National Disability Services Northern Territory Disability Strategy Submission

# About NDS

National Disability Services (NDS) is the peak industry body for non-government disability services. Our purpose is to promote and advance services for people with disability. Our Australia-wide membership includes approximately 1200 non-government organisations, which support people with all forms of disability. In the Northern Territory, NDS supports over 100 member organisations.

# About this submission

NDS welcomes the opportunity to provide input into the Northern Territory (NT) Disability Strategy. This submission draws on feedback gained through consultation with NDS NT members and the wider NT disability sector. NDS consulted with the sector via:

1. Webinar   
2. Email   
3. Online survey   
4. Face to face

Based on these consultations and input, our submission makes several recommendations that we believe would strengthen the NT Disability Strategy, along with a number of actions that when implemented will support its success.

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# Introduction

As a signatory to the United National Convention on the Rights of Persons with Disabilities (UNCRPD), Australia has significant obligations to identify strategies to uphold and realise the rights of people with 4 | P a g e disability in Australia. The National Disability Strategy established a framework that supported the Commonwealth and State/ Territory governments to meet these obligations. The Northern Territory’s (NT) response is the development of the NT Disability Strategy (the Strategy). Given that a new national strategy for Australia, now known as Australia’s Disability Strategy, has just been released, it will be important to ensure the NT Disability Strategy aligns with the national framework and strengthens the strategy to meet specific NT requirements.

The Northern Territory has never had a Disability Strategy that overarches our very complex delivery of services which span urban, remote, and very remote settings. The NT is unique in its overall population, with 48% of people with disability identifying as being Aboriginal. This increases to 77% in very remote settings. This highlights the need to put strategies in place for remote and very remote service delivery underpinned by greater compliance in terms of cultural competency.

The NT Disability Strategy is also being developed and implemented in the context of the full roll out of the National Disability Insurance Scheme (NDIS) in the NT. As such, the ongoing successful implementation of the NDIS in the NT will be critical to achieving the outcomes of the Strategy.

To ensure that people with disabilities in the NT have access to and can receive high quality disability services, the Strategy’s focus on supporting a diverse disability sector, where Aboriginal Controlled Organisations and Aboriginal Corporations are supported to understand and transition to providing services in the NDIS is welcome.

However, the NDIS was not designed to meet the needs of all people with disabilities in the NT. Nor was it designed to meet all the needs of participants in the Scheme. For the NDIS to be successful and for all people with disabilities to be supported, requires support to navigate the complex areas of employment, education, the justice system, the health system, and their interface with the NDIS.

The Northern Territory Government (NTG), through the Strategy, has a significant role to play in ensuring that the NDIS and other systems achieve positive outcomes for Territorians with disabilities. This will include ensuring that mainstream service systems are accessible, that the NDIS meets the unique needs of people with significant disabilities in the NT, and that a sustainable service system comprising diverse and culturally appropriate services is supported to deliver quality, person centered services and supports for people with disabilities.

In essence, the Strategy needs to address “What are the things that a person with disability needs to live their best life?”.

Based on feedback from the NT disability sector, our submission makes several recommendations aimed at strengthening and supporting the development and NT Disability Strategy. We also make suggestions for actions that we believe will support the success of the NT Strategy to deliver on its vision.

# Recommendations

## 1.0 The intersection between the NT Disability Strategy and the NDIS Bilateral Agreement

The current Northern Territory bilateral agreement related to the NDIS will end in 2022-2023. The renegotiation of the agreements will represent a critical opportunity to work with the Commonwealth to drive improvements in the NDIS for people with disabilities in the NT.

The Bilateral Agreement clearly sets out the responsibilities of each party in delivering a successful NDIS and reinforce the fundamental principles of the Scheme including supporting economic and social participation for Territorians with disabilities.

As detailed later in this submission, the Bilateral Agreement must recognise the unique context for people with disabilities in the NT and ensure that the NDIS works effectively in remote and very remote settings and for people from Aboriginal and Torres Strait Islander communities.

### Recommendations for strengthening the Strategy

That the Strategy recognise the opportunity presented by the renegotiation of the bilateral agreement to maximise the potential of the NDIS to achieve positive outcomes for people with disabilities in the NT.

**NDS proposes this priority be underpinned by the following action item**:

* That the NTG commit to ongoing consultation with people with disabilities, their families and carers, disability service providers, advocacy organisations, the broader the disability sector and other key stakeholders to understand what is working and not working well with the NDIS for Territorians with disabilities.
* That a specific action plan be developed as part of the implementation of the Strategy that incorporates the feedback from these consultations on key points.

## 2.0 Access Services working together

### 2.1 Support eligible Territorians to access the NDIS

Access to the NDIS for Territorians is a complex and costly process, for some people with disability in the NT it is cumbersome, difficult, and often distressing.

The rollout of the NDIS in the NT was supported by a designated NT Manager within the National Disability Insurance Agency (NDIA). This gave Territorians a decision-maker with a Territorian focus and an understanding of the remote and very remote landscape. Whilst it is understandable that this role has evolved over time, the NT community advocated strongly for a Territorian Manager, which was promised. However, the role of the current NT Manager sits under National Delivery and will only cover ‘participants and plans’ alongside responsibility for the Connector Branch, which is responsible for the Community Connector program. The NT Manager does not have responsibility for all aspects of the NDIS implementation and operations in the NT including Provider Engagement.

**NDS proposes this priority be underpinned by the following action item:**

* The Northern Territory Government (NTG) includes an action in the NT Strategy that seeks commitment from the NDIA to having an overarching Northern Territory Manager in situ, ensuring a true NT voice at the National level of the NDIA

## 2.2 Support the NDIS and Territory services to work together to improve outcomes for people with disability

Having funded services from both Territory and Commonwealth with a range of criteria and delivery, has seen a rise in confusion for service providers regarding who is providing which service. This is causing greater gaps in service and layers of distress for individuals as they navigate the different providers of the services they may receive.

**Recommendation for strengthening the Strategy:**

The NT Disability Strategy includes a greater commitment to promote collaboration and break down the barriers in cross sector supports. In addition to ensuring access and developing the capacity of mainstream services to support people with disabilities, the development of a case coordination model where multiple service systems are involved in the care and support of a person with disability should be considered.

## 2.**3 Work together to support people to transition between different service systems and times of change**

**Recommendation for strengthening the Strategy:**

Whilst the Strategy recognises the role of advocacy in upholding the rights of people with disabilities, NDS proposes that the vital role of advocacy at all points in the system needs to be articulated more clearly in the Strategy. This should be supported by a stronger commitment to the role of advocacy in supporting positive outcomes for people with disability.

**NDS proposes this priority be underpinned by the following action items:**

* Advocacy providers need to be sustainable – The recent Commonwealth funding round for advocacy services was a closed funding process and has precluded vital advocacy service providers in the NT from applying for funding. The NTG should ensure that NT advocacy services have access to funding opportunities required to meet the needs of people with disabilities in the NT.
* Linkage to other advocacy services – NTG supports the creation of an advocacy-only network which would allow for a stronger advocacy voice, underpinning quality service outcomes for individuals.
* Advocacy service providers to be given access to all service provider details to ensure solid advocacy services for people with disability.

## 3.0 NDIS providers, Disability workforce, Local employment, Rural and remote services

### 3.1 Increase the number of NDIS registered providers operating in the Northern Territory

Whilst the aim of increasing the number of NDIS service providers is critical to ensuring that NDIS participants can fully utilise their NDIS plans, there are issues with the oversight of unregistered providers in the current regulatory framework.

Registered providers report that the registration process is onerous, however, regulation of providers not registered with the NDIS Quality, and Safeguarding Commission (NDIS Commission) is reduced to a very minimal compliance with the NDIS Code of Conduct. It currently does not require unregistered providers and/or their staff working with NDIS participants undergo NDIS Worker Screening.

Additionally, there is the concern of large number of providers who are registered with the NDIS Commission who are not actively delivering supports in the NT. For example, in the last quarter there were 711 organisations registered to provide services in the NT. Of this only 282 had made a claim against an NT participant plan in the quarter. This could be due to several reasons; however, the strategic goal of achieving an increase in registered providers will only deliver better outcomes if they are the right service providers, in the right locations offering services and supports that meet the needs of participants. A better understanding of the barriers to active providers who are currently registered to deliver NDIS supports is required.

**Recommendations for strengthening the Strategy:**

That the Strategy include a priority focused on quality and safeguarding. NDS proposes this priority be underpinned by the following action items:

* A call for all workers working with NDIS participants to be required to undergo NDIS worker screening at a minimum.
* NDS has advocated for a review of the supports that providers need to be registered with the NDIS Commission to deliver. This includes a requirement that providers delivering all accommodation type supports be required to be registered with the NDIS Commission. NDS recommends that the NTG support this position.
* That the oversight of unregistered providers in the NT be reviewed. Publicly available data on all service providers and the services that they deliver in the NT (similar to the ACNC requirements) would also increase transparency.
* The development of strategies (including how NDIS supports are commissioned in remote and very remote settings) to support registered providers to increase their capacity to deliver more NDIS supports be included in the Strategy. This could include further and ongoing education sessions around operating as an NDIS provider for new and inactive providers.

### 3.2 Support Aboriginal Controlled organisations to provide services for aboriginal people with disability

NDS supports the emphasis in the Strategy on supporting Aboriginal-controlled organisations to provide services to NDIS participants and people with disabilities in their communities. This is a key component for service delivery in NT, with ongoing liaison with NACCHO and AMSANT required to ensure Aboriginal Organisations and Corporations are supported through a transition to providing services under the NDIA model of delivery.

### 3.3 Build the local disability workforce and support local employment in the disability sector

Issues related to the Northern Territory disability workforce are longstanding. The rollout of the NDIS both provides new opportunities for the sector and the economy of the Territory, but also exacerbates existing shortages and other workforce challenges.

Individualised services have seen a sharp increase in the casualised workforce as service providers mitigate the risk of easily transferable funding and reducing NDIS plans and adjust to delivering supports within individual participant plan funding. Juxtaposing this is the instability of casual work for employees. The effect has seen a growth of employees who are working across multiple organisations and sectors. In turn, this increases the complexity, and in some cases the risk, for disability service providers as they navigate industrial relations considerations and work, health, and safety requirements.

Strategies to build the workforce can be local, for the whole of the Northern Territory, and local for remote communities. Being able to grow and retain a workforce in the Northern Territory requires a contemporary approach based on best practices to attract, recruit, and retain an engaged disability workforce.

Strategies are needed to maintain and stabilise the current workforce while at the same time, growing the workforce required to meet the demands of the community into the future.

**NDS proposes this priority be underpinned by the following action items:**

* That the NTG consider directly or indirectly as part of the NDIS National Workforce Strategy, opportunities for incentives such as those available for the Primary Health workforce. These incentives could cover the subsidisation of education fees, and relocation incentives to attract quality employees to the NT.
* That opportunities for education and training for the Disability workforce be identified. Having a highly-skilled workforce underpinned by a value and probity-based approach, with affordable training and education is key. The NTG will need to consider strategies such as funding work-based traineeships and training.

### 3.4 Work together to increase services in rural and remote areas

NDS recognises that the Strategy includes a focus on working together to increase services in rural and remote areas. Importantly this acknowledges the many barriers to service delivery in remote environments. However, we are concerned that the Strategy does not recognise that these barriers increase in very remote settings. Under the Modified Monash Model (which is the locational definitions used by the NDIS), the NT has urban, remote, and very remote locations.

The Strategy must focus on increasing both access to and also the quality of supports and services in very remote areas. The current 40 per cent and 50 per cent loadings applied to prices for NDIS supports in remote and very remote locations (respectively) is a blunt instrument that does not allow for innovation in developing service agreements for participants in relation to their goal outcomes. Providers based in urban locations who fly-in and fly-out of very remote communities don’t have the same challenges and costs of providers building a workforce that lives in a very remote community.

Investing in a workforce that lives in a very remote community is key to meeting the day-to-day core supports that participants need to stay living in their remote communities. Further incentives based on who delivers the support and where it is delivered should also be considered on top of a blanket price loading.

Providers are having to change their service provision as the cost of delivering an hour of remote service has cost inefficiencies. This in effect removes choice and control in favour of delivery of service.

Whilst there are some examples of innovative packaging of services in very remote settings, these need a transparent approval process with the NDIA, and those market intervention & commissioning solutions driven by the NDIA require co-design and collaboration with each community.

Strategies that also promote providers with a strong record of delivering supports in very remote communities also need to be developed. There is an increased risk of new, often unregistered providers with limited oversight from the NDIS Commission, engaging in service delivery without the knowledge and cultural competency required to ensure that Aboriginal people with disability receive safe and quality services.

**Recommendations for strengthening the Strategy:**

Change the wording of the Strategy to remove the word “rural” or “regional” and instead use “remote and very remote”. This should read as: “Consider the outcomes for people in remote and very remote locations in all that we do”.

NDS proposes this priority be underpinned by the following action items:

* To address issues with remote and very remote service delivery will require a whole of government and community-driven approach that includes consideration of how services are commissioned, how supports and services work across multiple systems (e.g. disability and aged care), and initiatives that recognise workforce pressures. For example, historically Governments have provided remote services and have been able to provide staff housing as a vital component of the delivery of services. Without this vital asset service providers are needing to do FIFO or DIDO services which are not as cost-effective, and less person-centred. To support workforce attraction and retention strategies in remote and very remote communities, NDS proposes the NTG work with the sector in access to this vital housing stock for the disability sector.

### 3.5 Deliver culturally competent services

The Strategy includes an emphasis on ensuring that all services to people with disabilities are culturally appropriate and delivered by systems, services and staff that are competent and confident in working with people with disabilities from Aboriginal and Torres Strait Islander and culturally diverse backgrounds are necessary.

**Recommendation to strengthen the Strategy:**

In addition to increasing the number of Aboriginal-controlled organisations operating in the NDIS, NDS recommends that NTG works with peak aboriginal bodies in determining a set standard of Cultural competence compliance for people with disabilities for all non-aboriginal providers and service systems as part of the Strategy.

### 3.6 Importance of advocacy

As highlighted earlier in this submission NDS recommends that the Strategy include a stronger commitment to the role of advocacy in supporting people with disabilities including those that are NDIS participants.

**Recommendation to strengthen the Strategy:**

That the following commitment be added to the Strategy “We will: Recognise the need for advocacy to support outcomes for people living with disability”.

## 4.0 Support for people with psychosocial disabilities within the strategy

Given that the Strategy encompasses the needs of all people with disability, which includes people with psychosocial disability, the Strategy needs to go further to ensure that the needs of this cohort are addressed.

Major issues with access to the NDIS for people with psychosocial disability and conflicts in the NDIS approach and the long-established recovery model means that the NDIS model of service provision is not working for some participants with a psychosocial disability. The interface between mental health services and systems and the NDIS is also not well understood leaving some people with psychosocial disability to fall through the gaps.

In addition to working to “support Territorians to access the NDIS”, the Strategy also needs to include the role of the NTG in advocating for reasonable and necessary changes to the Scheme to ensure people with psychosocial disability can effectively access the NDIS and that the supports available result in positive outcomes.

**Recommendation for strengthening the Strategy:**

That the Strategy include a focus on the access and support needs of people with psychosocial disability and building the capacity of the NDIS and other systems to drive positive outcomes for this group.

# Conclusion

The NT Disability Strategy consultation process represents an opportunity to improve and acknowledge the role of the NTG Government and the whole NT community in upholding and promoting the rights of Territorians with disabilities. However, its success will rest on the willingness of the NTG to commit to the Strategy and its underpinning actions.

The newly launched, Australia’s Disability Strategy includes a focus on the role of community awareness in delivering true inclusion. The development of the NT Disability Strategy provides an opportunity for the NTG to identify how it will also support the broad NT community to increase both its awareness of disabilities but also create opportunities for people with disabilities to fully participate and contribute to the NT community.

Ongoing engagement with people with disabilities, their families and carers, advocates, disability providers and other service systems and stakeholders will also be required. NDS and the disability sector stand ready 10 | P a g e to support and participate in the actions required for the NT Strategy to achieve its vision of “Territorians of all abilities are able to live life to their fullest potential and have quality services no matter where they live”.