

**MINISTER FOR AGEING, MINISTER FOR DISABILITY SERVICES AND  
MINISTER FOR MULTICULTURALISM**

**SUPPLEMENTARY HEARING - BUDGET ESTIMATES 2015/16**

**TRANSCRIPT QUESTION ON NOTICE**

**QUESTION:**

**Ms JAN BARHAM:** No disrespect intended but ADHC has not always delivered what people need in every region and rural area and a lot of people are disempowered in that process. Now they think they will finally get their needs met, or as they age their needs have deteriorated. That brings me to the next point about workforce capacity planning. You said that you have invested a lot in the non-government organisations. Will you provide an overview or more clarity around how that progresses over time? Unless my view is distorted by being in a region, I believe a lot of older people work in that sector. What are the incentives and support plans to bring in younger people to work in what is, by and large, a pretty poorly paid, stressful, emotional job?

**Mr LONGLEY:** The State Government has invested a very substantial amount of money in the Industry Development Fund, and a large part of that has been around workforce capacity, training, increasing the Care Careers program, for instance. That program has a very high profile and has been an avenue to date for a lot of people to become employed in this sector.

**Ms JAN BARHAM:** Do you have an indication of the number of people who are actually going into that training field?

**Mr LONGLEY:** I will take that on notice. New South Wales has been a leader in that space.

**ANSWER:**

The NSW Government has invested more than \$30 million in sector and workforce development since 2011, under the *Ready Together* reform.

Two initiatives originally funded under the NSW Workforce Recruitment Strategy are 'Care Careers' and *ProjectABLE*. These two initiatives have been so successful that the Commonwealth has committed to funding them nationally to support the rollout of the National Disability Insurance Scheme (NDIS).

To date, 'Care Careers' has hosted over 54,000 job advertisements nationally and has attracted over 88,000 applications in NSW<sup>1</sup>. In August 2015, a total of 1,434 new jobseekers from NSW registered with 'Care Careers', bringing the total number of registered jobseekers from NSW to over 74,500.

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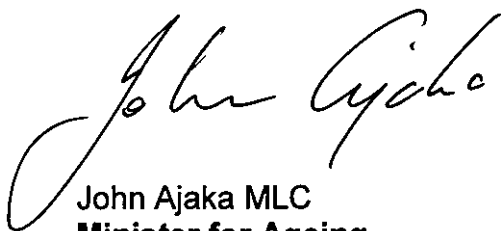
<sup>1</sup> Care Careers progress report August 2015

The *ProjectABLE* initiative recognises that attracting new, skilled workers to the sector is critical for generating jobs growth and meeting future workforce demand. To this end, the NSW Government has invested in *ProjectABLE* workshops aimed at attracting young people to careers in the caring sector.

Since its launch in 2010, over 2,300 students have attended *ProjectABLE* workshops across NSW, with more than 650 students attending in 2015 alone.

A recent survey of schools participating in *ProjectABLE* was undertaken with the aim of following up on student workshop experiences, and to ascertain if and how their attendance at a *ProjectABLE* workshop propels them towards employment in or engagement with the sector. Over 80 per cent of participants indicated the experience in the program has inspired them to consider working in the disability and community care sector.

Further, almost 20 per cent of teachers surveyed reported that one or more of their participating students are now working in the care sector, with 40 per cent of these teachers reporting that one or more students have gone on to do something related to the disability sector (for instance, volunteering, community work, related study or advocacy)<sup>2</sup>.



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<sup>2</sup> Care Careers progress report August 2015

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**QUESTION:**

**Ms JAN BARHAM:** There seems to be uncertainty about the continuation of State Government support for advocacy. You have mentioned a couple times about advocacy being there for people that need it. Who will provide it? I do not think it is built into the NDIA, is it, or the National Disability Insurance Scheme?

**Mr LONGLEY:** A very important issue. Advocacy really has two quite distinct parts to it, if you like. The first is the individual advocacy. As I mentioned earlier, under the individual package of a person, particularly people with perhaps a more profound intellectual disability or whatever, they are, in fact, able to have a component of their package which is precisely there for that role and function.

**Ms TAYLOR:** It is not referred to as "advocacy" in that context however.

**Ms JAN BARHAM:** What is it referred to as? Support services.

**Ms TAYLOR:** Yes.

**Ms JAN BARHAM:** "Advocacy" has become such a strong—

**Ms TAYLOR:** Brand.

**Ms JAN BARHAM:** Yes. People know what it is and they know that is what they need. If they are not happy with their provider the idea that they have the skills, the confidence and the capacity to change—

**Mr LONGLEY:** These are very vulnerable people.

**Ms JAN BARHAM:** Yes. Will you take that question on notice to provide clarity?

**Mr LONGLEY:** Yes. Sam might want to make some further comments as well. Then there is the other, if you like, systemic advocacy. Again we need to recognise that all of our funding, including that funding, has gone to the NDIA. We will not have the funding to continue that function but the systemic advocacy role is one that is owned at the Federal Government level, and it has acknowledged that function. Sam might have some more comments. It is not done within the NDIA but other parts of Federal Government do in fact own it.

**ANSWER:**

Commonwealth, state and territory governments have agreed that the National Disability Insurance Scheme (NDIS) will fund decision support, safeguard supports, and capacity building for participants, including support to approach and interact with disability support providers and access mainstream services.

The National Disability Insurance Agency will ensure supports are available either through individual funding packages or the Information, Linkages and Capacity Building (ILC) component of the scheme. The National Framework for Quality and Safeguards will also help enable people with disability to participate in decisions that impact on their lives and to participate in the economy and society.

Advocacy functions are incorporated as part of a range of available individual supports, including, individual skills development and training, life/transition planning that includes mentoring and peer support, and co-ordination of supports and assistance with decision making or daily planning. Advocacy functions can also be accessed as part of the ILC supports, through the Local Area Coordination, Information, Linkages & Referrals, Individual Capacity Building and Disability Support Organisations support streams.

Systemic advocacy, legal review and representation will be funded outside of the NDIS. A review of key policy directions and principles in the National Disability Advocacy Framework, in light of the NDIS, is due by December 2015.

Further, there will continue to be a National Disability Advocacy Program (NDAP), funded by the Commonwealth, which will ensure that people with disability continue to receive access to advocacy support. The NDAP is being reviewed by the Commonwealth. This reform is part of an ongoing process of continuous improvement, as well as taking into account the impact of the NDIS.



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**QUESTION:**

**Ms JAN BARHAM:** When you report with the dashboard will you be able to advise about the staged planning process and where things are up to? When there are information sessions for people who have mobility disabilities or might rely on other people for transport, will the transport be at their cost or will the process pay for that? There is a real concern in the regions about transport and the important role it plays in people's access to service, their engagement with process and their understanding of what happens. There are some real concerns about transport and where it fits in with a planned program. How will it be costed? Will it be additional, or will there be a reduction in the service because a provider is not getting paid for the travel cost involved with service delivery? I have been asking these questions for a couple of years and I have not had answers, so I am really keen to get to the bottom of this. I have some anxious people in my community who are worried about the transport factor.

**CHAIR:** Before we proceed I welcome the Hon. Shayne Mallard to the hearing. He is replacing the Hon. Catherine Cusack.

**Ms TAYLOR:** There are a couple of aspects to what you are asking so I will answer it in a couple of ways, if that is okay. One aspect is about how people with disability are able to access information and support to transition to the NDIS ahead of 1 July. That has to be an incredibly local process. All the work that is being done in the Hunter trial at the moment and in the Nepean Blue Mountains is about that. So if people are not mobile and they need someone to come to them, that is what the Community Connect local area coordination person will do.

Community sessions will be established in a very local way—at a school, for example, on the back of a P and C meeting, in order to get to parents. Those kinds of arrangements are the things that the National Disability Insurance Agency gives a lot of thought to. Our job in the department is to inform them about what is in place in those local communities that people already use so that they can mirror that and work with those communities in a sympathetic fashion.

The second issue that you were coming to is how transport support, once a person accesses the scheme, will be built into their plan. It is an individualised answer. If an individual has a very significant mobility issue and is socially isolated and does not have networks that can assist them with transport to social activities, medical appointments or whatever, the National Disability Insurance Agency planners will look at that person's circumstance and build provisions into plans for transport costs.

**Ms JAN BARHAM:** This is the point. You are fully aware that I have been asking about the Taxi Transport Subsidy Scheme. We have not seen an increase in the value of that in 16 years. There is now concern that the lack of response to the need for an increase—Victoria

doubled its subsidy—will result in transport now being part of participants' plans. The concern is that that transport factors will be a cost that is put into their plans and may reduce their access to other services.

**Ms TAYLOR:** I am happy to take this issue on notice and to give you some information about how transport is managed in the context of the individual planning process.

**ANSWER:**

During the planning process, a National Disability Insurance Scheme (NDIS) participant will be able to discuss the supports they require with transportation, in case they cannot use public transport without substantial difficulty due to their disability.

The planning process will use the COAG endorsed NDIS interface principles as a guide to consider supports, as part of a person's NDIS support plan.

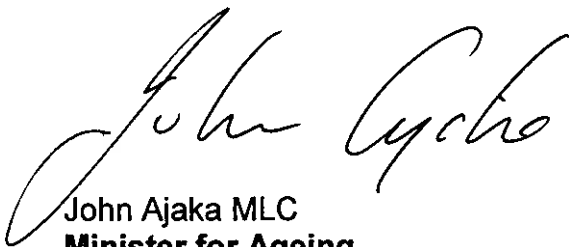
In line with these principles, the NDIS will be responsible for:

- a. Supports for a person that enable independent travel, including through personal transport-related aids and, or training to use public transport.
- b. Modifications to a private vehicle (i.e. not modifications to public transport or taxis).
- c. The reasonable and necessary costs of taxis or other private transport options for those not able to travel independently or use public transport.

Other service sectors are generally more appropriate to fund:

- a. Concessions for public transport – including where a full concession is offered.
- b. Public transport systems.
- c. Modifications to public vehicles, such as buses or taxis.
- d. Disability parking schemes.

The question related to Taxi Transport Subsidy Scheme should be referred to the Minister for Transport.



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**QUESTION:**

**Ms JAN BARHAM:** In light of market failure, what is the role of the New South Wales Government to respond if there is a failure particularly in the regions and there is no other option? You say that people have options if they are not happy with the service, they can swap and change and have individual control. What if it does not work? I am particularly concerned about the transport aspect because that is a huge cost. How will it be factored in? It could diminish the value of someone's plan. I am concerned about the provider's feasibility and viability working in regions.

**Mr LONGLEY:** Sam might have some further comments. If I can just look at that question—these things should not diminish a person's package because a person's package is actually built up around what their life goals and aspirations are and what are the things, therefore, needed to facilitate that. To the extent that there is a State obligation on providing services, then of course that is part of the State's standard obligations, regardless of whether the person has a disability or does not have a disability. If the State has that obligation then it remains and that would be potentially a question for Transport. However, if it is not that, if it is something specific around a person about their particular needs and their particular life aspirations then it would not be about diminishing their package; it would actually be something that would be incorporated within that package.

**Ms JAN BARHAM:** Does that mean you accept that in relation to the delivery of service in the regions, like service from city to a regional area, that the fee for service might be that much higher in a region, and would that be factored into a planned development? Otherwise a provider might not be able to function and be viable without a higher fee being charged. If it takes an hour to get to someone, shower them or pick them up to go shopping or something, is that a fee for service or is it an additional cost or fee that is factored into a plan?

**Ms TAYLOR:** It will not be a fee for service. The NDIA will not fund per se that supply in local places. It may down the track explore elements of building up markets where there might be—

**Ms JAN BARHAM:** In a plan for someone to be able to get a service someone has to get to them. It might take time.

**Ms TAYLOR:** As I said before, the planner will look at that person's circumstance. That might include what their remote circumstances are, the supports they need and where they might need to get them from and factor in the pricing around them.

**Ms JAN BARHAM:** How do they then go from analysing someone's needs to determining the dollar value of their plan without an understanding or an acceptance that a service may

come at a higher price if travel is involved and whoever is going to provide it needs to charge more for it?

**Ms TAYLOR:** The NDIA does seek quotations from providers in circumstances where there may be a degree of complexity around an individual and they are unsure about the price to apply. So they do, on behalf of that individual, test the market with the providers that that individual is interested in exploring to see what that might cost. And they then adjust the plans around those.

**Ms JAN BARHAM:** That point is not being made clear to people. There are significant concerns around how you can have a provider that may not be currently operating. Who knows what it will cost for them to deliver a service and how to factor that into a plan to ensure that that plan meets someone's needs. My point is what happens if it does not work?

**Ms TAYLOR:** There are published prices as well. The NDIA against its service list, what it will meet, does publish the benchmark for what it would expect to pay for particular services. Again, we have offered to give some information on this on notice. We will explore some of your questions with the NDIA and incorporate them into our response because really these are matters for the NDIA.

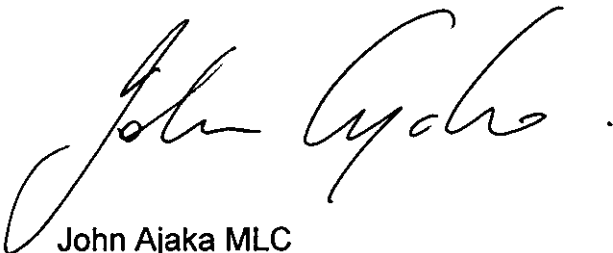
**ANSWER:**

National Disability Insurance Agency (NDIA) planners will consider provider travel for the adequate delivery of support in the decision about reasonable and necessary funding of supports, rather than allocate a separate dollar amount in the plan for a provider travelling to provide a support.

Travel costs are included in the cost quoted for a program of supports.

Services delivered by a provider located in a remote or very remote region attract the Independent Hospital Pricing Authority loading.

The NDIA can come to an agreement with specific providers for special cases and can be seen in an example of a metropolitan based provider required to provide support to a participant located more than 200km away.



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