.
- That the Commonwealth, state and territory governments support initiatives that strengthen relationships between students, their families and schools and provide wrap-around support with a focus on the students' education and wellbeing needs.
- That the Commonwealth, state and territory governments invest in training, professional development and support for teachers, leaders and the broader community across early years, primary and secondary and higher education settings to build more inclusive and accessible communities.
- That the State and territory governments implement strategies to ensure the consistent application of Individual Learning Plans across education settings.
- That State and territory governments invest in initiatives that support children and young people with disabilities to participate in extracurricular activities in line with their needs and interests.

The right to education is recognised in article 24 (1) of the Convention on the Rights of Persons with Disabilities (the Convention). Article 24 (2) of the Convention places obligations on States Parties to provide access to quality, free, primary education, and to offer reasonable supports within the mainstream education system with the goal of full inclusion.[103]

Both State and Territory governments in Australia have committed to providing all Australian children and young people with access to a high quality and equitable education. This commitment is enshrined in policy and legislation across all jurisdictions. Despite the commitment across Federal and State jurisdictions, children and young people with disability in Australia experience physical, environmental, and social barriers that prevent them from accessing a high quality, equitable education. These barriers are often greater among students with disability from rural, regional, and remote areas of Australia.[104]

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability has so far revealed that many children and young people with a disability experience violence, abuse and neglect across all education systems, settings and phases. This includes the use of restraint and seclusion, which have been found to be use in some Australian schools as a means of coercion and discipline. It has also found that students with disabilities experience bullying and social exclusion at a great rate than their peers.[105]

The exclusion, discrimination, violence and neglect that children and young people face in the education system have a profound impact not only on their learning, but on their mental and physical wellbeing, as well as the wellbeing and prosperity of their families. Students with disability in Australia experience considerably poorer educational outcomes than non-disabled students. Around a third of people with disability aged 20 or over have completed Year 12-level schooling – compared with 62 per cent of people without a disability.[106]

According to Children and Young People with Disability Australia (CYDA), students with disabilities experience enrolment denials in both government and non-government primary and secondary schools. CYDA has found that almost half of disabled students do not receive adequate support in their education, and 10% of students do not receive any support at all for their disability. The schools reportedly attribute this exclusion to the inadequate availability of essential resources and support required to cater to the needs of disabled students.[107]

103 Convention on the Rights of Persons with Disabilities, 2006

104 Senate Education and Employment References Committee, *Access to Real Learning: The Impacts of Policy, Funding and Culture on Students with Disability Report,* 15 January 2016

105 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability *Overview of responses to the education and learning issues paper*, June 2020

106 Australian Coalition for Inclusive Education, *Driving change: A roadmap for achieving inclusive education in Australia*, October 2020

107 Children and Young People with Disability Australia.,*Time for change: The state of play for inclusion of students with disability - Results from the 2019 CYDA National Education Survey, October 2019*, p. 1–21

Consequently, the responsibility of providing disabled students with adequate and consistent support throughout their schooling continues to fall on students and their families. Many families individually finance supports, equipment, specialist health workers, and support workers to create equal access to education for their child. Where this is not within a family's means, children and young people often miss out and are excluded from education and extracurricular activities, thus denying them their right to a high quality, accessible education.

Increasing access to the right supports and reducing demand on the NDIS

Recommendations:

- That the Commonwealth, state and territory governments invest in mainstream supports to ensure that children and young people that have low support needs, that are waiting for a diagnosis, or that are not eligible for NDIS funding get the support they need in the community.
- That State, territory and local governments enable support for children and families in everyday environments: home, education settings and community.
- That the Commonwealth, state and local governments honour their responsibilities to children, young people, and families with disabilities by investing in support services and to ensure better access and inclusion in mainstream services.

There are many more young children entering the NDIS than was expected.

Due to the lack of supports outside the Scheme, many families advocate for their children to be accepted for the NDIS. They go through a time-consuming evidentiary process including seeking a formal diagnosis. There are long waiting list for children and young people to get assessed, which can be very stressful for families. It also means that some young children are missing out on the benefits of early intervention and support, and that there is unnecessary pressure on health and community services. [108]

There is a strong need to address the misconceptions held by some families that children with disabilities always need and have better outcomes when they're engaged with clinical services. However, on the flip side, if children need clinical services, they should be able to access them. Additionally, early engagement creates windows for early intervention and n this sense should be considered an investment not an impost.

108 Australian Government, NDIS Review, *What We have heard: Moving from defining problems to designing solutions to build a better NDIS* , June 2023

Defining childhood, the middle years and youth in the NDIS

Recommendations:

- That the NDIA engage with and respond to research relating to the unique needs of children and young adolescents in their 'middle years' aged 9-14 years old. This should be reflected in how the Scheme supports this cohort and their families, in a similar way to the distinct approach to supporting young children through the 'early childhood approach'.
- That the NDIA report on the outcomes of children and young adolescence aged 9-14 as a distinct group.
- That the Commonwealth, state, territory, and local government services address gaps in research, policy, service provision and program funding the meet the unique needs of children and young adolescents in the middle years.

On July 1, 2023, the NDIA changed their definition of 'children' to mean children younger than 9. This definition aligns with the Scheme's approach to early childhood.[109] Children younger than 6 who do not fully meet the definition of developmental delay and have developmental concerns are also supported through the early childhood approach.[110]

Further, the NDIS defines participants aged 15 to 24 as 'young adults' and can break down reporting data for this group to describe the experiences of 15–18-year-olds and 19–24-year-olds. [111]

What is less clear is how the Scheme defines and reports on the experiences and outcomes of children and young people aged 9-14. This stage of life, sometimes referred to as 'the middle years' [112] is well established to be a critical time that shapes a person's lifelong wellbeing and education outcomes. It is a time characterised by important transitions, from childhood to adolescence, and from primary school to high school where children and their families often need additional support.

Supporting children and young adolescents in their middle years requires a unique approach. It is not appropriate to treat people in this phase of life as you would a young child, or an

109 NDIA, 'The early childhood approach for children younger than 9', https://www.ndis.gov.au/understanding/families-and-carers/early-childhood-approach-children-younger-9, accessed 3 August 2023

110 NDIA, 'NDIS Early childhood approach', https://ourguidelines.ndis.gov.au/early-childhood/early-childhood-approach#:~:text=When%20we%20say%20%E2%80%98child%E2%80%99%2C%20we%20mean%20children%20younger,When%20we%20say%20%E2%80%98we%E2%80%99%2C%20we%20mean%20the%20NDIA, accessed 3 August 2023

111 NDIA, 'New Young adults in the NDIS report released', https://www.ndis.gov.au/news/7252-new-young-adults-ndis-report-released, accessed 3 August 2023

112 Student Wellbeing Hub, 'Understanding the middle years', https://studentwellbeinghub.edu.au/educators/understanding-the-middle-years/ accessed 3 August 2023

older adolescent. However, it is a stage of life that is largely neglected in research, policy, program funding and practice.[113]

113 Murdoch Children's Research Institute, *Child to adult transition study*, https://cats.mcri.edu.au/ accessed 3 August 2023

Appendix 1 – Supporting detail from Chapter 3 "Improving access, planning and plan implementation for equity groups"

VCOSS considers it critical that the NDIS Review facilitates a deeper understanding of the experiences of the following priority cohorts, in order to remove the substantial barriers to Scheme entry and engagement that these groups are more likely to face:

- First Nations Australians
- People from culturally or linguistically diverse backgrounds
- Children and Youth
- People who are LGTIQA+
- Women
- People experiencing poverty
- People living in rural and regional locations
- People with psychosocial disabilities

First Nations Australians

First Nations Australians represent a substantial and growing proportion of NDIS participants with research indicating that the number of First Nations Australians participating in the NDIS is expected to grow at twice the pace of other people with disability.[114]

Despite this, First Nations people with disability remain significantly under-represented in the NDIS. Of the 21,179 participants who entered the Scheme in three months to 31 March 2023, 9.9% were First Nations Australians.[115] A report prepared for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability found that First Nations Australians are 28% less likely to receive access to care through the NDIS than other people with a disability.[116]

With an emphasis on deficits, gaining access to the NDIS can often involve participants having to provide evidence of the limitations imposed by their disability. This process continues to stressful and traumatising for First Nations people with disability[117], whose cultural understanding of disability focuses on the uniqueness and strengths of the individual.[118] In fact responses to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with disability indicate that there is often no word for 'disability' in First Nations

114 Deloitte, *Research report – Options to improve service availability and accessibility for First Nations people with disability*, June 2023, p.4

115 NDIA, *Report to Disability Ministers for Q3 of Y10 Summary Part A*, 2023, p.18

116 Deloitte, *Research report – Options to improve service availability and accessibility for First Nations people with disability*, June 2023, p.4

117 Deloitte, *Research report – Options to improve service availability and accessibility for First Nations people with disability*, June 2023, p.149

118 J Smith-Merry, J Gilroy and A Watharow, '*The NDIS at ten years: designing an equitable scheme for the next decade*', *Medical Journal of Australia*, 2023, p.292; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Overview of responses to the Experience of First Nations people with disability in Australia Issues paper*, August 2021, p.8

languages.[119] There is evidence to suggest the NDIS has not been designed to reflect a First Nations' understanding of disability.[120]

Even once eligible and a part of the scheme, First Nations participants have significantly lower rates of plan utilisation.[121] NDIA data shows that after completing the access process, over 40 per cent of First Nations NDIS participants do not know what happens next.[122]

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with disability has found that:

- A larger number of First Nations people live outside of major cities and in remote areas[123] where a lack of services[124], particularly culturally appropriate services,[125] act as key barriers to accessing the NDIS.
- Plans are usually reviewed by workers with little understanding of cultural obligations.[126]
- NDIS plans also fail to provide funding for culturally appropriate supports for First Nations people with disability, such as funding to strengthen connections to family, community, and culture[127].

Given the significant inequity in First Nations people's access to and experience of the NDIS, and the intersecting factors of rurality and ongoing socioeconomic disadvantage experienced by many First Nations people and communities.

People from culturally and linguistically diverse backgrounds

Initial estimates anticipated 20 per cent of NDIS participants would be people from CALD backgrounds[128], but only 9.1 per cent of participants identified as CALD as at 30 June 2023.[129]

119 Royal Commission into Violence, Abuse, Neglect and Exploitation of People With Disability, *Overview of responses to the Experience of First Nations people with disability in Australia Issues paper*, August 2021, p.3

120 Royal Commission into Violence, Abuse, Neglect and Exploitation of People With Disability, *Overview of responses to the Experience of First Nations people with disability in Australia Issues paper*, August 2021, p.3; Deloitte, *Research report – Options to improve service availability and accessibility for First Nations people with disability*, June 2023, p.149

121 G Disney, Y Yang, P Summers, A Gupta, S Byars, B Bonyhady and A Kavanagh, *NDIS Utilisation Project: describing, understanding and explaining inequalities in plan utilisation*. Melbourne: Melbourne Disability Institute, 18 October 2021, p.6

122 NDIA, '*Aboriginal and Torres Strait Islander participants – report at, 30 June 2019*', p.18.

123 G Disney, Y Yang, P Summers, A Gupta, S Byars, B Bonyhady and A Kavanagh, *NDIS Utilisation Project: describing, understanding and explaining inequalities in plan utilisation*. Melbourne: Melbourne Disability Institute, 18 October 2021, p.56

124 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Overview of responses to the Experience of First Nations people with disability in Australia Issues paper*, August 2021, p.8

125 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Overview of responses to the Experience of First Nations people with disability in Australia Issues paper*, August 2021, p.8

126 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Overview of responses to the Experience of First Nations people with disability in Australia Issues paper*, August 2021, p.150

127 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Overview of responses to the Experience of First Nations people with disability in Australia Issues paper*, August 2021, p.152

128 NDIA, *Cultural and Linguistic Diversity Strategy*, 2018

129 NDIA, *Quarterly report: 2022-23 Q4*, 30 June 2023

Lack of awareness of the NDIS, language barriers as well as the complexity of the Scheme itself, can impact access to and engagement with the NDIS.[130] Research by the Ethnic Communities' Council of Victoria found almost 80 per cent of research participants reported they and their family did not have good knowledge about disability supports and the NDIS, and 90 per cent considered there is not enough information and help available.[131] Cultural beliefs and stigma around disability as well as a distrust of government, may also contribute to some individuals and families not wanting to identify as having a disability.[132]

During the planning process, CALD community members can face barriers communicating their needs throughout the planning process due to limitations in health literacy, limited knowledge of the NDIS service system and their rights as NDIS participants, combined with a possible reluctance to criticise or complain[133]. Additionally, LACs are not necessarily resourced to provide culturally sensitive service for people from CALD backgrounds,[134] and LACs and Planners are not always aware of participants' right to access interpreters, despite NDIA policies.[135]

VCOSS acknowledges current work being undertaken on the NDIA Cultural and Linguistic Diversity strategy, due to be launched in November 2023. Specifically, we hope to see a clear framework for measuring the progress of the strategy and a commitment to sharing this data publicly so that the data can be utilised to affect real and tangible change.

Children and Youth

Around 10% of children and young people under 24 in Australia have a Disability.[136] Data regarding the prevalence of disability among children and young people in Victoria reveals the following:

- Around 15,036 (4%) of children 0–4 have a disability.
- Around 73,800 (9.3%) of children aged 5–14 have a disability.
- Around 77,353 (10%) of young people 15–24 have a disability.[137]

Data relating to participant outcomes suggests that the NDIS is having a positive impact on child development, access to specialist services and independence. For young people over

130 S Bates, R Kayess, G Giuntoli, A Rengel-Gonçalves, B Li, KR Fisher, D Golding, B Ramirez and I Katz,*'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, April 2023, p.35; ECCV, *It's Everybody's Business*: *Multicultural Community Perspectives on Disability and the NDIS*, June 2019, p.8

131 Federation of Ethnic Communities' Councils of Australia et. al., *Barriers and exclusions: The support needs of newly arrived refugees with a disability*, February 2019, p.24-25; ECCV, *It's Everybody's Business: Multicultural Community Perspectives on Disability and the NDIS,* June 2019.

132 Settlement Services International, *Still outside the tent: cultural diversity and disability in a time of reform – a rapid review of evidence*, October 2018, p.14.

133 Victorian Refugee Health Network, *Disability Service Access Issues for People of Refugee Backgrounds Living with a Disability in Victoria*, March 2023, p.10

134 Victorian Refugee Health Network, *Disability Service Access Issues for People of Refugee Backgrounds Living with a Disability in Victoria*, March 2023, p.9

135 Joint Standing Committee on the National Disability Insurance Scheme, 'NDIS Planning Final Report', December 2020, p. 187

136 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings*, 2019

137 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings*, 2019

15, the NDIS is also providing participants with an increase in choice and control over the services they access, as well as improvements in daily living, relationships, health and wellbeing and community and civic participation. [138]

For parents and carers of children and young people 0-14, there have been positive perceptions of the Scheme's role in improving family and carer capacity to help their child develop and learn, improving access to services, and families feeling supported.[139]

Women

Research suggests that the "NDIS has a female participation rate of 37%, while ABS data indicate that girls and women form 49% of the disability population in the NDIS-eligible age group of under 65."[140] Addressing this low participation rate should be prioritised by the NDIA. This research recommends that the NDIS creates an explicit gender strategy to address inequalities.[141] One of the challenges recognised in the research is that 'medical diagnosis, treatment and research has long been biased against women and girls.

This is likely to play a role in women's underrepresentation in the NDIS.'[142] Further, this research queried whether women might be disadvantaged by individualised funding that relies on having the confidence and negotiating skills to self-advocate.

People who are LGBTIQ+

LGBTIQ+ people with disabilities experience compromised access to and quality of service provision from both the disability and LGBTIQ+ service sectors.[143] Private Lives 3, Australia's largest national survey of the health and wellbeing of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people, found that more than three quarters of LGBTIQ people who had a severe disability or long-term health condition were unfairly treated by others in the past 12 months.[144] VCOSS acknowledges the NDIA LGBTIQA+ Strategy and considers it important that data be made publicly available to evaluate the impact of the strategy.

138 NDIS, *Participant, families and carer outcomes reports*, 2022

139 NDIS, *Participant, families and carer outcomes reports*, 2022

140 S Yates, G Carey, J Hargrave, E Malbon and C Green, *'Women's experiences of accessing individualized disability supports: gender inequality and Australia's National Disability Insurance Scheme',* *International Journal for Equity in Health*, 8 November 2021

141 Yates, G Carey, J Hargrave, E Malbon and C Green, *'Women's experiences of accessing individualized disability supports: gender inequality and Australia's National Disability Insurance Scheme',* *International Journal for Equity in Health*, 8 November 2021

142 Yates, G Carey, J Hargrave, E Malbon and C Green, *'Women's experiences of accessing individualized disability supports: gender inequality and Australia's National Disability Insurance Scheme',* *International Journal for Equity in Health*, 8 November 2021

143 Drummond Street Services, *Response to Promoting Inclusion Issues paper*, May 18 2021

144 A Hill., A Bourne, R McNair, M Carman and A Lyons, '*Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*', ARCSHS Monograph Series No. 122, 2020, Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University, p.107

People experiencing poverty

People experiencing poverty and socio-economic disadvantage face particular barriers when trying to access and engage with the NDIS.

These barriers can include (but are not limited to):

- Social isolation
- Discouragement from or limited access to medical professionals.[145]
- Lower digital literacy and in some cases limited access to the internet. This presents a barrier to entry given online communication channels are a significant way potential participants learn about and access the NDIS.
- Financial costs related to assessments (travelling to specialists, obtaining medical reports, and finding private providers, especially where there are long wait lists in the public system).

Also, many people with disabilities experience poverty and struggle to meet basic needs including food security, electricity, transport, and secure, suitable housing. In this context, pursuing goals, including attempting to access the NDIS, may be perceived as an additional challenge that cannot be prioritised.[146]

A study into the experiences of people facing socio-economic disadvantage who were likely to be eligible for the NDIS found 72 per cent of interviewees were either unaware of, or had distorted views about, the purpose and the eligibility criteria of the NDIS.[147]

Even once eligible for the scheme, people experiencing poverty are more likely to be underserviced. Research has found participants who lived in areas classified as having 'low socio-economic statuses' had lower funded plans, spending and slightly lower plan utilisation than those in 'high socio-economic' areas.[148]

People in rural or regional settings

People in rural or regional settings also face the following unique barriers to entry and engaging with the NDIS.

People with disabilities living in rural and regional areas are more likely to be 'digitally excluded', with limited access to the internet, lower digital literacy, and cost barriers to

145 C Cortese, F Truscott, M Nikidehaghani & S Chapple, *'Hard-to-reach: the NDIS, disability, and socio-economic disadvantage', Disability & Society,* June 2020, p.13; K Paterson, *Homelessness and the National Disability Insurance Scheme – Challenges and Solutions*, Council to Homeless Persons, May 2017, p.2

146 C Cortese, F Truscott, M Nikidehaghani & S Chapple, *'Hard-to-reach: the NDIS, disability, and socio-economic disadvantage', Disability & Society,* June 2020, p.899

147 C Cortese, F Truscott, M Nikidehaghani & S Chapple,, *'Hard-to-reach: the NDIS, disability, and socio-economic disadvantage', Disability & Society,* June 2020, p.13

148 G Disney, Y Yang, P Summers, A Gupta, S Byars, B Bonyhady and A Kavanagh, *'NDIS Utilisation Project: describing, understanding and explaining inequalities in plan utilisation'*. Melbourne: Melbourne Disability Institute, 18 October 2021, p.92

access technology.[149] This presents a barrier to entry given online communication channels are a significant way potential participants learn about and access the NDIS.

Reduced access to health professionals due to a lack of local services, long waiting lists, lengthy travel times and transport issues[150]. These delays and service gaps mean it can often take far longer for people with disability in these areas to collect the required evidence for their NDIS access request and/or to evidence their need for continued support in a plan review.[151]

The planning process is often made more difficult by shortages of LACs and planners' locations.[152] Concerns have been raised about Planners' limited understanding of the barriers to specialised services for participants living in these geographical locations,[153] and the failure to adequately accommodate transport and travel costs in the development of plans.[154] The lack of service providers in these locations also undermines participants' genuine access to 'choice and control' over their plan.

People with psychosocial disabilities

Data from September 2022 indicates that 10 percent of active participants in the NDIS identify as having a primary disability of a psychosocial disability, making it the third most common disability for NDIS participants.[155]

Described by the NDIS as a disability that may arise from a mental health issue, it is often strongly correlated with complex issues such as homelessness and alcohol and other drug dependence.

It is well established that people with a psychosocial disability are among those experiencing the most marginalisation in the Australian community and frequently have to navigate mental illness, homelessness, discrimination, physical illnesses and pronounced economic and social disadvantage.[156] The Independent review panel responsible for the NDIS Review has acknowledged that people with psychosocial disability are reluctant to apply to the

149 J Thomas, J Barraket, CK Wilson, I Holcombe-James, J Kennedy, E Rennie, S Ewing ,T MacDonald, *'Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020'*, 2020, RMIT and Swinburne University of Technology, Melbourne, for Telstra. p15

150 S Veli-Gold, J Gilroy, W Wright., K Bulkeley, H Jensen, A Dew and M Lincoln, *'The experiences of people with disability and their families/carers navigating the NDIS planning process in regional, rural and remote regions of Australia: Scoping review'*, *Australian Journal of Rural Health,* May 2023, p.14

151 Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Planning Final Report,* December 2020, p. 202

152 Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Planning Final Report,* December 2020, p. 206

153 S Veli-Gold, J Gilroy, W Wright., K Bulkeley, H Jensen, A Dew and M Lincoln, *'The experiences of people with disability and their families/carers navigating the NDIS planning process in regional, rural and remote regions of Australia: Scoping review'*, *Australian Journal of Rural Health,* May 2023, p.14

154 S Veli-Gold, J Gilroy, W Wright., K Bulkeley, H Jensen, A Dew and M Lincoln, *'The experiences of people with disability and their families/carers navigating the NDIS planning process in regional, rural and remote regions of Australia: Scoping review'*, *Australian Journal of Rural Health,* May 2023, p.14

155 NDIS, *Psychosocial disability summary*, September 2022, Accessed 8 August 2023.

156 Australian Bureau of Statistics, 2020, Psychosocial disability. Accessed 8 August 2023

scheme because they have faced several barriers in accessing and implementing appropriate NDIS supports.

Despite this, people with psychosocial disability who make an access request continue to experience notable rejection rates. 49% of access decisions for applicants with a psychosocial disability resulted in the applicant joining the scheme in the September 2022 quarter, compared to 77% of access decisions for all applicants.[157]

Participation number still lower than expected numbers.[158] Analysis indicates this is due to both low NDIS application rates and low rates of success for those who with psychosocial disability who do apply.[159] This reinforces that people with psychosocial disability are missing out for many reasons and the NDIA is failing to engage appropriately with people experiencing psychological disability. [160]

157 NDIS, *Psychosocial disability summary*, September 2022, Accessed 8 August 2023

158 J Smith-Merry, N Hancock, J Gilroy, G Llewellyn and I Yen, *Mind the Gap: The National Disability Insurance Scheme and psychosocial disability*, The University of Sydney, 30 January 2018, p.4-5

159 Australian Government, *Mental Health Productivity Commission Inquiry Report, Volume 3*, June 2020, p. 852

160 J Smith-Merry, N Hancock, J Gilroy, G Llewellyn and I Yen, *Mind the Gap: The National Disability Insurance Scheme and psychosocial disability*, The University of Sydney, 30 January 2018, p.4-5

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