
Joint Standing Committee on the National Disability Insurance Scheme

Capability and Culture of the NDIA Interim Report

March 2023

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Abbreviations and Acronyms

AAT	Administrative Appeals Tribunal
APS	Australian Public Service
CALD committee	Culturally and linguistically diverse Joint Standing Committee on the National Disability Insurance Scheme
DRMC	Disability Reform Ministerial Council
IAC	Independent Advisory Council
IER	Independent Expert Review
ILC	Information, Linkages and Capacity Building program
ILO	Independent Living Options
LAC	Local Area Coordinator
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS Act	<i>National Disability Insurance Scheme Act 2013</i>
PSC	Participant Service Charter
PSG	Participant Service Guarantee
SIL	Supported Independent Living
SIP	Participant Service Improvement Plan

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Foreword

Many Australians have described the National Disability Insurance Scheme (NDIS or the Scheme), when it works well, as life changing. The NDIS is an insurance-based and demand-driven model of funding and supports for people with disability. The NDIS is based on the premise that each person with disability has their own individual support needs and should be able to exercise choice and control in relation to these supports. The committee initiated this inquiry at the beginning of the Parliament to examine the capability and culture of the National Disability Insurance Agency (NDIA) to deliver on this promise.

In its hearings, the committee has heard stories of pain, fear, anxiety, frustration and exhaustion experienced by so many participants, families, carers and advocates in their journeys with the NDIS. The evidence was not easy to hear. The committee calls on the government and the NDIA to learn from these experiences and take action to improve the NDIS for all participants, their families and carers.

The committee shares the frustration of many witnesses and submitters at the slow pace of reform. At the Geelong hearing, Ms Jean Cotchin, representing Every Australian Counts, conveyed people's frustrations with the culture of the NDIA and their hopes for improvement:

Unfortunately, it is clear that, over the last few years in particular, the culture leading the NDIA has been the exact opposite of the culture that people signed up for and expect and should have ... I think the NDIS is one of the biggest sources of pride of all Australians. It has been, and has the potential again to be, the best disability system in the world that we should all be enormously proud of ... The consistent thing that we are always campaigning for is an NDIS that works as well as it can and should for everybody who needs it ... The overwhelming feeling, need and sentiment from the community is to have their voices heard and to make it easier.¹

The committee has decided to table this interim report, with a final report with further recommendations to follow later this Parliament. This approach has been taken because the issues are pressing and should provide guidance to the government.

The committee notes that some of its previous recommendations to address the issues outlined in this report have been swiftly implemented. However, other

¹ Ms Jean Cotchin, Campaign Manager, Every Australian Counts, *Committee Hansard*, 17 November 2022, p. 21.

recommendations have been repeated over many years to successive governments, such as the recommendation that NDIS participants receive a draft plan before a final plan is agreed to by the delegate. Late in 2022 the NDIA initiated a pilot to change plan approval processes, but it is not yet clear whether it will result in the implementation of draft plans. The committee will continue to monitor the implementation of this and other recommendations, and hold the government to account.

The committee is particularly moved by evidence that participants feel distressed, frustrated, and unheard when planners do not understand their lived experience of disability. Planners are a key interface between participants and the NDIS. If planners do not understand a participant's disability and how it impacts their daily life, this is likely to have a negative effect on a participant's plan and their experience of the NDIS.

Recommendation 1

The committee recommends that NDIA staff have comprehensive training in disability awareness and anti-discrimination, and that the government support planners and other NDIA staff, including contact centre staff, to develop specialist skills in specific areas of disability and participants' needs, so the Scheme can serve the diversity of NDIS participants.

The committee has heard the stories of participants who are frustrated at having to tell their stories and provide documentation to prove their disability over and over again. Many participants have also felt that NDIA staff do not understand their lived experience of disability. Submitters have told us that this is exacerbated by high staff turnover. The committee also heard evidence that unreasonable workloads can make it difficult for planners to take the necessary time to read reports and understand participant needs.

Recommendation 2

The committee recommends that the government lift staffing caps and improve workplace culture to reduce staff turnover and improve the experience of participants through continuity of relationships.

Recommendation 3

The committee recommends that the government invest in training NDIA staff and updating systems to improve the quality and transparency of decision-making, and to ensure that decisions consistently meet the requirements of the

NDIS Act, so participants do not have to tell their stories again and again to multiple people.

The committee has heard from submitters criticising the NDIA for a lack of meaningful engagement with the disability community, attributing this to inaccessible systems, a lack of transparency, minimal participation and unfair decision-making. The committee acknowledges the NDIA Engagement Framework, but believes more could be done to centre the experience of people with disability in the design of NDIA systems and processes.

Recommendation 4

The committee recommends that the NDIA adopt a participant-led, user-centred design approach to improve the participant experience, including better supporting participants at life-changing events.

The committee has heard the fears of participants that they may lose funding for necessary supports, where they have been unable to access services. Participants have reported feeling pressured to use up funding ahead of a plan review, for fear that funding would otherwise be cut in their next plan. This is an especially difficult problem for participants in rural, regional and remote areas, where supports can be difficult to access.

Recommendation 5

The committee recommends that the government address the concerns of participants that a plan underspend might lead to reduced funding in their next plan.

The committee acknowledges that the NDIS is in an active transition phase, with less than 12 months since the change of government and 6 months since the appointment of the new Chair and CEO. In recent months, several initiatives have been announced that are related to addressing the capability and culture of the NDIA. These initiatives include the current NDIS Review, establishment of the Co-Design and Engagement Branch, and an Independent Expert Review (IER) Pathway pilot to reduce disputes and appeals to the Administrative Appeals Tribunal. The committee welcomes many of these changes, and encourages the government and the NDIA undertake reform with focus and urgency.

The committee acknowledges that it is too early to see the fruit of these initiatives. Nevertheless, the committee decided to prepare this interim report to provide a summary of the key issues raised and to inform the Parliament of the next steps it plans to take.

The committee is grateful to witnesses and submitters who have taken the time to share their stories and experiences with the committee, and to make thoughtful recommendations for improvement. The committee received and published 174 submissions and held public hearings in Newcastle, Sydney, Perth, Geelong, Melbourne, Adelaide and Brisbane. Many witnesses have appeared before the committee previously, and others have appeared for the first time.

We hope that this interim report, and the work that we will do in the coming months, demonstrates that the voices of people with disability and their families and carers have been heard. The committee intends to continue its program of hearings across Australia, including in rural and remote locations, and to reflect upon evidence raised in submissions. The committee will provide a final report later in this Parliament. The committee is committed to making the NDIS experience easier and better.

List of Recommendations

Recommendation 1

- 4.7 The committee recommends that NDIA staff have comprehensive training in disability awareness and anti-discrimination, and that the government support planners and other NDIA staff, including contact centre staff, to develop specialist skills in specific areas of disability and participants' needs, so the Scheme can serve the diversity of NDIS participants.

Recommendation 2

- 4.9 The committee recommends that the government lift staffing caps and improve workplace culture to reduce staff turnover and improve the experience of participants through continuity of relationships.

Recommendation 3

- 4.10 The committee recommends that the government invest in training NDIA staff and updating systems to improve the quality and transparency of decision-making, and to ensure that decisions consistently meet the requirements of the NDIS Act, so participants do not have to tell their stories again and again to multiple people.

Recommendation 4

- 4.12 The committee recommends that the NDIA adopt a participant-led, user-centred design approach to improve the participant experience, including better supporting participants at life-changing events.

Recommendation 5

- 4.14 The committee recommends that the government address the concerns of participants that a plan underspend might lead to reduced funding in their next plan.

Chapter 1

Overview

- 1.1 The Joint Standing Committee on the National Disability Insurance Scheme (the committee) was appointed by resolution by the House of Representatives on 26 July 2022¹ and the Senate on 27 July 2022.²
- 1.2 The committee is composed of five Members and five Senators, and is tasked with inquiring into and reporting on:
 - (a) the implementation, performance and governance of the National Disability Insurance Scheme (NDIS or the Scheme);
 - (b) the administration and expenditure of the NDIS; and
 - (c) such other matters in relation to the NDIS as may be referred to it by either House of the Parliament.
- 1.3 The committee is required to present an annual report to the Parliament on the activities of the committee during the year, in addition to reporting on any other matters it considers relevant.
- 1.4 The committee can also inquire into specific aspects of the Scheme. On 8 September 2022, the committee agreed to self-refer an inquiry into the capability and culture of the National Disability Insurance Agency (NDIA or the Agency), with particular reference to:
 - (a) the capability and culture of the NDIA, with reference to operational processes and procedures, and nature of staff employment;
 - (b) the impacts of NDIA capability and culture on the experiences of people with disability and NDIS participants trying to access information, support and services from the Agency; and
 - (c) any other relevant matters.

Conduct of the inquiry

- 1.5 The committee advertised the inquiry on its website and wrote to relevant persons and stakeholders seeking submissions. The committee set two submission closing dates, of 12 October 2022 and 16 December 2022. The earlier submission date allowed the committee to consider possible witnesses for hearings held later in 2022, with the December 2022 date helping to inform hearing arrangements for 2023.

¹ *House of Representatives Votes and Proceedings*, No. 1, 26 July 2022, pp. 24–25.

² *Journals of the Senate*, No. 2, 27 July 2022, pp. 104–105.

- 1.6 To date, the committee has published 174 public and name withheld submissions, which are listed at Appendix 1 and are available on the committee's website.³
- 1.7 The committee has also held several public hearings as part of its inquiry, as follows:
- 3 November 2022 in Newcastle
 - 4 November 2022 in Sydney
 - 14 November 2022 in Perth
 - 17 November 2022 in Geelong
 - 18 November 2022 in Melbourne
 - 2 February 2023 in Adelaide
 - 3 February 2023 in Brisbane
- 1.8 In addition to the formal programs of witnesses, the committee has heard short statements from individuals with a lived experience of disability and the NDIS. Witnesses who appeared at the hearings are listed at Appendix 2.
- 1.9 Transcripts of the hearings, together with submissions and additional information provided to the inquiry, are available through the committee's inquiry website.⁴
- 1.10 The committee will continue its program of public hearings as the inquiry continues.

The need for an interim report

- 1.11 The evidence received by the committee to date as part of this inquiry has highlighted several consistent issues with the capability and culture of the NDIA, which are having a detrimental impact on some NDIS applicants and participants who are trying to access information, support and services from the agency.
- 1.12 Most of the issues identified in this inquiry – while genuine and pressing – are not new, and have been the subject of targeted recommendations in earlier inquiries by this committee. Many of these recommendations have been accepted by the current or previous government but are still being implemented.
- 1.13 For example, the committee received evidence from submitters that a cost-cutting culture has emerged within the NDIA, and heard that this has affected assessments of reasonable and necessary supports, placing an unreasonable burden on applicants and participants.

³ See: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/CapabilityandCulture/Submissions.

⁴ See: https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/CapabilityandCulture.

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- 1.14 Submitters also expressed frustration at having to continually prove their disability at plan reviews and appeals, and at having to repeatedly submit the same documentation to the NDIA.
- 1.15 Evidence received by the committee called for more disability training for NDIA staff, including on complex disability and the interactions of multiple disabilities.
- 1.16 Submissions called for the NDIA's communications to be improved, with more clarity on the roles of staff within the NDIA, more transparency of rules and decision-making processes, and for draft plans to be provided to participants and their families and carers. Several submissions also suggested that the NDIA could improve its communications with particular cohorts, including culturally and linguistically diverse communities, First Nations participants, and participants who have difficulty with spoken and/or written communication.
- 1.17 Submitters also emphasised the demand for advocacy services, to help participants access the NDIS, navigate NDIA processes, and to prepare for plan reviews and appeals to the Administrative Appeals Tribunal (AAT).
- 1.18 For these reasons, the committee sees benefit in tabling this interim report now. The committee will continue its work, gathering evidence from stakeholders about the NDIA's processes, procedures, staffing, capability and culture, with a view to making further recommendations to address identified shortfalls in the functioning of the NDIA. The committee looks forward to receiving more evidence about how reform could be implemented to improve engagement and outcomes with the NDIA, for people with disability and their advocates.

Structure of the report

- 1.19 This report consists of four chapters, as follows:
- Chapter 1 (this chapter) provides general information about the conduct of the inquiry.
 - Chapter 2 provides background to the NDIS and an overview of the NDIA, and highlights some of the key activities undertaken by the NDIA and other relevant organisations since the committee's last report.
 - Chapter 3 examines some of the key issues relating to the capability and culture of the NDIA identified in evidence to the committee.
 - Chapter 4 outlines other matters relating to the capability and culture of the NDIA that the committee will continue to examine in the coming months.

Note on terminology and references

- 1.20 References to submissions in this report are to individual submissions provided to the committee's inquiry into the capability and culture of the NDIA and published on the committee's website, unless otherwise indicated.

References to Committee Hansard are to proof transcripts, unless otherwise indicated.

- 1.21 The committee acknowledges that there are a variety of terms used to reflect the diversity of Aboriginal and Torres Strait Islander cultures and identities.⁵ In this report, the terms 'Aboriginal and Torres Strait Islander people' and 'First Nations people' are used, with respect.
- 1.22 The committee also notes that some submitters and witnesses may refer to NDIS participants and other people with disability as 'clients' of particular services. This report may use the term 'client' when quoting from a submission or a hearing transcript. Otherwise, the report uses the terms 'participant', 'person with disability' and 'people with disability', with respect.
- 1.23 The committee recognises that people use many terms when talking about disability. The committee is aware that there are people in the community who prefer 'identity first language', people who prefer 'people first language', and people who use terms interchangeably.
- 1.24 People first language seeks to put the person before their disability and avoid the disability becoming the primary, defining characteristic of an individual. For example, 'person with disability'. Identity first language reflects the belief that being disabled is a core part of a person's identity which cannot, and should not, be treated as separate. For example, 'disabled person'.
- 1.25 The committee recognises there is no consensus as to which language should be used, and that each member of the community will have their own opinion on terminology. The committee also understands that each person will have a preferred way of communicating and self-describing. The committee respects that language is an individual and highly personal choice.
- 1.26 In the context of this inquiry, the committee has used people first language in its report to ensure consistency with the terms of reference.

Acknowledgements

- 1.27 The committee thanks all those who have contributed to the inquiry by lodging submissions and appearing at public hearings. The submissions and other evidence received by the committee have been illuminating, and the committee appreciates the time and effort that people have taken to share their often very personal stories.

⁵ Reconciliation Australia, *RAP good practice guide: Demonstrating inclusive and respectful language*, reconciliation.org.au/wp-content/uploads/2021/10/inclusive-and-respectful-language.pdf (accessed 8 March 2023).

Chapter 2

Background

Introduction

2.1 This chapter provides background on the National Disability Insurance Scheme (NDIS) and the role of the National Disability Insurance Agency (NDIA). An overview of relevant work conducted by this committee and various other committees is presented. Finally, a brief discussion of publications and work of other relevant bodies and initiatives, including the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the NDIS Review is given.

Background to the NDIS

2.2 The NDIS is an insurance-based and demand-driven model of funding and supports for people with disability, families and carers. It is jointly governed and funded by Federal, state and territory governments. It replaces the previous state-based system of block funding with a fee-for-service, market-based approach. The NDIS is based on the premise that each person with disability has their own individual support needs and should be able to exercise choice and control in relation to their supports.¹

National Disability Insurance Agency

2.3 The NDIA is a corporate Commonwealth entity, with statutory authority under the *National Disability Insurance Scheme Act 2013* (NDIS Act). The NDIA is the independent statutory agency responsible for the governance and administration of the NDIS. Its main purpose is to deliver the NDIS in a way that maximises choice and control for participants and promotes the provision of high-quality supports, while managing, advising and reporting on the financial sustainability of the NDIS.²

2.4 This purpose is supported by five 'aspirations', as follows:

- A quality experience and improved outcomes for participants
- A competitive market with innovative supports
- A genuinely connected and engaged stakeholder sector
- A high-performing NDIA
- A financially sustainable NDIS³

¹ *National Disability Insurance Scheme Act 2013*, para. 3(1)(e).

² *National Disability Insurance Scheme Act 2013*, section 118. See also Chapter 6.

³ National Disability Insurance Agency, *Corporate Plan 2022–26*, p. 23, [ndis.gov.au/about-us/publications/corporate-plan#corporate-plan-2022-2026](https://www.ndis.gov.au/about-us/publications/corporate-plan#corporate-plan-2022-2026) (accessed 9 March 2023).

National rollout of the NDIS

2.5 The NDIS became operational on 1 July 2013 with the commencement of trial sites. National rollout of the scheme began on a geographic and age basis from July 2014, with the majority of jurisdictions beginning transition on 1 July 2016. The transition to full scheme was guided by bilateral agreements between Commonwealth, state and territory governments.⁴

Legislative framework for the NDIS

National Disability Insurance Scheme Act 2013

2.6 The NDIS is established under the *National Disability Insurance Scheme Act 2013* (NDIS Act). The Act sets out the objectives of the NDIS, which include:

- supporting the independence and social and economic participation of people with disability;
- providing reasonable and necessary supports, including early intervention supports, for NDIS participants;
- enabling people with disability to exercise choice and control in the pursuit of their goals and in the planning and delivery of their supports;
- facilitating the development of a nationally consistent approach to accessing, planning and funding of supports for people with disability;
- promoting the provision of high quality and innovative supports;
- protecting and preventing people with disability from being harmed by poor quality or unsafe supports and services; and
- giving effect to Australia's human rights obligations relating to people with disability.⁵

2.7 The NDIS Act further provides for: how a person may become a participant in the NDIS;⁶ how a participant's plan is prepared and reviewed, including how the NDIA approves funding for supports;⁷ how a provider can become a registered provider of supports;⁸ and the processes for reviewing decisions.⁹

⁴ See National Disability Insurance Agency, Full Scheme Agreements, ndis.gov.au/about-us/governance/intergovernmental-agreements (accessed 23 February 2022). Western Australia's transition to the NDIS is due to be completed by 30 June 2023. See National Disability Insurance Agency, Bilateral Agreement between the Commonwealth and Western Australia for the transition to National Disability Insurance Scheme in Western Australia, 1 September 2021, p. 6.

⁵ NDIS Act, section 3.

⁶ NDIS Act, Chapter 3, Part 1.

⁷ NDIS Act, Chapter 3, Part 2.

⁸ NDIS Act, Chapter 3, Parts 3 and 3A.

⁹ NDIS Act, Chapter 3, Part 6.

Independent Advisory Council

- 2.8 The Independent Advisory Council (IAC), under the NDIS Act, 'has a statutory requirement to provide formal advice to the NDIA Board about the way the NDIA performs its functions'. Meeting monthly, the IAC comprises 12 members who have experience and knowledge about different areas of disability.¹⁰
- 2.9 The IAC also has four reference groups to 'inform any formal advice provided to the Board', and the groups are for children, young people and families; equity and inclusion; home and living; and intellectual disability. With regard to informal advice, the IAC provides such advice to 'NDIA business areas and external stakeholders, based on current issues impacting the disability community.'¹¹

Participant Service Charter

- 2.10 First released in 2020, the Participant Service Charter (PSC) outlines the level of service that participants can expect when dealing with the NDIA. The PSC details five principles for the NDIA's engagement with participants, and stipulates that the Agency will be:
- transparent – making it easy to access and understand the NDIA's information and decisions;
 - responsive – responding to participants' individual needs and circumstances;
 - respectful – recognising individual experiences and acknowledging that participants are experts in their own lives;
 - empowering – making it easy for participants to access and use information and be supported by the NDIS; and
 - connected – supporting participants to access the services and supports they need.¹²
- 2.11 The PSC was updated in 2022, to align with legislative changes brought about by the *National Disability Insurance Scheme Amendment (Participant Service Guarantee and Other Measures) Act 2022* (Participant Service Guarantee Act).

Participant Service Guarantee

- 2.12 The Participant Service Guarantee (PSG) was formalised in legislation in 2022, in response to the 2019 Review of the NDIS Act led by Mr David Tune AO PSM (Tune Review).¹³

¹⁰ National Disability Insurance Agency, *Submission 98*, p. 9.

¹¹ National Disability Insurance Agency, *Submission 98*, p. 9.

¹² National Disability Insurance Agency, 'Service charter', 23 November 2022, [ndis.gov.au/about-us/policies/service-charter](https://www.ndis.gov.au/about-us/policies/service-charter) (accessed 22 December 2022).

¹³ Participant Service Guarantee Act.

- 2.13 The Participant Service Guarantee Act amended the NDIS Act to insert timeframes within which the NDIA must make certain decisions and take certain actions, including in relation to access requests, plan approvals, reassessments and variations, and nominee changes. The aim of this was to reduce and standardise the timeframes for NDIS processes, thereby providing greater certainty for participants and prospective participants.
- 2.14 The Participant Service Guarantee Act also enables the creation of rules under the NDIS Act to prescribe requirements for:
- the preparation of plans;¹⁴
 - reporting by the Commonwealth Ombudsman on the NDIS;¹⁵ and
 - the manner of engagement with participants and prospective participants.¹⁶

Participant Service Improvement Plan

- 2.15 The Participant Service Improvement Plan (SIP) sets out the actions taken by the NDIA to ensure the Scheme meets the expectations of participants. The SIP reflects the deliverables outlined in the PSC and PSG, as well as the feedback received from participants.¹⁷
- 2.16 A new SIP was launched in July 2022, following the conclusion of the 2020–21 SIP in December 2021. The 2022 SIP details what the NDIA will do over the next two years to deliver the NDIS in a way that meets participant expectations, 'by making practical changes' to how it works.¹⁸
- 2.17 Across 2022 and 2023, the SIP will guide the delivery of 51 commitments over nine improvement areas. According to its 2021–22 Annual Report, the NDIA 'delivered on 24 out of the 51 commitments in the SIP' and 'commenced implementing a further 21 commitments' during 2021–22.¹⁹

Disability Reform Ministerial Council

- 2.18 The NDIS Act requires that a Ministerial Council is to consider policy matters that relate to the scheme or arise under the Act and advise the Minister about such matters.²⁰ From February 2023, following the outcomes of the

¹⁴ Participant Service Guarantee Act, section 30.

¹⁵ Participant Service Guarantee Act, section 55.

¹⁶ Participant Service Guarantee Act, section 56.

¹⁷ National Disability Insurance Agency, *Annual Report 2021–22*, p. 42.

¹⁸ National Disability Insurance Agency, 'Participant Service Improvement Plan', 15 November 2022, [ndis.gov.au/about-us/policies/service-charter/participant-service-improvement-plan](https://www.ndis.gov.au/about-us/policies/service-charter/participant-service-improvement-plan) (accessed 22 December 2022).

¹⁹ National Disability Insurance Agency, *Annual Report 2021–22*, pp. 42–43. A full list of the commitments is available in the Participant Service Improvement Plan 2022–23, [ndis.gov.au/about-us/policies/service-charter/participant-service-improvement-plan](https://www.ndis.gov.au/about-us/policies/service-charter/participant-service-improvement-plan) (accessed 9 March 2023).

²⁰ NDIS Act, section 12.

2022 Review of Ministerial Councils, the Disability Reform Ministers' Meeting has been upgraded to a Ministerial Council, reporting to National Cabinet on key priorities. The new body is the Disability Reform Ministerial Council (DRMC).²¹ Ministerial Council meetings are held several times a year, to provide a forum for all Commonwealth, state and territory ministers responsible for disability policy to drive national reform in disability policy, including through the National Disability Strategy and the NDIS.²²

- 2.19 At the 10 February 2023 meeting of the DRMC, the Co-Chairs of the NDIS Review Panel provided an update on early findings and recommendations of the NDIS Review, including work on quality and safeguarding arrangements, workforce, and alternative commissioning approaches to ensure people with disability in remote and First Nations communities can access the supports they need.²³

Corporate Plans

2.20 Under the NDIS Act, the NDIA is required to prepare corporate plans, and provide them to the Ministerial Council before the start of the period covered by the plan.²⁴ Corporate plans must include details about the financial sustainability of the NDIS.²⁵ In its most recent corporate plan, the NDIA outlined its key areas of focus, including:

- essential service delivery and support for participants through the COVID-19 pandemic;
- contributing data and information to a review of the NDIS design, operation and sustainability;
- engaging with the views and experiences of people with disability through the Engagement Framework;
- making it easier for participants to vary their plans, without the need for lengthy review;
- reducing the number of matters that progress to the Administrative Appeals Tribunal; and

²¹ Department of Social Services, Disability Reform Ministerial Council, dss.gov.au/our-responsibilities/disability-and-carers/programmes-services/government-international/disability-reform-ministers-meeting (accessed 27 February 2023).

²² The Hon. Bill Shorten MP, Minister for the National Disability Insurance Scheme, 'Disability Ministers from around Australia set priorities for the year ahead', *Media release*, ndis.gov.au/news/8824-media-release-minister-disability-ministers-around-australia-set-priorities-year-ahead (accessed 9 March 2023).

²³ Disability Reform Ministerial Council, *Communiqué*, 10 February 2023, dss.gov.au/sites/default/files/documents/02_2023/communiqu-10-february-2023.pdf (accessed 27 February 2023).

²⁴ NDIS Act, subsection 177(3).

²⁵ NDIS Act, subsection 177(2).

- strengthening fraud and compliance measures through a multi-agency partnership between the Australian Federal Police, NDIA and Services Australia.²⁶

Annual reports

- 2.21 In accordance with the *Public Governance, Performance and Accountability Act 2013* and the NDIS Act, the NDIA is required to provide an Annual Report, detailing the Agency's performance and operations during that year.²⁷
- 2.22 The Agency's Annual reports provide an overview of the progress of the NDIS for that year, as well as summaries of the organisation's financial statements, information on financial sustainability, governance, risk management and workforce management. Previous and current Annual reports can be found on the NDIS website in various formats including 'easy read' versions.²⁸

Quarterly Reports

- 2.23 Under section 174 of the NDIA Act, the Board of the NDIA is required to prepare a report on the operations of the Agency for each quarter, for provision to the DRMC by 31 January, 30 April, 31 July and 31 October each year.²⁹
- 2.24 The NDIA website states that its Quarterly Reports 'provide disability ministers with information (including statistics) about the participants in each jurisdiction and the funding or provision of supports by the NDIA in each jurisdiction'.³⁰
- 2.25 Broadly, the Quarterly Reports contain information on participant plans and experience, service providers and the broader disability service market, the financial sustainability of the scheme and statistics regarding the characteristics of NDIS participants.

Relevant work of the 46th Parliament

Supported independent living

- 2.26 On 1 August 2019, the committee decided to undertake an inquiry into Supported Independent Living (SIL), with particular reference to the approval

²⁶ National Disability Insurance Agency, *Corporate Plan 2022–26*, pp. 4–5, [ndis.gov.au/about-us/publications/corporate-plan#corporate-plan-2022-2026](https://www.ndis.gov.au/about-us/publications/corporate-plan#corporate-plan-2022-2026) (accessed 9 March 2023).

²⁷ National Disability Insurance Agency, *Annual Report 2021–22*, 4 November 2022, p. 7, [ndis.gov.au/about-us/publications/annual-report](https://www.ndis.gov.au/about-us/publications/annual-report) (accessed 9 March 2023).

²⁸ National Disability Insurance Agency, *Annual Report 2021–22*, 4 November 2022

²⁹ NDIS Act, section 174; National Disability Insurance Agency, *Quarterly Reports*, [ndis.gov.au/about-us/publications/quarterly-reports](https://www.ndis.gov.au/about-us/publications/quarterly-reports) (accessed 9 March 2023).

³⁰ National Disability Insurance Agency, *Quarterly Reports*.

process for access to SIL, the vacancy management process, the funding of SIL, and any related issues.

- 2.27 The committee published 51 submissions to the inquiry and held seven public hearings. Evidence indicated the SIL regime suffered from various issues with the potential to undermine choice and control for participants and affect the financial viability of providers.
- 2.28 On 13 May 2020, the committee tabled its report with 45 recommendations to improve the SIL regime. These focused on maximising choice and control for participants and reducing unnecessary financial hardship for providers.³¹
- 2.29 The government response was to support, or support in principle, 25 of the recommendations made in the committee's report. The remaining 20 recommendations were noted, citing ongoing reforms being progressed by the NDIA.³²
- 2.30 In response to a question on notice, the NDIS advised the committee that action on 16 recommendations was complete, 1 was on track, 9 were ongoing, 3 were noted and 16 required no action.³³

NDIS Planning

- 2.31 On 1 August 2019, the committee decided to undertake an inquiry into NDIS planning, with particular reference to planner capability and capacity, participant involvement in planning, the review process, length of plans, and adequacy of the planning process for rural and regional participants.
- 2.32 The committee published 157 submissions to the inquiry and held 14 public hearings. Evidence indicated there may be major inconsistencies in plan development, such as not including funded supports due to an assumption that a participant has informal supports when they do not, in fact, have informal supports. Evidence also indicated that planner errors, such as listing the wrong disability in participants' plans, were a result of high workloads. In addition, there was evidence that planners may have been ignoring or changing expert recommendations provided by allied health practitioners about the supports that are appropriate for a particular participant. Further, participants reported excessively delayed responses to queries, not being spoken to appropriately during planning meetings or not being invited to the meetings. Participants never meeting the delegate who makes decisions about

³¹ Joint Standing Committee on the National Disability Insurance Scheme, *Report into Supported Independent Living*, May 2020.

³² Australian Government, *Australian Government response to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) report: Inquiry into Supported Independent Living*, August 2020, p. 2.

³³ Department of Social Services, Answer to question on notice IQ22-000030, 14 September 2022 (received 21 October 2022).

content and funding of plans was raised as an issue. The committee also heard there were concerns with the NDIA's response to AAT applications, including use of private lawyers, and plans offered after an order by the AAT not reflecting the order or, after the plan has ended, the supports that the AAT ordered have not been included in the new plan.³⁴

- 2.33 On 1 December 2020, the committee tabled its final report, including 42 recommendations³⁵ additional to the 14 made in its interim report.³⁶ These recommendations were intended to bring greater transparency, consistency and accountability to how the NDIS is administered and implemented.
- 2.34 The government response to the interim report was to support, or support in principle, 12 of the recommendations and note two.³⁷ In response to the committee's final report, the government supported, or supported in principle, 26 of the recommendations. The remaining 16 recommendations were noted, citing ongoing reforms being progressed by the NDIA.³⁸
- 2.35 In response to a question on notice, the NDIS advised the committee that action on 16 recommendations was complete, 2 were on track, 14 were ongoing, 3 were noted and 7 required no action.³⁹

Independent Assessments

- 2.36 On 10 December 2020, the committee decided to conduct an inquiry into independent assessments under the NDIS, with particular reference to justification of its introduction, implications for participants, and appropriateness of independent assessments for different cohorts of participants.
- 2.37 The committee received 402 submissions, including confidential submissions, and held 8 public hearings. Opposition to independent assessments was almost universal in evidence from state and territory governments, academics and universities, allied health professionals, allied health peak bodies, disability providers, advocacy groups and people with lived experience and

³⁴ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Planning Final Report*, December 2020.

³⁵ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Planning Final Report*, December 2020.

³⁶ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Planning Interim Report*, December 2019.

³⁷ Australian Government, *Australian Government response to the Joint Standing Committee on the National Disability Insurance Scheme: NDIS Planning Interim Report*, February 2020.

³⁸ Australian Government, *Australian Government response to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) Final Report: Inquiry into NDIS Planning*, February 2021.

³⁹ Department of Social Services, Answer to question on notice IQ22-000030, 14 September 2022 (received 21 October 2022).

their families. On 9 July 2021, the Minister announced that independent assessments would not proceed. The committee welcomed this announcement.⁴⁰

- 2.38 On 19 October 2021, the committee tabled its final report, including 6 recommendations regarding broader matters of financial sustainability, approaches to co-design and consultation, and bulk-billed appointments with medical and allied health professionals.⁴¹
- 2.39 The government response to the final report was to support in principle two of the recommendations. Four recommendations were noted, with two of these considered in the review of the design, operation and sustainability of the NDIS, which commenced in late 2022.⁴²

NDIS Quality and Safeguards Commission

- 2.40 On 23 June 2020, the committee decided to conduct an inquiry into the NDIS Quality and Safeguards Commission, with particular reference to enforcement powers, effectiveness of processes and communication, adequacy of resources and management of the transition period.
- 2.41 The committee published 75 submissions and held 4 public hearings. Evidence indicated the Commission's approach to its work could be improved, in particular, by incorporating more proactive engagement with participants and the sector and increasing its proactive compliance and enforcement measures. Gaps were reported in safeguarding arrangements for NDIS participants and people with disability more broadly, particularly in the areas where NDIS services interface with services provided by state and territory governments or other areas of the federal system.⁴³
- 2.42 On 30 November 2021, the committee tabled its final report, which included 30 recommendations. To date, no government response has been issued.

NDIS Workforce

- 2.43 On 6 February 2020, the committee decided to undertake an inquiry into the NDIS Workforce, with particular reference to workforce size, composition, attraction, retainment and development; role of jurisdiction governments in a

⁴⁰ Joint Standing Committee on the National Disability Insurance Scheme, *Independent Assessments*, October 2021.

⁴¹ Joint Standing Committee on the National Disability Insurance Scheme, *Independent Assessments*, October 2021.

⁴² Australian Government, *Australian Government response to the Joint Standing Committee on the National Disability Insurance Scheme report: Inquiry into Independent Assessments*, March 2023.

⁴³ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Quality and Safeguards Commission*, November 2021.

strategic workforce plan; interaction of the NDIS workforce with adjacent sectors including health and aged care; and related matters.

- 2.44 The committee received a total of 58 submissions, including 6 submissions (in addition to 23 supplementary submissions) which were provided to the inquiry after the interim report was tabled in December 2020. Eight public hearings were held. Key issues raised related to workforce conditions, professional development, thin markets, employment opportunities for people with disability, and workforce development.
- 2.45 On 9 December 2020, the committee tabled its interim report with 14 recommendations. The final report was tabled on 15 February 2022, including an additional 8 recommendations. The government response to the interim report supported or supported in principle 11 of these and noted three.⁴⁴ No government response to the final report has been issued.

Current Scheme Implementation and Forecasting for the NDIS

- 2.46 In October 2021, the committee decided to conduct an inquiry into the current scheme implementation and forecasting for the NDIS, with particular reference to the demand for NDIS funding; interface with alternative funding schemes; reasons for variation in plan funding between participants with similar needs; financial and actuarial modelling and forecasting; financial sustainability of the Scheme, and ongoing reforms.
- 2.47 The committee received 92 public submissions, including 13 supplementary submissions provided after the tabling of the interim report. Three public hearings were held. Among a broad range of issues, the committee heard that the Information, Linkages and Capacity Building (ILC) program does not yet meet community needs; interface between Commonwealth and State schemes are not well managed; transparency is required in relation to data; and trust needs to be rebuilt between the NDIA and people with disability following the distress caused by the government's attempts to introduce independent assessments.⁴⁵
- 2.48 On 31 March 2022, the final report was tabled, including 6 recommendations. To date, no government response has been issued.

⁴⁴ Australian Government, *Australian Government response to the National Disability Insurance Scheme Workforce Interim Report of the Joint Standing Committee on the National Disability Insurance Scheme*, October 2021.

⁴⁵ Joint Standing Committee on the National Disability Insurance Scheme, *Current Scheme Implementation and Forecasting for the NDIS*, October 2021.

Other inquiries

Disability Royal Commission

- 2.49 The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) was established in April 2019 in response to community concern about widespread reports of violence against, and the neglect, abuse and exploitation of, people with disability. Seven Commissioners were appointed, chaired by former Federal Court and NSW Supreme Court Judge, the Hon. Ronald Sackville AO KC.⁴⁶
- 2.50 As at 30 June 2022, the Royal Commission had received 4879 submissions, held 24 public hearings and received 2916 registrations for a private session.⁴⁷ The Interim Report, delivered 30 October 2020, and six progress reports have outlined evidence that people with disability experience attitudinal, environmental, institutional and communication barriers to achieving inclusion within Australian society.⁴⁸ The final report will be delivered to the Australian Government by 29 September 2023.⁴⁹

NDIS Review

- 2.51 On 18 October 2022, Minister for the NDIS, the Hon. Bill Shorten MP, announced a review of the NDIS. The NDIS Review will examine the design, operations and sustainability of the NDIS, and ways to build a more responsive, supportive and sustainable NDIS market and workforce. The co-chairs of the Independent Review Panel are Professor Bruce Bonyhady AM, one of the key architects of the NDIS, and Ms Lisa Paul AO PSM, former senior Australian public servant and policymaker.⁵⁰
- 2.52 To date, the NDIS Review has received submissions from over 783 individuals and organisations and has held 178 stakeholder meetings.⁵¹

⁴⁶ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *About the Royal Commission*, disability.royalcommission.gov.au/about-royal-commission (accessed 3 March 2022).

⁴⁷ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Sixth Progress Report*, September 2022, pp. 1–3.

⁴⁸ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Interim Report*, October 2020.

⁴⁹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *About the Royal Commission* disability.royalcommission.gov.au/about-royal-commission (accessed 3 March 2022).

⁵⁰ NDIS Review, *Review Round-Up: 24 February 2023*, February 2023, ndisreview.gov.au/news/review-round-24-february-2023 (accessed 3 March 2023).

⁵¹ Disability Reform Ministerial Council, *Communiqué*, 10 February 2023, (accessed 27 February 2023).

The NDIS Review will publish an interim report in March 2023 and provide a final report to the Disability Reform Ministers' Meeting by October 2023.⁵²

- 2.53 In February 2023, the Independent Review Panel met with South Australian and Queensland government officials and representatives of disability and community organisations. Co-Chair Professor Bonyhady also attended the National Early Years Strategy Summit, which included discussion on supporting children with disability.⁵³

⁵² NDIS Review, *Reporting*, <https://www.ndisreview.gov.au/about/reporting> (accessed 3 March 2023).

⁵³ NDIS Review, *About the NDIS Review*, <https://www.ndisreview.gov.au/about> (accessed 3 March 2023).

Chapter 3

Key issues

Introduction

- 3.1 The capability of the NDIA to deliver the NDIS is integral to the experience of participants, and that capability is strongly informed by organisational culture.
- 3.2 The committee has heard from numerous submitters and witnesses that there are significant issues with the capability and culture of the NDIA, which are having a serious impact on delivery of the NDIS and on people trying to access information, support and service from the agency.
- 3.3 This chapter examines several areas related to the capability and culture of the NDIA about which submitters and witnesses have raised concerns. The issues raised – while genuine and pressing – are not new, and the committee in previous Parliaments has made recommendations to address these concerns. Where recommendations have been made and government responses received, this is noted in the footnotes.

Administrative burdens

- 3.4 Submitters described a culture within the NDIA where some staff do not accept that participants, their carers, and their health professionals are best placed to assess which supports are reasonable and necessary for daily living.
- 3.5 It was put to the committee that organisational pressures to cut costs appear to have encouraged planners to find ways to justify denying or reducing services to participants, or require participants to have to prove again and again their disability and their need for support. In many cases, participants with permanent disabilities have felt forced to repeatedly explain their disability and their ongoing need for appropriate supports. This has created a significant administrative burden not only for participants, but also for service providers.
- 3.6 The Australian Federation of Disability Organisations described a gradual erosion of the concept of 'reasonable and necessary' supports within the NDIA, with its workforce failing to recognise people with disability as experts in their own lives, and frequently disregarding the advice of health professionals.¹
- 3.7 The Aboriginal Health Council of Western Australia described the administrative burden of the NDIS as cumbersome and often beyond what is manageable. They noted that this was especially true for small organisations

¹ Australian Federation of Disability Organisations, *Submission 108*, pp. 16–17.

and regional, remote and very remote providers which deliver NDIS services while managing multiple complexities.²

- 3.8 National Legal Aid explained that the NDIA's unwillingness to fund medical reports for participants who are unable to pay for reports themselves creates administrative burdens for others.

This imposes an increased burden, including an administrative burden, on the resources of other agencies, such as state health services, therapists, disability advocates, the Administrative Appeals Tribunal (AAT), and the LACs.³

- 3.9 The ACT Government cited feedback from consultation with the disability community that participants felt strongly that the NDIA was overly bureaucratic and complex. Participants reported being exhausted by the administrative burden, and the need to communicate with multiple layers of management and different organisations.⁴

- 3.10 This view was echoed by the mother of an adult NDIS participant with Down syndrome:

... while I understand the need for evidence and a strong support for 'reasonable and necessary', that sense of having to prove it being put on the participant I think is sometimes quite inappropriate, and it's certainly exhausting. You are trying to stay a step ahead of what the NDIS might ask, and therefore are collecting information that normally you would let go. It's a constant load to try and meet that sense of evidence.⁵

- 3.11 Ms Grace, Advocacy Services Manager at Kin Disability Advocacy, explained that the evidence-gathering process was especially difficult for certain already disadvantaged groups and delayed their access to important supports.

Some of our clients—newly arrived refugees, Aboriginal clients living remotely and clients with psychosocial disability—often have difficulty providing evidence when applying for the NDIS. This means that they often go lengthy periods of time without support whilst awaiting an appointment with specialists to provide the required evidence. It really impacts on newly arrived families.⁶

² Aboriginal Health Council of Western Australia, *Submission 111*, p. 7.

³ National Legal Aid, *Submission 112*, p. 4.

⁴ ACT Government, *Submission 91*, p. 10.

⁵ Ms Deborah Fullwood, *Committee Hansard*, 3 November 2022, p. 25.

⁶ Ms Christine Grace, Advocacy Services Manager, Kin Disability Advocacy, *Committee Hansard*, 14 November 2022, p. 29.

3.12 National Disability Services cited surveys of disability providers since 2014, which had continued to describe frustration with administrative burdens, NDIS systems and processes, and the way in which the NDIA works with providers.⁷

Requirement to repeatedly prove disability

3.13 NDIS guidelines note that if applicants meet the disability requirements for eligibility, they are likely to need the NDIS for a long time, which means that participants will not need to prove their disability every time plans are reassessed.⁸

3.14 The NDIA gave evidence that in 2021, in response to the Tune Review, it made 24 month or longer plans the norm for participants with stable support needs. During the time covered by a plan, a check-in is to take place with a participant's planner, partner or support coordinator to discuss whether the plan continues to meet their needs.

3.15 Many submitters gave evidence of their frustration at having to continually prove their disability at each annual plan review, its impact on their lives, and their need for appropriate supports.

3.16 The Darwin Community Legal Service (DCLS) made clear that it is 'degrading and harmful to force a person to explain and evidence the functional impact of their impairment(s) over and over again.'⁹ The DCLS stressed that accessing and using the NDIS places an enormous administrative burden on participants.

This begins when a person is expected to prove their disability and functional capacity impairment to make access to the scheme and, when successful, to substantiate supports for the first plan. The plan reassessment cycles and appeals process again burden participants, as they are forced to use their resources to confirm that their impairments continue to impact their lives.¹⁰

3.17 The Summer Foundation explained that participants 'often dread upcoming plan reassessments and feel that there's a burden on them to have to fight for reasonable and necessary supports.' When the Summer Foundation surveyed participants, one person responded that 'funding has been really difficult to

⁷ National Disability Services, *Submission 121*, p. 4.

⁸ National Disability Insurance Scheme, *Do you meet the disability requirements?*, ourguidelines.ndis.gov.au/home/becoming-participant/applying-ndis/do-you-meet-disability-requirements (accessed 24 January 2023).

⁹ Darwin Community Legal Service, *Submission 49*, p. 26.

¹⁰ Darwin Community Legal Service, *Submission 49*, p. 32.

continue to fight for each year, having to prove lifelong disability that will never improve.¹¹

- 3.18 This frustration was especially acute for participants with progressive or degenerative disabilities. For example, Muscular Dystrophy Australia gave evidence that:

current NDIS arrangements don't work well for people living with the knowledge their disability is progressive. Each of the 60-plus forms of muscular dystrophy our clients live with are comparatively rare. People tell us they feel they're constantly having to 'prove' their disability status; collate reports, information and evidence; and re-educate NDIS staff on the condition with which they live.¹²

- 3.19 An NDIS participant described the experience of stress, anxiety and uncertainty caused by annual plan reviews:

It doesn't get any easier each time I have to do it. It puts great strain on my mental health knowing that this could potentially happen every time my plan is due for review. This has left me feeling highly anxious whenever I need to think about or discuss my NDIS plans. This is one of the reasons I want a three-year plan. Even though my circumstances may change, having a yearly plan scares me.¹³

- 3.20 A parent who cares for her son with disability reflected on the burden of annual planning reviews and the need to repeatedly prove her son's level of disability:

Like many other older parents I cannot continue to live under the shadow of a forthcoming Annual Planning Review. These reviews have become Funding Reviews more than Planning Reviews. The prospect of having to prove [my son's] level of disability every year is too much for me. It also imposes a huge burden on his main provider whose team has to get all kinds of internal and external reports and assessments in place to satisfy NDIA. [My son] also has to be taken to specialists for statements of his 'current' need for support. This is so frustrating and I ask the question: Who benefits?¹⁴

- 3.21 The committee notes legislative changes that commenced on 1 July 2022, which allow for participants to request variations to their NDIS plan, without having to replace the current plan with a new one.

- 3.22 The committee also recognises that NDIA delegates must obtain necessary evidence and documentation to make appropriate decisions. However, the

¹¹ Dr Mark Brown, Research Fellow, Summer Foundation, *Committee Hansard*, 18 November 2022, p. 26.

¹² Ms Jan Chisholm, Chief Executive Officer, Muscular Dystrophy Australia, *Committee Hansard*, 18 November 2022, p. 14.

¹³ Ms Tammy Lawes, *Committee Hansard*, 17 November 2022, p. 34.

¹⁴ Ms Dianne Rook, *Submission 140*, p. 2.

committee is concerned about the administrative burden placed on participants by having to repeatedly prove their experience of permanent disability.

NDIA handling of documents

3.23 Evidence to the committee suggests that administrative burdens on participants, carers and service providers are exacerbated where NDIA staff require applicants and participants to supply the same information multiple times. Several submissions shared frustrations at having to repeatedly submit the same documents to the NDIA at each plan review.¹⁵

3.24 The Rights Information Advocacy Centre (RIAC) gave evidence of documents being mishandled by the NDIA, which leads to significant delays in preparing AAT appeals. RIAC advised of an instance with the NDIA where:

From the beginning of the process, when our request was lost and had to be resubmitted, to incorrect supports listed on documents, I was needing to contact them on several occasions to get things documented correctly... It's a bit hard when they lose your paperwork after you've submitted an internal review, and then three months later you have to chase them up for them to acknowledge they've lost it and can you resubmit it thanks. In our particular case this year, then when we finally got the internal review back they actually had incorrect information on the document, so I then had to follow them up to get that adjusted.¹⁶

3.25 The sister and guardian of an NDIS participant gave evidence that when helping her brother to apply for internal review of a decision:

We did all the reports that we were supposed to and everything that they asked for. We had already provided some of these. There was more cost to get the same reports when they basically already had all the information. Then we were asked questions about what his NDIS number was, because we didn't provide it. Obviously, they are not reading documents, because it was put in the documents to start off with; it's not something that was forgotten. I feel that they are not reading all the documents properly and just making the decisions without going through all the detail.¹⁷

3.26 The committee was told that requiring applicants and participants to resubmit documents while reviews or appeals are on foot could result in withheld supports until the matter was resolved. For example, Autism Aspergers Advocacy Australia (A4) described an AAT appeal process where

¹⁵ In its May 2020 report on Supported Independent Living, the committee recommended that the NDIA implement measures to ensure that all evidence provided by a participant to establish that supports are reasonable and necessary is accurately recorded in the participant's plan, and is actively considered in plan development (Recommendation 3). The government response of August 2020 supported this recommendation.

¹⁶ Mrs Michelle McGarrigle, Intake Officer, Rights Information Advocacy Centre, *Committee Hansard*, 17 November 2022, pp. 16 and 20.

¹⁷ Mrs Susanne Shaxted, *Committee Hansard*, 14 November 2022, p. 44.

NDIA representatives claimed not to know about previous appeals and required the applicant to resubmit all the evidence needed to justify a complex combination of supports. While the appeal was delayed, funding for services was cut and services stopped. A4 asserted that this loss of services was later used to justify further cuts due to reduced NDIS plan utilisation.¹⁸

- 3.27 Advocacy for Inclusion ACT called on the NDIA to reduce the administrative burden on people with disability across every aspect of applying for access, planning, review and engagement, noting that they had seen participants being required to submit the same documents over and over again.¹⁹
- 3.28 The committee notes the Minister's announcement of increased resourcing in the October 2022–23 Budget to reduce the number of appeals to the AAT and to support participants and families with the AAT appeals process.²⁰

Organisational culture

Focus on costs

- 3.29 Many submissions suggested that a cost-cutting culture has emerged within the NDIA, at the expense of supports for participants. While one of the five pillars of the NDIA is to provide a financially stable NDIS, the committee received evidence that this is being given priority over providing a quality experience and improved outcomes for participants.
- 3.30 The committee engaged extensively with a range of reports related to the costs of the NDIS in its report on Current Scheme Implementation and Forecasting for the NDIS,²¹ including those of data analytics and actuarial firm Taylor Fry²² and the Productivity Commission.²³
- 3.31 A joint submission from advocacy organisations suggested that the NDIA's culture is focused on cost-saving over the wellbeing of participants, and that

¹⁸ Autism Aspergers Advocacy Australia, *Submission 33*, pp. 10–11.

¹⁹ Advocacy for Inclusion ACT, *Submission 127*, p. 3.

²⁰ The Hon. Bill Shorten MP, Minister for the National Disability Insurance Scheme, Getting the NDIS back on track, *Media release*, 26 October 2022, [ndis.gov.au/news/8351-getting-ndis-back-track](https://www.ndis.gov.au/news/8351-getting-ndis-back-track) (accessed 6 March 2023). See also Commonwealth of Australia, *Budget Measures: Budget Paper No. 2 October 2022–23*, pp. 184–185.

²¹ Joint Standing Committee on the National Disability Insurance Scheme, *Current Scheme Implementation and Forecasting for the NDIS*, March 2022, pp. 18–23.

²² The full report by Taylor Fry is available on the Department of Social Services website. See, Taylor Fry, Review of NDIA actuarial forecast model and drivers of Scheme costs, November 2021, [dss.gov.au/disability-and-carers-programs-services-government-international-disability-reform-ministers-meetings-reports-and-publications/review-of-ndia-actuarial-forecast-model-and-drivers-of-scheme-costs](https://www.dss.gov.au/disability-and-carers-programs-services-government-international-disability-reform-ministers-meetings-reports-and-publications/review-of-ndia-actuarial-forecast-model-and-drivers-of-scheme-costs) (accessed 9 March 2023).

²³ Productivity Commission, *NDIS Costs Study Report*, p. 96. [pc.gov.au/inquiries/completed/ndis-costs/report](https://www.pc.gov.au/inquiries/completed/ndis-costs/report) (accessed 9 March 2023).

this shapes organisational practices, procedures and workforce culture, with profound impacts on people with disability.²⁴

3.32 Spinal Cord Injuries Australia (SCIA) discussed a perception that the NDIA 'is constantly looking for opportunities to make cuts to services and funding'. Price freezes on support coordination, plan management and therapy services were assessed to have 'seriously impacted participants, support coordinator providers and their staff', especially in underserved regional and rural areas.²⁵

3.33 This view was supported by Allied Health Professions Australia, who described the impact of cost-cutting on participant outcomes:

There is an attitude generally of cost-cutting before all else that reflects the focus on so-called financial sustainability. This appears to be short-sighted, with planners and local area coordinators having no understanding of why certain services or equipment are vital to that person's life, and may actually save money in the future. This attitude is reflective of a dehumanisation of people with disability, whereby there is a monetary figure placed upon their inclusion and participation. And if the equipment or services necessary to achieve this are deemed to be too expensive, these people are denied these basic rights.²⁶

3.34 An NDIS participant gave evidence that the NDIA's focus on costs led her to feel that her goals and needs were ignored and led to insufficient funding being granted under her plan:

I provided what I believe to be reasonable and necessary evidence to support my new plan request. However, when I received my new plan, my funding was a fraction of what I needed. I felt very upset and dismayed that the NDIA was seeing me more as a budget of dollars to be managed, rather than supporting me as a person with a disability. They disregarded my goals and they didn't even look at how my goals related to my funding. Had they bothered to consult me and see how my funding related to my goals, they may have been able to come to a more reasonable outcome.²⁷

3.35 Some submissions expressed concern that the NDIA may be devaluing the services of allied health professionals in order to substitute them with less expensive services in participant plans. For example, Speech Pathology Australia submitted that:

There are consistent accounts of NDIA staff questioning the expertise of experienced allied health professionals. Families have discussed with speech pathologists that NDIA staff have disclosed they have not even read the reports, or that they will be making the decision, regardless of the

²⁴ Disability Advocacy NSW, Leadership Plus, Rights Information and Advocacy Centre, and Villamanta Disability Legal Rights Service Inc., *Submission 7*, p. 3.

²⁵ Spinal Cord Injuries Australia, *Submission 24*, pp. 14–15.

²⁶ Ms Erin West, Allied Health Professions Australia, *Committee Hansard*, 18 November 2022, p. 18.

²⁷ Ms Tammy Lawes, *Committee Hansard*, 17 November 2022, p. 34.

advice of the therapist... This devaluing of allied health providers is also seen in the numerous reports of NDIA staff refusing to fund qualified speech pathologists, and instead insisting that an Allied Health Assistant (AHA) is able to provide the same service, leading to drastic plan reductions with therapy funds being significantly limited.²⁸

3.36 The NDIA drew attention to the increasing costs of providing the NDIS, saying the 'most recent estimate is that the NDIS will cost \$50.3 billion in 2025–26 and more than \$70 billion in 2029–30.' The NDIA explained that:

The rationale for this increase has been attributed to two key drivers – the increasing average cost of participant plans and an increase in the number of Australians eligible for the NDIS.²⁹

3.37 As the NDIS continues to grow, so do the NDIA's operating expenses, which have increased from \$906 million in 2017–18 to \$1.58 billion in 2021–22. It is anticipated that operating expenses will increase to \$1.57 billion in 2022–23, and \$1.83 billion in 2023–24, reducing to \$1.5 billion in 2024–25.³⁰

3.38 However, the NDIA observed that 'as a percentage of participants' costs, operating expenses have decreased from 16.7% in 2017–18 to 5.5% in 2021–22'. The NDIA continued that:

In the 2017 Productivity Commission report on NDIS costs, it suggested a range of 7–10% as an appropriate amount for NDIA operating expenses, while noting that an operating budget set too tightly '*could hinder [the NDIA's] ability to implement upfront investments, such as in LACs and planners, which could in turn have a significant effect on package costs and Scheme sustainability.*'³¹

3.39 In its most recent Annual Financial Sustainability Report, the NDIA notes that there are 'few substantive legislative, policy or operational responses currently planned to mitigate upward cost pressures'. With the exception of current initiatives to improve agency processes and to address fraud and compliance, no additional future savings have been explicitly allowed for.³²

3.40 The committee understands the importance of the role of the NDIA in ensuring that the NDIS is sustainable.³³ However, it is equally important that the NDIA maintain connection and meaningful engagement with stakeholders and ensure a quality experience with improved outcomes for participants. The committee acknowledges that the NDIA has not said that cutting costs is

²⁸ Speech Pathology Australia, *Submission 103*, p. 9.

²⁹ National Disability Insurance Agency, *Submission 98*, p. 7.

³⁰ National Disability Insurance Agency, *Submission 98*, p. 8.

³¹ National Disability Insurance Agency, *Submission 98*, p. 8. Emphasis in original.

³² National Disability Insurance Agency, *Annual Financial Sustainability Report 2021–22*, [ndis.gov.au/about-us/publications/annual-financial-sustainability-reports](https://www.ndis.gov.au/about-us/publications/annual-financial-sustainability-reports) (accessed 9 March 2023).

³³ NDIS Act, para. 3(3)(b) and subclause 4(17).

its primary focus, and also welcomes the government's legislative changes to refocus the NDIA on participant engagement and outcomes.

Staff turnover and reliance on labour hire

- 3.41 Evidence to the committee indicated that the capability and culture of the NDIA has been affected by staff turnover and a continued reliance on labour hire staff, despite recent increases in APS staffing levels. Several submitters gave evidence that high staff turnover negatively affected continuity of care, with participants and carers having to explain issues again and again to new staff members.³⁴
- 3.42 The Northern Territory Public Guardian and Trustee submitted that frequent staff turnover exacerbates difficulties for NDIA staff in directly engaging with participants to build understanding and ongoing relationships with participants, their families and decision makers.³⁵
- 3.43 The Community and Public Sector Union (CPSU) submitted that data from August 2022 indicated 1,818 labour hire staff were employed by the NDIA, which is the highest level since April 2020. The CPSU called on the government to prioritise the reduction of insecure labour hire arrangements.³⁶
- 3.44 National Disability Services (NDS) submitted that an overreliance on contractors and labour hire employees at the NDIA had been a consistent issue for some years. NDS welcomed a recent increase in APS staffing at the NDIA, but also noted that the use of labour hire employees had not been reduced. NDS also asserted that reliance on labour hire staff resulted in insecure working conditions, short-term contracts, large turnover, double handling, wasted investments and differentials in pay.³⁷
- 3.45 The Australian Federation of Disability Organisations recommended that the government reinstate a 10,000 APS workforce operating model for the NDIA, to enable NDIS planning activities to be done by APS staff, and prevent continued reliance on contractors and labour hire staff.³⁸
- 3.46 The committee notes the government's commitment in the October 2022 Budget to hire an additional 380 permanent NDIA staff to better support people with disability and their families, carers, disability service providers and workers.³⁹

³⁴ Name Withheld, *Submission 166*, p. 3.

³⁵ Northern Territory Public Guardian and Trustee, *Submission 115*, p. 6.

³⁶ Community and Public Sector Union, *Submission 12*, p. 1.

³⁷ National Disability Services, *Submission 121*, p. 20.

³⁸ Australian Federation of Disability Organisations, *Submission 108*, p. 9.

³⁹ The Hon. Bill Shorten MP, Minister for the National Disability Insurance Scheme, Getting the NDIS back on track, *Media release*, 26 October 2022, [ndis.gov.au/news/8351-getting-ndis-back-track](https://www.ndis.gov.au/news/8351-getting-ndis-back-track)

Disability training for NDIA staff

- 3.47 Planners play a key role in funding supports for people with disability, determining eligibility for support and the amount of funding allocated. However, evidence presented to the committee suggested that many NDIA staff do not seem to have adequate training, experience, or understanding of disability. Many submitters to the inquiry have called on the NDIA to ensure that planners are appropriately trained and supported to ensure that they are making sound decisions and respecting the lived experience of people with disability.⁴⁰
- 3.48 The Office of the Public Advocate Victoria (OPA) noted that planners have varying degrees of experience and expertise. The OPA suggested that some planners demonstrate an in-depth understanding of disability and are able to accurately estimate service hour requirements during a planning meeting, whereas others with less knowledge are not able to make accurate recommendations. The OPA therefore recommended that the NDIA establish a requirement that all planners and LACs have relevant disability and mental health training. The OPA also called for the development of a national training program for planners and support coordinators.⁴¹
- 3.49 The Australian Lawyers Alliance (ALA) submitted that many NDIA planners seem to lack specific knowledge or relevant professional qualifications, and suggested that this leads them to disregard recommendations of health professionals. The ALA reflected that NDIS participants with complex care needs are among the most vulnerable cohort of NDIS participants, and therefore require planners with sufficient training and experience to create appropriate, comprehensive and tailored support plans.⁴²
- 3.50 Occupational Therapy Australia expressed concerns that a perceived lack of training and decision-making support for planners and coordinators 'can result in inconsistent and opaque decisions which do not result in the best outcomes for participants or the best use of funds to improve participants' daily lives.'⁴³

(accessed 6 March 2023). See also Commonwealth of Australia, *Budget Measures: Budget Paper No. 2 October 2022–23*, pp. 184–185.

⁴⁰ In its December 2020 report on NDIS Planning, the committee recommended that when conducting recruitment processes for planners, the NDIA give greater preference to candidates with experience or qualifications in allied health or disability-related areas (Recommendation 21). The government response of February 2021 supported this recommendation in principle, noting that formal qualifications in allied health or disability and lived experience of disability were highly desirable in planner recruits.

⁴¹ Office of the Public Advocate Victoria, *Submission 30*, p. 13.

⁴² Australian Lawyers Alliance, *Submission 100*, p. 21.

⁴³ Occupational Therapy Australia, *Submission 20*, p. 2.

- 3.51 Dementia Australia submitted that there is inconsistent awareness of dementia among NDIA staff, which impacts the quality of NDIS plans. Dementia Australia agreed that it was essential that NDIA staff, including planners and LACs, should receive training on complex disabilities, and that this should be mandated in the NDIS Act.⁴⁴
- 3.52 Women with Disabilities Victoria Bendigo Hub (WDV) contended that applications were being rejected in cases where a planner without understanding of specific disability made inappropriate assumptions about its characteristics. For example, a person with multiple sclerosis (MS) was rejected because the word 'degeneration' was not in their plan, yet a person with a basic knowledge of MS would understand that it is a degenerative condition. WDV members reported frustration and exhaustion at trying to educate NDIA staff on their disability, which left them feeling discouraged, devalued and unsupported.⁴⁵
- 3.53 The NDIA outlined its training resources for NDIA and partner staff, including a one-day 'Welcome to the NDIA' induction course, a series of mandatory eLearning modules, 'planner essentials training, and a range of complementary resources and training including 'disability snapshots' developed in partnership with peak disability organisations'.⁴⁶
- 3.54 The NDIA's operating model includes direct employment of a service delivery workforce, alongside employment of a smaller cohort of staff providing support for NDIA's corporate functions. The NDIA also works with 26 community-based organisations to deliver the NDIS, known as Partners in the Community.⁴⁷
- 3.55 NDIA staff are a combination of APS employees, labour hire engagements or contractors.⁴⁸ The NDIA explained that it employs staff:
- ... with a range of different skills and capabilities. The NDIA has a highly skilled and capable workforce focused on improving service delivery to participants. Planners are expected to understand how disability impacts a person's daily living, assess their support needs where necessary, and identify when they could benefit from early intervention.⁴⁹
- 3.56 The NDIA's submission discussed several strategies designed to attract suitable staff and encourage the employment of people with disability. These measures include the RecruitAbility program, which allows for

⁴⁴ Dementia Australia, *Submission 101*, p. 6.

⁴⁵ Women with Disabilities Victoria Bendigo Hub, *Submission 15*, p. 3.

⁴⁶ National Disability Insurance Agency, *Submission 98*, pp. 17–18.

⁴⁷ National Disability Insurance Agency, *Submission 98*, p. 5.

⁴⁸ National Disability Insurance Agency, *Submission 98*, p. 6.

⁴⁹ National Disability Insurance Agency, *Submission 98*, p. 17.

reasonable adjustments to participate in interviews, any assessments and to perform workplace duties; affirmative measures to advertise specific roles only to people with disability; and accreditation as a Disability Confident Recruiter by the Australian Network on Disability, which requires organisations to demonstrate that its recruiters and procurement processes are free from barriers to people with disability.⁵⁰

3.57 The committee shares the concerns of submitters who have given evidence that suggests that many NDIA staff, particularly planners and local area coordinators, may not have adequate professional qualifications or training to appropriately assess reasonable and necessary supports.

3.58 In its December 2020 report on NDIS Planning, the committee made several recommendations in relation to planner qualifications, training and resourcing.⁵¹ The government response to the report supported two of the recommendations, supported one in principle, and noted one.⁵²

Respecting professional expertise

3.59 Submitters and witnesses agreed that many NDIA planners appear not to have sufficient training or knowledge of particular disabilities, and voiced concerns about planners disregarding or not reading the reports of health professionals.⁵³ Several submissions reflected that this may be due to planners being assigned caseloads that did not allow sufficient time to read relevant materials.⁵⁴

⁵⁰ National Disability Insurance Agency, *Submission 98*, pp. 10–11.

⁵¹ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Planning Final Report*, December 2020, pp. 162–163.

⁵² Australian Government, *Australian Government response to the Joint Standing Committee on the National Disability Insurance Scheme Final Report: Inquiry into NDIS Planning*, March 2021, aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/NDISPlanning/Government_Response (accessed 9 March 2023).

⁵³ In its December 2020 report on NDIS Planning, the committee recommended that the NDIA develop and implement a mechanism to encourage planners to develop specialisation in particular types of disability or particular groups of participants. The government response of March 2021 noted this recommendation, stating that the NDIA supports planners and others involved in the planning process being well versed in a broad range of disability types rather than specialising in particular types of disability or particular groups of participants. In answer to questions on notice tabled on 21 October 2022, the NDIA stated that participants who require specialist planning expertise are supported by the NDIA planners in a range of ways, including early childhood approaches as well as support from Technical Advisory officers.

⁵⁴ See, for example, Queensland Advocacy for Inclusion, *Submission 26*, p. 11, and Ms Christine Grace, Advocacy Services Manager, Kin Disability Advocacy, *Committee Hansard*, 14 November 2022, p. 42.

- 3.60 Ms West from Allied Health Professions Australia said that evidence gathered by NDIS participants is commonly lost or not read by planners, meaning that planners often have a poor understanding of participants' disabilities.

We have many, many instances where it's been reported that families have spent thousands of dollars on getting this evidence that they've been told they have to have, and then it's not even read, or it's strongly implied that it's been lost. Sometimes people have been told it's been lost—several times—and it's had to be resubmitted. And then the same questions come up—I've been part of several planning meetings—in the planning meeting that were actually addressed in those reports or in that evidence.⁵⁵

- 3.61 The Summer Foundation submitted that health professionals shared the frustrations of participants at not being able to plan for the long term due to plan and funding restrictions, the need to repeatedly prove participants' level of disability at planning meetings, and NDIA staff disregarding professional assessments. The Summer Foundation said that:

Removing the repeated burden of proof – these are people with severe permanent disabilities already accepted onto the scheme, we should not have to prove this each time, nor have to endlessly justify to NDIS staff with NO health background or understanding, the recommendations we are making based on our degrees, ongoing CPD [Continuing Professional Development] and years of experience.⁵⁶

Communications

- 3.62 Evidence to the committee indicated opportunities for the NDIA to improve the frequency, clarity and transparency of its communications with participants, carers and service providers.

Close and ongoing engagement

- 3.63 The committee notes evidence criticising the NDIA for a lack of meaningful engagement with the disability community.⁵⁷ For example, a joint submission from disability advocacy organisations reflected that meaningful engagement between the NDIA and people with disability had decreased due to

⁵⁵ Ms Erin West, Allied Health Professions Australia, *Committee Hansard*, 18 November 2022, p. 21.

⁵⁶ Summer Foundation, *Submission 34*, p. 5.

⁵⁷ In its October 2021 report on Independent Assessments, the committee recommended that the government amend the NDIS Act to include a specific commitment to co-design, following extensive consultation on what 'co-design' should be. The government response of March 2023 supported this recommendation in principle, stating that the government is committed to co-design as a meaningful collaboration with participants, their carers and families to resolve some of the challenges facing the Scheme. The government also said that it will consider further specificity around the definition of 'co-design' following the outcome of further consultations with the disability community.

'inaccessible and unreliable systems, a lack of transparency, minimal participation and the NDIA's unfair decision-making'.⁵⁸

- 3.64 Similarly, the Australian Federation of Disability Organisations called on the NDIA to undertake meaningful consultation with people with disability and representative organisations to improve planning processes.⁵⁹
- 3.65 The committee heard from multiple sources that NDIA staff often do not communicate directly with participants, resulting in decisions being made from a distance without consultation or adequate understanding of participants' individual circumstances.
- 3.66 The father of an adult NDIS participant with Down syndrome spoke of the risk of misunderstandings occurring as a result of LACs acting as intermediaries between planners and participants.

I'm now talking to a local area coordinator, who then documents something and then hands it over to a planner. ... it's a planner that we don't even know, we've never met, we've never seen and has not talked to my son. For all I know it could be an IBM computer doing it. It's just totally divorced of any contextualisation of the reality that we live in. ... We want not only to deal with this planner directly but someone that understands what it's like to live with people with an intellectual disability.⁶⁰

- 3.67 Mrs McGarrigle, Intake Officer at the Rights Information Advocacy Centre (RIAC), gave evidence that a lack of communication between decision-makers and participants damages the quality of the NDIA's decision-making.

... all I see is the agency hiding behind an impenetrable wall of silence and bureaucratic red tape designed to bamboozle and exhaust those that the scheme is intended for. Communication is a one-way street, especially in the review process. ... The fact that the delegate that is making this life-altering decision is at least two degrees of separation away means that misunderstandings can occur and the decision-maker has had no interaction with the actual participant.⁶¹

- 3.68 An NDIS participant suggested that NDIA staff should consult closely and regularly with participants to genuinely understand individuals' disabilities and needs.

Ask the participant how their plan is working for them and what changes, if any, need to be made. Involve us in the process as it's our lives. NDIA needs to return to a person centred approach. Treat us like humans. If you are not sure what supports should be in place, come to my home and meet

⁵⁸ Disability Advocacy NSW, Leadership Plus, Rights Information and Advocacy Centre and Villamanta Disability Rights Legal Service Inc., *Submission 7*, p. 6.

⁵⁹ Australian Federation of Disability Organisations, *Submission 108*, p. 9.

⁶⁰ Mr Ian Millner, *Committee Hansard*, 4 November 2022, p. 29.

⁶¹ Mrs Michelle McGarrigle, Intake Officer, Rights Information Advocacy Centre, *Committee Hansard*, 17 November 2022, pp. 16–17.

me. I will help you to understand my disability and how these supports help me.⁶²

- 3.69 The NDIA's 2022–26 Corporate Plan states that it aims to 'keep improving the NDIS in line with the participant-centred vision outlined in the 2011 Productivity Commission Report', and notes this will only be possible 'through the commitment of [its] dedicated staff and partners'. The Plan continues that:

In 2022 and beyond, we will focus on improving our processes and systems – getting the basics right and making things as simple as we can. We continue to update our Operational Guidelines, sharing with participants clearer information about the NDIS and their plans, how we make decisions, and how they can best use their NDIS funds. This follows our commitment to make the Scheme more transparent and easier to understand.⁶³

- 3.70 The committee notes that recent updates to legislation have had the intent of refocusing the NDIA on the key role of people with disability in delivering the NDIS and looks forward to seeing the NDIA undertake more meaningful engagement with the disability community. The committee also notes ongoing consultation with the disability sector, including via the NDIS Review.

Clarity on roles

- 3.71 Participants and providers called for additional clarity regarding the nature of the roles of staff within the NDIA, including planners, LACs and support coordinators.
- 3.72 To illustrate this point, Vision Australia said that greater clarity is needed regarding the role of plan managers and the ways in which providers can reasonably expect them to administer funding, as mismanagement of funds leads service providers to take on an unacceptable level of financial risk that is not sustainable.⁶⁴
- 3.73 Occupational Therapy Australia (OTA) voiced concerns that there is a lack of training for support coordinators and too few stated expectations to guide people in the performance of their roles. OTA said that support coordinators should aim to facilitate participants and care providers working together to achieve positive outcomes. Greater training and clarity for the expectations and roles of the support coordinator role would therefore improve the outcomes for both participants and providers seeking to navigate the system.⁶⁵

⁶² Ms Tammy Lawes, *Committee Hansard*, 17 November 2022, p. 34.

⁶³ National Disability Insurance Agency, *Corporate Plan 2022–26*, p. 5. [ndis.gov.au/about-us/publications/corporate-plan#corporate-plan-2022-2026](https://www.ndis.gov.au/about-us/publications/corporate-plan#corporate-plan-2022-2026) (accessed 9 March 2023).

⁶⁴ Vision Australia, *Submission 95*, p. 3.

⁶⁵ Occupational Therapy Australia, *Submission 20*, p. 5.

- 3.74 Ms Jean Cotchin, Campaign Manager for Every Australian Counts, gave evidence that more clarity regarding the roles of planner, LAC, support worker and advocate would be helpful to participants and applicants, who currently face difficulty in finding the appropriate NDIA staff to help and support them.⁶⁶
- 3.75 Dr Baylosis, Policy Officer at Disability Advocacy NSW, provided an example of an NDIS participant with a psychosocial disability who did not know the difference between an LAC and a planner, and that he could request a meeting directly with a planner. Dr Baylosis suggested that meaningful engagement with participants at every stage of the planning process is key to ensuring that participants are adequately informed of the different roles of NDIA staff.⁶⁷

Transparency of rules and decisions

- 3.76 Speech Pathology Australia (SPA) expressed the view that there was a lack of transparency, where major changes to the NDIS were not well communicated by the NDIA, which at times appeared to border on obfuscation. SPA said that:

Major changes that have direct impacts upon providers and participants alike are implemented without any lead time or prior information. The rules shift frequently, but then are not communicated to the sector, placing the onus on the provider to notice a shift in wording, change their processes or documents and communicate this to the participants they work with.⁶⁸

- 3.77 Academics from the Hopkins Centre and the Law Futures Centre at Griffith University reflected on research findings that the NDIA's decision-making concerning reasonable and necessary funded supports lacked transparency and accountability, at the planning, review and appeal stages.
- 3.78 The father and guardian of an NDIS participant expressed his frustration about the lack of explanation regarding the NDIA's decision to reduce his son's funding:

There is a complete lack of transparency as to how these decisions about funding levels are made and how such decisions can ignore irrefutable clinical and other evidence clearly demonstrating the need for the supports that have been in place for a number of years needing to be maintained.⁶⁹

- 3.79 In its submission to the inquiry, the NDIA advised that it makes decisions about whether someone is eligible to become an NDIS participant and, if so, how much funding they will receive. The NDIA made the point, however, that

⁶⁶ Ms Jean Cotchin, Campaign Manager, Every Australian Counts, *Committee Hansard*, 17 November 2022, p. 22.

⁶⁷ Dr Cherry Baylosis, Policy Officer, Disability Advocacy NSW, *Committee Hansard*, 3 November 2022, pp. 20–21.

⁶⁸ Speech Pathology Australia, *Submission 103*, p. 8.

⁶⁹ Mr Gary Rogers, *Committee Hansard*, 14 November 2022, p. 32.

while the 'fundamental objectives and principles of the scheme are simple and universally supported', there is complexity in the Scheme's implementation. The NDIA explained that:

... making decisions about a person's entitlements to NDIS supports is complex, with decisions about access to the scheme and reasonable and necessary supports made on a case by case basis.⁷⁰

3.80 The NDIA advised that in line with the NDIS legislation, only certain access and planning decisions can be made by a delegate of the NDIA CEO, and that delegates must be an APS employee.⁷¹ The increasing number of NDIS participants has therefore necessitated the 'placement of APS employees in key access and planning roles'.⁷²

3.81 The NDIA spoke to the decisions that these employees, as delegates, must make as part of the Scheme:

On average each month, these delegates make around 50,000 often complex decisions across 28 categories. Around 1,800 of these decisions are subject to an internal review, with around 400 proceeding to an external review by the Administrative Appeals Tribunal (AAT). While around 240 decisions have been overturned through formal external review, this represents 0.25% of all delegate decisions. The NDIA continues to make improvements to the dispute resolution process, and is committed to resolving disputes early.⁷³

Importance of draft plans

3.82 Transparency could also be improved through the provision of draft plans to participants, carers and advocates. The 2019 Tune Report noted that 'the participant experience would be improved if full draft plans were made available to participants prior to the NDIA delegate approving the plan', which would also reduce the incidence of unscheduled review requests, appeals, or difficulties in implementing plans.⁷⁴

3.83 The committee's December 2020 NDIS Planning final report similarly recommended that the NDIA 'provide fully costed, detailed draft plans to participants and their nominees at least one week prior to their meeting with an official with the authority to approve the plan'.⁷⁵

⁷⁰ National Disability Insurance Agency, *Submission 98*, p. 1.

⁷¹ National Disability Insurance Agency, *Submission 98*, p. 14.

⁷² National Disability Insurance Agency, *Submission 98*, p. 15.

⁷³ National Disability Insurance Agency, *Submission 98*, p. 15.

⁷⁴ Mr David Tune AO PSM, *Review of the National Disability Insurance Scheme Act 2013*, dss.gov.au/sites/default/files/documents/01_2020/ndis-act-review-final-accessibility-and-prepared-publishing1.pdf (accessed 23 January 2023).

⁷⁵ Joint Standing Committee on the National Disability Insurance Scheme, *NDIS Planning Final Report*, December 2020, p. xvii.

- 3.84 It is therefore disappointing to note the frustrations of many submitters to this current inquiry who advised that draft plans are still not being provided to participants, carers, and their advocates.
- 3.85 For example, Queensland Advocacy for Inclusion (QAI) commented that participants, especially those accessing the NDIS for the first time, report 'difficulties understanding plans and knowing which funds are intended for which purpose'.⁷⁶ QAI observed that providing draft plans to participants would enable them to ask questions, provide feedback, and receive further advice about how to use their plans before final plans were issued.
- 3.86 South West Autism Network (SWAN) submitted that the NDIA 'has repeatedly stated that the agency's IT systems do not permit the sharing of draft copies of participant plans'.⁷⁷ SWAN also shared its concerns about the deletion of the requirement for the NDIA to provide draft copies of participants' NDIS plan from the NDIA's Participant Service Improvement Plan 2022–23.⁷⁸
- 3.87 Vision Australia observed that participant involvement in the planning process could be improved through increased direct contact with planners, as well as provision of draft plans that are viewable by the participant and discussed with the planner prior to implementation.⁷⁹
- 3.88 A series of reports, including the Tune Review and those of this committee, have recommended that participants, carers and service providers be given copies of draft plans for review, to ensure that errors and omissions are corrected before plans are put in place and reduce the need for reviews and appeals. The committee is disappointed that, in many cases, draft plans are not being provided and urges the NDIA to restore the provision of draft plans to its Participant Service Improvement Plan as soon as possible.
- 3.89 When the NDIA responded to the committee's request for an update on its progress towards providing draft plans, the NDIA stated⁸⁰ that it launched a pilot program in Tasmania on 14 November 2022 to test ways to improve how people learn about, connect with, and apply to the NDIS, create plans, and are supported to make the most of their NDIS plans.⁸¹

⁷⁶ Queensland Advocacy for Inclusion, *Submission 26*, p. 6.

⁷⁷ South West Autism Network, *Submission 47*, p. 11.

⁷⁸ South West Autism Network, *Submission 47*, pp. 9–11.

⁷⁹ Vision Australia, *Submission 95*, p. 2.

⁸⁰ Department of Social Services, answer to written question on notice, 14 September 2022 (received 21 October 2022).

⁸¹ National Disability Insurance Agency, 'We're improving the way we deliver the NDIS', [ndis.gov.au/improvements](https://www.ndis.gov.au/improvements) (accessed 9 March 2023).

Engaging with culturally and linguistically diverse communities

- 3.90 Meaningful engagement with the disability community and transparency of process, decision-making and staff roles also require communicating clearly in ways that participants can understand. Communication must also be done in ways that are safe and comfortable for participants. This is especially salient for participants from culturally and linguistically diverse communities, participants with neurosocial disabilities, and participants whose disabilities make it difficult or impossible to understand spoken or written communication.
- 3.91 The committee heard from several organisations that there needs to be greater awareness within the NDIA of the cultural barriers to people with disability from multicultural backgrounds accessing the NDIS. These barriers include, for example, stigma surrounding disability, a lack of understanding that supports are available, and mistrust of government agencies.⁸²
- 3.92 To improve communication with these communities, the Australian Federation of Disability Organisations recommended that all NDIA planners and associated staff be trained to 'communicate in a way that is inclusive and culturally safe in particular to the needs of participants with intellectual disability, autism, brain injury, psychosocial disability, First Nations and CALD communities'.⁸³
- 3.93 The committee heard from several organisations that the NDIA does not communicate in plain English. Participants for whom English is not their first language commonly struggle to understand the language used by the NDIA and consequently do not understand the process they are expected to follow.⁸⁴
- 3.94 CASS Care submitted that one of the main challenges that participants and carers from CALD communities faced in accessing services was that there were not sufficient bilingual NDIA staff to support their needs. Even where interpreters were available, participants felt as though they were unable to freely express their needs and difficulties, which further impacted their ability to access the NDIS and needed supports.⁸⁵

⁸² See, for example, Mr Zaya Toma, National Disability Insurance Scheme Appeals Manager, Multicultural Disability Advocacy Association, *Committee Hansard*, 4 November 2022, p. 24; Mr Suresh Rajan, Disability Chair, Federation of Ethnic Communities Councils of Australia, *Committee Hansard*, 14 November 2022, p. 12.

⁸³ Australian Federation of Disability Organisations, *Submission 108*, p. 9.

⁸⁴ See, for example, Ms Naomi Anderson, Legal Practice Manager, Villamanta Disability Rights Legal Service Inc., *Committee Hansard*, 17 November 2022, pp. 6–7; Mr Peter Dickinson, Villamanta Disability Rights Legal Service Inc., *Committee Hansard*, 17 November 2022, p. 7; Ms Jean Cotchin, Campaign Manager, Every Australian Counts, *Committee Hansard*, 17 November 2022, p. 26.

⁸⁵ CASS Care, *Submission 99*, p. 3.

- 3.95 Deaf Connect submitted that there are significant challenges for deaf participants in the NDIA's implementation of the NDIS, citing a lack of awareness of deafness and Auslan amongst the NDIA, delegates and access partners and an overall lack of culturally and linguistically appropriate resources.⁸⁶
- 3.96 A lack of awareness of deafness and Auslan within the NDIA is even more concerning for deafblind participants. Deafblind West Australians recommended that the NDIA create communication materials for deafblind participants using 'plain, basic English with visual prompts and videos'.⁸⁷
- 3.97 The NDIA submitted that it was currently developing an inclusion plan to support the inclusion of all staff, regardless of their background, religion, race or beliefs. The NDIA advised the committee that, according to 2022 APS Census data, 25 per cent of its staff were born in a country other than Australia and 20 per cent reported speaking a language other than English at home.⁸⁸
- 3.98 The committee notes that the NDIA is currently co-designing a new Cultural and Linguistic Diversity (CALD) Strategy and action plan, and has invited CALD people with disability to have their say and contribute to the strategy.⁸⁹ The committee looks forward to the final strategy and action plan being delivered in 2023.

Engagement with First Nations peoples

- 3.99 The Northern Territory Department of Health asserted that the NDIA had 'a reputation for a lack of cultural safety and poor cultural responsiveness in the processes of pre-access, access, planning and review'.⁹⁰ For example, staff at Katherine Hospital asked whether there were any First Nations people working with the NDIS, as the NDIA staff they were dealing with had 'no concept of sorry business'.⁹¹
- 3.100 The Northern Territory Department of Health noted that interpreters were rarely present at planning meetings with Aboriginal participants, even where

⁸⁶ Deaf Connect, *Submission 22*, p. 4.

⁸⁷ Ms Kirsty Lim, Committee Member, Deafblind West Australians, *Committee Hansard*, p. 3.

⁸⁸ National Disability Insurance Agency, *Submission 98*, p. 21.

⁸⁹ National Disability Insurance Agency, Co-designing the new CALD Strategy 2023–2027, [ndis.gov.au/community/have-your-say/co-designing-new-cald-strategy-2023-2027](https://www.ndis.gov.au/community/have-your-say/co-designing-new-cald-strategy-2023-2027) (accessed 6 March 2023). See also, National Disability Insurance Agency, 'Co-designing a new Cultural and Linguistic Diversity Strategy', *Media release*, 31 October 2022, [ndis.gov.au/news/8411-co-designing-new-cultural-and-linguistic-diversity-strategy](https://www.ndis.gov.au/news/8411-co-designing-new-cultural-and-linguistic-diversity-strategy) (accessed 6 March 2023).

⁹⁰ Northern Territory Department of Health, *Submission 32*, p. 5.

⁹¹ Northern Territory Department of Health, *Submission 32*, p. 3.

English was not their first language, resulting in a lack of informed consent about the decisions being made in planning meetings.⁹²

3.101 Mr Ropitini, Executive Director, Population Health at the Victorian Aboriginal Community Controlled Health Organisation, expressed concern that the NDIA's policy and strategy documents relating to First Nations engagement, employment and reconciliation demonstrated a lack of clarity of goals and a lack of understanding of the differences between terms such as 'cultural awareness' and 'cultural safety'.⁹³

3.102 The Aboriginal Health Council of Western Australia noted that Aboriginal people often have difficulty navigating health systems, and that NDIS eligibility requirements and application processes are often not well understood. These difficulties are often exacerbated by a reluctance to access government services due to historical and personal experiences of institutionalised racism and a lack of cultural safety.⁹⁴

3.103 Ms Anderson, Legal Practice Manager at the Villamanta Disability Rights Legal Service, gave evidence that invasive and demeaning questioning of participants by NDIA staff alienates First Nations and multicultural participants and discourages them from further engagement with the NDIS:

When you already feel 'othered' in your own community and when you already feel like an outsider and an unwanted presence, imagine dealing with an agency that treats you as if you are a liar by default. Imagine dealing with an agency that questions everything: 'When are you getting better? Do you really need that? Why can't you just—'. These are the sorts of things that make people actually retreat from dealing with the agency at all because of the shame of being put through this—of being asked questions by completely unqualified individuals that should never be asked of anybody.⁹⁵

3.104 The Northern Territory Government described particular challenges for children and families living in remote communities. They observed that the NDIA is currently funding two Partners in the Community programs for the Northern Territory, both based in Darwin. The Northern Territory Government argued that the lack of an Early Childhood Early Intervention Partner outside Darwin meant that children and families in Alice Springs and remote locations often had reduced utilisation of NDIS funded supports.

⁹² Northern Territory Department of Health, *Submission 32*, p. 3.

⁹³ Mr Abe Ropitini, Executive Director, Population Health, Victorian Aboriginal Community Controlled Health Organisation, *Committee Hansard*, 18 November 2022, pp. 3–5, 7.

⁹⁴ Aboriginal Health Council of Western Australia, *Submission 111*, p. 3.

⁹⁵ Ms Naomi Anderson, Legal Practice Manager, Villamanta Disability Rights Legal Service Inc., *Committee Hansard*, 17 November 2022, p. 7.

Furthermore, many children in these areas grew too old for early childhood services before they had the opportunity to access family-centred supports.⁹⁶

- 3.105 The committee notes that the NDIA has established a First Nations Advisory Council and is partnering with First Peoples Disability Network (FPDN) to co-design a new NDIS First Nations Strategy and action plan that reflects the goals and aspirations of First Nations experiences and voices.⁹⁷ The committee looks forward to the First Nations Strategy being released in 2023.

Service availability in rural, regional and remote areas

- 3.106 Other submissions also indicated that access to the NDIS for people in rural, regional and remote areas may be impacted by a shortage of NDIA staff and service providers in those areas.⁹⁸
- 3.107 The NDIA submitted that it has standalone offices and co-located sites throughout Australia and that, in regional areas, it works with Community Connectors (similar to partners) who travel to remote communities to support the delivery of the NDIS.⁹⁹
- 3.108 The National Rural Health Alliance (NRHA) suggested that, although the proportion of people with disability is higher in regional areas, people in those areas experience significant difficulty in accessing services. The NRHA said that access to NDIS services was limited by the availability of the health workforce in rural areas, and that:

availability of a workforce to provide care and support for people living with a disability decreases with remoteness, including services provided by the allied health workforce and pharmacists. Long travel distances and limited choice of providers also impacts on the availability of support for people with a disability in rural Australia.¹⁰⁰

⁹⁶ Northern Territory Government, *Submission 89*, p. 5. See also Northern Territory Government Department of Health, *Submission 32*, p. 7.

⁹⁷ National Disability Insurance Agency, First Nations Strategy, [ndis.gov.au/about-us/strategies/first-nations-strategy](https://www.ndis.gov.au/about-us/strategies/first-nations-strategy) (accessed 6 March 2023). See also: Mr Bill Shorten, Minister for the National Disability Insurance Scheme, 'New partnership between NDIA and First Peoples Disability Network', *Media release*, 28 February 2023, [ndis.gov.au/news/8906-media-release-minister-new-partnership-between-ndia-and-first-peoples-disability-network](https://www.ndis.gov.au/news/8906-media-release-minister-new-partnership-between-ndia-and-first-peoples-disability-network) (accessed 6 March 2023).

⁹⁸ In its December 2020 report on NDIS Planning, the committee recommended that the NDIA review its Rural and Remote Strategy 2016–19 and, as part of that process, examine practical solutions to the issues outlined in this report regarding planning for participants in rural and remote areas. The government response of March 2021 supported this recommendation in principle. In answer to questions on notice tabled on 21 October 2022, the NDIA noted that the Australian Government has committed to appoint a Senior Officer within the NDIA to address barriers to service delivery in remote and very remote areas of Australia.

⁹⁹ National Disability Insurance Agency, *Submission 98*, p. 16.

¹⁰⁰ National Rural Health Alliance, *Submission 16*, p. 2.

3.109 Carers WA gave evidence of the challenges faced by people living in rural and remote areas, including: increased transport costs and availability, access to technology (internet, phones and computers), resource availability, education and access to local supports. Carers WA called for improvements to locally available and accessible community supports, in addition to those provided through the Carer Gateway, such as local peer support networks, flexible respite, and funding to increase rural and remote access (including transport and travel for support staff).

Supported Independent Living

3.110 Supported Independent Living (SIL) funding and supports are designed to assist with and supervise daily tasks in the home, to help NDIS participants live as independently as possible.

3.111 SIL was intended to replace the state-based system of group homes, where funding was provided directly to operators and supports were often tied to residence in a group home.

3.112 In its May 2020 Report into Supported Independent Living, the committee noted evidence that the existing SIL regime may force participants with SIL to live in shared settings, and may be perpetuating older models of disability support rather than delivering the innovations promised by the NDIS. The committee called on the NDIA to clarify that all NDIS participants must have genuine choice and control over their support and funding arrangements. The committee also recommended that the NDIA give all participants the choice whether to live in shared or individual accommodation and, for those in shared accommodation, the choice of who they live with.¹⁰¹

3.113 The committee received evidence for this current inquiry that group homes remain a principal form of supported accommodation, and that the experience for many people in group homes includes social isolation, denial of basic human rights, violence, abuse, neglect and exploitation.¹⁰²

3.114 Family Advocacy submitted that SIL funding rarely allowed for anything other than group living arrangements and did not take into account relevant research in relation to the impact of these arrangements on participants. Family Advocacy suggested that a lack of knowledge among LACs, planners and service providers created reluctance to utilise funding for individual living arrangements.¹⁰³

¹⁰¹ Joint Standing Committee on the NDIS, *Report into Supported Independent Living*, May 2020, p. xviii.

¹⁰² Queenslanders with Disability Network, *Submission 114*, pp. 15–16.

¹⁰³ Family Advocacy, *Submission 102*, p. 5.

Early childhood approach

- 3.115 The goal of the NDIA's early childhood approach is to support children younger than seven with a disability or developmental delay, and their families. The early childhood approach is intended to support best practice in early childhood intervention, to help children and their families build their capacity and promote greater inclusion in the community.¹⁰⁴
- 3.116 Dr Megan Barr called for the NDIA to change its early childhood approach to have an emphasis on prevention, rather than deficit. Dr Barr explained that a prevention approach would avoid the potential stigma of categorising children as having a disability, while still providing developmentally appropriate supports. This would save money in the long term by improving overall development and educational outcomes.¹⁰⁵
- 3.117 The Association for Children with Disability (ACD) agreed with the importance of early childhood intervention in promoting child development, but asserted that the NDIA was falling short of its aim to provide timely access to the supports that children and their families need. The ACD observed that the NDIA 'has not undertaken market stewardship to ensure that young children can access early intervention as quickly as possible'. The ACD noted that, while the Early Childhood Approach allows children to access NDIS plans relatively quickly, children can spend months on waiting lists for services, especially in areas with thin markets.¹⁰⁶
- 3.118 The Australian Psychological Society advocated for its members to be provided direct access to specialist teams within the NDIA, rather than pursuing escalation through a centralised provider engagement team. Psychologists suggested that non-specialist provider engagement staff 'are often not aware of the complexities of the Early Childhood Approach and therefore tend to provide inconsistent or inaccurate information.'¹⁰⁷

Advocacy services

- 3.119 Advocacy services provide NDIS participants and applicants with information, resources, advocacy and peer support to help people with disabilities to access the NDIS, prepare for planning meetings, understand and implement their NDIS plan, self-manage funding and seek internal review of decisions and

¹⁰⁴ See: NDIA, 'The early childhood approach for children younger than 7', [ndis.gov.au/understanding/families-and-carers/early-childhood-approach-children-younger-7](https://www.ndis.gov.au/understanding/families-and-carers/early-childhood-approach-children-younger-7) (accessed 27 February 2023).

¹⁰⁵ Dr Megan Barr, *Committee Hansard*, 3 November 2022, p. 2.

¹⁰⁶ Association for Children with Disability, *Submission 46*, p. 1.

¹⁰⁷ Australian Psychological Society, *Submission 124*, p. 2.

plan variation reassessments.¹⁰⁸ Many submissions called for an expansion of advocacy services to help participants and carers navigate difficulties in their interactions with the NDIA.¹⁰⁹

- 3.120 The Darwin Community Legal Service (DCLS) submitted that the NDIA's systems, reasoning and decision making were highly problematic, and that the NDIA's culture had become increasingly oppositional, inflexible, and uncommunicative. The DCLS said that substandard decision making had led to mistreatment of participants and applicants, increased NDIS appeals, and put strain on service providers, which had dramatically increased the need for NDIS advocacy support.¹¹⁰
- 3.121 Evidence received by the committee suggested that an increase in AAT appeals had significantly impacted the availability of advocacy services.
- 3.122 The Queenslanders with Disability Network submitted that where participants were faced with a choice whether to appeal their cases to the AAT, most were unable to access advocacy services, due to the high volume of NDIS matters before the AAT. QDN said that this left participants without the capacity to understand, or ability to access, the information they needed to progress their cases, leaving them feeling too overwhelmed to proceed.¹¹¹
- 3.123 Advocacy for Disability Access and Inclusion SA (ADAI) and the Multicultural Disability Advocacy Association (MDAI) agreed that the demand for advocacy services to provide NDIS appeals support was very high due to the large number of appeals before the AAT. ADAI gave evidence that they had a waitlist of clients seeking support for appeals.¹¹²
- 3.124 Spinal Cord Injuries Australia (SCIA) submitted that cutting funding for advocacy services had increased the difficulty of resolving many of the issues and complexities faced by participants and their families. SCIA suggested that

¹⁰⁸ See, for example, Ms Nick Avery, Chief Executive Officer, South West Autism Network, *Committee Hansard*, 14 November 2022, p. 15.

¹⁰⁹ In its May 2020 report on Supported Independent Living, the committee recommended that the Australian Government increase funding for advocacy and decision support initiatives, to ensure that these initiatives reach the broadest range of people who require these services. The government response of August 2020 noted this recommendation, and that the Commonwealth had increased funding for advocacy and decision support over the previous six years from \$18 to \$33 million.

¹¹⁰ Darwin Community Legal Service, *Submission 49*, p. 2.

¹¹¹ Queenslanders with Disability Network, *Submission 114*, p. 13.

¹¹² Advocacy for Disability Access and Inclusion SA, *Submission 118*, p. 11; Mr Zaya Toma, National Disability Insurance Scheme Appeals Manager, Multicultural Disability Advocacy Association, *Committee Hansard*, 4 November 2022, p. 23.

any savings achieved by cutting funding for advocacy services may have been expended on appeals and mediation.¹¹³

- 3.125 The NDIA said that it had established a new Co-design and Engagement Branch to work across the agency and with external stakeholders to deliver a best-practice co-design approach for strategic projects. The NDIA has also set up a co-design advisory group to provide strategic advice on the implementation of co-design and other engagement processes with the disability community and NDIA staff.¹¹⁴
- 3.126 The committee reminds the government of its recommendations concerning access to advocacy services, and the government's budget announcement of funding to introduce an expert review pathway to resolve disputes arising from NDIA decisions, reduce the number of appeals to the AAT, and provide better and earlier outcomes for NDIS participants.¹¹⁵ The committee calls on the government to act on these recommendations with focus and urgency.¹¹⁶
- 3.127 The committee also notes the Minister's recent announcement of increased funding for Disability Representative and Carers Organisations to support co-design activities and community engagement.¹¹⁷

Observance of model litigant rules

- 3.128 The committee received evidence arguing that an increased need for advocacy services was due in part to the NDIA's failure to follow model litigant rules. As a Commonwealth agency, the NDIA is obligated to conduct itself as a model litigant.¹¹⁸ This broadly means that the NDIA must 'act fairly, with

¹¹³ Spinal Cord Injuries Australia, *Submission 24*, p. 4.

¹¹⁴ National Disability Insurance Agency, *Submission 98*, p. 10.

¹¹⁵ The Hon. Bill Shorten MP, Minister for the National Disability Insurance Scheme, 'Getting the NDIS back on track', *Media release*, 26 October 2022, [ndis.gov.au/news/8351-getting-ndis-back-track](https://www.ndis.gov.au/news/8351-getting-ndis-back-track) (accessed 6 March 2023). See also Commonwealth of Australia, *Budget Measures: Budget Paper No. 2 October 2022–23*, pp. 184–185.

¹¹⁶ In its November 2021 report on General Issues, the committee encouraged the government to continue to monitor the effectiveness of its current measures in relation to advocacy services. The government response of February 2023 supported this recommendation. The government said that it is committed to monitoring the effectiveness of measures related to funding for advocacy services, including the National Disability Advocacy Program (NDAP) and the NDIS Appeals Program, and to ensuring people with disability across Australia can access advocacy support in a way that suits their needs and preferences. The government also noted that the NDIS Review will consider the design, operation and sustainability of the NDIS and provides an opportunity to consider all aspects of the participant experience of the Scheme.

¹¹⁷ The Hon. Bill Shorten MP, Minister for the National Disability Insurance Scheme, 'Funding boost for co-design in the disability sector', *Media release*, 13 January 2023.

¹¹⁸ In answer to questions on notice, 3 September 2020 (received 6 October 2020), the NDIA stated that it is subject to the Legal Services Directions 2017 and acts as a model litigant at all times, defending

complete propriety and in accordance with the highest professional standards' in connection with litigation.¹¹⁹

3.129 The Commonwealth's obligation to behave as a model litigant is said to arise from the Commonwealth's responsibility to uphold justice and the rule of law,¹²⁰ and to serve the public interest.¹²¹ Further, the model litigant obligation is often justified to mitigate the imbalance of power between the well-resourced Commonwealth and its less resourced litigation opponents.¹²²

3.130 While the model litigant obligation originated at common law,¹²³ this obligation is now reflected in Appendix B to the Legal Services Directions 2017 issued by the Attorney-General under section 55ZF of the *Judiciary Act 1903*.

3.131 Although there are slight differences between the model litigant rules at common law and those set out in the Legal Services Directions 2017,¹²⁴ both recognise that the model litigant rules include, for example:

- facilitating the efficient conduct of proceedings;¹²⁵
- not relying on purely technical points of pleading;¹²⁶
- making appropriate concessions;¹²⁷ and
- considering options for settlement and alternative dispute resolution.¹²⁸

applications when it is appropriate to do so and in all cases assisting the Tribunal to arrive at the correct and preferable decision.

¹¹⁹ *Australian Securities and Investments Commission v Hellicar* (2012) 247 CLR 345, 435 [240].

¹²⁰ *P & C Cantarella Pty Ltd v Egg Marketing Board (NSW)* [1973] 2 NSWLR 366, 383, cited in Gabrielle Appleby, 'The Government as Litigant', *UNSW Law Journal*, vol. 37, no. 1, 2014, p. 96.

¹²¹ *Hughes Aircraft Systems International v Airservices Australia* (1997) 76 FCR 151, 196–197, cited in Gabrielle Appleby, 'The Government as Litigant', *UNSW Law Journal*, vol. 37, no. 1, 2014, pp. 97–98.

¹²² Zac Chami, 'The Obligation to Act as a Model Litigant', *AIAL Forum*, 64, 2010, pp. 49–50; Gabrielle Appleby, 'The Government as Litigant', *UNSW Law Journal*, vol. 37, no. 1, 2014, pp. 98–99.

¹²³ See, for example, *Melbourne Steamship Co Ltd v Moorehead* (1912) 15 CLR 333, 342, quoted in *Yong Jun Qin v Minister for Immigration and Multicultural Affairs* (1997) 144 ALR 695, 704.

¹²⁴ *Qantas Airways Ltd v Transport Workers' Union of Australia* [2011] FCA 470, 543 [192], cited in Gabrielle Appleby, 'The Government as Litigant', *UNSW Law Journal*, vol. 37, no. 1, 2014, p. 106.

¹²⁵ *Australian Competition and Consumer Commission v Australia and New Zealand Banking Group Ltd [No 2]* [2010] FCA 567; Legal Services Directions 2017, app. B.

¹²⁶ *Melbourne Steamship Co Ltd v Moorehead* (1912) 15 CLR 333, 342; Legal Services Directions 2017, app. B.

¹²⁷ *British American Tobacco Australia Ltd v Secretary, Department of Health and Ageing* (2011) 195 FCR 123, 130 [20]; Legal Services Directions 2017, app. B.

¹²⁸ *Australian Competition and Consumer Commission v Kingisland Meatworks and Cellars Pty Ltd* (2013) 99 IPR 548, 563 [83]; Legal Services Directions 2017, app. B.

- 3.132 The model litigant rules apply not only to ongoing litigation, but also prior to litigation commencing, and during settlement negotiations and any alternative dispute resolution and merits review proceedings.¹²⁹
- 3.133 National Legal Aid (NLA) noted that the AAT merits review is intended to be fair, just, economical, informal and quick, with the NDIA required to conduct itself as a model litigant. By contrast, NLA suggested that the current AAT appeals process is generally adversarial, technical, long and complex, which is intimidating for unrepresented applicants and non-legally trained advocates.¹³⁰
- 3.134 A joint submission from advocacy organisations called for the NDIA to provide equal legal representation to participants and applicants when the NDIA chooses to be legally represented.¹³¹
- 3.135 The Public Interest Advocacy Centre acknowledged the government's recent commitment to reform the AAT appeal process for NDIS matters by 'implementing additional, less-adversarial appeal pathways, reducing the backlog of cases at the AAT by making reasonable settlement offers, and considering ways to adhere more carefully to model litigant obligations.'¹³²

Conclusion

- 3.136 The committee considers that there is an urgent need for action to improve the capability and culture of the NDIA, and to refocus the agency on delivering the promises of the NDIS. The committee appreciates that the government has indicated a commitment to getting the NDIS back on track, with initiatives including:
- a Fraud Fusion Taskforce with \$137.7 million to strengthen fraud detection and better safeguard the NDIS from organised crime and other fraudsters;
 - a \$5.8 million Alternative Dispute Resolution Pilot to achieve fairer, faster and better outcomes for NDIS participants, with an additional \$6.6 million for participants to access advocacy and legal assistance;
 - an independent NDIS Review led by a panel of experts and people with disability to create a roadmap for improving the NDIS, rebuilding community trust and ensuring the scheme's sustainability; and

¹²⁹ Zac Chami, 'The Obligation to Act as a Model Litigant', *AIAL Forum*, 64, 2010, p. 48.

¹³⁰ National Legal Aid, *Submission 112*, p. 5.

¹³¹ Disability Advocacy NSW, Leadership Plus, Rights Information and Advocacy Centre, and Villamanta Disability Legal Rights Service Inc., *Submission 7*, p. 11.

¹³² Public Interest Advocacy Centre, *Submission 29*, p. 14.

- an additional 380 permanent staff to ensure the NDIA can better support people with disability and their families, carers, disability service providers and workers, including through stronger market stewardship.¹³³

3.137 The committee will give further consideration to the issues raised in this chapter, and the issues noted in Chapter 4, in the coming months, before tabling a final report in relation to the capability and culture of the NDIA later this Parliament.

¹³³ The Hon. Bill Shorten MP, Minister for the National Disability Insurance Scheme, 'Getting the NDIS back on track', *Media release*, 26 October 2022, [ndis.gov.au/news/8351-getting-ndis-back-track](https://www.ndis.gov.au/news/8351-getting-ndis-back-track) (accessed 6 March 2023).

Chapter 4

Other matters

- 4.1 This chapter provides a brief statement of issues raised in submissions and during hearings. The committee will consider these issues, and further evidence relating to matters discussed previously in this report, in the coming months, and proposes to present a more detailed report later this Parliament. The final report will include further recommendations to improve the capability and culture of the National Disability Insurance Agency (NDIA).
- 4.2 Finally, this chapter provides a committee view on the matters discussed in the earlier chapters and sets out the committee's work plan.

Other matters raised

- 4.3 Outlined below is a sample of issues identified during the present inquiry that the committee intends to consider more closely in the coming months. Key issues include:

- respite services for families and carers;¹
- recognition of deafblind as a single disability;²
- the effectiveness of the Information, Linkages and Capacity Building program of the Department of Social Services;³
- identification of, and support for, primary and secondary disabilities;⁴
- outreach programs for remote, underserved and hard-to-reach communities;⁵
- plans being charged where services are cancelled at short notice;⁶
- the capability of the NDIA to track, monitor and prosecute plan mismanagement and fraud;⁷

¹ See, for example: Ms Pam Webster, Deputy Chair, New South Wales Carers Advisory Council, *Committee Hansard*, 4 November 2022, pp. 2–3 and 5; Carers WA, *Submission 130*, p. 11; and Mrs Lynda Lett, *Submission 43*, pp. 2–3.

² See, for example: Ms Kirsty Lim and Ms Erika Webb, Deafblind West Australians, *Committee Hansard*, 14 November 2022, pp. 1–7; and Dr David Squirrell, *Submission 38*, p. 4.

³ See, for example: Vision Australia, *Submission 95*, p. 11; South West Autism Network, *Submission 47*, p. 14; and Aboriginal Health Council of Western Australia, *Submission 111*, p. 4.

⁴ See, for example: Ms Julie Bloomfield, Individual Advocate, People with Disabilities WA, *Committee Hansard*, 23–26; and Name Withheld, *Submission 72*, p. 4.

⁵ See, for example: Carers WA, *Submission 130*, pp. 10–13; and Mental Health Australia, Community Mental Health Australia and Mental Illness Fellowship of Australia, *Submission 18*, p. 3.

⁶ See, for example: Name Withheld, *Submission 167*, p. 2.

⁷ See, for example: Onemda, *Submission 3*, p. 1; Mr Paul Mulligan, *Submission 36*, p. 3; CASS Care, *Submission 99*, p. 5; Mr Ian Excell, *Submission 153*, pp 4–5; and Ms Jenny Karavolos, Chief Executive

- recruitment, engagement and ongoing management of NDIA staff with disability;⁸
- support for people with psychosocial disabilities;⁹
- recognition of, and provision of supports for, invisible, episodic, rare, and multiple disabilities;¹⁰ and
- the increasing number of NDIS participants who are subject to Public Guardianship and Public Trustee arrangements.¹¹

Committee view

- 4.4 The committee has decided to table this interim report, with a final report with recommendations to follow. Throughout this report the committee has identified issues that have been raised before and where the committee has made recommendations to address these concerns in earlier reports. The committee has also noted, where relevant, the government response and progress reports on implementation. The committee will closely consider these responses and take evidence from NDIA officials at public hearings in the coming months to further understand where progress is being made and where further action is needed.
- 4.5 The committee notes that some of its previous recommendations to address the issues outlined in this report have been swiftly implemented. However, other recommendations have been repeated over many years to successive governments, such as the recommendation that NDIS participants receive a draft plan before a final plan is agreed to by the delegate. Late in 2022 the NDIA initiated a pilot to change plan approval processes, but it is not yet clear whether it will result in the implementation of draft plans. The committee will continue to monitor the implementation of this and other recommendations, and hold the government to account.
- 4.6 The committee is particularly moved by evidence that participants feel distressed, frustrated, and unheard when planners do not understand their lived experience of disability. Planners are a key interface between

Officer, Disability Advocacy and Complaints Service of South Australia, *Committee Hansard*, 2 March 2023, p. 12.

⁸ See, for example: Mrs Beth Vincent-Pietsch, Deputy Secretary, Community and Public Sector Union, *Committee Hansard*, 4 November 2023, p. 20; Name Withheld, *Submission 72*, p. 6.

⁹ See, for example: National Mental Health Consumer and Care Forum, *Submission 11*, pp. 4–5; National Mental Health Commission, *Submission 92*, p. 2; and Mental Health Coordinating Council, *Submission 4*, pp. 1–5.

¹⁰ See, for example: Neurological Alliance Australia, *Submission 88*, p. 3; Ms Catherine Walker, *Submission 86*, p. 1; Queenslanders with Disability Network, *Submission 114*, p. 8; and Ms Priya Fernandes, *Submission 170*, p. 7;

¹¹ See, for example: Ms Jody Currie and Mrs Elaine Somers, The Public Trustee of Queensland, *Committee Hansard*, 3 March 2023, p. 25.

participants and the NDIS. If planners do not understand a participant's disability and how it impacts their daily life, this is likely to have a negative effect on a participant's plan and their experience of the NDIS.

Recommendation 1

- 4.7 The committee recommends that NDIA staff have comprehensive training in disability awareness and anti-discrimination, and that the government support planners and other NDIA staff, including contact centre staff, to develop specialist skills in specific areas of disability and participants' needs, so the Scheme can serve the diversity of NDIS participants.**
- 4.8 The committee has heard the stories of participants who are frustrated at having to tell their stories and provide documentation to prove their disability over and over again. Many participants have also felt that NDIA staff do not understand their lived experience of disability. Submitters have told us that this is exacerbated by high staff turnover. The committee also heard evidence that unreasonable workloads can make it difficult for planners to take the necessary time to read reports and understand participant needs.

Recommendation 2

- 4.9 The committee recommends that the government lift staffing caps and improve workplace culture to reduce staff turnover and improve the experience of participants through continuity of relationships.**

Recommendation 3

- 4.10 The committee recommends that the government invest in training NDIA staff and updating systems to improve the quality and transparency of decision-making, and to ensure that decisions consistently meet the requirements of the NDIS Act, so participants do not have to tell their stories again and again to multiple people.**
- 4.11 The committee has heard from submitters criticising the NDIA for a lack of meaningful engagement with the disability community, attributing this to inaccessible systems, a lack of transparency, minimal participation and unfair decision-making. The committee acknowledges the NDIA Engagement Framework, but believes more could be done to centre the experience of people with disability in the design of NDIA systems and processes.

Recommendation 4

- 4.12 The committee recommends that the NDIA adopt a participant-led, user-centred design approach to improve the participant experience, including better supporting participants at life-changing events.**

4.13 The committee has heard the fears of participants that they may lose funding for necessary supports, where they have been unable to access services. Participants have reported feeling pressured to use up funding ahead of a plan review, for fear that funding would otherwise be cut in their next plan. This is an especially difficult problem for participants in rural, regional and remote areas, where supports can be difficult to access.

Recommendation 5

4.14 The committee recommends that the government address the concerns of participants that a plan underspend might lead to reduced funding in their next plan.

4.15 As outlined in previous chapters, several measures to improve the culture and capability of the NDIA have been implemented or are in progress. These initiatives include the current NDIS Review, establishment of the Co-Design and Engagement Branch¹², and an Independent Expert Review (IER) Pathway pilot to reduce disputes and appeals to the AAT.¹³ These initiatives are encouraging; it is too early to know whether they will be effective.

4.16 The committee intends to continue its program of hearings across Australia, including in rural and remote locations. The committee will also reflect upon evidence raised in submissions. The committee expects to provide a final report later in this Parliament. The committee is committed to making the NDIS easier and better for participants, their families, their carers and advocates.

Ms Libby Coker MP
Chair

Senator Hollie Hughes
Deputy Chair

¹² National Disability Insurance Agency, *Submission 98*, p. 13.

¹³ National Disability Insurance Agency, 'NDIS legacy appeal cases slashed', *Media release*, 12 December 2022, [ndis.gov.au/news/8559-ndis-legacy-appeal-cases-slashed](https://www.ndis.gov.au/news/8559-ndis-legacy-appeal-cases-slashed).

Appendix 1

Submissions

Submissions

- 1 NSW Carers Advisory Council
- 2 Australian National Audit Office
- 3 Onemda
- 4 Mental Health Coordinating Council
- 5 Assistive Technology Suppliers Australia
- 6 Audiology Australia
- 7 Disability Advocacy NSW, RIAC, Villamanta DRLS and Leadership Plus
- 8 Allied Health Professions Australia
- 9 Audika
- 10 Hearing Care Industry Association
- 11 National Mental Health Consumer and Carer Forum
- 12 CPSU
- 13 Aruma
- 14 Private Congregate Care Alliance
- 15 Women with Disabilities Victoria Bendigo Hub
- 16 National Rural Health Alliance
- 17 Amplifon
- 18 Mental Health Australia, Community Mental Health Australia, Mental Illness Fellowship of Australia
- 19 Australian Services Union
- 20 Occupational Therapy Australia
- 21 Inclusion Australia
- 22 Deaf Connect
- 23 Carers Australia
- 24 Spinal Cord Injuries Australia
- 25 Hireup
- 26 Queensland Advocacy for Inclusion
- 27 Able Australia
- 28 Allied
- 29 The Public Interest Advocacy Centre
- 30 Office of the Public Advocate Victoria
- 31 Exercise & Sports Science Australia (ESSA)
- 32 Northern Territory Department of Health
- 33 Autism Aspergers Advocacy Australia (A4)
- 34 Summer Foundation
- 35 Mx Jay Summers
- 36 Mr Paul Mulligan

- 37 Miss Jamie-Lee Dwyer
- 38 Dr David Squirrell
- 39 Mr Ian Millner
- 40 Ms Nicky Reid
- 41 Mr Nick Dixon
- 42 Ms Kate Moore
- 43 Mrs Lynda Lett
- 44 Ms Debbie Hailes
- 45 Ms Heike Fabig
- 46 Association for Children with Disability
- 47 South West Autism Network Inc
- 48 Syndromes Without A Name (SWAN) Australia
- 49 Darwin Community Legal Service
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89 Northern Territory Government
90 Kin Disability Advocacy
91 ACT Government
92 National Mental Health Commission
93 Queensland Alliance for Mental Health
94 Commonwealth Ombudsman
95 Vision Australia Limited
96 ACT Council of Social Service
97 Vision 2020 Australia
98 National Disability Insurance Agency
99 CASS Care Ltd
100 Australian Lawyers Alliance
101 Dementia Australia
102 Family Advocacy
103 Speech Pathology Australia
104 MND Australia
105 *Name Withheld*
106 *Name Withheld*
107 Speaking Up For You
108 Australian Federation of Disability Organisations
109 Australian Autism Alliance
110 Rare Voices Australia
111 Aboriginal Health Council of Western Australia
112 National Legal Aid
113 Joint Submission from Rights Information Advocacy Centre and Darwin
Community Legal Service
114 Queenslanders with Disability Network Ltd (QDN)
115 Northern Territory Public Guardian and Trustee
116 MS Australia
117 Sisters Inside Inc
118 Advocacy for Disability Access and Inclusion Inc. SA
119 Griffith University
120 People With Disabilities WA Inc
121 National Disability Services

- 122 Australian Association of Psychologists Inc
- 123 Touching Base Inc
- 124 Australian Psychological Society
- 125 Dietitians Australia
- 126 Carers NSW
- 127 Advocacy for Inclusion ACT
- 128 Australian Music Therapy Association
- 129 Tandem
- 130 Carers WA
- 131 Department of Social Services
- 132 Richmond Fellowship ACT
- 133 Disability Council NSW
- 134 Council for Intellectual Disability
- 135 The Public Trustee of Queensland; State Trustees Victoria; Public Trustee and Guardian ACT; and The Public Trustee Tasmania
- 136 Rights & Inclusion Australia and National Shelter
- 137 Mrs Marie Johnson
- 138 Mr Peter Slough
- 139 Mr Stuart Matthews and Ms Debbie Wellington
- 140 Mrs Dianne Rook
- 141 Mr Michael Curtis
- 142 Ms Tammy Lawes
- 143 Miss Storm Meiying Liu
- 144 Ms Cheryl Meredith
- 145 Ms Kate Daniel
- 146 Ms Naomi Heagney and Ms Camille Heagney
- 147 Mrs Alecia Thomas
- 148 Ms Rochelle Meyrick
- 149 Mr Samuel Antonio
- 150 Mr Mark Toomey
- 151 Ms Barbara Albury
- 152 Ms Katelyn Woodham
- 153 Mr Ian Excell
- 154 *Name Withheld*
- 155 *Name Withheld*
- 156 *Name Withheld*
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- 161 *Name Withheld*
- 162 *Name Withheld*
- 163 *Name Withheld*

- 164** *Name Withheld*
165 *Name Withheld*
166 *Name Withheld*
167 *Name Withheld*
168 *Name Withheld*
169 *Name Withheld*
170 Ms Priya Fernandes
171 Ms Kitty O'Sullivan and Mr Andrew Klose
172 *Name Withheld*
173 *Name Withheld*
174 Ms Jenny Boucher

Appendix 2

Public hearings

Thursday, 3 November 2022

Hunter Room, Mercure Newcastle
12 Steel Street
Newcastle

Dr Jill Duncan, Senior Lecturer and Dr Megan Barr, Lecturer

City of Newcastle - Access Inclusion Advisory Committee

- Ms Margaret Wood, Councillor and Co-Chair
- Ms Petria Jukes, Community Planning and Development Manager

Community Disability Alliance Hunter

- Mr Andrew Vodic, Executive Officer

Disability Advocacy NSW

- Dr Cherry Bayliss, Policy Officer

Statements from people with lived experience of disability and the NDIS

- Ms Deborah Fullwood
- Ms Cassandra Johnson
- Ms Courtney Watts
- Mr Peter Slough

Friday, 4 November 2022

Kent 1&2 Room, Fraser Suites Sydney
488 Kent Street
Sydney

NSW Carers Advisory Council

- Ms Pamela Webster, Deputy Chair

The Public Interest Advocacy Centre

- Mr Jonathon Hunyor, Chief Executive Officer
- Mr Mitchell Skipsey, Senior Solicitor

Community and Public Sector Union

- Mrs Beth Vincent-Pietsch, Deputy Secretary
- Mr Paul Wray, Section Councillor

Multicultural Disability Advocacy Association of NSW

- Mr Zaya Toma, NDIS Appeals Manager

Statements from people with lived experience of disability and the NDIS

- Ms Emily Caska
- Ms Myrna Dominguez
- Ms Shannon Hewett
- Ms Victoria Lascelles-Twiss
- Ms Amanda Lennestaal
- Mr Ian Millner
- Mr Harold Phelps

Monday, 14 November 2022

Wattle & Jarrah Rooms, DoubleTree by Hilton Perth Northbridge
100 James Street
Perth

Deafblind West Australians

- Ms Kirsty Lim interpreted by Esther Campbell, Committee Member
- Ms Erika Webb, Project Manager

Ethnic Communities Council of WA

- Mr Suresh Rajan, Chair, Disabilities Subcommittee

South West Autism Network

- Ms Nick Avery, Chief Executive Officer

People with Disabilities WA

- Mr Brendan Cullinan, Chief Executive Officer
- Mrs Julie Bloomfield, Individual Advocate

Kin Advocacy

- Ms Christine Grace, Advocacy Services Manager

Statements from people with lived experience of disability and the NDIS

- Dr Kristyn Bates
- Ms Kelly Campbell
- Mr Gary Rogers
- Mrs Susanne Shaxted

Thursday, 17 November 2022

Broadside Room, Rydges Geelong
Cnr Myers & Gheringhap Street
Geelong

Villamanta Disability Rights Legal Service

- Ms Naomi Anderson, Legal Practice Manager
- Ms Elise Almond, Lawyer

- Mr Anthony List, Lawyer
- Mr Peter Dickinson
- Ms Sue Wolter, Disability Royal Commission Advocate
- Mr Baxter Lyons, Disability Royal Commission Advocate
- Mr Peter Den Brinker, personal capacity
- Mrs Ruth Den Brinker, personal capacity

Rights Information & Advocacy Centre

- Ms Rachael Thompson, NDIS Appeals and Systemic Manager
- Mrs Michelle McGarrigle, Intake Officer

Every Australian Counts

- Ms Jean Cotchin, Campaign Manager

Association for Children with a Disability

- Ms Karen Dimmock, Chief Executive Officer

Statements from people with lived experience of disability and the NDIS

- Mr Neil Garrigan
- Ms Debbie Hailes
- Mrs Bronwen Holland
- Ms Tammy Lawes
- Ms Catherine Walker

Adjournment

Friday, 18 November 2022

Balmoral Room, Stamford Plaza Melbourne
111 Little Collins Street
Melbourne

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

- Mr Abe Ropitini, Executive Director, Population Health
- Mr Casey Gurry, Executive Manager, Quality of Life

Genwest

- Ms Kate Phillips, Director - Gender Equity

Muscular Dystrophy Australia

- Ms Jan Chisholm, Chief Executive Officer

Allied Health Professions Australia

- Ms Erin West, Speech Pathology Australia

Summer Foundation

- Dr Di Winkler, Chief Executive Officer

- Ms Amelia Condi, Head of Government Relations and Policy
- Dr Mark Brown, Research Fellow

Vision 2020 Australia

- Mr Jonathan Craig, Policy Advisor

Inclusion Australia

- Ms Maeve Kennedy, Senior Manager, Policy and Projects
- Mr Luke Nelson, Policy Officer and Our Voice Committee member

Syndromes Without A Name

- Ms Heather Renton, Founder and Chief Executive Officer

Statements from people with lived experience of disability and the NDIS

- Ms Liz Davies
- Mr Mitchell Jones

Thursday, 2 March 2023

Diamond Room, Mayfair Hotel

45 King William Street

Adelaide

Disability Advocacy and Complaints Service of South Australia

- Ms Jenny Karavolos, Chief Executive Officer
- Dr Tanya Day, Client Services Coordinator

The Growing Space

- Ms Sam Paior, Founder and Director

Aboriginal Health Council of South Australia

- Mr Benjamin Stewart, General Manager Programs
- Mrs Emma Tahuri, Care and Support Ready Project Officer

Advocacy for Disability Access and Inclusion Inc. SA

- Ms Alexandra Turnbull, Senior Advocate
- Ms Narelle Schubert, Treasurer and Board Member

Statements from people with lived experience of disability and the NDIS

- Ms Debbie Wellington
- Mr Stuart Matthews
- Ms Kate Daniel
- Mr Daniel Howlett
- Ms Jenny Karavolos, Co-Chair, Australian Autism Alliance
- Mx Katharine Annear, Representative, Australian Autism Alliance

Friday, 3 March 2023

The Pod, Capri by Fraser Brisbane
80 Albert Street
Brisbane

Queensland Advocacy for Inclusion

- Ms Sian Thomas, Principal Solicitor
- Ms Brianna Bell, Solicitor Advocate
- Ms Andrea de Smidt, Senior Solicitor

Queenslanders with Disability Network Ltd (QDN)

- Ms Paige Armstrong, Organisational Consultant
- Mr Peter Tully, QDN Consultant
- Ms Karin Swift, QDN Member

AEIOU Foundation

- Mr Alan Smith, Chief Executive Officer
- Ms Mariah Hartshorn, Family Support Manager

The Public Trustee of Queensland

- Ms Jody Currie, Director Regional Services Central
- Mrs Elaine Somers, Disability Support Officer

Statements from people with lived experience of disability and the NDIS

- Ms Pam Macrossan, Chair, Australian Advisory Board on Autism and Chief Executive Officer, Autism Queensland
- Mr Peter Harding
- Mr John Wilkie
- Mrs Elisha McNellie
- Mr Gerard Healy
- Mr Brendon Donohue