



Review of the National Disability Insurance Scheme

Submission

August 2023

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The MAV is the statutory peak body for local government in Victoria. While this paper aims to broadly reflect the views of local government in Victoria, it does not purport to reflect the exact views of individual councils.

1 Introduction

The Municipal Association of Victoria (MAV) welcomes the opportunity to provide a submission to the Independent Review Panel to assist its review of the National Disability Insurance Scheme (NDIS). The MAV is the peak representative and advocacy body for Victoria's 79 councils. The MAV was formed in 1879 and the *Municipal Association Act* 1907 appointed the MAV the official voice of local government in Victoria.

This submission focusses on two of the ten areas of concern outlined in [NDIS Review – What we have heard](#) report. In particular, we provide recommendations which enable supports to be provided for people not in the NDIS (Improvement Area 2), and suggestions for early childhood supports (Improvement Area 4).

Councils in Victoria are already playing an important role in disability inclusion at the local level. They are civic leaders, planners, employers, advocates, managers of public environments and providers of community, arts and sport/ leisure services. They often work in partnership with community organisations and individuals using a place-based approach.

Much more can be achieved through local government however, by leveraging their role to support people with disabilities engage in community life and achieve self-sufficiency. This in turn will assist the NDIS manage its waiting lists and achieve greater equity in the distribution of service support for people with disabilities who may not be eligible for NDIS funding.

We ask that the Independent Review Panel consider recommending that funding is provided for a dedicated program for access and inclusion officers to be employed in councils across Victoria to work with the NDIS. Improving connections and support across councils will enable faster adoption of innovations which in turn will assist many people with disabilities, including those ineligible for funding and support through the NDIS.

To improve access to early childhood services we recommend that there should be a greater focus on upskilling parents, family members and educators to provide the child the support they need, rather than having children sitting on waitlists for months to access a monthly 1-hour appointment with a professional. Early parenting support and confidence building that uses a strength-based approach that recognises parents as the first educators of children will be enhanced if there is also funding for peer support programs to connect families in similar circumstances.

2 Background - Victorian local government context

Councils focus on the priorities of their local communities. They are responsive to federal and state legislation and policy directions. They are obligated to comply with the Disability Discrimination Act 1992 and the Victorian Disability Act 2006. Councils have important roles in working in partnership to design and develop the social, built, economic, and natural environments to support and enhance the health and wellbeing of all people in their communities, advancing accessibility, inclusion, and universal design.

For people living with disabilities and their carers, councils can provide local information, liaison at a local level with service providers, coordinate and support networks, promote and advocate for access and inclusion, and capacity building with local organisations and community groups. Victorian councils develop Disability Action plans. Many include NDIS promotion and information as key ongoing actions.

Victorian councils were heavily involved in service provision for people eligible for the former Home and Community Care Program. This program saw workers provide home support and services for people with disabilities and those over 65. The onset of the NDIS saw the decoupling of those eligible for aged care from those under 65 with disability with eligibility for services. This resulted in councils having to assess their overall service mix with different program guidelines and procurement directions from the Commonwealth and the Victorian Government.

The impact of the expanding range of providers has resulted in most councils determining to move out of direct service provision. Only three councils continue to provide services as NDIS providers, with one recently announcing its intention to cease NDIS service provision.

Case Study: Victorian Government Building Inclusive Communities Program (BIC)

The Victorian Government Building Inclusive Communities Program (BIC) funded the appointment of designated disability roles (Metro, Rural and Deaf Access Officers) in Victorian councils. The BIC program wound up following the rollout of the NDIS. Cessation of funding to councils for the BIC program occurred due to the state and territory contributions to the Scheme and the belief that the Local Area Coordinator (LAC) role was similar if not the same as the BIC roles.

The objectives of the BIC Program provided a strengths-based approach, where officers could build upon and facilitate longer-term actions to implement change.

The objectives were:

- To mobilise and support people with disability to optimise participation in the life of their local community

- To build and strengthen the community's capacity to provide support to people with disability and their families
- To facilitate integrated local community planning and coordination which engages and involves people with disability and their families, disability service providers and community organisations
- To work with existing disability service providers to enhance their capacity to provide relevant and appropriate supports in the community
- To improve access to information about relevant services and community activities available to people with disability in their communities.

The Victorian Parliamentary Inquiry [report](#) into Social Inclusion of People with Disabilities provided great insights into the role of local government and the differences between the BIC program and the intended LAC model (particularly Chapter 2).

The absence of BIC Funding and the limited resources of local governments has resulted in the following:

- A reduction in dedicated staffing resources in councils employed to specifically address disability access and inclusion. While some councils have been able to retain a dedicated employee disability portfolio, for many councils, disability access and inclusion portfolios have been consolidated with other portfolio responsibilities, such as positive ageing, Aboriginal and Torres Strait Islander and Reconciliation, and other social policy areas. For some, the shared load effectively reduces the capacity to focus on disability access and inclusion to 0.5 FTE, for others, it may be as low as 0.2 FTE. Some Councils have also lost the knowledge and skills of officers funded under the BIC program as people moved to other roles.
- Reduced emphasis on council disability inclusion and participation activities due to limited capacity or no one to drive initiatives or subject matter expertise to support other internal council teams or partnerships within the community to achieve relevant goals
- Information, Linkages and Capacity (ILC) funding utilises a project grant approach where funding is sought for a particular project to be delivered in a specific timeframe. This approach does not provide for ongoing capacity-building initiatives within councils or the community
- Partnership approaches have been lost, particularly between councils and disability service providers, as providers have limited capacity to participate in community capacity-building activities that do not attract activity-based funding
- People with disability in the community do not have a place-based strategic champion to promote awareness of the impact of issues presenting in the community, such as access

to preventative health care, raising the experiences of women and children with disability in the work pertaining to the prevention of violence against women and in partnership with disability service sectors

- Commonwealth and state governments have limited capacity to monitor what is happening in the community, as no one is collecting and analysing local government priorities or achievements. The municipal level data collated by the NDIA focuses only on NDIS outcomes of NDIS participants and the provider market, which limits the data set to approximately only 11% of the demographic living with disability
- The lack of a joined-up approach results in ‘reinventing the wheel’ instead of sharing of resources, knowledge and learnings with others. The BIC reporting framework provided additional opportunities to share information and achievements
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For the first time in many years, there is no funded position located in the peak body for local government, despite this role being supported with funding from both levels of funding in the past. As a result, the MAV hosts a Teams site for the Victorian Local Government Disability Planners Network, but it is limited in the extent of support and advice it can provide to practitioners working in councils.

3 Suggestions for improvements

Specifically, this submission addresses the following areas identified by the Independent Review Panel for improvement:

- Improvement Area 2: A complete and joined-up ecosystem of support - *What is the best way to provide supports for those not in the NDIS?*
- Improvement Area 4: Early childhood supports - *What is the best way to support children with disability and those with emerging developmental concerns?*

Improvement Area 2: A complete and joined-up ecosystem of support

There is still a long way to go for the community to be fully inclusive of people with disability. It is still a largely ad hoc case-by-case approach inconsistent across all government levels.

Despite intentions to the contrary in its initial design, the NDIS is creating systemic inequities for people with disability, with participants and non-participants having different access to services and supports. These include:

- Access to and support within mainstream services
- Expectation that everyone with a disability has NDIS funding
- Costs of services exponentially increasing if it is known that NDIS funding is available. For example: Community health services typically utilise a sliding payment scale based on income - people with disability who have used the service for years may now have NDIS funding and are finding that they are being charged the maximum NDIS payment rate for the same service.

Many people have given up testing their eligibility for NDIS as the requirements to ‘prove’ disability status are too costly. For example, obtaining medical and occupational therapy reports. Some of these are subsequently questioned by the Agency representatives, require additional information, or need to be resubmitted through review processes. This differs from the original aims of the system, where the person was supposed to establish their disability status only once. VCAT reviews and processes are time intensive and costly for families.

Multiple cohort groups, such as young people, people who experience psychosocial and neurodiverse disabilities, as well as people who are newly diagnosed, are falling through the system. Aboriginal and Torres Strait Islander people are also underrepresented in the NDIS.

There is very limited direct Victorian Government support following its relinquishing of previous responsibilities to the Commonwealth Government. Part of this is framed in the financial contribution by the state to the federal government for the NDIA.

What services and supports should be available to people with disability outside the NDIS, and who should provide them?

The Victorian Government administers the Home and Community Care Program for Younger People (HACC-PYP), which supports younger people with disabilities whose capacity for independent living is at risk. Services are targeted to younger people with moderate, severe or profound disabilities and their unpaid carers. Approximately one-third of Victorian councils are funded providers of this program which is subsidised by those councils. There has been a reduction in this number, with a number of councils transitioning out of direct service delivery.

The Victorian Government is conducting a HACC-PYP review with concurrent timing to the NDIS Review. It is essential that those leading the respective reviews connect and seek opportunities for program design harmonisation to achieve a joined-up system of support for people living with disability in Victoria.

How can governments work better to deliver a joined-up system of inclusion and support for all Australians with disabilities (within and outside the NDIS)?

Local government is ideally placed to lead and develop capacity for social and civic inclusion for people with disabilities. This would require funding and partnership with the government to meet the shared objectives of the program.

Engagement with local government can be improved through an understanding of the role councils play in supporting all members of their community. They have a direct connection with all kinds of community organisations, managing sports grounds and facilities and supporting clubs, including local and regional sporting organisations. Councils support neighbourhood houses, volunteer groups, and adult learning centres and provide facilities and operate recreation centres and swimming pools. Councils support, fund and run libraries either directly or through regional corporations. In Victoria, councils are the largest provider of generalist youth services and employ over 1,000 maternal and child health nurses.

Engagement can be enhanced by recognising councils as a level of government with experience and knowledge but often not the financial resources and funding streams to support an ongoing focus on people living with disability.

Updating and funding a program model across all Australian communities reflective of the Victorian BIC Program would be one way to achieve a nationally consistent approach to inclusion and capacity building. Currently social inclusion of people with disability continues to be ill-defined and minimal tools to accurately measure it.

NDIS data sets are helpful but are limited to the experiences of people accessing the system, which is about 10% of the population with disability.

Data collection at the local level is often missing in data sets or is limited. There is no robust data collection of what is happening at community levels and the power and impact of the

initiatives at the municipal level. Aligning outcomes and collective impact across the levels of government is currently missing and, therefore, more challenging to attract resourcing to enhance or scale initiatives.

The roles and responsibilities of each level of government are not well defined in overarching policy such as Australia's Disability Strategy, even though it aspires to a 'joined-up system'. Local governments are well placed to understand needs at a local level and require dedicated resourcing and frameworks for a consistent approach to a joined-up system.

Mainstream services need to be accessible to all people in the community regardless of disability or NDIS status. The services that sit outside of the NDIS are sometimes more important in the everyday life of people with disability, for example, access to the built environment and transport.

Making real progress requires a joined-up system of governments working together with access to appropriate resourcing. Investing in local social inclusion would speed up community understanding of how they can help people with disabilities. In turn, this would increase the supports available to people ineligible for NDIS funding.

Improvement Area 4: Early Childhood Supports

How can supports for children with disability be delivered in ways that lead to better outcomes for children?

The key supports the NDIS can focus on include:

- Supports that encompass all environments children access - home, care, preschool, etc., and have the child at the centre of the conversation
- Supports also need to take in children's different presentations and needs in different environments
- Supports need to be broken down into immediate goals, short-term and long-term goals, with the immediate and short-term goals working towards the long term.

What does good support look like for children living with disability?

The key supports the NDIS can focus on include:

- Holistic, reasonable and respectful supports that value the child's voice
- Prompt support that adapts and shifts with the child's needs and presentation and supports their journey.

In what settings should that support be provided, and by who?

Support should be planned for and provided in all settings the child accesses including the home. Given the huge service deficit both in terms of funding and workforce, ideally, services should be focused on upskilling parents, family members and educators to provide the child the support they need, rather than having children sitting on waitlists for months to access a monthly 1-hour appointment with a professional.

Developing a more holistic approach that focuses on building a team around the child that includes professionals and family also empowers the child and family.

What supports or services do families need to help their children with disability thrive?

The key supports the NDIS can support include:

- As above, families need to be empowered and upskilled with the knowledge and skill set to provide their child/ren the support they need
- Early Parenting support and confidence building that uses a strength-based approach that recognises parents as the first educators of children
- Families frequently tell us they need access to peer support from other families in similar circumstances
- Many families are desperate for respite.

How should families with children with disability be assisted and supported to navigate early childhood services?

The following elements would assist families with children with disability:

- Consistent messaging and information about options for access, funding and what inclusion looks like in early childhood
- Focus on capacity building of families who are first entering the early childhood system with a child who has a disability including support to understand and navigate the system
- Early messaging and goal setting around school placement options (mainstream versus Special Development Schools) to support the family to set goals and plan to work towards this placement in conjunction with their early childhood educators and other professionals
- Support advocating for their child and their needs to early childhood services

- The former Victorian Government ECIS Key Worker model worked so well to facilitate all the above. The move to the NDIS model and away from that has left a huge gap that early childhood services are trying to fill. It can often fall on educators' skills and knowledge to inform and support families.

What supports for children with disability should be available outside the scheme?

- A specific model for respite for parents of young children with a disability
- Allocation of additional resources that can be used in the early childhood setting that support the individual child and the service to support that child
- Allocation of dedicated and specifically skilled support workers in the early childhood setting that understand early childhood development, whether through direct intervention in the setting or through a Key Worker style model.

4 Further information:

For further information regarding this submission, please contact Jan Black – email jblack@mav.asn.au.