

Submission to Inquiry into the NDIS market in Queensland

Queensland Productivity
Commission

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AASW

.....
Australian Association
of Social Workers

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The Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the professional body representing more than 12,000 social workers throughout Australia. We set the benchmark for professional education and practice in social work, and advocate on matters of human rights, discrimination, and matters that influence people's quality of life.

The social work profession

Social work is a tertiary qualified profession recognised internationally that pursues social justice and human rights. Social workers aim to enhance the quality of life of every member of society and empower them to develop their full potential. Principles of social justice, human rights, collective responsibility, and respect for diversity are central to the profession, and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledges. Professional social workers consider the relationship between biological, psychological, social and cultural factors and how they influence a person's health, wellbeing and development. Social workers work with individuals, families, groups and communities. They maintain a dual focus on improving human wellbeing; and identifying and addressing any external issues (known as systemic or structural issues) that detract from wellbeing, such as inequality, injustice and discrimination.

Our submission: Executive Summary

The AASW has welcomed the National Disability Insurance Scheme (NDIS). The values of 'choice and control' that underpin the NDIS are consistent with the values and principles of self-determination and empowerment that have guided the social work profession for many decades. The AASW Code of Ethics aligns closely to the Objectives and Principles of the NDIS Act¹ and the UN Convention on the Rights of Persons with Disabilities. Because social workers focus on

¹ <https://www.ndis.gov.au/about-us/operational-guidelines/overview-ndis-operational-guideline/overview-ndis-operational-guideline-about-ndis>

enhancing quality of life and empowering people to full social and economic inclusion, the values, qualifications, and skills that social workers bring are a perfect match with the person-centred approach of the NDIS.

Social workers are present throughout the NDIS in a variety of roles, working as individuals or in organisations. Many of our members have made, or are making, the transition to working within the NDIS. Many who have extensive experience in assessment, planning and case management with people living with multi-faceted disabilities are providing Support Coordination or Specialist Support Coordination. Social workers are also working in other roles within the NDIS including service development, psycho-social support, planning, local area co-ordinators, supervisors, and service co-ordinators.

The AASW welcomes this inquiry and its broad understanding of the issues related to NDIS markets because social workers observe significant gaps persisting between the support that participants require and the services that participants are actually receiving. Our members' experience of working within the NDIS is that there are three main limitations to the operations of the NDIS marketplace which are limiting Queensland participants' outcomes. The first is the adequacy of the plans formulated for participants, the second is the under-utilisation of the Support Coordination and Specialist Support Coordination roles. These roles have the capacity to 'unlock' the potential of participants' plans and assist them to overcome the issues connected to thin markets. The third main contributor is the lack of availability of appropriate services responsive to specialist needs such as suitable employment opportunities for participants or culturally appropriate services. These will be addressed under the relevant Terms of Reference.

Recommendations

1. That LAC's and planners receive improved professional development concerning the importance of Support Coordination as the key to unlocking the potential of plans, the amount of time it requires and the level of support that each participant requires.
2. That LAC's and planners receive professional development concerning the central role of social workers in providing Support Coordination and Specialist Support Coordination, to gain a greater understanding of the time required to perform these roles; and ensure it is allocated accordingly
3. That the level at which the Support Coordination and Specialist Support Coordination is currently allocated, resourced and priced be reviewed to ensure that participants receive the professional support they need to build their capacity and achieve their optimum outcomes.
4. That the limit of one year for Support Coordination be removed from plans.
5. That the NDIA commence dialogue with the AASW to streamline the process of registration to provide services within the NDIS in recognition of their qualifications, continuing professional development, higher level credentialing, and compliance with the AASW Code of Ethics.
6. That greater investment be made in supporting innovative programs, such as social enterprises and micro-businesses, which provide alternative meaningful and varied employment opportunities for people living with a disability.

7. That greater investment be made in programs, such as training and mentoring, which provide pathways into employment for participants.
8. That the First People's Disability Network Australia 10 priorities be implemented to address disability inequity as described in their 10-point-plan.²
9. That the NDIS engage with the report of the Federal parliament inquiry into rural and regional Australia to identify ways of improving the operations of the NDIS in these areas.

² <https://fpdn.org.au/wp-content/uploads/2018/10/FPDN-ten-priorities-2018.pdf>

The degree to which the NDIS market has met the needs of participants, including whether thin markets or supply issues are contributing to the underutilization of NDIS Plans

From your perspective, what barriers do participants face in finding providers and utilising their plans?

The AASW notes with concern to the evidence in the QPC Issues Paper³ that there has been significant under-spending of approved plan budgets, particularly in services for hearing impairment, and psycho-social disability. Of the multiple factors that may contribute toward this, AASW members have identified the following.

The lack of information available for participants

Participants and their plan nominees lack of information on how to access and read their plan, use their funding, and engage with service providers. Some participants require ongoing assistance to implement their plan effectively, and our members have the impression that not all services understand or promote the rights of participants to exercise choice and control over the supports they receive. Nor do all service providers assist participants explore alternative options when particular supports are not available. This results in stress and anxiety for participants when attempting to engage with services, which can be compounded by inaccessible language or terminology in the NDIS guidelines and reports.

CASE STUDY 1

I recently worked with a man who has had kidney failure since a teenager. He has been on dialysis for many years and as a 47-year-old man recently had a leg amputation. He has a background of personality disorder and cognitive impairment due to dialysis and hearing impairment. He did not get Support Coordination in his plan, even if he did, he would not have understood what that meant. One month after receiving his plan and leaving the hospital I was asked to see him due to falls at home. When speaking with him he did not have any supports in place and talked about how bad a guy was who came to see him because he didn't come back. It turned out that the guy who came to see him was his plan manager and the participant did not understand what a plan manager was meant to do. Nothing of significant benefit had been implemented from his plan.

The AASW is concerned that Local Area Coordinators (LACs) do not all have sufficient resources from the NDIA to assist participants in creating plans. Although participants who appear to have complex needs are automatically sent to the LACs to be referred to the complex team within NDIA, our members report that LACs can be too busy to provide the required support to a family to build

³ Queensland Productivity Commission. (June 2020). *Issues Paper: Inquiry into the NDIS market in Queensland*. <https://qpc.blob.core.windows.net/wordpress/2020/06/NDIS-Issues-Paper.pdf>

the most appropriate plan for a participant. As well as compromising the ability of plans to build the capacity of participants, it is preventing the planning process from sending timely and effective signals to the service marketplace.

CASE STUDY 2

During Covid-19, NDIS rolled out a policy that some plans can be rolled over if the current funding is able to meet the participants' needs, with no need of holding a Plan Review Meeting. I was working with a participant with intellectual and mental health disability, whose needs were compromised in his current plan. I finished the Plan Review Report, dropped this into his mailbox and after he retrieved the report from his mailbox, I went through the report with him using technology, especially his new goals and justification of funding that needs to be increased or decreased. I also submitted all reports from other service providers. As the plan end date was approaching, I did not hear from the NDIA and called them to chase up the Plan Review Date. I was advised that they had called the participant and the participant told them that he was happy with his current plan and was happy for his current plan to roll over without making any changes.

CASE STUDY 3

A social worker received a referral from a family five months after their plan had commenced. The family have a child with high and complex needs. At the time of referral, the family had not accessed their plan and were still waiting for the LAC to contact them to assist with engaging providers, despite having previously sought assistance from the LAC. The parents were at risk of relinquishment and were at significant risk of self-harm. The social worker linked the family with a suitably qualified Coordination of Support (though this should have been Specialist Support Coordination) and therapist; and gathered the complex therapy reports required to engage appropriate supports. This required 323 emails including 36 which provided direct clinical evidence of functional impact and 13 reports and applications.

The lack of responsiveness in case planning

AASW members have observed many instances where a participant's social, economic and domestic environment evolved to the extent that their original plan was no longer appropriate but that the plan could not be changed because that function is only available in the first year of a plan..

The lack of expertise at the level of case planning and local coordination

AASW members have observed that the lack of qualified people to effectively plan for participants with complex needs is a systemic barrier preventing participants from receiving the level of support they require.

This is exacerbating the inequalities experienced by highly vulnerable people whose complex, support needs remain unmet. It contradicts the very premise and principles of choice and control and access that underpin the NDIS; and distorts the ability of the market place to operate effectively.

Support Coordination as the key to unlocking supply of services and meeting demand

It is the AASW's position that the Support Coordination and Specialist Support Coordination roles are an essential key to overcoming the thin market that currently exists for people with complex, multi-faceted needs within the NDIS. Our members report that the current process of assessment, planning and plan implementation do not recognise the important role that social work can play in ensuring that the market for services is operating effectively and achieving the best outcomes for participants.

The Support Coordination and Specialist Support Coordination roles in the NDIS fall within the existing capabilities of social workers because the planning and coordination of care has long been a skill in which social workers specialise. Indeed, the knowledge and competencies that qualify people for this role is a foundational element in the social work qualification and is key element in the accreditation of social work (qualifying) regime.⁴

Core to social work is working from a client centred, empowerment and strengths-based approach to assist individuals to overcome adversity and build capacity, by providing holistic individualised support. Social workers continue their support by arranging, co-ordinating, and monitoring all services to ensure that they form a coherent, strength-based response to all the person's needs. They understand that this work depends on a collaborative and empowering relationship with the person⁵. The similarities between this work and the Support Coordination role is clear. The NDIS document on Support Coordination states that its role is to "*Strengthen a participant's ability to design and build their NDIS supports with an emphasis on linking the broader systems of support across a complex service delivery environment*"⁶.

Our longstanding experience in these roles has led members to the conclusion that the current budget for Support Coordination is too low to adequately deal with the complex and intersecting needs of many participants. There are several dimensions to this undersupply: whether it is included in plans; whether sufficient resources are allocated at the appropriate level; and signal to the market that is sent by the price at which it is paid.

Whether Support Coordination is included in participants' plans

Social workers have the impression that not all NDIS planners understand the functional impact of disability and psychosocial disability. This can have a negative impact on participants who are not

⁴ Australian Association of Social Workers, 2017 *Australian Social Work Education and Accreditation Standards*

⁵ Australian Association of Social Workers 2015. "The Scope of Social Work Practice: Psychosocial Assessments." *Australian Association of Social Workers*. December. Accessed April 18, 2019. <https://www.aasw.asn.au/practitioner-resources/the-scope-of-social-work-practice>.

⁶ <https://www.ndis.gov.au/about-us/operational-guidelines/overview-ndis-operational-guideline/overview-ndis-operational-guideline-about-ndis>

funded for the services they actually need to build their capacity. In particular, many LAC's and planners do not understand the key roles of Support Coordination and Specialist Support Coordination. Our members have reported several instances where a participant was not funded for Service coordination despite needing assistance to identify and connect with other services systems and to integrate all their supports. In these cases, some social workers provide this support, and bill it as social work from the participant's capacity building budget: *"if we have an existing relationship with a family through our organisation, they will request this from us"*. (AASW member).

Allocating sufficient resources for Support Coordination

Social workers have observed that even if Support Coordination is included in plans, the allocation is not sufficient to achieve meaningful improvements in participant outcomes. This creates an issue for organisations and professionals when Support Coordination funding has been exhausted before the plan ends. When social workers who have established a relationship with participants and families are asked to continue providing ongoing support, they are confronted by an ethical and professional dilemma. Many have been doing this by using money allocated to their social work therapy.

Specialist Support Coordination

Social workers have identified inconsistencies in the way that the difference between the two levels of Support Coordination is identified; and in the way that the specialist role is planned for and resourced. Social Workers work with many participants who receive funding only for 'Support Coordination' but who in fact require Specialised Support Coordination, because of several factors. Participants may

- be from culturally and linguistically diverse backgrounds
- be living with complex trauma, mental health issues or learning difficulties which impact on their capacity to understand NDIS processes and language
- have experienced significant barriers to successful capacity building through previously unsuccessful attempts at Support Coordination across their plan.

There is also little understanding of the gradations within Specialist Support Coordination. For example, members have encountered instances where NDIA planners did not approve Level 3 SSC because 'there are not enough Level 3 SSC' to refer to. The result was that the level of funding was inadequate, and the service was downgraded to Level 2 Supported Coordination.

This leaves social workers with the choice between providing a Specialist Support Coordination service as is consistent with their professional responsibility and being underpaid on the one hand, or providing an inadequate or incomplete service that is consistent with the funding level on the other hand, which continues the disadvantage and exclusion experienced by vulnerable participants. It also underrepresents the need for Level 3 SSC by participants.

Service coordination pricing

Although the 'Support Coordination' role as defined in NDIS conforms to the description of core social work competencies and would be classified as 'social work' in other contexts or sectors, the Support Coordination is funded at of \$96.04 per hour which is lower than the rate for other qualified allied health professionals. The AASW believes that this contributes to the devaluing of the efforts of social workers and by extension, devalues the contribution that a coherent set of services would make to participants' outcomes. It also discourages skilled professionals from delivering this service. A prominent AASW member summarised the position to a recent parliamentary inquiry:

*"If you think about planners or support coordinators, if you map those skills, they are the core skills of social workers. But what we are seeing is that support coordinators and planners are nowhere near trained or qualified to do those tasks to the level that social workers are. In fact, we take anybody. There's been a focus on people who have life experience, people who have lived experience of disability, people who have done all sorts of other things, coming into the sector. But my argument is that we need to make sure those peoples have the skills, qualifications and training, depending on who they are working with, appropriate to the jobs they are doing. It needs investment. It's no good investing in providing more services if we're not investing in the workforce to be able to deliver the quality of services that is going to make a difference."*⁷

CASE STUDY 4

A participant with a primary disability of deafness along with many health comorbidities, including substance use disorder had very low funding in his plan. When the social worker first met the participant, it was to prepare for a NDIS planning meeting with the Local Area Coordinator and the participant's interpreter. In the meeting the social worker identified of the \$20,000 plan, a mere \$500 had been used by the participant; and that the plan did not respond to the debilitating disabilities that stemmed from chronic permanent health conditions. The social worker advocated for a new plan to be created that included support for the participant's permanent health conditions leading to significant disabilities. The social worker was given three months to accumulate the evidence for a plan increase.

Through understanding the complexities of the participants' needs, the social worker engaged a Support Coordinator with appropriate background in working with the deaf community. Additionally, support the SC to introduce the support worker and other services, including specialised mental health.

⁷ Bigby, C. Verbal evidence to hearing, Senate Standing Committee on the NDIS, parliament of Australia, https://parlinfo.aph.gov.au/parlInfo/download/committees/commjnt/022dec22-f340-4058-8fc7-d346f3102e5b/toc_pdf/Joint%20Standing%20Committee%20on%20the%20National%20Disability%20Insurance%20Scheme_2020_07_28_7914.pdf;fileType=application%2Fpdf

The psychosocial report written and compiled by the social worker resulted in the appropriate increase in funding, which includes an element of community engagement which only a few months ago would have been viewed as improbable.

Recommendations

1. That LAC's and planners receive improved professional development concerning the importance of Support Coordination as the key to unlocking the potential of plans, the amount of time it requires and the level of support that each participant requires.
2. That LAC's and planners receive professional development concerning the central role of social workers in providing Support Coordination and Specialist Support Coordination, to gain a greater understanding of the time required to perform these roles; and ensure it is allocated accordingly
3. That the level at which the Support Coordination and Specialist Support Coordination is currently allocated, resourced and priced be reviewed to ensure that participants receive the professional support they need to build their capacity and achieve their optimum outcomes.
4. That the limit of one year for Support Coordination be removed from plans.

Consideration of any impediments to supply, including in relation to the preparedness of the private and non-government sectors to enter the market

What are the key barriers to increasing your capacity to deliver services into the NDIS market in Queensland?

Doubling up: qualifications and the registration process

The AASW endorses the quality and safety assurance measures that have been introduced into the NDIS; and the requirement that service providers be registered. Nevertheless, the current registration requirements for providers of Support Coordination services is contributing to the current gap between the supports that people need and the services they receive. This is because the process and costs to register are creating an unnecessary obstacle for qualified professionals who already have accreditation for conducting this work.

The Support Coordination and Specialist Support Coordination roles in the NDIS fall within the existing capabilities of social workers because the planning and coordination of care has long been a skill in which social workers specialise. Indeed, the knowledge and competencies that qualify people for this role is a foundational element in the social work qualification and is key element in the accreditation of social work (qualifying) regime.⁸

⁸ Australian Association of Social Workers, 2017 *Australian Social Work Education and Accreditation Standards*

The AASW submits that members of the AASW should not be required to complete the added registration requirements imposed by the NDIS. Members of the AASW have already had their qualification assessed as to whether they can competently undertake this work, have agreed to abide by the AASW Code of Ethics, have undertaken to be accountable under the AASW compliance mechanism and have committed to maintain their level of competence. Added to this, the AASW is currently in the process of implementing a higher level of credential for social workers with a higher level of expertise in working with people who are living with a disability.

Prohibitive costs of entering the market as a service provider

Social workers who want, and are able, to provide services report to the AASW that the registration process is causing difficulties for them entering the NDIS workforce, due to the onerous requirements in several jurisdictions for certification. Many social workers have contacted the AASW concerning the prohibitive costs of the assessment by an external quality auditor that is required before registration. The AASW has observed wide variation between the quoted costs; members report having received quotes for amounts between \$1,000 and \$8,000, with little evident reason for the variation.

Recommendation

5. That the NDIA commence dialogue with the AASW to streamline the process of registration to provide services within the NDIS in recognition of their qualifications, continuing professional development, higher level credentialing, and compliance with the AASW Code of Ethics.

The productivity impacts of Queensland's investment in the NDIS, including enabling people with disability and carers to obtain employment, undertake education and training and ability to participate in the community

Supported employment provides participants with the opportunity to participate in social and economic activities and make a meaningful contribution to the workforce. It can lead to continuing employment, and self-managed plans can provide the opportunity for creative approaches such as micro businesses. However, supported employment is primarily offered by large disability service providers that may not meet the needs of all participants. Requiring these workplaces to implement access and inclusion action plans will improve opportunities and provide more inclusive environments.

Further options beyond supported employment also need to be embraced. The existing Supported Wage System reduces participants' ability to receive a full wage and under values the person's contribution.⁹ The AASW believes that there is a need for new pathways and employment opportunities for people with disabilities to meet their diverse goals in the workplace.

⁹ <https://www.employment.gov.au/supported-wage-system>

A new 'pathway to employment' could include social enterprises, small businesses including online and opportunities in the visual and performing arts. Best practice examples already exist with services such as Community Living Association and their Espresso Train café social enterprise. There are also several well-known micro businesses established by people with a disability (and their family/natural supports) in Queensland e.g. *Thinking of You Gifts* and *Laser Beak Man*. These will require sufficient resourcing, to ensure their effective implementation.¹⁰

Social workers have been concerned that COVID 19 restrictions have had a detrimental effect on supported employees causing disrupted routine, reduced income, and psycho-social support. Measures to counter these effects need to be adopted, including individualized person-centred support, facilitated through employment coaches and other relevant supports.

Recommendations

6. That greater investment be made in supporting innovative programs, such as social enterprises and micro-businesses, which provide alternative meaningful and varied employment opportunities for people living with a disability.
7. That greater investment be made in programs, such as training and mentoring, which provide pathways into employment for participants.

A review of participant transition rates and factors, including identification of any cohorts that have not transitioned and why transition has not occurred

The people who find it most difficult to transition onto NDIS are the people with multiple, complex vulnerabilities. When the complex and interconnected needs of a vulnerable person are not adequately met, the situation can develop into a crisis, and it at this point that social workers become involved. Many members have encountered people whose situation has deteriorated because their eligibility for services under the NDIS had not been recognised earlier. For these people the effort and time to enact a response has been exacerbated by the delay. These instances fall under the following main headings.

Administrative barriers

AASW members have worked with people whose supports were terminated when services lost funding and were unable to transition to the NDIS because of the difficulty of obtaining background information/evidence to meet the NDIS requirements. This has included information such as a formal diagnosis, confirmation of lifelong impairment, determining that all non-NDIS treatment options have been exhausted; and the condition is now stable.

¹⁰ <https://www.laserbeakman.com/>
<https://www.thinkingofyougift.com/about/freyas-story/>

CASE STUDY 5

A person with traumatic brain injury (TBI) and schizophrenia after a motor vehicle accident was attempting to transition to NDIS. Before this he was using compensation funds as needed.

At the time of the individual acquiring his brain injury, he was also diagnosed with schizophrenia. It not known whether the TBI precipitated the schizophrenia. Nevertheless, he identified how schizophrenia had acquired more impact on his daily life. An access request form was filled out highlighting the psychosocial implications of his disability on his function and day to day life, in addition to the implications of his brain injury. These included difficulties with short term memory and the need for constant prompting and supervision. The individual's access was denied on the grounds that the disability was not permanent.

The social worker then reapplied, completing a secondary access request with a more explicit focus on how both TBI and schizophrenia impacts on daily function. This application had a higher focus on implications of TBI on daily function and was successful.

The implications of the individual's brain injury were more visible and more easily identified in communication with the individual, whereas on paper it appeared that his mental health had more impact. The NDIS had also overlooked the permanency of the disability which had been well documented by medical professionals and clinicians. .

Barriers faced by Aboriginal and/or Torres Strait Islander people and people from culturally and linguistically diverse (CALD) backgrounds

Nationally, 381,453 participants have entered the NDIS since it was first was launched in 2013. Of this number, only 9.1% of participants are from a Culturally and Linguistically Diverse (CALD) background and even fewer are Aboriginal and / or Torres Strait Islander people, (6.2%).¹¹ This demonstrates the importance of culturally appropriate services at every point at which a potential participant makes contact with the NDIS. Cultural competency and culturally appropriate practice are crucial to ensuring that all people have adequate access to the NDIS and positive NDIS Plan outcomes. This may include identifying culturally specific engagement strategies, funding for advocacy for potential participants, culturally appropriate Support Coordination, and access to interpreters and translators for NDIS Plans. Techniques that focus on participants need to be complemented by changes to policies and procedures within the NDIS itself. The First People's Disability Network Australia has identified 10 priorities to address disability inequality and the AASW recommends that they be adopted.¹²

CASE STUDY 6

¹¹ NDIS ¼ Market Report March 2020

¹² <https://fpdn.org.au/wp-content/uploads/2018/10/FPDN-ten-priorities-2018.pdf>

A 30-year-old man with bilateral sensorineural hearing loss has moderate to severe hearing loss, which was diagnosed at the age of 2 years old; and he has required hearing aids ever since. He applied for access to the NDIS several times over the space of 18 months, being denied several times without clear explanation or rationale.

After gaining access to the NDIS in 2019 (3rd attempt), he met with his LAC to develop his initial NDIS plan, where he identified that his primary goal was to acquire new hearing aids, having had one of his previous hearing aids cease functioning 2 years beforehand and living with sub-optimal hearing. Subsequently, his initial self-managed NDIS plan which consisted of \$1,500 for Core Supports (which could be used to pay for hearing aid batteries, annual hearing aid maintenance, and the purchase of basic (Level 1) and standard (Level 2) assistive technology relevant to plan goals), and over \$9,000 for Capacity Building Supports (which could be used for assessment, therapy and training from Allied Health Professionals). However, no funding was provided to purchase hearing aids and no rationale was provided to the participant as to why he had been allocated high and unusable amounts for Core Supports and Capacity Building Supports.

A subsequent process of further applying, being rejected, and re-applying for Capital Supports funding for appropriate hearing aids for a severe hearing loss was eventually approved over 6 months. This resulted in a further allocation of \$5,000 for Capital Supports which was NDIA-managed and could be used to purchase the hearing aids. Whilst the majority of the Capital Supports funding was utilised (90%), most of the Core Supports and Capacity Building Supports funding was not able to be used and less than 10% has been used since the plan was initially developed. The participant estimates that at most, he could use 20% of the budget if multiple assessments were required in one calendar year, however this is unlikely for his context.

Transition process for participants in hospital settings

The AASW has heard from members who highlight the initial and ongoing issues for participants who are in hospital in accessing NDIS.

Three years, into NDIS and social workers report that there is still a great deal of effort to have a person accepted by NDIS if they are in hospital. There is a lot of calling and escalations by the Social Workers through the 1800 number along with extensive collection of the right evidence. Doctors and specialists are burdened further through the Social Worker asking them to re- write reports with a few specific words like 'permanent'. This is challenging for medical staff who have already diagnosed someone and then have to spell it out in "NDIS talk". If this tiring and cumbersome process is not done, the person will stay in the health system. The stress is enormous for a Social Worker who is working with discharge planning and expected to have a result quickly. Health professionals do not understand how taxing the process can be.

-AASW member

Access for people living in regional and rural areas

Many people in regional and rural areas are unable to access the appropriate professionals for the reports and assessments that need to be completed to enable them to join the NDIS. This can be due to lack of services in their area, the lack of transport to a larger town, or lack of financial capacity to travel and pay for the assessment services.

Another difficulty for people in regional/rural areas that they are unable to access the full requirements of their plan. In many areas, services are not available or limited, with many rural clinicians already working at or beyond their workload capacity¹³. The irony of this situation is that this leads to a reduction in their plan: when the plan is reviewed, services that were not utilised using this funding are excluded from the next plan, despite them remaining an unmet need for the participant..

Some services are available remotely only with the assistance of technology which requires that the person have access to the required equipment and the ability to understand. People with limited financial resources can have difficulty in accessing the technology and transport to access locations with technology or in person services. If a person has significant mental health issues these can also be an additional barrier to using technology.

Members have also advised of high turnover rates in NDIS registered coordinators and agencies that results in confusion and lack of clarity about who is available to assist participants. This adds further barriers to the ability for people to access and transition to NDIS.

The AASW is aware that the federal parliament is currently conducting an inquiry into services in rural and regional Australia and expects that the report of this inquiry will contain recommendations on improving access to services in these areas. The AASW recommends that the NDIS engage with the outcomes of this inquiry to improve the operations of the NDIS for participants in these regions.

CASE STUDY 7

A young woman who has PTSD, a neuro processing disorder and significant anxiety lives in a rural location. She does not have a license and her main carer works fulltime. This young woman was on NDIS was then removed from the system allegedly because she did not meet the criteria. This conclusion was arrived at because the NDIS did not receive the necessary reports. This young woman will also avoid social situations and has great difficulty speaking to people she does not know. We are currently working to have this young woman back under NDIS, despite significant barriers to collecting adequate evidence.

Recommendations

8. That the NDIS Implement the First People's Disability Network Australia's '10 priorities to address disability inequity'¹⁴:
 - Invest to create an Aboriginal Community Controlled Disability Service Sector for the provision of disability supports by Aboriginal and Torres Strait Islander people with disability for their communities
 - Address the barriers facing Aboriginal and Torres Strait Islander people in accessing the NDIS
 - Pioritise timely intervention to ensure supports and servies are provided, and available over the long term, and at the right time in people's lives.
 - Recognise and value the existing knowledge, skills and expertise within Aboriginal and Torres Strait Islander communities.
 - Resource a community directed research strategy which specifically focuses on Aboriginal and Torres Strait Islander disability
 - Endorse and support peer-to peer leadership to ensure that Aboriginal and Torres Strait Islander people with disability lead the engagement with community themselves.
 - Develop and implement an access to justice strategy for First People with disability, particularly those with cognitive impairment, sensory and intellectual disability
 - Develop and implement programs for inclusive education and employment for First People with disability in line with national strategies for their full social participation
 - Create links between the National Disability Strategy and Closing the Gap Framework for coordinated policy and programs at the Commonwealth, State and local levels in partnership with Aboriginal and Torres Strait Islander people with disability and their organisations
 - Develop an Aboriginal and Torres Strait Islander Disability Performance Framework for the independent monitoring of the social and economic outcomes of Aboriginal and Torres Strait Islander people with disability.¹⁵
9. That the NDIS engage with the report of the Federal parliament report into rural and regional Australia to identify ways of improving the operations of the NDIS in these areas.

Conclusion

The underlying rights-based principle of the NDIS should lead to every participant experiencing optimum results from their engagement with the NDIS.

¹⁴ <https://fpdn.org.au/wp-content/uploads/2018/10/FPDN-ten-priorities-2018.pdf>

¹⁵ <https://fpdn.org.au/wp-content/uploads/2018/10/FPDN-ten-priorities-2018.pdf>.

Social workers are dedicated to providing the best and most holistic services to participants and their families. With the focus on self-determination and holistic analysis, social workers can offer a unique and valuable contribution to the improvements in the NDIS which are necessary to ensure that it provides rights based, appropriate and targeted services to meet the complex needs of individuals, their families and communities; and to service provider organisations.

As we have demonstrated in this submission, doing so involves overcoming the distortions of the process which are causing thin markets, and preventing thin markets from developing in the future.

The AASW thanks the Queensland Government for the opportunity to participate in this Inquiry and looks forward to working with all appropriate services and sectors to achieve the best outcomes for people living with a disability.



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