

DR. KAREN HOOPER:

We'll now move on to our sixth presentation for today. Welcome to Ian Montague from National Disability Services. So, Ian, if you wouldn't mind stating your name and your organisation for the purpose of the record, and then we'll move on to your presentation.

IAN MONTAGUE:

So, my name is Ian Montague. I'm the state manager in Queensland for National Disability Services.

DR. KAREN HOOPER:

Thank you. Over to you. Thanks, Ian.

IAN MONTAGUE:

Thank you. First off, I'd like to acknowledge the traditional custodians of the land on which we're meeting today and pay respects to the Elders past, present and emerging. I'd also like to express my appreciation for being able to work and live on country. I'd also like to acknowledge the Queensland Government for actually tasking this inquiry. I think this is a perfect time to actually review and see where we're at, given the state has now fully rolled in. And I think that having an inquiry in such a critical time is actually fantastic to get an analysis of where we are and where we're up to. I'd also like to acknowledge the work of the QPC and Karen as commissioner here in particular, but also your broader team.

A 600-page report across the full range of things gives an idea of just the complexity of the NDIS. And there are so many issues and to get on top of that in such a short amount of time is extremely impressive. Even in today's conversation from people presenting today, we've heard about Allied Health, independent assessment, restrictive practices, the NDIS quality and Safeguarding Commission employment, planning processes, justice and child safety. And that's not the full list, but it does show just how complex this is. And I'd also like to thank the commission for providing NDS the opportunity to engage so strongly in this process. We've run round, we have run roundtables with you, which we're looking to do again, and we taped it and we are thankful for the opportunity to make submissions as we've gone along.

I'd also like to acknowledge that many people, groups, individuals, organisations that have also made representations to the inquiry, and I think that's added to the breadth and depth of the understanding. The disability sector fought hard for the introduction of the NDIS and believed in the findings of the Australian Productivity Commission in their inquiry, disability care and support, which was delivered to government on the 31st of July 2011, almost 10 years ago. NDS as a peak body has been a major contributor to that action, predominantly through the Australian counts and we remain today still 100% behind the concept of the NDIS. Providers, both individually and as an entire sector have not only invested financially to make the NDIS happen, but often physically, emotionally and definitely spiritually as well.

Today, given we can't talk about everything in your report, I'm going to focus on three main areas and really focus on three main stakeholder groups. Some observations around providers say for individuals approaching or within the NDIS for service providers as a key stakeholder to the system, and the need for a diverse, resilient and well supported workforce. I'm limiting myself to these due

to the available time because we could spend hours and days and weeks talking about these things. I think as has already been mentioned today, the NDIS is there to enable people and we absolutely believe in that basic principle. I will leave others to talk about those individual issues, and we've already seen presentations today and more coming, but I would like to make some observations from a provider's point of view. True choice and control requires informed decision making. And that will only when that occurs, the scheme is most likely to be optimised. Building consumer ability is a key success factor in the scheme.

We need to better, consumers need to better understand their risks, be able to observe and understand and receive value for money and ideally also understand sustainability of the system. NDS acknowledges that such skills will not be achieved evenly across all participants, but it is a worthy activity. The scheme is complex, as noted in your report, and relies too heavily on NDS navigational and language skills. Who is responsible for what and when is not clear, and that makes it very difficult for consumers. A key factor in the consumer process is very much around the development of a good plan.

Good plans, when they are arrived, make all the difference and good planning ensures good outcomes. We as a peak body acknowledge that planning is difficult, but we don't want to see things like a person's socioeconomic situation, their cultural background, or the geographic location as being acceptable reasons for differences in the planning process. In the NDIS's own figures, you can see the variation between states, between disability types, and between types of activities in service delivery. As providers, we observe the confusion about who is funding support, and what is not an issue for who's funding support.

And this is not an issue for individual participants. The systems within the NDIS and its interaction with other mainstream services like health and education to just mention a few needs to be better understood, needs to be more transparent, and the practices need to be more homogeneous. These interfaces are government owned. They are complicated and they are often multijurisdictional. Governments and their agencies need to do more as such issues cannot be resolved by individuals or individual service providers alone. The current Disability Royal Commission I think will actually help highlight on many of these concerns and issues, and it'll be up to all of us including government, providers and individuals to make sure we maximise the opportunity that the inquiry presents. From this perspective, we agree with the observations in your draft report of one to four and we have in principle support for recommendations one to five. I'd like to go on.

There is no disability, there is no NDIS without service provision. The sector wants the NDIS to work and the sector as a major stakeholder in the scheme. As a peak body, we want services to be quality and to be delivered by sustainable providers. The NDIS market by supply and demand is not maturing consistently and is impacted by geographic location, service type, and the interaction with other mainstream services. The transition to the NDIS has been extremely difficult for service providers. In a presentation I listened to in Victoria in 2017, a provider who had recently gone through a transition made a comment which I think has held true, "No service provider enters the NDIS and comes out the same." And having watched the rollout and been involved in the rollout in Queensland, I think that's absolutely the case.

The NDIS has created new roles and new business opportunities, and this has resulted in a diversity of service provider structures and services and offerings. For this reason, we agree with the draft findings of five to 11, which look to address the gaps, build and share data and purposely increase the use of technology to support market activity. How this will be done will be the detail obviously. We'd also like to support the draft recommendation 12 for the standardisation of quality schemes across the various quality systems. However, we do feel this is a very ambitious recommendation. With regard to the providers guarantee, recommendation 15, we are in total agreement. Providers are a major and critical stakeholders in the NDIS and it's been disappointing today just how far providers have been kept out of the engagement.

NDS and individual organisations spend significant energy representing their views and issues that could have been foreseen had conversations been held. Providers are often dismissed because they have a conflict of interest. I suggest that all parties, individuals, advocates and all levels of government and the NDIA itself as noted in your report, have a conflict of interest in the delivery of the NDIS. NDS is responding to numerous actions with parties connected to the NDIS. To give an example, nationally since July last year, we have prepared over a dozen informal submission to various groups on a diverse range of topics all impact in the NDIS. This does not include state submissions or the numerous consultations required to prepare those submissions, or the background work that's needed to inform critical thinking.

There are many things to fix and providers' input is critical. You know, providers are having to deal with their core business in new business models and new structures. This is providing difficult within the sector. The sector needs government and agencies to support it, listen to it while also recognising that time is limited. I'd also like to say that there is no service provision without a diverse, resilient and well supported workforce. Disability service is delivered by humans for humans, and price absolutely impacts the salary of the workforce, and the career opportunities that the sector can provide.

Career opportunities are defined by the price. The ability of supervisors or insurance staff are trained and receive appropriate professional support is impacted by their span of control, and this too is defined by the price. Access to management of training is defined by the price. It is not just the cost of training itself, but the backfilling and releasing of staff through management and coordination of training activities. For good training to occur, for good professional development to occur, it requires good training, which provides organisational and professional support internally, and it requires the opportunity to have training undertaken.

The concept that is often referred to that training is a business decision and is not the responsibility the scheme is a major risk in terms of the quality of service provision. Whether it is the responsibility of the NDIA or other government departments is irrelevant. Collectively, we need to work through it. Fortunately, there is work being undertaken at the moment, but this has been long in coming and long in process. So, things like national workforce plans, capability frameworks have been slow to be implemented. As I mentioned, we need a disability workforce that is diverse. And with that, we need training and professional development opportunities that also need to be diverse. We need to have opportunities that meet cultural backgrounds that can deal with in-house training, sector training, micro-credentialing and accredited skill sets, and indeed for qualifications.

Each of these have their own pros and cons. There is no single solution. Again, a recognition that the sector is diverse. Traineeships are often cited as the answer, and personally I know that's not the case. And the use of allied health assistance as the solution, as we've heard a little bit today earlier this morning, is a solution but it's not the solution. Such roles traineeships and assistance work in some contexts and in some settings, but not all. As I mentioned, trainees are often limited by the availability of time for supervisors to actually coordinate the activity of training itself. Government both Commonwealth and state need to continue the work that they are doing and actually engage more to support the sector to build and maintain a diverse, resilient and well supported workforce.

Sector wide approaches like capability frameworks, access to learning resources, access to peer support, are all things that cannot be resourced within individual providers. I would like to acknowledge at this point that NDS and particularly the Queensland division, has been a fortunate beneficiary of government support over a long period. Because of the Queensland Government funding, we've been able to provide many capacity and capability improvement services to the sector over a significant amount of time. I appreciate that support. However, I must admit that the annual contracting which without security of continuation makes it hard to focus on long-term responses and responses that often take time to build.

So, in closing, the sector continues to support the principles of the NDIS and is behind its implementation. Providers want to be a quality and sustainable partner in the delivery of the NDIS and providers recognise that a diverse, strong and resilient workforce is a key factor in doing that. Again, I'd like to thank you and the commission for providing me the opportunity to talk today. Thank you.

DR. KAREN HOOPER:

Thanks very much, Ian. In your oral submission, you talked about the criticality of prices, not just in terms of service delivery, but quality of service delivery. We're really interested in your views on our recommendations around price deregulation.

IAN MONTAGUE:

It depends. So again, I think there are two things within the price. One of the keys or two factors really is whether the market is ready for it. And that depends on consumers. Do consumers have enough knowledge and skills and ability to actually make those decisions well? That it's not just the price mechanism, and let's go for the lowest. And also the sector itself is it able to deal with such a change? It has gone through an ordinary amount of change already, and does so on an annual basis with price reviews. In some ways a deregulation is occurring in the nonregistered provision sector, which is a significantly growing part of the system.

But it does concern me that in that sort of process, the impact around quality, accountability, as mentioned previously today, are all issues that I don't think the market has really got right yet. And as I mentioned, maturity in the market is not consistent across all services. So, there are certain areas and particularly new roles, that we are still finding out what good quality service looks like. And that's been mentioned today.

DR. KAREN HOOPER:

Thanks, Ian. So, one theme in our report which you touched on is complexity of the regulatory

framework. We're really interested in your insights into how the complexity of the regulatory framework is affecting your members, particularly given we are seeing that trend towards unregistered providers.

IAN MONTAGUE:

So, Queensland as a state had quite a strong quality system in place. So, in comparison to other jurisdictions, we are probably getting through our audits and compliance teams better than some. However, there is the cost, it's been mentioned today, and in many ways, that becomes a part of the business decision. As you've heard with the Allied Health speakers this morning, a lot of those providers the fact that the NDIS is not their only business opportunity, they'll make a business choice what they need to do. It is complicated. The rules are changing all the time, and there is immaturity, again, in the market around this.

So, we now have auditors who are approved by the commission to deliver auditors who are going out doing audits and coming up with different responses and interpretations of standards. That will improve over time, but it does cause a lot of grief to individuals within organisations who are trying to manage the process, and organisations trying to get through. So again, it's an immature market with an immature quality process in place, and so it's quite costly at the moment.

DR. KAREN HOOPER:

We've heard today also comments around the Quality and Safeguards Commission and a view that their role needs to be strengthened and made more effective. What's the provider perspective on the way the Quality and Safeguards Commission currently operates?

IAN MONTAGUE:

It's probably more than I'd be willing to sort of talk about here today. I think a lot of this will be coming out through the Royal Commission and has been coming out after some of the incidences that have happened nationally. Again, at the moment, I suspect it's very reactionary. There are a lot of people trying to do a lot of really good work and put systems in place, but it's an immature process and unfortunately, some things are slipping through.

DR. KAREN HOOPER:

You gave support for the provider guarantee, which is one of the draft recommendations in the report. Where do you see the provider guarantee having the greatest benefit, and what would NDS like to see within that provider guarantee scenario that we'd ask for more information about where it would be of most benefit for providers in particular?

IAN MONTAGUE:

I think establishing that sort of benchmark that the sector is a key stakeholder in this and does need to be heard is important. I think how it's implemented, obviously, will be the most critical thing. If it's a tick box arrangement where we've consulted with you and we've done our bit, and there are easy KPIs which you might say, Well, yes, it's a tick box. If I use an example of the call centre, the agency is monitoring and managing how quickly calls are answered. Well, that is a KPI. It doesn't necessarily mean that the call has been answered well, or was actually given good information. So, I think there needs to be some thought around how that might happen. Just the ability to hold up and say, Hang on a sec, we have a right to say under your own charter," would actually be a strong benefit, I feel.

DR. KAREN HOOPER:

You mentioned earlier in your comments that you can't divorce choice and control from informed decision making. And in the draft report, we've obviously got a number of recommendations around seeking to increase the level and quality of information available to NDIS participants to support decision making. Do you think we've got those recommendations right? Do you have any other suggestions on how we might enable participants to exercise choice and control through more provision of information?

IAN MONTAGUE:

I think you have. I don't think it's all going to occur at once, and I think there will be pockets of it as well. So, certainly people who have been fortunate to have advocates with them, or have very supportive and informed support mechanisms around it absolutely do better. There's no doubt about that. I think this is a continuous process, and it just requires everybody to keep sharing information. I personally think there's a lot of data in the scheme that has been collected, that is not open for interrogation. And I think that's disappointing. There is a lot of patterns that potentially people could be picking up if the data was made more accessible or just openly given out for interrogation. Not wanting to... Wanting to acknowledge that there are privacy issues around some of that. So, but I personally believe there are ways to do that data so that individuals can't be identified within it. So, I think there's a lot of work and we can do a lot more around identifying the gaps and understanding the situations.

DR. KAREN HOOPER:

And you spoke earlier also about the need for sustainable providers. As it's currently constructed, do you see that the NDIS market is sustainable in its current form?

IAN MONTAGUE:

So, we do an annual market survey, and we ask providers to give their perception of what's occurring, what's happening. And this in 2020 was probably the most positive survey that we've done with providers. About two-thirds of providers said that they were either going to break even or make a small or make margin. And that's great although a third of providers are saying that they're not going to make a margin. And that's of concern to us. That's not to say every provider has to be sustainable. This is not a charity in itself. So, I think there is still work to be done. I think because of the complexities of the scheme, it's in pockets.

So, for instance, there's a lot of work going on at the moment around sale and effectively trying to bring down the costs within the sale process. That hasn't worked its way through. There are similar things around employment, around group activities. All of these are changing the pricing mechanisms, and we haven't seen yet the flow-on effects that that will do in the marketplace. I know for group provider, provision of group services in Victoria, there are some providers having shut down for COVID have made a conscious decision that they will not re-enter the market, because people aren't expecting their service to be there. It's disappointing that people are having to make those sorts of decisions. So, there's not a standard response to that because it depends on the type of service being delivered. There's just so much activity happening at the moment. There is general concern within the sector around the independent assessment, and whether this is a way of driving down the cost of plans and cutting back on activity. Time will tell.

DR. KAREN HOOPER:

You also mentioned the importance of the planning process as sort of fundamental to the scheme and generating outcomes for participants. From the provider perspective, any insights into whether or how the planning process could be improved?

IAN MONTAGUE:

I think the principle of the NDIS which says every person is an individual, and they come with their own circumstances. So, for instance, if you're an autistic child or as was demonstrated today, if you have an intellectual disability, and the parent also has a disability, then that situation and context is different. And unfortunately, I think what we're seeing too often is that the context is not being picked up. The diagnosis or the recommendation is just based on a standardised plan, and too much is required on people to then advocate or have advocates for them identify, well, these are all the complexities and the difficulty within the justice system or in childcare, child safety, etc. The planning process should bring all of those things together.

And it concerns us when these are done quickly. I personally would hate to have to do it. To try and understand all the intricacies of all the different forms of disability is a big ask in any one's mind, but that's what the scheme is about, and the scheme has to cope with that. When it works, as I said, and it often works when there are strong advocates or there are for the individual who have done their homework and know their rights, know what they should be asking for and have prepared, the planning process works. It's very worrying when planning processes completely miss things like incontinence pads or behaviour support plans, when it's clearly that they would need it. And the amount of rework that it requires to get fixed and the time delay is very disappointing.

DR. KAREN HOOPER:

So, you touched on workforce issues, and the importance of quality workforce to provide quality services. And we have a number of recommendations aimed at trying to address the issues around workforce. Where do you see the role of government in that space versus the sector itself?

IAN MONTAGUE:

It's a good question. I think governments within the scheme, no, as I said, no individual organisation can really cope with workforce development. There is not the mechanisms within the pricing arrangements to actually deal with that. Even the very large organisations with 400 to 500 staff, often working part-time arrangements, so there might be 5000 FTEs and 10,000 individuals, it's really difficult to schedule and do quality training under the pricing mechanisms. So, I think governments have got a real role and opportunity to provide the necessary support and mechanisms to make these things happen. I'll give you an example.

The Quality and Safeguarding Commission, to their credit commissioned the induction module, put it said this is a mandatory thing, but they pay for the development of it. They didn't say to providers, Well, you know, we expect all of you to work out how to do this, and we'll check you later on." And I think those types of resources that can be done holistically and across boundaries is the way to go, and providers then can pick it up and start using it. NDS, for instance, has developed a suite of material around zero tolerance, which we have made free to anyone to use in any way they can. That's a way of empowering the sector to not have to start from scratch, but to actually leverage off the learnings of the sector. So, we'd like to see more of those things encouraged, more peer

networks, greater emphasis and control, greater emphasis for systemised approaches and responses.

DR. KAREN HOOPER:

So, our report touches on the very important issue of the markets in Queensland. I just would be interested in the NDS view on whether over time that will correct or whether you feel an intervention is needed to ensure service delivery into particularly some of the more challenging regional remote communities.

IAN MONTAGUE:

So, keeping in mind that the market is not just geographic. So, it may be particular types of services and the OTs you could, the allied health you could probably argue about the market. Again, it's not a simple answer to that. But if I go to your regional and remote and where they also have cultural, need cultural responses as well, I personally don't believe that the current systems and practices will ever generate a market in those locations. If it was just market driven, then there would be a lot of systems in all of those locations already be there education, health, legal, all those sorts of things. So, I don't think that disability is unique in that.

The agency is saying it's doing a lot of pilots and things, but it's not easy to see where they are. Well, it's not easy to see the learnings of those pilot programs. With my colleagues nationally, we're you looking for those and to see how we can learn and leverage and see what opportunities, but I think the agency at the end of the day is going to have to go in with a different model than just free market. It's not going to fix the issue.

DR. KAREN HOOPER:

OK, thanks very much, Ian, for your oral submission today and covering off a very broad range of issues. And you're right, we could speak all afternoon on the scheme given it's such a large scheme and so complex. So, thank you for your participation.

IAN MONTAGUE:

Thank you for the opportunity.

DR. KAREN HOOPER:

And again for the support that you have given the inquiry through the roundtables, the meetings that we've held and the submissions. We do appreciate it.

IAN MONTAGUE:

Thank you.

DR. KAREN HOOPER:

So, we might take a short break before we turn to our seventh presentation.