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The Chair
Joint Standing Committee on the NDIS
Australian Parliament
GPO Box 9820
CANBERRA ACT 2601

Via email: NDIS.Sen@aph.gov.au

Dear Sir/Madam

Submission to the Joint Standing Committee on the NDIS - Scheme Implementation and Forecasting for the NDIS

The Australian Psychological Society (APS) welcomes the opportunity to provide a submission to the Joint Standing Committee on the NDIS of the Australian Parliament (JSC) Inquiry into Scheme Implementation and Forecasting for the NDIS.

The APS sees the importance of ensuring people with a disability receive high quality and effective psychological services to support their mental health and enable them to live active and fulfilling lives as valued members of the community. In our submission we have endeavoured to provide a response that highlights the most salient issues from a psychological perspective.

If the NDIS requires further APS input, I may be contacted through my office on (03) 8662 3300 or by email at z.burgess@psychology.org.au

Kind regards

Dr Zena Burgess FAPS FAICD
Chief Executive Officer

Australian Psychological Society Submission to the Joint Standing Committee on the NDIS - Scheme Implementation and Forecasting

The APS is pleased to provide the following response to the Inquiry's Terms of Reference (TsoR).

Term of Reference a.

Current NDIS boundaries result in inadequate integration of service systems. The APS noted this in our submission to the Australian Productivity Commission (APC) consultation around NDIS costs. Importantly, in its 2017 report on the matter the APC observed:

The interface between the NDIS and other disability and mainstream services is critical for participant outcomes and the financial sustainability of the scheme. Some disability supports are not being provided because of unclear boundaries about the responsibilities of the different levels of government. Governments must set clearer boundaries at the operational level around 'who supplies what' to people with disability, and only withdraw services when continuity of service is assured.¹

Current boundaries result in detrimental "individual" consequences for participants, their families and carers in terms of inadequate, insufficient, ill-targeted, inefficient and confusing service delivery.

In addition, current NDIS boundaries have systemic consequences that lead to:

- Missed opportunities to prevent and arrest the consolidation of disabilities, and promote improved psychosocial functioning via appropriate rehabilitation, and
- Failure to follow psychological approaches to interventions for disability that form the basis of best practice, such as:
 - The biopsychosocial model of health and illness, which recognises that behaviours, thoughts and feelings interact with biological and social factors to determine health and adjustment to disability, and
 - Life-course sciences, that emphasise the role of perinatal, childhood, adolescent and young adult exposure to environmental factors in determining pathways to disability, and underlie the delivery of state-of-the-art population-based interventions, for example, health promotion and disability prevention.

There are, however, no current mechanisms to link these population-based interventions to the NDIS to reduce the future burden of disability. Such approaches to health and disability are entirely consistent with the needs of participants who are the target of "Tier 2" interventions.

Within this context, it is crucial to modify and adopt more flexible NDIS boundaries. By doing so, it will be possible to provide more seamless care for people with disabilities, and to develop effective municipal and regional health promotion programs to prevent modifiable causes of disability (see Toumbourou et al., 2017 & Toumbourou et al., 2019).

As noted in finding 5.10 of the Interim Report of this Inquiry, various stakeholders have commented that the system and range of services are complex and that further capacity building is required to assist people with a disability to access appropriate community supports.

¹ <https://www.pc.gov.au/inquiries/completed/ndis-costs#report>

The APS has continued to emphasise this perspective across various submissions we have made regarding the NDIS ^{e.g.2}.

The Information, Linkages and Capacity Building Grants Program (ILC Program) has an important role to play for NDIS participants and the “missing middle” of Australians with disability without entitlement under the NDIS and who require “Tier 2” support³, due to its objectives of:

- Providing information, referral and capacity building supports for people with disability, their families, and carers that are not directly tied to a person through an individually funded package, and
- Partnering with local communities, mainstream and universal services to improve access and inclusion for people with a disability.

The ILC Program is meant to service the needs of individuals under the scheme, and those who fail to qualify for NDIS funding (the “missing middle” of Australians that are the target of “Tier 2” care). It is aimed at:

- i. Individual capacity building,
- ii. Providing a national information program,
- iii. Mainstream capacity building, and
- iv. Economic and community participation⁴.

While the ILC Program has the capacity to address the need for community-based supports, it has been described by key industry stakeholders as “underfunded” since its inception. Program funding represents a minor fraction of the annual rate of spending under the scheme⁵ and is arguably insufficient for purpose.

In addition, the APS is concerned that there is little ongoing funding for psychosocial disability through the ILC Program. In our 2017 submission to the Australian Productivity Commission (APC) consultation on NDIS costs, we noted that individuals with a psychosocial disability, who are not eligible for a package, were expected to be able to seek assistance through the ILC Program.

In this submission, the APS also noted that there are multiple issues with the ILC Program that impact on the quality of care for people with a psychosocial disability. We suggested more investment in longer term projects to support this cohort of people, however, this has not occurred.

This perspective is consistent with the observations summarised in finding 5.14 of the Interim Report that indicate that the ILC Program is compromised by: a lack of awareness, short-term and piecemeal projects, and inconsistency in services available within different locations.

Term of Reference b.

Reduced boundaries between NDIS and non-NDIS service provision will lead to improvements in the interfaces between the former and non-NDIS services provided by States, Territories and Commonwealth Governments.

² <https://psychology.org.au/getmedia/db0edaf0-ea0c-4e05-a934-37b4cd39ec0f/aps-response-to-pc-position-paper-on-ndis-costs.pdf> & https://psychology.org.au/getattachment/b7a63671-d387-4448-a08f-088ad10838cd/20180223_final-submission.pdf?lang=en-AU

³ Post the withdrawal of the NDIS’s Initial Assessment protocol, it remains critical to reduce waiting times for Scheme acceptance, restore the Scheme’s universality by rebuilding its equity of access and better informing decision-making by Scheme planner around initial plans. These objectives were identified by the Australian Disability Council in response to the Tune Report commissioned by the NDIA in 2019.

⁴ <https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability/information-linkages-and-capacity-building-ilc-program>

⁵ Total expenditure under the Scheme was \$21.9b in 2019/20 - see

https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook45p/NDIS#:~:text=How%20much%20will%20it%20cost,1.1%20per%20cent%20of%20GDP.

There are various examples of poor interfaces between the NDIS and other non-NDIS services, including:

- The NDIS and other compensable schemes, and
- State-based bodies for authorising regulated restrictive practices and the federal NDIS Quality and Safeguard Commission, such that there is duplication across function of these organisations and inconsistencies in how they define regulated restrictive practices (particularly with regard to chemical restraint).

As noted in finding 5.15 of the Interim Report, concerns about managing the interfaces between the NDIS and 'mainstream' services offered by states and territories were raised by numerous stakeholders. These services included health, mental health and aged care, criminal justice, and education. There is a need for improved cross-sector coordination and integration between the NDIS and non-NDIS services. For example, by including healthcare professionals in planning processes and supporting people to access the scheme.

Term of Reference c.

The APS has previously identified the reasons for inequity in packages and funding for NDIS participants with similar needs in submissions to a range of inquiries and consultations⁶. Primary among the reasons for the inequity are:

- Geographical remoteness from services/scarcity of services in regional, rural and remote areas, and
- Impacts of socio-economic disadvantage.

Variations in plan funding between NDIS participants with similar needs is also influenced by inconsistent decision-making on the part of planners. The APS has emphasised our ongoing concern about the NDIS planning and decision-making process that result in inconsistencies in funding in submissions to previous inquiries and consultations.

As part of their feedback about the scheme, APS psychologists have also reported that:

- *Decisions regarding funding often seem quite random, and not based on clinical recommendations, and*
- *Greater consideration should be given to:*
 - *Risks to the client and others.*
 - *The impact of behaviours of concern on a participant's ability to engage in meaningful activity.*
 - *The sustainability of a participant's care (e.g., high support worker turnover due to behaviours of concern,) and*
 - *Working towards eliminating regulated restricted practices and risks associated with increasing restrictive practices.*

The lack of clarity in planning (and funding) has created uncertainty and worry for participants, their families, and carers. Scheme participants typically have complex and diverse needs. An appreciation of this diversity is required to avoid adopting an inappropriate one-size-fits-all approach.

The APS, other key industry stakeholders and, notably, the JSC itself⁷ have repeatedly highlighted the existence of planning inconsistencies. In addition to these, the APS is concerned about other practices, frequently raised by our members. That is:

⁶ For example, its submissions to the JSC inquiries into Transitional Arrangements for the NDIS, Market Readiness for the NDIS and the NDIS Workforce.

⁷ In its December 2020 final report into NDIS planning.

- The transfer of care to other systems (e.g., the MBS and private mental health system, aged care, education and justice services),
- Reduced funding for psychological interventions, and
- The transfer of care away from psychologists to less qualified practitioners.

Further, APS psychologists have reported the following concerns:

- Reductions in funding for behaviour support input for participants who present with severe behaviours of concern, resulting in increased risk, reduced opportunity for participation in valued activities, and an increased reliance on regulated restrictive practices,
- Funding for behaviour support input being stopped following a reduction in behaviours of concern, with no recognition that some level of ongoing funding is required to maintain gains,
- Being advised by the NDIS that such ongoing input is considered “preventative” and therefore cannot be funded.

Despite repeatedly raising our concerns about the decision-making process for plan funding, the APS has not observed any change. We are keen to see planning guidelines actively and consistently utilised by planners and ask that the JSC seeks input from the NDIA regarding this matter. Transparent decision-making processes and adherence to planning guidelines are essential to move toward more consistent funding to meet participants’ needs.

Term of Reference d.

[and]

Term of Reference e.

[and]

Term of Reference f.

Adequate funding for the NDIS is one of the most urgent and critical issues that must be addressed by the Government, and the NDIA, to ensure the ongoing viability of the scheme. Financial and actuarial modelling and forecasting is important in guiding the development and maintenance of measures intended to ensure the scheme’s financial sustainability.

We note with interest the issues articulated in findings 5.20 and 5.21 of the Interim Report that despite the NDIA releasing a full *Annual Financial Sustainability Report* (AFSR) in 2021, further transparency is required in relation to NDIS data, including actuarial data, and that broader research and analysis of this data should be undertaken by an independent body.

The APS supports the view of Professor Bruce Bonyhady (one of the architects of the original vision of the scheme) that in the absence of the full financial sustainability reports from the NDIS actuary, (including the assumptions underpinning cost drivers), it is “quite possible that the current concerns about scheme costs might be completely misplaced”⁸.

It is particularly pertinent that finding 5.21 of the Interim Report noted the need for:

- More data about NDIS performance at regional levels and in relation to different cohorts, especially Aboriginal and Torres Strait Islander people with disability, and people with disability from culturally and linguistically diverse backgrounds,
- Ensuring such data is provided in various accessible formats, for a broad range of audiences,

⁸https://parlinfo.aph.gov.au/parlInfo/download/committees/reportjnt/024622/toc_pdf/IndependentAssessments.pdf;fileType=application%2Fpdf

- Actuarial modelling that builds an understanding of NDIS participants and the requirements of quality care, and
- Future AFSRs to include assessment of trends in provision of supports to people with disability other than through the NDIS.

The APS agrees with these observations and recommendations.

Term of Reference g.

While the APS appreciates that the NDIA recognises the need for ongoing reform of the scheme, we are concerned about how such measures are being introduced.

For example, while applauding the increased funding associated with “the new early childhood approach”, the APS have previously expressed reservations about the proposed changes in the approach to children with disabilities, including:

- The need for parent/carer peer-to-peer connections should be supported through online networks, playgroups, and programs like “Now and next” being rolled out nationally,
The need for peer-to-peer groups for children need to be developed gradually, starting with older children, so that in instances where children/families express a need to locate a similarly-diagnosed peer, they have opportunities to find such connections,
- Limitations associated with the assessment measure used, particularly around complex presentations, and
- The failure to fully include and support parents in planning.

APS members have expressed concerns about the scheme’s apparent failure to adopt a person-centred, flexible approach that reflects an understanding about the need of vulnerable participants for best practice interventions by thoroughly qualified, credentialed and experienced practitioners.

Term of Reference h.

The APS again expresses its appreciation for the opportunity to submit to this inquiry.

We observe with considerable disquiet that the JSC is still asking largely the same questions as it has in the past about the NDIS - for example, around the behaviour and impact of scheme boundaries, interfaces and planner decision-making. It would seem that there is still work to do to deliver an NDIS that is consistent with its original vision.

The APS strongly believes in the mission of the NDIS and seeks the opportunity to engage in a partnership with the NDIA to support the crucial role the scheme has for Australians with a disability. This includes education, training and research for providers and other stakeholders requiring information around psychological matters pertinent to the NDIS.

References

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