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Joint Standing Committee on the National Disability Insurance Scheme  
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### **Submission: Current Scheme Implementation and Forecasting for the National Disability Insurance Scheme**

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) welcomes the opportunity to provide feedback on Parliament's Joint Standing Committee inquiry into Current Scheme Implementation and Forecasting for the National Disability Insurance Scheme (NDIS).

VACCHO is the peak body for Aboriginal health and wellbeing in Victoria, with 32 Aboriginal Community Controlled Organisations (ACCOs) as members (Members). VACCHO Members support over 25,000 Aboriginal people in Victoria, and combined are the largest employers of Aboriginal people in the state. Established in 1996, the role of VACCHO is to build the capacity of their Members and to advocate for issues on their behalf. Capacity is built amongst Members through strengthening support networks, increasing workforce development opportunities and through leadership on particular health issues. Advocacy is carried out with a range of private, community and government agencies at the state and national levels, and on all issues related to Aboriginal health.

VACCHO has taken the opportunity to respond to sections A, C, F and G of the Terms of Reference with a focus on barriers faced by Aboriginal people and organisations. The term Aboriginal is used inclusively throughout the submission and refers respectfully to Aboriginal and Torres Strait Islander people.

#### **Section A, ii: The impact of boundaries of NDIS and non-NDIS service provision on the demand for NDIS funding**

ACCOs have found it challenging to transition to financially sustainable NDIS service provision. The transition process is complex and costly. Ongoing auditing and compliance requirements can be impossible to maintain for smaller clinics with limited staff. Despite their limitations, ACCOs still strive to provide holistic, wraparound services for their local Aboriginal community. VACCHO has repeatedly heard that both registered and unregistered ACCOs provide high levels of unfunded disability support to Aboriginal clients. Of VACCHO's 32 members, only five are registered NDIS providers. An additional six ACCOs are actively working towards NDIS accreditation. This process has been significantly impacted by a lack of capacity and resources, which has been exacerbated by the demands of responding to the COVID-19 pandemic.

Oonah Health and Community Services in Healesville has a dedicated Disability Access worker, despite having no allocated funding from the NDIS or the Department of Families, Fairness, and Housing (DFFH) for this role. Budja Budja Aboriginal Cooperative in Halls Gap reported offering long distance transport services to clients with a disability at no cost to the client, because they are only offered limited subsidies by DFFH for travel relating to medical treatment. There is demand from the community for ACCOs to provide a comprehensive range of disability services and supports, yet there is little to no financial support from the National Disability Insurance Agency (NDIA) or DFFH to assist ACCOs to make an economically viable transition to become fully functioning disability service providers. Despite this, ACCO staff continue to work with limited funding and hours to support their community as much as possible.

The scenarios outlined above place unfair expectations on ACCO healthcare staff and further disenfranchises Aboriginal communities. Approximately 54% per cent of Aboriginal Victorians live in regional areas, compared to 46% who live in metropolitan areas.<sup>i</sup> The demand for Aboriginal-specific health services will grow in regional areas at greater rates than demand for mainstream services. Aboriginal communities across Victoria have a right to receive the same level of care and service as Aboriginal communities living in metropolitan Melbourne. Similarly, ACCO workforces across Victoria have a right to be fairly funded and compensated for the services and supports they provide. VACCHO strongly recommends that the Aboriginal Workforce Fund be increased from \$40 million to \$80 million by 2022-23 to actively rectify the workforce and funding shortages in the health and disabilities sectors. VACCHO also calls for the process of funding allocation to be made transparent and for all Victorian ACCOs to be invited to apply for the funding.

### **Section C: Reasons for variations in plan funding between NDIS participants with similar needs**

There are several reasons for variations in plan funding between NDIS participants including but not limited to the access a participant has to health and medical services, the quality and cultural safety of health and medical practitioners, and the ability to fully utilise NDIS plans. VACCHO recommends that State and Federal Governments and the NDIA actively respond to impacts of thin markets on ACCOs that are trying to deliver comprehensive healthcare services to Aboriginal people living with disabilities. VACCHO calls for the long-term deployment of workforce that is trained in cultural safety.

Currently, the NDIA requires potential participants to complete an extensive Access Request Form to judge NDIS eligibility. The form must be completed with a Treating Professional, and requires additional supporting reports and assessments to explain how the disability affects the participant's functional capacity. The form judges the applicant's eligibility and guides how much plan funding they can receive.

This means that applicants who can easily access GPs or other specialists will be more likely to complete the form successfully. Ideally, a person with a disability should be able to book a bulk-billed appointment to a local GP and have their appointment within a week's timeframe. They should feel safe and heard throughout their appointment, and request follow-ups or specialist referrals as needed. However, this is not the case for the majority of Aboriginal people. As stated above, more than half of the Aboriginal population in Victoria lives regionally and there is a significant shortage of culturally safe and appropriate services and workforce available outside of metropolitan areas.

At the Victorian Aboriginal Health Service (VAHS) in Fitzroy, NDIS participants receive more comprehensive plans than NDIS participants who are serviced by regional or remote ACCOs. VAHS provides its services in three locations across metropolitan Melbourne and can employ a range of culturally safe medical and health specialists including GPs, occupational therapists, social and emotional wellbeing nurses. VAHS also employs a Disability Liaison Officer to provide tailored support to first-time NDIS applicants. Due to the vast range of services available at VAHS and its central location, community members can easily access the clinic and build better relationships with healthcare providers. Access to Maternal Child Health Nurses also allows for early screening of learning delays or disabilities that may be missed in less personalised services.

In contrast, the Budja Budja Aboriginal Co-operative in Halls Gap has reported that Aboriginal NDIS participants living in the area receive limited plan funding and have little to no choice of service providers. Due to its remoteness, it is challenging to recruit and retain specialist, culturally safe, healthcare workers and GPs to the Budja Budja Aboriginal Co-operative. Budja Budja, like many other regional ACCOs, often relies on GP locums to service its community. As a result, community members are unable to develop long-standing relationships with their healthcare providers and are less likely to have a treating professional who truly understands their needs.

NDIA and State Government workforce planning must ensure cohorts of disability support workers, GPs, mental health and other professionals are deployed to regional and remote areas. VACCHO strongly recommends co-location of services as it has proved extremely successful for ACCOs such as VAHS and the Dandenong and District Aboriginal Co-operative.

#### **Section F, i: Measures intended to ensure the financial sustainability of the NDIS**

Public expenditure on the NDIS, wider disability sector and early intervention, is a key responsibility of both State and Federal Governments. While the NDIS is modelled on an insurance based scheme, it is also a public service and its future should not be dictated by its financial viability alone. According to Australian Industry and Skills Committee's 2020 Health Industry Report, the healthcare industry employs over 1.7 million people, with aged and disability carers counting for the fastest growing occupation in the sector.<sup>ii</sup> This shows that Australians have a sustained need for disability services and care. The sector will also need strong support from Governments to ensure growth can be sustained and sufficient workforce is available in rural and remote areas. VACCHO calls for both State and Federal Governments to increase public spending on healthcare and disability. The Victorian Government must also prioritise the needs of ACCOs in the distribution of the Regional Health Infrastructure Fund and increase spending on ACCOs by a minimum of 30% in 2022-23. Increased funding for infrastructure, coupled with increased funding for workforce retention will place ACCOs in a stronger position to transition to NDIS service provision and utilise participant plan funding. ACCOs will need continued investment and support for the next five to 10 years to become financially sustainable providers.

State Government must also continue to play a strong role in shaping disability policy and reform. The recent decision made against Independent Assessments by the Disability Reform Ministers Meetings demonstrated that Federal Government should not unilaterally decide the future of the NDIS. VACCHO welcomed the Disability Reform Ministers' decision to stop Independent Assessments

and we are eager to continue to work closely with the Victorian Government to ensure future recommendations are in the best interests of Aboriginal communities.

### **Section G: Ongoing measures to reform the scheme**

Aboriginal people living with disabilities benefit greatly from dedicated access workers who can support them to understand and apply for the NDIS. VACCHO recommends that the roles of Aboriginal Disability Liaison Officers and/or Disability Access workers be embedded into the NDIS to ensure that Aboriginal communities continue to receive the appropriate supports they need in order to gain access.

Currently, 11 Member ACCOs are dependent on some level of Information, Linkages, and Capacity Building grants to fund disability access roles. However, this funding is fragmented and does not allow for ACCOs to establish ongoing access pathways for community. The NDIA, as part of the Commonwealth, have an obligation to contribute to the goals outlined in the National Agreement on Closing the Gap and improve health outcomes for Aboriginal people. As VACCHO has previously recommended to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability, the NDIS must provide ongoing funding for access workers.<sup>iii</sup> These roles will aid with explaining the process of NDIS assessment and allocation of support packages, liaising with Local Area Coordinators, providing individual advocacy for Aboriginal clients around eligibility, and reviewing NDIS plans.

VACCHO coordinates a statewide NDIS Access and Community Linkages Program funded by the Department of Social Services. The program aims to improve NDIS access outcomes for Aboriginal people and increase the disproportionately low NDIS participation rate for Aboriginal community. Access workers employed under the program work closely with the community to build trust and capacity in the NDIS. They provide culturally appropriate support to clients and assist them through the process of gaining NDIS access. The introduction of these roles has had a significant impact on ACCOs and their local communities. Since August 2021, over 30 families have been supported to access the NDIS.

In addition, the NDIS Community Connector Program (NCCP) is a national initiative that aims to provide additional support for selected population groups including Aboriginal and Torres Strait Islander communities. The NCCP was developed in response to the NDIA's recognition of the challenges to accessing support faced by these identified population groups. Both programs were designed to address the same issue of Aboriginal people experiencing additional barriers when trying to access the NDIS. It is clear that some communities will have a greater need for additional support and this support should become a permanent and integrated part of the NDIS. Aboriginal communities value relationships that have been built over time, and the introduction of short-term programs to address long standing issues works to undermine community principles.

VACCHO welcomes the opportunity to present further evidence to the Joint Standing Committee on the NDIS as required.

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<sup>i</sup> Victorian Public Sector Commission, Aboriginal Victoria Today, June 2019, <https://vpssc.vic.gov.au/html-resources/aboriginal-cultural-capability-toolkit/aboriginal-victoria-today/>

<sup>ii</sup> Australian Industry and Skills Committee, Industry Cluster Snapshot, 2020  
<https://nationalindustryinsights.aisc.net.au/industries/health#:~:text=The%20Health%20Care%20and%20Social%20Assistance%20industry%20is%20the%20largest,than%201.9%20million%20by%202024>

<sup>iii</sup> VACCHO, Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability, October 2020,  
<https://disability.royalcommission.gov.au/system/files/submission/ISS00100493.pdf>