

Pre-Budget Submission Key Priorities Overview 2023-2024





Foreword

Page 4

Priority

1

Investing in the Disability
Sector Workforce

Page 7

Priority

2

Improving the Effectiveness
of the NDIS

Page 15

Priority

3

State Investing in Building
Accessible Communities
and Participation

Page 19

Foreword

This Pre-Budget Submission (PBS) for the 2023-24 State Budget is the policy centrepiece for our state-level disability advocacy. These are complex and challenging times for government and industry and NDS looks forward to continuing to work in partnership with the State Government in the interests of people with disability, service providers and the disability sector more broadly. This PBS highlights three key priorities and initiatives that State Government should address and fund through the State Budget in 2023-24:

Priority

1

Investing in the Disability Sector Workforce

Priority

2

Improving the Effectiveness of the NDIS

Priority

3

State Investing in Building Accessible Communities and Participation

NDS recognises the government's commitment to people with disability, evident in the State Disability Strategy and Action Plan.

The sector has greatly appreciated the strong position of the State Government in promoting the health and protection of vulnerable people with disability during the COVID-19 pandemic and encourages

government to continue to give strong and clear directives. Whilst the peak of the Omicron Wave is over, NDS is mindful of the need to retain state capacity to rapidly stand-up support arrangements in the caring sector which has been impacted by COVID-19. Organisations are continuing to supply Personal Protection Equipment where required and working to maintain their services in a changed operating environment. Should other variants emerge to pose a significant threat, NDS would expect swift action and support for disability organisations, particularly those providing residential and in-home supports.

NDS welcomes the announcement for a coordinated approach to improve safe and timely discharge of people with disability from hospital and expect it will lead to a lasting mechanism that provides for an integrated approach in support of people being admitted to or discharged from hospital.

As the first Bilateral Agreement between the Commonwealth and Western Australia for the transition to the National Disability Insurance Scheme draws to a close, NDS welcomes the review of its effectiveness, particularly in relation to practical initiatives including the costing models for services and the reduction of administration and red tape.

Recent research found access to services and support in Australia, including NDIS funding, varies for people with disability, their families and carers according to where they live, their income, the language they speak

at home, their education, gender or age and their individual needs and circumstances.¹ Service providers commonly express frustration, pessimism, confusion and distress as they seek to support people with disability.² The NDIA needs to provide timely and consistent approaches to individualised funding.

Many organisations are struggling to meet the costs associated with securing staff in a highly competitive employment market with very low unemployment. Combined with higher wage costs associated with providing critical over-time supports, increased training and quality and safeguarding requirements, some organisations are at a tipping point. The most recent data available shows 65% of providers say operating conditions are getting worse.³

We urge the Western Australian Government to ensure NDIA pricing provides for sustainable services. NDS is keen to see the State Government protect the integrity of the State's \$3.8 billion investment in the National Disability Insurance Scheme.

Ongoing stimulus will be required to maintain important gains achieved through programs such as Disability Access and Inclusion Plans and more recently the State Disability Strategy.

There must be consideration of those people with disability that require support but find themselves outside the NDIS, reliant on mainstream supports that can be difficult to find and access.



“Many organisations are struggling to meet the costs associated with securing staff in a highly competitive employment market with very low unemployment. Combined with higher wage costs associated with providing critical over-time supports, increased training and quality and safeguarding requirements, some organisations are at a tipping point.”

1 Olney S, Mills, A & Fallon L (2022) The Tier 2 tipping point: access to support for working-age Australians with disability without individual NDIS funding. Melbourne Disability Institute, University of Melbourne
2 National Disability Services, Victoria, 2021 State of the Disability Sector Report, www.nds.org.au/index.php/about/state-of-the-disability-sector-report
3 Ibid

Foreword

The combination of high rental costs, property prices, low housing stock and high inflation is increasing demand for social supports, with a risk that State Government will serve as a de-facto provider of last resort through hospitals and mental health services. State and Federal Government systems need to ensure equity of outcomes for people living with disability. This requires an integrated approach for State Government services operating alongside the NDIS to continuously improve the social inclusion and economic participation of people with disability. This should be supported by planned and intentional coordination across the range of government services including health, mental health, justice and education.



Joan McKenna Kerr
NDS WA Chairperson



Coralie Flatters
State Manager WA



“There must be consideration of those people with disability that require support but find themselves outside the NDIS, reliant on mainstream supports that continue to be difficult to find and access.”

Priority

1

Investing in the Disability Sector Workforce



Investing in the Disability Sector Workforce

The Government of Western Australia must invest in the disability workforce to deliver the benefit of the NDIS to people with disability in this state. Immediate action is needed to support the disability sector to attract new workers and secure a skilled, sustainable disability workforce.

NDS notes that investment in the disability workforce offers a multiplier effect on human capital as it builds the capability of people with disability, their family and carers to undertake paid work. To date, this impact has been greatest for parents and carers, with an 11% increase in their employment rate at the fifth NDIS plan re-assessment (n=4012).⁴

Table 1 - Parent and Carer Employment Rates by age group

Parent and carer employment rate	Baseline	R1	R2	R3	R4	R5	2022-23 Target
Aged 0 to 14 years	42%	45%	48%	51%	50%	53%	50%
Aged 15+ years	49%	53%	56%	57%	56%	56%	50%
All ages	46%	49%	51%	54%	52%	55%	50%

Current disability workforce shortages are significant. Some providers report that they must turn people with disability away because they can't provide a service due to lack of workers. Recent data indicates 70% of Providers reported problems recruiting disability support workers.⁵ Providers also report difficulties recruiting both Allied Health Professionals and Nurses.

The occupation of Aged and Disabled Carer has the largest projected employment growth (28%) of all occupations in Australia in the five years to November 2026.⁶ The Western Australian disability workforce is required to grow by 12,000+ workers between 2020 and 2024.⁷ In Western Australia, the unemployment rate is currently

3.5%.⁸ The disability sector workforce needs to grow substantially in a very competitive labour market.

State Government initiatives to grow the supply of workers in Western Australia are welcomed. These could include, but are not limited to:

- Support for migration pathways, including new pathways for frontline care and support workers who are currently excluded from the skilled migration system;
- Initiatives that encourage labour force participation from cohorts including early retirees, parents, people with disability and carers;

4 National Disability Services, Victoria, 2021 State of the Disability Sector Report, www.nds.org.au/index.php/about/state-of-the-disability-sector-report

5 Ibid

6 Employment Projections, sourced November 2022, (labourmarketinsights.gov.au)

7 Department of Social Services, NDIS National Workforce Plan 2021 – 2025 (dss.gov.au)

8 Bankwest Curtin Economics Centre, Western Australia, Monthly Labour Market Update, August 2022 (bcec.edu.au)

- Effective training and case management programs that support local jobseekers to build work-readiness and acquire relevant skills in disability sector work.

State Government support to reduce existing barriers to workers choosing disability work is needed.

The design and administration of the NDIS creates work conditions that can be a barrier to worker attraction and retention. Providers want to offer workers a living wage and career pathways but are constrained by the NDIS pricing framework and associated disability support worker cost model. For example, workers providing home based/high intensity supports, have the same base pay rate as workers providing community based/low intensity supports. Existing and prospective workers looking to save a housing deposit, get a bank loan or support a family can get more regular hours, higher pay and better conditions in other industries. Median full-time earnings for Aged and Disabled Carers are \$1,382 per week, much lower than the all-jobs median (\$1,593).⁹ Advocacy and initiatives to recognise the important work of disability support workers through improved remuneration frameworks are needed.

The cost and time needed to obtain the mandatory NDIS Worker Screening Check is a barrier to new workers joining the disability workforce, particularly in a competitive labour market where jobseekers can immediately commence work in other sectors with comparable pay and working conditions. NDS notes that the WA Check is the most expensive in Australia. The upfront cost of the Check is a significant impost for prospective workers yet to be allocated a shift. The requirement



“I work in the Wheatbelt for a large organisation that employs a diverse range of people to support customers... The NDIS Screening takes so long to obtain and we in the Wheatbelt must travel to Midland/ Perth to the Transport Department to have documents approved and sighted, this is sometimes a four hour plus round trip...

The cost of the NDIS Check also puts people off... even once they have been interviewed as they are unable to cover the cost until they have employment. \$145 plus is ... steep for a person who may not have had employment for a period of time, plus with the cost of living at the moment, families are struggling.”

Community Support Officer and Acting Service Coordinator, 7 November 2022

9 Employment Projections, sourced November 2022, (labourmarketinsights.gov.au)

to have a job offer before applying for the Check, and delays between applying for and obtaining the Check, result in attrition of workers who receive alternate job offers that offer immediate start.

Changes are needed to resolve these issues. It is also a concern that under current rules workers employed by unregistered NDIS Providers do not need a NDIS Worker Screening Check. Working with Children Checks are required based on the nature of work and NDIS supports a similar approach in disability services. NDS proposes that all Providers operating in Western Australia, including unregistered NDIS Providers, are subject to the same NDIS Worker Screening Check requirements.

Many otherwise suitable jobseekers are also precluded from employment as disability support workers as they do not have a driver's license and/or access to a suitable vehicle for work purposes. In August 2021, NDS welcomed the WA Government Driving Access and Equity Program to trial initiatives to identify barriers young people in regional WA face getting a driver's licence. Further investment in initiatives with a proven track record are needed, including an expansion of services to the metropolitan area.

Regional worker shortages are further impacted by housing shortages, with workers who are available and willing to relocate having nowhere to live. Allied health professionals on full time salaries cannot find and/or afford rental properties in regional areas. NDS members note Manjimup, Broome, Karratha, the Wheatbelt and Geraldton as just some examples where there have been few or no properties

available. The Australian Financial Review recently reported that the housing shortfall in regional WA topped 100,000 dwellings.¹⁰ Large resource companies are practised and resourced to resolve their housing needs. Major projects such as the NDIS require a dedicated housing solution, however the marketised delivery of the NDIS has pushed the worker housing problem onto small to medium not-for-profit organisations who are not equipped to meet this challenge. State Government housing solutions for regional and remote disability workers are urgently needed.

In 2021/22, NDS welcomed State Government funding for the extension and expansion of the "Think Support" disability workforce attraction campaign targeting men and Aboriginal and Torres Strait Islander peoples.¹¹ Further targeted investment in disability workforce attraction campaigns, for example through schools, will be required to secure a sustainable disability workforce.

A shortage of skilled, capable workers in the disability sector puts people with disability at risk. Skilled, value-driven workers are a primary safeguard in providing safe, quality services and meeting NDIS participants' service needs and expectations.

Providers express concern that some people with complex needs may not be able to access suitable services due to a lack of skilled workers. For example, sufficient allied health services are essential to deliver the clinical and developmental supports needed to improve life outcomes for people with disability. In WA, there are anecdotal reports of two-year wait lists for allied health services.¹² Such delays risk missing important childhood developmental

10 Australian Financial Review, Regional towns battle crippling housing shortfalls, 16 October, 2022 (afr.com)

11 National Disability Services, Think Support Campaign (thinksupport.org.au)

12 National Disability Services, Victoria, 2021 Workforce Census Key Findings Report, www.nds.org.au/images/news/2021-June-NDS_Workforce_Census_Key_Findings.pdf

Table 2 - Provision of Allied Health Therapy Services by region

Region	Organisations providing Therapy Services	Allied Health Assistants Employed	Allied Health Professionals Employed
Goldfields/Esperance	1	9	5
Great Southern	3	8	19
Kimberley/Pilbara	2	3	21
Midwest/Gascoyne	0	0	0
Perth Metro	14	24	388
South West	7	41	107
Wheatbelt	1	2	4
Total	28	87	544

windows and/or opportunities to maintain function. In regional areas, the shortage of allied health clinicians is acute.

Currently, therapy service delivery models depend heavily on the employment of Allied Health Professionals (AHPs). The shortage of AHPs is recognised through their inclusion on the Australian skilled occupation list.¹³ Growing the AHP workforce is challenging as these professionals complete four-year degree programs and there is global competition for these workers. Increased employment of Allied Health Assistants (AHAs) in the disability sector could assist to meet the demand for therapy services. Table 2 shows the relative employment of these two occupational groups on 30 September

2022, as reported by 28 WA Therapy Providers to NDS, via the NDIS Job Matching Service.

Transition supports for therapy providers are needed to aid the development and implementation of workforce solutions that utilise allied health assistants in the delivery of allied health supports. This transition support could include training in delegation frameworks and supervision models, funding support for system changes and place-based recruitment and training of new AHAs in regional and remote areas.

Ongoing State Government investment in industry-led flexible, innovative Vocational Educational Training (VET) is critical. VET courses offer pathways for jobseekers to

13 Department of Home Affairs, Priority Migration Skilled Occupation List, sourced November 2022 (immi.homeaffairs.gov.au)

Table 3 - Organisations interested in Low-fee Existing Worker Traineeship by region ¹⁴

Region	Organisations interested	Number of workers they could enrol
Goldfields/Esperance	7	15
Great Southern	7	18
Kimberley/Pilbara	8	40
Midwest/Gascoyne	3	15
Perth Metro	18	265
South West	7	18
Wheatbelt	2	8
Total	52	379

join the disability sector and support for Providers to skill, develop and retain their existing workforce. Recent analysis found nearly two individuals need to be enrolled in a relevant VET qualification in order to place one individual from this pipeline into a relevant care and support job.¹⁵ Ongoing innovation and investment in VET pathways is needed to increase the conversion rate from course enrolment to employment in relevant work.

Providers are committed to upskilling their workforce and providing career pathways for interested workers. Through the NDIS Job Matching Service, NDS identified sector interest in a Low-fee Existing Worker Traineeship - Certificate IV in Disability to upskill and qualify workers for more senior roles in the sector. Fifty-two of 84 WA Providers expressed interest in this option as outlined in Table 3.

Separate programs providing workplace-based training and supervision are also required for workers not attracted to VET pathways. These programs must be targeted to meet the requirements of the NDIS Workforce Capability Framework.

Connector programs such as the NDIS Job Matching Service are an essential part of the current training and employment landscape, ensuring disability organisations are well connected with the complex suite of pathways through which jobseekers bridge to jobs. In addition, connector programs offer place-based workforce attraction capability with expanded reach to cohorts of potential workers including people classified as not in the labour force (NILF) such as early retirees, non-working parents, people with disability and carers. This informed matching of prospective workers with specific job opportunities facilitates effective onboarding and supports worker retention.

¹⁴ National Skills Commission, Care Workforce Labour Market Study, 30 September 2021 (nationalskillscommission.gov.au)

¹⁵ Ibid



What we need to do

The Western Australian disability sector workforce needs direct, targeted investment to maintain existing service delivery and ensure skilled disability support workers, allied health workers and nurses are available to meet the needs of people with disability into the future.

We need to develop a multi-faceted Western Australian disability workforce strategy with associated funding for the following:

- **Extend and expand the NDIS Job Matching Service for a further three years.**
The scope of work should expand to include workforce supports to both disability and aged care sectors. Leveraging the existing staffing profile and project infrastructure of the NDIS Job Matching Service will ensure continuity of existing place-based initiatives, offer similar supports to aged care providers and create opportunities to maximise cross-sector care workforce utilisation, particularly in the regions.
- **Set out and progressively implement the seven recommendations of the State Training Board's Social Assistance and Allied Health Workforce Strategy.**
This should form part of a broader workforce strategy in the care sector, with a focus on developing a skilled and flexible workforce to increase the pool of suitable workers that can take up job opportunities in the disability sector.
- **Reduce the cost and time to receive a NDIS Worker Screening Check.**
State Government should remove barriers to employment in the disability sector by fully funding the cost of the Check in Western Australia and allow applications from jobseekers who do not yet have an offer of employment. The NDIS Worker Screening Unit should be resourced to apply a service delivery standard of a maximum two week turn around for Worker Screening Checks. The requirements to have a Worker Screening Check should be extended to also include unregistered NDIS Providers operating in Western Australia.



What we need to do

Invest in industry-led flexible, innovative Vocational Educational Training (VET) courses, specifically:

- Set a target conversion rate of 75% of students enrolled in care-related VET courses entering employment in care and support jobs;
- Develop and deliver an evidence-based suite of supports “VET+” that could include, but is not limited to, student onboarding programs, flexible course start dates and training delivery models, support to obtain necessary identification documents/NDIS Worker Screening Check, concurrent case management/work readiness student support packages, support to graduates to obtain relevant jobs and post-placement supports;
- Continue the Ageing and Disability Job Ready program, targeting regions lacking regular delivery of disability-related skillsets or certificate programs. Ensure sufficient funding for case management wrap-around supports for disadvantaged jobseekers to complete the program and connect with suitable work. Reduce the minimum number of participants from 12 to 6, to ensure that programs can proceed. Funding must also allow for innovative delivery models that support students in regional and remote locations to engage with the program;
- Establish low-fee Existing Worker Traineeships in Certificate IV in Disability to build workforce capability and support career pathways for workers;
- Expand disability and care related qualifications offered through VETIS. This should include online curriculum components and travelling teachers to ensure this offer is available in regional schools. VETIS offerings should include the current Certificate II in Community Health and Wellbeing being piloted in Karratha; and
- Develop and deliver a free/low-fee skillset offering training in basic digital literacy for jobseekers and entry level workers, including support for people with disability and people from culturally and linguistically diverse communities.

Support providers of therapy services to develop and implement NDIS service delivery models that increase the use of allied health assistants in delivery of allied health supports.

Fund a targeted project that delivers training in delegation frameworks and supervision models to AHPs, funding support for system changes, including telehealth, and coordinated place-based recruitment and training of new AHAs in regional and remote areas.

Priority

2

Improving the Effectiveness of the NDIS



Improving the Effectiveness of the NDIS

As the first intergovernmental agreement on the NDIS nears its end, and with the NDIS now well established in Western Australia, the concerns raised at the inception of the NDIS and over ensuing years are being realised.

The latest State of the Sector Report found there has been a real failure to bring people with disability along the NDIA journey. About 95 per cent of provider's revenue is through set pricing while operating costs are set in a free market.”¹⁶

The flawed NDIS pricing model continues to have direct ramifications for people with disability particularly for people living in supported accommodation. Reductions in funding are impacting on co-residents in shared accommodation due to flow on effects for staffing ratios and hours of service. This risk to service sustainability is magnified in circumstances where more than one person in the same house has their funding cut. Reviews of funding decisions continue to take too long as do those reviews for individuals with change of circumstances.

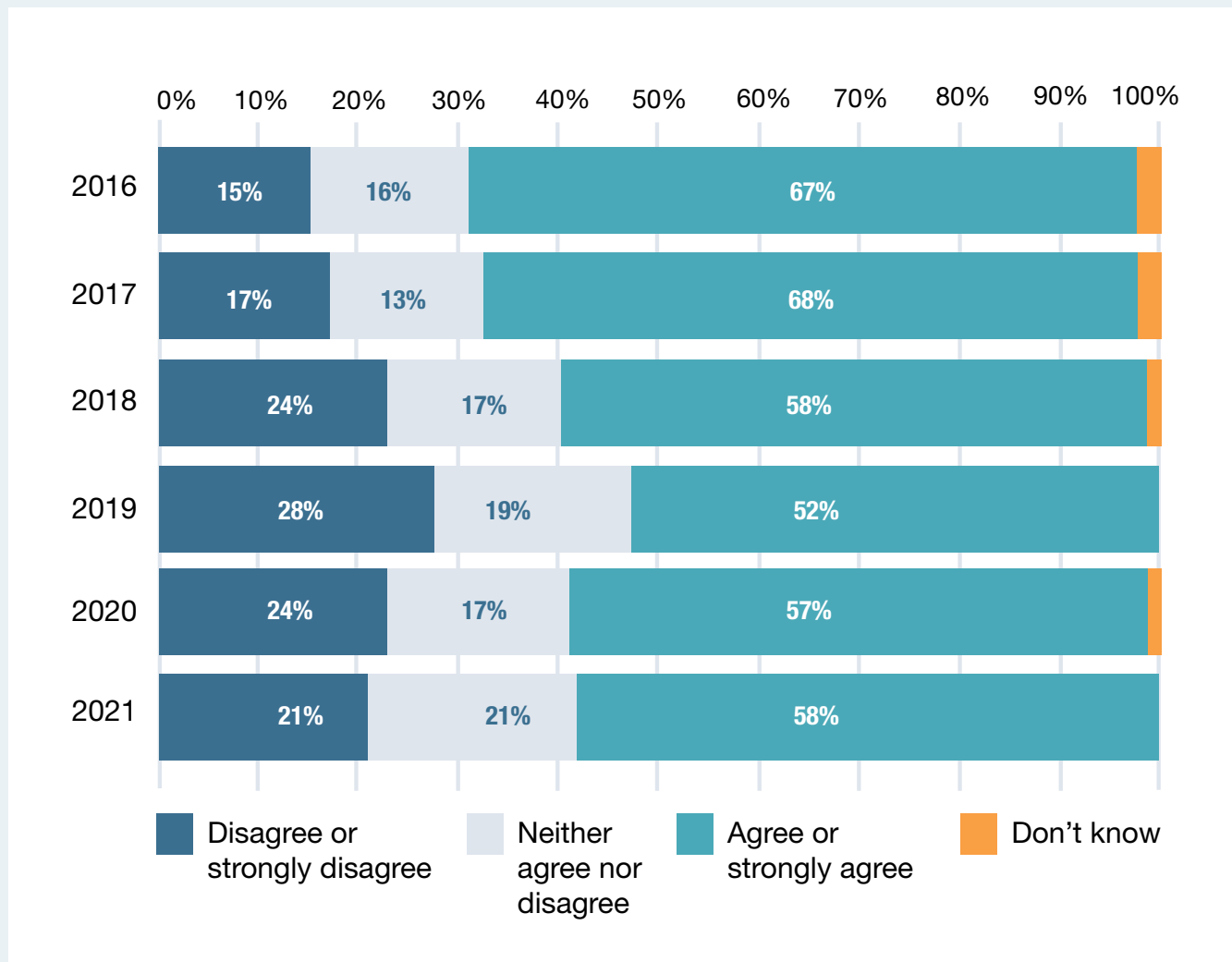
Away from the customer interface, other pressures continue to threaten organisational sustainability. The previous section details chronic workforce shortages across the sector that pose a risk to the ability of Disability Support Organisations to provide service. Sustainability continues to be a major concern with some organisations expressing real concern about their ability to continue to provide services to people with a NDIS package given:

- NDIA funding does not accommodate the full cost of administration with pricing excluding the hidden costs of legislative compliance and Human Resource procedures such as ongoing recruitment and training;
- Shared support models are challenging if one person leaves the arrangement, it can impact on resourcing for remaining residents and the added costs of staffing ratios need to be borne by organisation;
- Insurance costs are rising and the estimated cost of insurance within the NDIS is unrealistic;
- FTE supervision rates continue to conflict with Quality and Safeguarding obligations under the legislation and practice standards

Anecdotally, NDS is aware that these types of challenges are directly influencing an increasing number of providers not to register for the NDIS which sees them operate beyond the reach of the Scheme's safeguards.

¹⁶ National Disability Services, Victoria, 2021 State of the Disability Sector Report, www.nds.org.au/index.php/about/state-of-the-disability-sector-report

Table 4 - Disability Service Providers: we are worried we won't be able to provide NDIS services at current pricing.¹⁷



Programs aimed at building the capacity of individuals and improving community-based supports seem to have stalled. Providers are asking what has happened to second tier Information Linkages and Capacity Building (ILC) funding under the NDIS. The funding appears to have ceased entirely and the outcomes of previous funding rounds are not clear. The commitment to

Tier 2 funding is integral to the success of the NDIS. There needs to be continued investment in capacity building and innovation with improved governance closer to where initiatives funded through ILC are being delivered. An integrated systems approach is required to provide supports for people not able to access the NDIS and reliant on mainstream services.

¹⁷ National Disability Services, Victoria, 2021 State of the Disability Sector Report, nds.org.au/index.php/about/state-of-the-disability-sector-report



What we need to do

The Minister for Disability Services should continue to advocate through the Disability Reform Council for changes to the NDIS.

- These changes should reflect operational realities of delivering the scheme through revision of costing models and corresponding changes to price setting that reflect true cost of service. Urgent action is required to address the inadequate Supported Independent Living (SIL) price caps, as well as this unilateral decision making by planners to reduce rosters of care and support intensity.

State Government should advocate for indexation and improved consistency in approvals for individualised living options.

Expand the NDS Positive Behaviour Support Training and Quality and Safeguarding projects to improve service safety and quality.

Engage with Disability Sector Organisations on legal issues regarding Work Health and Safety requirements and the NDIS to develop resources and/or training that assist organisations to navigate conflicts.

State Government must seek joint local administration and governance for Tier 2 ILC to build community capacity.

- Aligned ILC-funded initiatives should work alongside State Government investment in State Disability Strategy action and the National Disability Strategy to provide an integrated approach for improvement and innovation of mainstream services for all people with disability, outside of specialist funded supports through NDIS.

Priority

3

State Investment in Building Accessible Communities and Participation



State Investment in Building Accessible Communities and Participation

The State Government needs to continue to take a leadership role in driving government agencies, community groups and other organisations to be inclusive. Actively including people with disability and families in decision making at all levels and support people to participate in their chosen communities. Recent research showed people with disability and their families and carers are having to navigate “complex, disconnected and incomplete markets of services and supports.”¹⁸ The Office of Disability and other State Government agencies must continue to pursue these outcomes through the State Disability Strategic Action Plans as well as other mechanisms within their reach.

Recent research by Melbourne University’s Disability Institute found the “service eco system is riddled with inconsistent costs, eligibility criteria, information, priorities and availability of services...with heavy reliance on informal support networks and personal resources among people with disability without NDIS.” Ninety per cent of survey respondents said that the support and services they rely on in their day-to-day lives are inadequate to meet their needs. Disability advocacy organisations also struggle to find clear information about support for people with disability who are not NDIS participants.¹⁹

State Government must invest in the implementation of the State Disability Strategy to ensure people with disability can live well in inclusive communities. The review of the Disability Services Act 1993 should be undertaken in consultation with people with disability with a view to establishing clear performance

indicators, strengthening governance and transparency of any mandated requirements, and ensuring the human rights of people with disability continue to be promoted and protected by law. There is a sense that the introduction of NDIS has changed State Government’s investment in systems, programs and projects that support all people with disability and that there is no funding for innovation.

In Western Australia, one in ten people with disability aged 15 years or older experienced disability discrimination in the last year. Nearly a quarter (23.4%) of enquiries to the Equal Opportunity Commission in WA in 2020-21 related to alleged discrimination on the basis of impairment. There were 123 complaints (21.3%).²⁰ Disability Service Organisations continue to raise issues about the equity of access to affordable services for people with disability across the spectrum of State Government services. The issues of access to equitable health services, inclusive education, justice, employment and affordable, accessible housing continue to be raised as persistent and complex challenges that must be addressed. There must be increased focus and investment in access to mainstream services within the strategic plans and budgets for the governments departments providing these services.

411,500 people with disability in WA

362,718 not eligible for NDIS







48,782 eligible for NDIS

18 Olney S, Mills, A & Fallon L (2022) The Tier 2 tipping point: access to support for working-age Australians with disability without individual NDIS funding. Melbourne Disability Institute, University of Melbourne

19 Ibid

20 Australian Institute of Health and Welfare, People with Disability in Australia 2022, Australian Government

Table 5 - Barriers to accessing and using health services experienced by people with disability ²¹

Barrier	Experience of people with disability
Waiting times 	1 in 4 (24%) who see a general practitioner (GP) wait longer than they feel is acceptable to get an appointment.
	3 in 10 (29%) wait 1 or more days after making an appointment to see a GP for urgent medical care.
	7 in 10 (70%) who have been on a public dental waiting list wait 1 month to more than 1 year for dental care.
Cost 	1 in 13 (7.6%) who need to see a GP delay or do not go because of the cost.
	1 in 22 (4.6%) who need to see a medical specialist do not go because of the cost.
	3 in 10 (28%) who need to see a dental professional delay or do not go because of the cost.
	1 in 28 (3.6%) who need to go to hospital delay or do not go because of the cost.
Communication between health professionals 	1 in 5 (21%) who see 3 or more health professionals for the same health condition report issues caused by lack of communication among them.
Discrimination 	1 in 29 (3.5%) experience disability discrimination from health staff (GP, nurse or hospital staff).
Accessing buildings 	1 in 8 (12%) have difficulty accessing medical facilities (GP, dentist or hospital).
Unmet need for health care 	1 in 4 (18%) who need help with health-care activities have their need only partly met or not met at all.

21 Australian Institute of Health and Welfare, People with Disability in Australia, Australian Government

Long term affordable and accessible housing remains beyond the reach of many people with disability. The introduction of the NDIS in Western Australia has occurred alongside a decline in funding for community housing for people with disability. While the NDIS does provide for Specialist Disability Accommodation; it is only available to a very small number of people with disability.

The housing crisis affecting the whole of the State is particularly impacting on those people with fixed low incomes, including many people with disability. Housing affordability is a major issue across Australia including Western Australia. The Australian Productivity Commission review of the National Housing and Homelessness Agreement found demand for social housing is rising, more people are seeking help for homelessness and more are being turned away.²²

There is anecdotal evidence that people reliant on the Disability Support Pension or other Centrelink payments are discriminated against in the private rental market due to a suspected perception that people with disability are not good/ reliable tenants. People with disability can also face particular challenges finding rental properties that are safe and meet their needs. Relatively few private rental

properties are accessible, and it can be difficult to secure funding or permission from property owners to make modifications.

The options for community housing in Western Australia have also diminished while the waitlist for public housing grows amid increasing demand for homelessness services. Unfortunately, State Government is perceived to have high level goals but limited appetite for investment to address a long-standing shortage of social housing. It is essential that State Government works with the disability sector to provide public and community housing for people with disability.

At the Building Ministers Meeting on 26 August 2022, the governments of Victoria, Queensland, the ACT, Northern Territory, South Australia and Tasmania all agreed to adopt updated accessibility standards in the National Construction Code (NCC) 2022, based on the Liveable Housing Design Guidelines (silver level). This left Western Australia and New South Wales as the only two states without a current commitment to implement the accessibility standards in the NCC 2022 update nor to establish a timeline to do so. WA's State Disability Strategy progressively requires all new housing to be built to Liveable Housing Design (silver level) as a minimum.

Table 6 - Type of Landlord by Disability Status²³

Landlord	With disability	Without disability
Real estate agent	42%	63%
State or territory housing authority	16%	4.1%
Parent or other relative living in the same dwelling	12%	8.1%
Other person not in same dwelling	12%	12%

22 Productivity Commission (2022) In Need of Repair: The National Housing and Homelessness Agreement – Study Report, Australian Government

23 Australian Institute of Health and Welfare, People with Disability in Australia 2022, Australian Government

Access to healthcare is a fundamental requirement for wellbeing. NDS welcomes the recent announcement to expedite hospital discharge for people waiting on NDIS funding but there is much more to be done. Equal access to healthcare is a contributing factor to social determinants that can impact on people's quality of life and longevity. There must be continuity of care in the form of appropriate and adequate services as people enter and exit health services.

People with disability often report frustration, increased isolation and poor mental health when using hospital services over a prolonged period. The costs to government are also significant. Research by the Ready to Go Home Project found that the cost of medically unnecessary bed days on average ranges between \$6,239,800 - \$13,264,032 and that the average was 84 days.²⁴ There also continues to be anecdotal reports of people with disability being discharged at any time of the day or night without prior advice to Disability Sector Organisations that do not have supports on stand-by and may not be able to provide the post-discharge care required. The person may also require services the organisation does not provide such as mental health support or nursing care.

In addition to expediting and prioritising NDIS plans for patients experiencing unexpected delays to discharge, NDS urges the government to establish a robust and enduring mechanism in collaboration with NDIS to ensure a lasting solution for future patients. It should also be noted that not all patients will be able to access NDIS funding for housing and there must also be a prioritisation for people with disability in community housing where the person is a long stay patient because they have no home to go to.

There is scope for improved coordination between State Government services. NDS urges government to consider holistic approach for people with health care, mental health and other support needs. This includes working alongside Disability Service Organisations that work in support of a person across a range of government settings.

The statistics on employment for people with disability are really confronting.²⁵ People with disability are twice as likely to be unemployed compared to people without disability.²⁶ Ninety-three per cent of unemployed people with disability experience difficulties finding employment. More needs to be done to ensure people with disability looking to work can find employment.

24 2021 NDS Ready to Go Home Project Report (nds.org.au)

25 Government of Western Australia (10 August 2022) New platform to link people with disability to employment pathways and assist skills shortage. Hon Don Punch, Minister for Disability Services, Media Statement

26 Australian Institute of Health and Welfare, People with Disability in Australia 2022, Australian Government

Table 7 - Selected measures of employment, by disability status²⁷

Selected measures of employment	Working-age people with disability	Working-age people without disability
Labour force participation rate	53%	84%
Employment rate	48%	80%
Employed full time	59%	68%
Employed part time	41%	32%
Underemployed	10%	6.9%
Unemployment rate	10%	4.6%
Unemployment for at least 1 year	22%	14%
(a) Aged 15-64, living in households (2018)		
(b) Percentage of employed people		
(c) Percentage of unemployed people who have been unemployed for 52 weeks or more		

27 Australian Institute of Health and Welfare (2022) People with Disability in Australia 2022, Australian Government



Community

- NDS encourages State Government to restore its investment in accessible and inclusive communities as a part of the next State Disability Strategy Action Plan. This could include grants for grass roots activity at a local level to continue to shift community attitudes and ensure communities are open, welcoming and supportive of people with disability.
- Accessible and inclusive communities grants to encourage and pilot ambitious, local solutions that could be applied at a district or regional level. Strategies to improve access need to consider a range of requirements and not be limited to physical access.
- Partnership program between Emergency Services, providers and communities to build capacity and resilience of people with disability to withstand emergencies - not just pandemic. This could include the co-design of community resilience resources and training for people with disability who may be vulnerable during emergencies.
- Develop policy requiring more than minimum requirements for ACROD bays at any State Government owned or operated community facility. Require private property developers of similar facilities to do the same through contract requirements. Advocate for private shopping centre owners to permit more flexible use of community bays (seniors/parents with prams) to also include people with disability in addition to mandatory minimum required ACROD bays.

Education, training and employment

- Ensure traineeships and cadetships through the Department of Training and Workforce Development for people with disability to work in the public sector to stimulate and effect change in agencies who need to increase their employment rate for people with disability.
- State Government to commission a mid-term review of government progress towards the employment quota of 5% by 2025 for employees with disability with results to be made publicly available to ensure accountability.
- Ensure the new Disability Employment Services (DES) framework provides for flexible supports and reflects the real cost of service provision, including the costs of training, placing and supporting people with disability.²⁸



What we need to do

Health

- State Government to continue to provide advice that COVID-19 precautions are useful for people with disability (not just residential) including messages about the need to protect people who may be vulnerable. Ensure there is funding for a quick start response, should infection rates begin to rise once more.
- Support the system-wide implementation of resources and recommendations developed by the “Ready to Go Home” NDS project. This will strengthen sector capacity and help overcome barriers to hospital discharge and identify appropriate services and support for people with disability to successfully transition to community living.
- Establish a coordinated “case-management” type system for people with disability that is triggered at pre-admission for an expected lengthy stay or after a three day stay. Focus on the outcomes required such as accommodation and supports. Take a holistic approach that includes GPs, service providers, guardians, family and other support networks. This is essential for people with ongoing complex needs or requiring high intensity support.
- Establish programs for people on the margins of the NDIS who still require support. For example, support to navigate government services or specific targeted programs for people with disability experiencing mental health, physical health and/or other needs. This could include a program for people newly diagnosed with disability and support for families/carers/guardians to access mainstream or other services.

Housing

- State Government investment in accessible social and community housing to address waitlists and provide stable longer-term supply of public housing and community housing for those with no other option in finding a home. Pilot shared housing approaches.
- Establish a mechanism for a more cohesive, integrated approach and improved communication between government agencies with shared responsibility for supporting people to find accessible, affordable accommodation including: DCP (children aging out of care), Mental Health Commission, Office of Disability, Department of Housing and to some extent the Health Department.

- State Government investment to establish a clearly communicated process for applying for housing and an accompanying process to prioritise based on need. Consider a public facing- one stop approach - where there is no wrong door to finding information.
- Increase private sector investment in accessible housing through an incentive scheme that could include measures such as rebates/concessions.
- Establish a clear timeline for the introduction of the NCC 2022 accessibility standards based on the Liveable Housing Design Guidelines (silver level).
- State Government to support findings of the Productivity Commission review of the National Housing and Homelessness Agreement that funding for increased wages of the Social, Community, Home Care and Disability Services Award should be considered ongoing and included in the general housing and homelessness base funding.²⁹

Public Sector

- Require consultation with people with disability as a matter of process when developing legislation and policy.
- Whole of government training on access and inclusion offered by agencies as part of employee induction and mandatory for community development, communications, planning and HR roles.
- Develop Commissioning for Community Outcomes policy that requires prescribed public authorities to undertake consultation, and preferably co-design, with people with disability when making decisions about government services and infrastructure.
- Foster a community of practice for government departments implementing DAIPs to operate parallel to the existing informal structure in the local government sector.
- Accessible communities' grants to encourage and pilot ambitious, local solutions that could be applied at a district or regional level.

²⁹ Productivity Commission (2022) In Need of Repair: The National Housing and Homelessness Agreement – Study Report, Australian Government

About NDS



National Disability Services (NDS) is Australia's peak body for non-government disability service organisations representing more than 1200 non-government organisations, which support people with a diverse range of disability. Collectively NDS members, operate several thousand services for Australians with all types of disability.



In WA, NDS represents more than 180 specialist disability services organisations that together provide services to tens of thousands of people with disability, their families and carers across the State. Services range from home support, respite and therapy services to community access, employment and more.

NDS draws on the experiences and insights of its members to gather information and identify the high priority issues facing the disability sector, to define the key challenges and put forward actionable strategies. We thank NDS members and others for continuing to raise their concerns and ideas for improvement in support of people with disability, whether through the NDIS or mainstream services.

NDS National
Disability
Services

Contact:
Coralie Flatters
State Manager WA
T: 08 9208 9805
E: coralie.flatters@nds.org.au
W: www.nds.org.au