

3 December 2020

National Disability Strategy Governance and Engagement Section
Department of Social Services
GPO Box 9820
Canberra City ACT 2601
disabilityreform@dss.gov.au

To whom it may concern

Response to Draft Outcomes Frameworks: improving outcomes for people with disability under the National Disability Strategy and NDIS

Thank you for the opportunity to provide comments relating to the Draft Outcomes Frameworks that aims to improve outcomes for people with disability under the National Disability Strategy and NDIS.

Marathon Health is a proud NDIS provider, with a focus on outreaching services to isolated and vulnerable people in Western and Southern NSW and the ACT. We have built the largest non-profit, multi-disciplinary allied health and support coordination team in regional NSW that provides person-centred supports to enable NDIS participants to achieve the best outcomes out of their NDIS plans.

We work collaboratively and positively with the NDIA and other government agencies and providers to improve the NDIS experience for people across the region and are continually growing our workforce to meet demand. In 2019-20 we supported 992 clients across 52 communities in Western NSW and the Murrumbidgee. We delivered 1,917 services and our support coordinators helped activate 470 NDIS plans to ensure people had the services they needed.

We applaud the Department's approach to developing this framework and are enthusiastic about being involved in the reporting and accountability process to ensure people with disability can fulfil their potential as equal members of the community. We provide the following comments in relation to each section of the draft.

Domain: Inclusive and accessible communities

What we believe is missing

I can access community bathroom facilities.

I can access public information using communication mechanisms that I can understand.

We believe there is a need to acknowledge the importance of access to public toilets with adult changing facilities, therefore encouraging increased funding to make these facilities available across more communities.

We are also seeing increasing demands for services such as Auslan interpreters and speech-to-text facilities, particularly as more Government agencies and business adopt computer-based self service areas that prove to be a challenge for people with visual impairments.

Domain: Economic security

What we believe is missing

I have confidence that employers understand what supported employment pathways look like and that they will actively create roles that offer job satisfaction for people with disability.

We suggest that adding the element of job satisfaction will ensure this domain has stronger outcomes measures. We also feel that there is a need to define the terms “adequate” and “suitable” as they are very subjective terms.

In our experience, there is a need to better explain to employers what supported employment pathways could look like and how people can use their NDIS funding to support them in the workplace. This approach is likely to generate more meaningful employment and avoid creating meaningless jobs for the sake of meeting targets.

Domain: Health and wellbeing

What we believe is missing

I can access culturally responsive and appropriate support.

I can interact with health professionals who have the skills to understand my needs.

I can access somebody to advocate on my behalf within the health care system.

The health care system recognises and appreciates the important role of my family and/or support network and does not assume they have the capacity to care for me.

There is no reference to a person’s spiritual needs.

We feel that this domain needs to reflect an emphasis on a person-centred approach so that a person with disability can say: “The health care system interacts with me to understand my needs”. There is a need for a well-trained health workforce that understands the needs of people with disability so that workers in a hospital or community health environment, for example, can communicate a client’s needs clearly and efficiently to a support worker.

A lot of the work done by our team of clinicians is in developing communication skills for people with disability, but also in working with disability providers to ensure their staff have the skills they need to deliver person-centred supports. We see a need for disability support workers to play an integral role in health care systems in the same way that Aboriginal health workers do, particularly in community and hospital settings. We also feel that carers and people who support people with disability are often taken for granted. Health care systems regularly expect family members will have the capacity to provide supports that should be delivered elsewhere.

Advocacy is a recurring theme in this process. In the experience of our Care Coordinators, there is also a need for better education and advocacy around the impact of long-term use of medications that are prescribed for people with disability.

Domain: Rights, protection, justice and legislation

What we believe is missing

I can access somebody to advocate on my behalf.

I can access the right supports to transition to the NDIS from within the justice system

Our clinicians have seen a gap between when people enter the justice system and when they are released back into the community and are left to navigate their way around the NDIS. We see a need for a mechanism to assess people with disability while they are incarcerated and to provide a supported transition program for people with disabilities so they do not reoffend.

While people with disability need to feel safe from violence, fear, exploitation, abuse and neglect, there should also be a mechanism for recognising when people with disability are additionally vulnerable within the justice system. Perhaps a wording change here could also reflect this distinction.

Domain: Learning and skills

What we believe is missing

I can:

- *Access a mainstream school, higher education or childhood education institution that is welcoming, inclusive and accessible*
- *Get to and around education facilities easily*
- *Be involved in excursions and extra-curricular activities at my educational institution.*

I have an individual education plan that sees me as a person and recognises my needs and the involvement of my family/support network in my education.

I am supported to build my functional skills capacity.

We believe that social interaction, involvement in excursions, sport and other activities are equally important to educational achievements in an educational setting. We also see a need for families and the support networks of people with disability to be involved in their education, with the opportunity for that education to be person-centred.

Domain: Personal and community support

What we believe is missing

I can access affordable services within a reasonable timeframe and a reasonable distance from my home.

The number of allied health practitioners in remote and very remote areas is disproportionate to the health challenges experienced by the population in these areas. Recruitment and retention of the allied health workforce to rural and regional areas appears to be a common challenge experienced across all professions, often resulting in longer waiting times for patients as service demand often exceeds the existing workforce.

The framework acknowledges access to services “when and where I need them” but does not reference reasonable waiting times or travel distances. In rural and remote NSW, waiting times for NDIS support services are up to a year. This is in stark contrast to a study by the Universities of Sydney, NSW, and Notre Dame, published in May 2018 (Carers’ preferences for the delivery of therapy services for people with disability in rural Australia: evidence from a discrete choice experiment, Journal of Intellectual Disability Research) that found carers of people with disability in rural Australia exhibited strongest preferences for:

- short waiting times (0–3 months)
- no out-of-pocket cost
- travelling up to four hours to receive a therapy session.

Measuring outcomes

In our view, the biggest challenge in this process is establishing measures that show how people’s needs are being met and that their lives are improving. We also have concerns about whether the measures will be the same for providers in small geographic areas as for those delivering services across vast areas and dealing with bigger geographic barriers. Our goal is to help bridge these gaps, but they need to be recognised at the outset.

When addressing the issue of access to community facilities, we suggest there is a need for a form of community-based audit or process whereby local councils are audited on their facilities and infrastructure to determine where improvements are needed. We also strongly advocate for greater involvement of the disability community in development and planning review processes with local councils to ensure the needs of people with disability are taken into consideration.

We also suggest there is a need for NDIS participants to complete surveys to show how accessible they feel their communities are. However, there also needs to be a benchmarking process to show changes and improvements in time.

Other comments

We applaud the Easy Read Discussion Paper that accompanied the draft outcomes framework and recommend that the final document be produced in Plain English so that it meets the needs of all stakeholders. However, we do have concerns about whether this process will be used to rank providers against one another and if the time taken to participate will be considered billable.

We will await the development of an action plan to accompany this outcomes framework and would welcome the opportunity to comment on that stage of the process to ensure that this process delivers:

- choice and control for NDIS participants
- maximum participation by NDIS providers in measuring outcomes
- accountability among providers
- support to help organisations improve the outcomes they are achieving for their clients.

In terms of the consultation processes, our staff have reported the need for more face-to-face information sessions. They have experienced webinars being fully subscribed before registration closes and have had limited access to information updates.

Thank you for the opportunity to comment on the Draft Outcome Frameworks. Our vision is to enable communities to thrive through improved health and wellbeing. We feel that documenting the broad areas of people's lives that the NDIS seeks to improve can only benefit some of the most disadvantaged members of those communities we work in and allow us to work together to create an inclusive Australian society that allows people with disability to fulfil their potential as equal member of the community.

Yours sincerely



Megan Callinan
CEO

