

Office of the Public Advocate South Australia

Submission

Joint Standing Committee

Inquiry into the future of the National Disability Insurance Scheme (NDIS)

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Joint Standing Committee - Inquiry into the future of the National Disability Insurance Scheme (NDIS)

1. Introduction

The Public Advocate welcomes the opportunity to provide a response to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) concerning the implementation and forecasting for the NDIS. This response addresses those terms of reference which more closely relate to the work of the Public Advocate and the Office of the Public Advocate.

2. Terms of reference

As part of the Standing Committee's role to inquire into the implementation, performance and governance of the National Disability Insurance Scheme (NDIS), the Committee will inquire into and report on current scheme implementation and forecasting for the NDIS, with particular reference to:

- a. The impact of boundaries of NDIS and non-NDIS service provision on the demand for NDIS funding, including:
 - i. the availability of support outside the NDIS for people with disability (e.g. community-based or 'Tier 2' supports), and
 - ii. the future of the Information, Linkages and Capacity Building grants program;
- b. The interfaces of NDIS service provision with other non-NDIS services provided by the States, Territories and the Commonwealth, particularly aged care, health, education and justice services;
- c. The reasons for variations in plan funding between NDIS participants with similar needs, including:
 - i. the drivers of inequity between NDIS participants living in different parts of Australia,
 - ii. whether inconsistent decision-making by the NDIA is leading to inequitable variations in plan funding, and
 - iii. measures that could address any inequitable variation in plan funding;
- d. How the NDIS is funded, including:
 - i. the current and future funding sources for the NDIS,
 - ii. the division of funding between the Commonwealth, States and Territories, and
 - iii. the need for a pool of reserve funding;
- e. Financial and actuarial modelling and forecasting of the scheme, including:
 - i. the role of insurance-based principles in scheme modelling, and

- ii. assumptions, measures, and methodologies used to forecast and make projections about the scheme, participants, and long-term financial modelling;
- f. The measures intended to ensure the financial sustainability of the NDIS (e.g. governance, oversight and administrative measures), including:
 - i. the role of state and territory governments, and the Disability Reform Ministers Meetings,
 - ii. the arrangements for providing actuarial and prudential advice about the scheme, and
 - iii. the way data, modelling, and forecasting is presented in public documents about the NDIS, (e.g. NDIS Quarterly Reports and Reports by the Scheme Actuary), and
 - iv. measures to ensure transparency of data and information about the NDIS;
- g. The ongoing measures to reform the scheme including:
 - i. the new early childhood approach, including whether or how early intervention and other supports intended to improve a participant's functional capacity could reduce their need for NDIS funding, and
 - ii. planning policy for personalised budgets and plan flexibility; and
- h. Any other related matters.

3.The Public Advocate (SA)

The Public Advocate in South Australia is a statutory official appointed by the Governor to implement the provisions of Section 21 of the *Guardianship and Administration Act 1993*, (the GAA). The Public Advocate is supported by the Office of the Public Advocate (OPA) to assume guardianship, and provide advocacy, support, and education for people with mental incapacity and the systems and services around them. This includes speaking for and on behalf of people and their families, carers, and supporters, educating the sector and identifying areas of unmet need for reporting to the Minister.

The Public Advocate acts as guardian of last resort for people with impaired decision-making capacity, when appointed by the South Australian Civil and Administrative Tribunal (SACAT) under the GAA. The SACAT will only appoint the Public Advocate as a person's guardian if it is satisfied that no other order would be appropriate. What this means in practice is that the Public Advocate will only be appointed if there is no one else in a person's life able or willing to make necessary decisions, or if there is family conflict meaning that agreement on decisions is difficult or not possible. Consequently, the Public Advocate often must make decisions for people who have complex needs or experience complex situations and who may be without support networks.

The Public Advocate's role as guardian is to make decisions, including giving the relevant consent about a person's care, where there is the requisite authority to do so under the guardianship order. However, the Public Advocate as guardian is not responsible for arranging and coordinating a protected person's package of care and services.

4. Disability Advocate

The Disability Advocate is a position located within the Office of the Public Advocate and was established in November 2018. The purpose of the role of the Disability Advocate is to "ensure that South Australians with a disability and their families are getting a good deal from the National Disability Insurance Scheme (NDIS)."

Throughout 2019 the Disability Advocate attended over 150 meetings with people with disability, family, advocates, and carers to speak with people about their experiences with the NDIS, what was working well and areas for improvement. Regular reports were presented to Ministers and senior State and NDIA officers.

The role has since been extended with funding until 2023. COVID-19 and other work (such as the Safeguarding Taskforce) made it difficult to undertake face to face meetings in 2020 however the Disability Advocate managed to conduct over 270 meetings with external stakeholders during the year. Meetings recommenced in 2021 and regular reports were prepared for the NDIA and state ministers. All reports are available on the OPA website at opa.sa.gov.au.

5. Responses to the Inquiry

5.1 The impact of boundaries of NDIS and non-NDIS service provision on the demand for NDIS funding, including:

- a) the availability of support outside the NDIS for people with disability (e.g. community-based or 'Tier 2' supports), and
- b) the future of the Information, Linkages and Capacity Building grants program.

Disability Care and Support Inquiry

The Productivity Commission's Disability Care and Support Inquiry Report¹ which was released in 2011 proposed three tiers of the NDIS.

Tier 3: People receiving funding support from the NDIS.

Target = people aged 0 to the pension age with sufficient needs for disability support and early intervention.

3a People with intellectual, physical, sensory, or psychiatric disabilities who have significantly reduced function (330,000)

3b Early intervention group (80,000)

3c Other optimally supported (Unknown, but modest)

3d Funded support for some carers

Total = around 410,000 people.

Tier 2: Information, referral, web services and community engagement.

Target = all people with disabilities (4 million) and their primary carers (800,000)

Tier 1: Social participation, minimising the impact of disability, insurance (Target = Australian population) 22.5 million).

In the Productivity Commission's report, people in Tier 3 were expected to become participants of the NDIS and, as such, the NDIA would assist them with planning and funding for disability support through their NDIS plan.

People identified as Tier 2 were expected to receive support to connect to community and mainstream supports. The Local Area Coordinators (LAC) or Partners in The Community (PITC) were intended to fulfil this role, along with undertaking community development as needed. Some of the needs of this group would also be met through State-based disability access and inclusion initiatives. In South Australia passage of the Disability Inclusion Act in 2018 means that all State government departments and businesses, together with all local councils, must develop Disability Access and Inclusions Plans (DAIPs).

The Productivity Commission was crystal clear that the success of the NDIS depends on proper recognition of the needs of people who are part of Tier 2 i.e. have a disability but do not require a package of specialist disability support. People in Tier 2 make use of community and informal resources and the assistance of local area coordinators to help navigate how the community can include them. The

narrative has been allowed to develop that you are only benefitting from the NDIS is you have a package of specialist support and a budget to go with it. That is what has been allowed to be the definition of a “participant”. This has led people to think they are not benefitting from the NDIS unless they have a package. The “what’s my package” syndrome ask the wrong first question.

Recommendation 1: That the concept of NDIS participant be expanded to give recognition to people with disabilities who are part of Tier 2.

Applied Principles Tables of Service

The Applied Principles Tables of Service (APTOS)ⁱⁱ document specifies what the NDIS will and will not fund and what remains the responsibility of the State/Territory, in relation to each government service area that a person with disability may encounter. The APTOS continues to be the reference document for the NDIA and State government agencies when considering the funding responsibility of the NDIS versus state government agencies. The APTOS only applies to NDIS participants (Tier 1); therefore Tier 2 services/ supports provided by non-disability services cater for those in Tier 2. The Applied Principles have never been reviewed or adjusted to reflect changed circumstances. Often the language is ambivalent and open to different interpretation by the Commonwealth government and the various States/Territories.

Recommendation 2: That the Applied Principles are reviewed with a view to clarifying the roles of the Commonwealth and the States/Territories.

National Disability Strategy 2010-2020

States and territories committed to implementing the former National Disability Strategy 2010-2020 (NDS)ⁱⁱⁱ to create a more inclusive society / community for all people with disability. The purpose of the strategy is to provide an overarching policy framework to meet the objectives of the UN Convention on the Rights of Persons with Disability (UNCRPD)^{iv}.

The new ‘Australia’s Disability Strategy 2021-2031^v’ was released on 3 December 2022 and focuses on progressing the initial work of the NDS towards an inclusive Australia. During the consultation for the development of the new strategy, it was noted that there has been poor implementation of the NDS across Australia from all levels of government. Public Hearing 18 of the Royal Commission into Violence Abuse Neglect and Exploitation of People with Disability (DRC) focussed on the topic of making the UNCRPD a reality in Australian law, policies and practices^{vi}.

The National Disability Strategy failed to have the impact expected and desired because it was seen as the poor and shadowy cousin to the glamorous National Disability Insurance Scheme. It was largely overlooked that the NDS had 6 parts, only one of which was about access to quality specialist disability services. The other 5 parts were about inclusive and accessible communities, rights protection, justice and legislation, economic security, learning and skills and health and wellbeing. No

funding was allocated to these 5 parts while \$22B p.a. was allocated to the NDIS. This is a short-sighted approach to disability matters and there is a distinct possibility that the same policy priority blunders will be repeated for Australia's Disability Strategy 2021-31.

Disability Inclusion Act 2018

Within South Australia, the [*Disability Inclusion Act 2018*](#)^{vii} requires local and state government agencies, and statutory authorities to have a Disability Access and Inclusion Plan. The individual Disability Access and Inclusion Plans (DAIPs) sit under the Inclusive SA^{viii} plan (State Disability Access and Inclusion Plan). Both are designed to ensure accessible and inclusive communities for *all* people with disability. The [*Disability Inclusion Act 2018*](#) intends to ensure South Australia is addressing responsibilities within the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

The NDIA funds only a small percentage of people with the more severe disabilities. while State and local government have a responsibility to address the needs of *all* people with disability - hence the introduction of the [*Disability Inclusion Act 2018*](#) in South Australia.

Partners in the Community

The Partners in the Community (PITC) also known as Local Area Coordination (LAC) are funded through Information Linkages and Capacity (ILC) building grants. As part of their grant, LACs are required to develop and implement practical inclusion strategies within mainstream and community groups for people with disability^{ix}.

People with disability and the community would also benefit greatly from better alignment of the work of the LACs with the State's implementation of the *Disability Inclusion Act 2018*.

Recommendation 3: That the LAC Partners in the Community work collaboratively with State Government instrumentalities to implement the Disability Inclusion Act 2018.

The Commonwealth Government imposed a staffing cap on the NDIA which meant the number of planners in the NDIA was totally inadequate for the task of transferring all State/Territory disability clients into the NDIS on schedule. The NDIA made the policy decision to address concerns about the slow transfer of State/Territory clients by mobilising the Partners in the Community (PITC), transferring LACs from their priority role of community connection and development to the priority role of individual planning, in order to ensure that performance targets for the NDIA were met.

This has had the disastrous unintended consequence of people with disabilities viewing the LACs as a source of funding, rather than their intended role of community connection and development. One could speculate that this has created the expectation that funding is always the solution whereas good connection to community and mainstream supports builds:

- 1) the capacity of the community and mainstream supports, and
- 2) the capacity and network of the person with a disability.

The Productivity Commission Report 2011 was very clear that Local Area Coordination was essential in helping people to access community resources including developing informal friendships and support networks. Local Area Coordination should have been the gateway to the NDIS and for the majority of people all that was needed to live a good life – only people with additional personal support needs would also require a package of support under Tier 3. Because LAC systems were never built properly and were side-tracked into planning, people have come to believe that they are not being helped unless they have a package and the bigger the better.

The NDIA expenditure forecasting which indicates a budget overspend in the NDIS may be attributable in large part to this early policy blunder.

In recent times the OPA has experienced situations where a client's NDIS Plan has been significantly reduced despite the provision of comprehensive supporting evidence that it should not be, for safety and quality.

The Disability Advocate (auspiced by the OPA) meets regularly with the PITC/LACs to discuss matters relating to the NDIS and South Australians. The LAC's report that whilst the LAC's endeavour to work on the community development aspect of the role, the planning process has taken up most of their work capacity until recently.

Recommendation 4: That PITC agencies act as the first port of call for people with disabilities or their families and that the LAC function of linking individuals to community resources and enhancing community capacity to include people with disabilities is the only priority for LACs.

Information Linkages and Capacity Building Grants (ILC)

The ILC grants are designed to complement the role of the PITC for both NDIS participants (Tier 3) and others with disability who are not NDIS participants (Tier 2). They are intended to create connections between people with disability and the communities they live in. The ILC grants program was initially administered by the NDIA but moved to the Department of Social Service (DSS) to ensure its alignment with broader national disability policies such as the NDS, disability employment services, the National Disability Advocacy Program (NDAP) and other such initiatives. The intention of the ILC grants is for short-term funding for projects and initiatives.

The opportunity for a review and re-funding of projects/ initiatives would be of benefit where there is a positive social impact. A raft of promising work/ programs/ projects and ideas have come out of these grants, but once the grant ends so does the project. The knowledge and information generated from the project is not captured anywhere and is lost. These are valuable resources that could be built upon for future projects and initiatives.

The ILC grants seem to be a lost opportunity to address the intent of the NDS and in turn addressing Australia's commitment to the UNCRPD. In the Concluding

Observations: United Nations (UN) Report on Australia's review of the UNCRPD in September 2019^x and the Royal Commission into Violence Abuse Neglect and Exploitation of People with Disability Hearing 18^{xi} the poor uptake and implementation of the UNCRPD in Australia was noted.

5.2 The interfaces of NDIS service provision with other non-NDIS services provided by the States, Territories and the Commonwealth, particularly aged care, health, education and justice services.

The APTOS determines how the NDIS interfaces with other State/Territory mainstream supports and services. Before the commencement of the NDIS, disability services and supports were funded and monitored by the State. This seemed to provide more flexibility and a collaborative approach across government departments to support and safeguard people, which may be attributable to the funding all being from the State.

It is reasonable to assume that the clients of OPA are more likely to have interactions with the Health and Justice system given the complexity of their situations and the lifestyle choices that they make.

Justice system

In late 2019 the NDIA introduced the Health Liaison Officer (HLO) and the NDIS Justice Liaison Officer (JLO) roles. There are currently two Justice Liaison Officers in South Australia. South Australia was part of the pilot for this initiative which has now been rolled out nationwide. The JLOs work closely with State justice staff to assist with aspects of support relating to the person's NDIS plan in preparation and planning for release. They are based in custodial settings for both adults and children across the State.

The OPA has established a good working relationship with the two JLO's in SA and has seen some benefits for OPA clients. The OPA is also working towards a more collaborative relationship with the Department of Correctional Services (DCS) in SA to ensure that OPA is informed when a client enters Corrections, to ensure a joined up and collaborative response for the client, particularly in leading up to their release. Comprehensive planning is essential for people exiting Corrections to reduce the risk of recidivism and harm both to the person with disability and to the community. Having people remaining incarcerated beyond their court-mandated sentence is a violation of their rights. OPA, DCS and the NDIA all have a responsibility to ensure that OPA clients who are prisoners are released when due and that they are properly supported on their release.

Health system

South Australia has two HLO's who are based in acute hospital settings. The HLOs assist with timely connection to the NDIS, education of health staff around the NDIS and planning discharge for NDIS participants. OPA has connected with the HLO's and they are aware of a contact within OPA if they require assistance. Recent media, such as the ABC 7:30 Report 3/11/2021^{xii}, reported that data nationally shows that all states and territories have long stay patients, with NDIS-related delays with access and planning being the most reported reason they could not leave hospital. Some OPA clients have remained in hospital for prolonged periods due to the inability to

find suitable accommodation and support. While the NDIA may be a contributing factor it is also important to acknowledge that there are other factors such as housing supply and suitably skilled service providers to work with some of these most complex clients. The OPA has also experienced a reduction in funding in the NDIS plans for some of its most complex clients, despite comprehensive evidence to support the request for additional supports and services.

The introduction of JLOs and HLOs is a welcome initiative by the NDIA to address concerns for participants in justice and hospital settings.

Aged care

The OPA is the guardian for approximately 20 people with disability who are both participants of the NDIS and residents in aged care. A small number of these people are under the age of 65 and would be considered a Younger Person in Residential Aged Care (YPIRAC). The Australian Government has set targets in its YPIRAC Strategy^{xiii} and expects that no person under the age of 65 will enter residential aged care by 2022. Although aspirational, these targets are unachievable as the Strategy details situations where a person may still enter Residential Aged Care (RAC).

These circumstances may include:

- if they live in a regional area and want to remain in the same town but there are no appropriate supports (market thin-ness)
- the level of support they require cannot be met within reasonable and necessary supports (e.g. they require 24/7 nursing support).

Some people may also choose to remain in RAC. The NDIS focus is on choice and control and as such, these people's choices to remain in RAC would be respected.

Education

The Public Advocate cannot comment on the interface between the NDIS and education. The OPA provides guardianship to adults over the age of 18 and they have generally completed their education.

5.3 The reasons for variations in plan funding between NDIS participants with similar needs, including:

- a) the drivers of inequity between NDIS participants living in different parts of Australia,**
- b) whether inconsistent decision-making by the NDIA is leading to inequitable variations in plan funding, and**
- c) measures that could address any inequitable variation in plan funding.**

The complexity of the NDIS and the many different players present challenges for even the most experienced person with disability or their family to navigate. This was well-documented in the Safeguarding Task Force Report^{xiv}. Such challenges create inequity in accessing the scheme. Those who can advocate for themselves or have good advocacy support naturally see better funding for their NDIS Plan. People from Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) backgrounds and lower socioeconomic areas face additional challenges and barriers to access to the NDIS and to receive a plan that meets their needs. These

challenges are detailed in the Disability Advocate's reports on the *NDIS and People from Culturally and Linguistically Diverse Backgrounds*^{xv} and *NDIS and Aboriginal and Torres Strait Islander people*^{xvi}

Since projections in relation to the ballooning future cost of the NDIS, the OPA has been required to provide even more evidence to the NDIA regarding the support needs of an OPA client, to even maintain the current level of funding in the OPA client's plan. This is a concern as the Public Advocate is the guardian for some of South Australia's most vulnerable, marginalised and disadvantaged South Australians. The OPA has experienced an increase in the number of requests for Section 100 Reviews or Review of a Reviewable Decision (RORD) and external reviews via the Administrative Appeals Tribunal (AAT) creating delays in implementing approved plans and significant work in justifying the need and collecting evidence to demonstrate the need for the supports required for OPA clients. The staff of the OPA are highly skilled at advocating for the clients of OPA but there are also concerns for people with disability who do not have access to such support.

Concerns about consistency in funding in plans could potentially be addressed by peer review of plans prior to the plan approval. This is essentially what occurs under a RORD. The decision is reviewed by another part of the NDIS.

5.4 How the NDIS is funded, including:

- a) the current and future funding sources for the NDIS,**
- b) the division of funding between the Commonwealth, States and Territories, and**
- c) the need for a pool of reserve funding;**

After all the difficult financial negotiations of 2013-2016 during the launch phase of the NDIS, the States are not likely to embrace a review of the funding splits. This was one of the flaws of the roll-out of the NDIS, viz State and Territory treasuries were concerned to transfer as little funding as possible to the Commonwealth as State contributions and, once transferred, to take as little responsibility as possible for any matters to do with disability.

The blowout in costs is attributable to a range of factors:

- failure to make best use of Local Area Coordination to assist people as Tier 2 participants, so they did not pressure to become Tier 3 participants.
- allowing the concept of "participant" to attach only to people in Tier 3 (i.e. people with a plan and a budget).
- overpromising that people requiring 24x7 support could live wherever they like with whomever they like instead of acknowledging that people with this level of support need have to be in some kind of "share" arrangement.
- Allowing people with mild disabilities to become Tier 3 participants even if they only require short-term assistance.

- Failure to acknowledge that, when people get a package of support, they hang on to it – unlike the fanciful dream that people would gain independence and skills and relinquish supports happily.

5.5 Financial and actuarial modelling and forecasting of the scheme, including:

- a) the role of insurance-based principles in scheme modelling, and**
- b) assumptions, measures, and methodologies used to forecast and make projections about the scheme, participants, and long-term financial modelling;**

The Public Advocate does not have a view on the technicalities of insurance modelling. The NDIS is portrayed as an insurance scheme, not a welfare scheme, as though this is a high point of virtue. What it means is that the NDIA is bureaucratic and transactional in nature, just like an insurance agency or Centrelink or Medicare – there are rules to be followed, boxes to be ticked, equity across the nation to be considered. On the other hand there are many staff in the NDIA trying to live up to the goal of making the NDIA feel like a caring agency i.e. based on relationships with the participant. This struggles to work in a transactional environment where you communicate with a 1800 number, not a warm human being called your coordinator or your case manager that you can call directly, whose name you know and who is expected to care whether you live or die at 5.00 on a Friday when you are in strife.

5.6 The measures intended to ensure the financial sustainability of the NDIS (e.g. governance, oversight and administrative measures), including:

- a) the role of state and territory governments, and the Disability Reform Ministers Meetings,**
- b) the arrangements for providing actuarial and prudential advice about the scheme, and**
- c) the way data, modelling, and forecasting is presented in public documents about the NDIS, (e.g. NDIS Quarterly Reports and Reports by the Scheme Actuary), and**
- d) measures to ensure transparency of data and information about the NDIS;**

The Public Advocate does not have a view on the technicalities of modelling etc.

However, the NDIS is flawed in its design, its costs are blowing out, its consumer acceptance is marginal, and its complexity grows by the year - with more and more staff roles, and more and more policies and procedures that completely bamboozle the average punter.

5.7 The ongoing measures to reform the scheme including:

- a) the new early childhood approach, including whether or how early intervention and other supports intended to improve a participant's functional capacity could reduce their need for NDIS funding, and**
- b) planning policy for personalised budgets and plan flexibility.**

The Public Advocate does not have a view on the early childhood approach as the OPA does not work with children.

Plan flexibility within the participants budget is welcome as, in the absence of an NDIS crisis response service/ system, this flexibility can be used to assist in addressing the urgent needs of a client in crisis.

5.8 Any other related matters.

The Public Advocate raises concern about the interaction between the NDIS and Housing for people with disabilities, in particular the supply of suitable Specialist Disability Accommodation (SDA) along with approvals for home and living supports such as Supported Independent Living (SIL). This interaction presents delays and challenges in finding a suitable place to call home for many NDIS participants, particularly those who are OPA clients.

There is also great concern about the conflict of interest and lack of safeguarding for those NDIS participants whose accommodation, support services and support coordination are provided by the one agency.

The Public Advocate spoke at lengths about these matters in her appearance at the Royal Commission into Abuse, Violence, Neglect and Exploitation at Public Hearing 14 - Preventing and responding to violence, abuse, neglect and exploitation in disability services (A Case Study) in Adelaide in June 2021. The Public Advocate's statement is on the [Commission's website](#)^{xvii}.

The Public Advocate notes that housing in itself is not the responsibility of the NDIS although the interplay between the NDIS, funding for SDA and SIL and the timing of assessments through the NDIS presents delays in sourcing suitable accommodation for NDIS participants. Attachment 1: 'Housing pathway for NDIS participants' is a flow chart, which the Public Advocate presented as part of her statement to the DRC. This flow chart demonstrates the lengthy indicative timelines for NDIS processes required to secure funding in a participant's plan for SDA funding and subsequent housing.

6. Conclusion

Policy decisions that have been made at both a State and Commonwealth level have not fully benefited people with disability (whether they are NDIS participants or not).

In the haste to roll out the NDIS efforts were diverted away from the PITC/ LAC focussing on community development to the planning function initially intended for the NDIA itself. This has resulted in more people funded by the NDIS and less

community development which would benefit both the person with the disability and the community.

The National Disability Strategy 2010-2020 has also been criticised about the poor implementation and lack of levers or funding to see outcomes. The ILC grants had the potential to progress deliverables relating to the NDS but the link between this funding and the strategy has not been fully realised. It is only in recent times that the ILC grants have moved to the DSS to more closely align with this policy.

South Australia introduced the *Disability Inclusion Act 2018* in an effort to address access and inclusion within South Australia by legislating the requirement of all State government agencies, statutory authorities and local government to have a Disability Access and Inclusion Plan.

The disjointed efforts between the state and commonwealth governments in relation to access and inclusion for people with disabilities has potentially led to the current position of the NDIS forecasted budget overspend.

The State and Commonwealth need to work more collaboratively to implement the access and inclusion agenda. This will not only potentially make the NDIS a more financially sustainable scheme but all people with disability will have the opportunity to realise their full potential through a truly inclusive Australia.

7. Recommendations

Below is a summary of the recommendations.

Recommendation 1: That the concept of NDIS participant be expanded to give recognition to people with disabilities who are part of Tier 2.

Recommendation 2: That the Applied Principles are reviewed with a view to clarifying the roles of the Commonwealth and the States/Territories.

Recommendation 3: That the LAC Partners in the Community work collaboratively with State Government instrumentalities to implement the Disability Inclusion Act 2018.

Recommendation 4: That PITC agencies act as the first port of call for people with disabilities or their families and that the LAC function of linking individuals to community resources and enhancing community capacity to include people with disabilities is the only priority for LACs.

8. Glossary

ACRONYM	FULL TERM
AAT	Administrative Appeals Tribunal
APTOS	Applied Principles Tables of Service
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
DAIP	Disability Access and Inclusion Plan
DCS	Department of Correctional Services
DSS	Department of Social Services
HLO	Health Liaison Officer
JLO	Justice Liaison Officer
LAC	Local Area Coordinator
NDAP	National Disability Advocacy Program
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDS	National Disability Strategy
OPA	Office of the Public Advocate
PITC	Partners in the Community
RAC	Residential Aged Care
RORD	Review of a Reviewable Decision
SACAT	South Australian Civil Administrative Tribunal
SIL	Supported Independent Living
SDA	Specialist Disability Accommodation
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
YPIRAC	Younger People in Residential Aged Care

9. Attachment 1: Housing pathway for NDIS Participants

<p>The client needs housing (They may want to move out of home or are homeless or in crisis)</p>	<p>TIME FRAMES (NDIS Participant Service Guarantee)</p>										
<p>If the client is not already an NDIS participant, they will need to join. To become a participant involves:</p> <ul style="list-style-type: none"> • Gathering evidence (28 days) • Assessments • NDIS Access Request • Meet NDIS Eligibility criteria <p>Access confirmed</p>	<p>90 days for participant to provide evidence.</p> <p>21 days for access decision 28 days to explain a decision 14 days to make a decision about who can use the NDIS after receiving more information.</p>										
<p>For existing participants, a Change of Circumstances is submitted if required.</p>	<p>21 days minor, 50 days larger changes</p>										
<p>NDIS Planning meeting held. Participant needs to request that the following be included in plan:</p> <ul style="list-style-type: none"> • A goal related to Home and Living Supports in your plan • An allocation for allied health assessments • Specialist Support Coordination (SSC) 	<p>21 days to start making plan Making meeting time – ASAP 28 days to have meeting 7 days to give you a copy of the plan</p>										
<p>Plan needs to be approved by the NDIA.</p>	<p>70 days to approve a plan</p>										
<p>The Request for Home and Living Supports Form needs to be completed by the individual or person on their behalf and submitted to the NDIA.</p>	<p>Dependent on individual guardian/nominee</p>										
<p>Once the NDIA has reviewed the request and if further information required the NDIA will advise what is needed. This may include further assessments.</p>	<p>This is a new process so timeframes not clear. This may also be depending on whether the participant engages with therapists for assessments if they are required.</p>										
<p>If approved, the NDIA may provide funding for:</p> <table border="0"> <tr> <td>Assisted Daily Living</td> <td>Capacity Building</td> </tr> <tr> <td>Individualised Living Option</td> <td>Home Modifications</td> </tr> <tr> <td>Short Term Accommodation</td> <td>Specialist Disability Accommodation</td> </tr> <tr> <td>Medium Term Accommodation</td> <td>Assistive Technology</td> </tr> <tr> <td>Supported Independent Living</td> <td></td> </tr> </table>	Assisted Daily Living	Capacity Building	Individualised Living Option	Home Modifications	Short Term Accommodation	Specialist Disability Accommodation	Medium Term Accommodation	Assistive Technology	Supported Independent Living		<p>Variable</p>
Assisted Daily Living	Capacity Building										
Individualised Living Option	Home Modifications										
Short Term Accommodation	Specialist Disability Accommodation										
Medium Term Accommodation	Assistive Technology										
Supported Independent Living											
<p>Support Coordinator or Specialist Support Coordinator utilise the plan and connect them with services. Note: The SSC needs to have appropriate skills and experience in the following: culturally appropriate/ have capacity/ Mental Health and adequately trained.</p>	<p>Variable</p>										
<table border="0"> <tr> <td data-bbox="180 1665 680 2199"> <p>Housing</p> <ul style="list-style-type: none"> • Community Housing <p>The participant needs to register and be eligible for Community Housing</p> <ul style="list-style-type: none"> • Public Housing • Private rental • SDA <p>If SDA approved in plan and property is not an SDA property</p> <ul style="list-style-type: none"> • SDA providers need to be registered with the NDIS Quality and Safeguards Commission • Property needs to be enrolled with the Commission. </td> <td data-bbox="686 1665 1110 2199"> <p>If SIL quote needs to be submitted and approved by the NDIA</p> <ul style="list-style-type: none"> • Participant profile • property profile • Participant outcomes • Roster of support (inclusive of all house participants) </td> </tr> </table>	<p>Housing</p> <ul style="list-style-type: none"> • Community Housing <p>The participant needs to register and be eligible for Community Housing</p> <ul style="list-style-type: none"> • Public Housing • Private rental • SDA <p>If SDA approved in plan and property is not an SDA property</p> <ul style="list-style-type: none"> • SDA providers need to be registered with the NDIS Quality and Safeguards Commission • Property needs to be enrolled with the Commission. 	<p>If SIL quote needs to be submitted and approved by the NDIA</p> <ul style="list-style-type: none"> • Participant profile • property profile • Participant outcomes • Roster of support (inclusive of all house participants) 	<p>21 days depending on complexity and agreement on funding.</p> <p>There are often discrepancies about what is in the EHO, what the NDIS will fund and what the Service Provider will accept for the safety of participants and staff. This can delay transition.</p>								
<p>Housing</p> <ul style="list-style-type: none"> • Community Housing <p>The participant needs to register and be eligible for Community Housing</p> <ul style="list-style-type: none"> • Public Housing • Private rental • SDA <p>If SDA approved in plan and property is not an SDA property</p> <ul style="list-style-type: none"> • SDA providers need to be registered with the NDIS Quality and Safeguards Commission • Property needs to be enrolled with the Commission. 	<p>If SIL quote needs to be submitted and approved by the NDIA</p> <ul style="list-style-type: none"> • Participant profile • property profile • Participant outcomes • Roster of support (inclusive of all house participants) 										
<p>Housing modifications to be undertaken if required.</p>	<p>Variable</p>										
<p>The participant commences transition to the new home</p>	<p>Variable</p>										
<p>Please note time frames are an estimation only and vary from client to client</p>											

10. Bibliography

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