



Community Affairs Legislation Committee

Opening Statement

YPINH National Alliance

Brisbane, January 30 2013.

As the YPINH ALLIANCE welcomes the NDIS Bill, we also acknowledge the major scale of this reform, both in what it has taken to reach this point and the effort required to bring the Scheme to full operation. The political and community commitment to get the Scheme to this point is remarkable.

The Senate's Community Affairs Committee has played a significant role in keeping the reform imperative alive in disability over the last decade and the job's not quite done yet!

Madam Chair, I know you particularly will recall this Committee's Aged Care Inquiry in 2004/5 that had a significant impact on efforts to address the YPINH issue, efforts that are still having impact today. I think its fair to say that without that inquiry, we wouldn't be sitting here today so we are very pleased that the Committee is undertaking this Inquiry into the NDIS Bill.

The Alliance has been campaigning for a joined up response to the YPINH issue since 2002. A direct result of that campaign and this Committee's Inquiry into Aged Care came in 2006 with the COAG Younger People in Residential Aged Care Initiative and we're looking to the NDIS to continue the momentum that initiative started 5 years ago.

Our central concerns, detailed in our submission, centre on 3 key areas:

1. The Scheme's interface with other program areas

The NDIS led expansion of disability services is welcome and long overdue. Amid all the excitement that this has generated, it is important to recognise that the NDIS will provide for only a part of the total needs of many people.

The fact is that no one area of the service system can deliver the full suite of service responses the YPINH require. This means that it is essential for the NDIS to partner and collaborate with other program areas around development of services needed. This is not only fundamental to the reform imperative the NDIS should embrace; it also makes good social and economic sense.

The need for collaboration and coordination across programs is something that was demonstrated time and again in the YPIRAC initiative. Unfortunately, this is a learning

that has not been fully understood in the NDIS context but which we are keen to see designed in.

A hard earned lesson from YPIRAC was that even with the best of intent, disability services are not substitutable for health services or rehabilitation – although on occasions disability programs try their hardest to make them fit. Where there are gaps (which is the case with rehabilitation services) a big question is how should this be fixed in the NDIS world, and who should do the fixing?

WE urge the scheme to avoid the mistakes of the past and look outward as much as inward. The NDIS is already being bookended by other sector reforms in health, education and aged care that will impact Scheme participants. The legislation must give the NDIS the capacity to work with these other sectors at both individual and policy levels.

2. Age restrictions

The reasons for the age restrictions in the NDIS were foreshadowed by the Productivity Commission. Yet the way they have been drawn in the Bill is reductive and will result in inequity and disadvantage. Other schemes, such as the National Injury Insurance Scheme will not have age restrictions. While our submission deals with this in detail, our basic premise is that a National Disability Scheme should fund specialist disability supports at any age where other systems (notably aged care) does not or cannot. Expecting people with catastrophic disability to seek their support from a system that does not provide it is a cop out, and undermines the central tenets of the NDIS reform.

3. Plan Management Providers – or Disability Support Organisations

Consistent with the our theme of coordination of supports and the need to focus on the development of NDIS interfaces with other programs, the Alliance submission highlights potential improvements to the scheme’s design for management of participant plans and building community capacity. The current provisions in the Bill for plan management in our view do not go far enough.

The Alliance strongly believes that the citizenship goals of the NDIS will not be achieved through the provision of disability services alone. This is only part of the reform that is needed for the NDIS to achieve its ambition.

The PC developed the idea of a new intermediary layer in the system called Disability Support Organisations. They would have the dual role of assisting participants in the planning, delivery and review of service packages, and maintain a strong role in community building. As much as anything, in an insurance context, DSOs would provide systemic risk management by mediating the interface between paid services, informal supports and the wider community

Developing a DSO sector would be a way of delivering the type of systemic reform that the community expects from the NDIS – it could (among other things) promote genuine

community connections and support families, retain capacity for voluntarism and philanthropy (which will diminish in the service provider sector) provide specialist advice, advocacy and coordination, and safeguard against the commodification of people in the NDIS marketplace. It would also create a place in the disability sector for skilled member based organisations to operate if they do not want to become service providers in a market sense.

In short, we believe the NDIS reforms will be incomplete without the creation of a non-market sector dedicated to community building.

I'd like to thank the Committee once again for the opportunity to present our submission to the Inquiry.